Coping as a Concept in Family Theory

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With the increased interest in stress theory, "coping" has become a popular concept in family science. Most studies have focused on individual coping behavior of family members as they deal with stressful situations ranging from normal to catastrophic. However, there is an increasing need to understand how families cope as groups. To date, there has not been an in-depth discussion or clarification of coping as a family-level construct. By reviewing the development of the concept of coping to its integration into current family studies and theory building efforts, this paper enhances clarification of family coping with encouragement that future research efforts be directed toward increased understanding of this complex, multi-dimensional concept.

With the increased interest in stress theory, "coping" has become a popular concept in the family sciences. Most studies have focused on individual coping behavior of family members as they deal with stressful situations ranging from normal to catastrophic. Scholars have tended to describe how individual family members cope in or on behalf of families, not how families cope as groups or collective entities. However, there is repeated reference in the literature of the need to understand more about the interactions of individual coping strategies and their combined effects on family relationships (e.g. Menaghan, 1983; Voydanoff, 1983), to integrate individual-level and family-level variables (Patterson & McCubbin, 1984), and to attend to the multiple interdependent levels of the social system (Walker, 1985), in an attempt to understand the process of families under stress.

Although the concept of individual coping has been addressed extensively in psychological literature and in a recent review by Menaghan (1983), there

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has been no in-depth discussion of coping as a family-level concept. Recent efforts to formulate models of family coping (Reiss & Oliveri, 1980) and to integrate family coping into family stress models (McCubbin & Patterson, 1983) have begun to yield key information toward the development of a family-level concept. Since it is important to theory development, research, and application to have a clear idea of concepts, in this paper we hope to enhance the clarification of family coping by integrating and reviewing current studies and theory building efforts.

DEVELOPMENT OF COPING AS A CONCEPT

In everyday language, Webster's Third New International Dictionary defines coping as "to face or encounter and to find necessary expedients to overcome problems and difficulties" (1971, p. 502). More specifically, coping in the family field can be traced back to at least two disciplinary frameworks—psychological and family sociological.

Psychological

Coping, though currently the focus of psychotherapies, educational programs, and much pop literature, has been important to psychology for over 40 years. In the Psychological Abstracts, coping behavior is described as the "use of conscious or unconscious strategies or mechanisms in adapting to stress, various disorders, or environmental demands" (American Psychological Association, 1982).

Lazarus and Folkman (1984) set forth a detailed description of the development of the coping concept. In addition, Lazarus' work (Lazarus & Launier, 1978) has largely influenced the shift from psychoanalytic conceptions, which viewed coping as largely unconscious responses to internal conflicts (Haan, 1977), to the role of cognitive appraisal in shaping responses to external stressors and guiding coping efforts. Social learning theorists also have contributed to the conceptualization of coping (Bandura, 1977) by emphasizing the process of reciprocal interaction between the person and the environment. Recent formulations have emphasized the "active role the individual plays in construing his or her psychological world and in utilizing resources to manage stress or to modify problematic aspects of the environment" (Kessler, Price and Wortman, 1985, p. 550).

Recent reviews by Haan (1982) and Moos and Billings (1982) speak to the controversy within psychology as to how coping should be conceptualized and measured. Studies assessing whether coping behavior is cross-situationally consistent have shown that people show little consistency in their coping strategies across life situations (Folkman & Lazarus, 1980) or across different role domains such as coping with work stress or marital dissatisfaction (Pearlin & Schooler, 1978).

Another controversy focuses around the extent to which people are aware of their coping efforts. Presuming some coping efforts are unconscious, it is important to assess their overall impact and compare self-reports to other methods of assessing the extent of coping efforts.

Numerous studies classify them into two broad categories, each with two subcategories: external and internal, which are described as "constantly changing and are useful for purposes of classification or for appraisal of the effectiveness of the coping process" (Lazarus & Folkman, 1984). The importance of these dimensions is that they help us understand the nature of the problem and the potential for change. The three dimensions are: external, internal, and emotional.

Lazarus and Folkman (1984) conceptualized these as "constantly changing and are useful for purposes of classification or for appraisal of the effectiveness of the coping process" (Lazarus & Folkman, 1984).

Family Sociological

The family sociological work of Reiss and Burr (1973) is a manager of a family medicine practice.

In the last two decades, there has been an increase in the recognition of the importance of society in shaping individual behavior. This recognition is reflected in the increasing emphasis on the role of society in shaping the individual's behavior. This emphasis is illustrated in the work of Reiss and Burr (1973) who argue that the family is the primary social unit for the individual.

The family is defined as a group of individuals who are related by blood, marriage, or adoption. The family is the primary social unit for the individual, providing socialization, economic support, and emotional support. The family is also the primary unit for the individual's socialization into society. The family is the primary social unit for the individual, providing socialization, economic support, and emotional support. The family is also the primary unit for the individual's socialization into society.
unconscious, Haan (1982) has criticized the assumption that people are able to assess their own coping abilities. However, few attempts have been made to compare self-reports with clinical observations.

Numerous coping strategies have been identified and attempts made to classify them into conceptual domains (Moos & Billings, 1982). There appears to be no current consensus about a coping typology. However, three common dimensions of coping responses seem to include those that: (1) modify the situation from which the strainful experience arises; (2) control the meaning of the problem; and (3) manage the stress (Pearlin & Schooler, 1978). These three dimensions are not considered mutually exclusive and can be applied simultaneously or sequentially to a given problem.

Lazarus and Folkman (1984) have formulated a definition and conceptualization of the coping process wherein they define coping as a "constantly changing cognitive and behavioral effort to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141). This definition is very similar to definitions used by family theorists in their studies of coping.

**Family Sociological**

The family sociological perspective on coping stems from the classic work of Reuben Hill (1949) and the synthesis of Hill's framework by Wesley Burr (1973). This latter work depicts the family as a reactor to stress and as a manager of resources within the family system.

In the late 1970's, McCubbin (1979) presented evidence to support the argument that coping behavior is an integral part of family resources and as such should be incorporated into family stress theory. Coping was broadly defined as strategies for managing stress. He asserted that the family would have or develop, and employ a range of coping strategies directed at strengthening its internal organization and functioning, at procuring community and social supports, and in some cases, at diverting, reducing or eliminating the source of stress.

This integration of coping into stress theory was highlighted in a 1980 decade review article in the *Journal of Marriage and the Family* (McCubbin, et al., 1980). The authors indicated that the interest in family coping and its link to successful individual adjustment signaled a shift in priorities in the study of family behavior to understand how families successfully negotiate critical transition points. The shift from stress as a debilitating factor to a prevalent one led to an increased interest in coping. Stress was viewed as a normal factor of everyday life. There was a shift from questioning why families had problems to how families dealt with stressors.

Recent studies of family coping (e.g. McCubbin, Cauble, & Patterson, 1982; Stetz, Lewis & Primono, 1986) have reemphasized the importance of adaptation, maintaining family unity, and the use of social support. However, most studies still focus on the coping of individual family members such as
the wife (Boss, McCubbin, & Lester, 1979) or parents (Barbarin, Hughes, & Chesler, 1985; Schilling, Gilchrist, & Schinke, 1984) and not the family as a unit.

Progress has been made in the clarification of individual coping patterns and recently of coping patterns of families. However, the literature is replete with examples of the variety of coping terms (i.e., coping strategies, coping methods, coping mechanisms, coping repertoires) that are used, often interchangeably, without defining the meaning of the coping variables. This inconsistency in terminology at the individual level is one factor that has contributed to the lack of conceptual clarity and interrelation of variables at the family level. Clarification of coping variables and the bridging of individual and family-level coping concepts is a formidable and challenging task for family scientists, yet a necessary step for future research and theory development. Recent development of family coping models will now be considered.

FORMULATION OF COPING MODELS

Family Paradigm

Reiss and Oliveri (1980) purport that families develop "paradigms" or unified cognitive appraisals of themselves and their relation to the environment. This new idea or approach, born in crisis, serves as a background and orienting perspective to the family's problem solving in daily life. They have defined coping as a response when:

the family is called upon to exert unusual effort: to observe, to experience, to define, to understand, and to take some kind of special action so that it can return to the more orderly routines of daily living (p. 431).

Reiss and Oliveri view family coping as a process of balancing multiple dimensions of family life through adaptive capacities of the family (configuration, coordination, and closure). In contrast to other studies on coping strategies, these researchers make no conclusions as to the adaptiveness of strategies, but hold to the premise that coping strategies must be employed by each family based upon its own objectives and assumptions about the environment.

Although this model views coping at the family level, we would concur with Klein (1983) that the notion of a family paradigm is flawed in some respects. It is presumed that all family members will function as a unit at either a high or low level on each dimension. But how are variations within the family on each dimension to be handled? If all members do not score high, say in configuration, is the average of the scores considered, or a weighted average based upon other family resources controlled by individual members? Also, can families which rate extremely low on configuration act together to develop a paradigm? Although strong as a model of the family reacting to its environment, Reiss and Oliveri's (1980) model fails to incorporate the implementation of family resources.

Double ABCX Model

Family scientists have observed different family coping situations. The Double ABCX family coping model consists of (1) the family's circumstances, (2) the family's adaptive strategies, (3) the family's resources, (4) implementive strategies, and (5) implementation of new demands. The factors influence family life in different ways, bringing about change and adaptation. McCubbin and his colleagues identified six variables including (1) stressor specific events, (2) the family's understanding of the stressor, (3) the family's resources, (4) implementive strategies, (5) the new demands, and (6) the family's adaptive coping resources. The family adjusts to the new circumstances.
incorporate the dynamics within the family structure that could affect the implementation of coping strategies.

Double ABCX Model

Family scholars have attempted to identify variables that account for the observed differences among families in their adaptations to stressful situations. The earliest conceptual foundation was Hill’s well-known (1949) ABCX family crisis model where A (the stressor event), interacting with B (the family’s crisis meeting resources), interacting with C (the definition the family makes of the event), produce X (the crisis).

The original study implementing this model revealed additional factors influencing family adaptation including family coping strategies designed to bring about changes in family structure in an effort to achieve positive adaptation. McCubbin and Patterson (1983) used Hill’s formulation to advance a Double ABCX Model of family behavior that incorporated post-crisis variables including the coping strategies families employ. Coping was identified as a bridging concept that includes both cognitive and behavioral components, resources, perceptions, and behavioral responses interact as families try to achieve a balance in family functioning. Family coping efforts may be directed at (1) eliminating and/or avoiding stressors and strains; (2) managing the hardships of the situation; (3) maintaining the family system’s integrity and morale; (4) acquiring and developing resources to meet demands; and (5) implementing structural changes in the family system to accommodate the new demands (McCubbin, 1979). Coping was identified as not being stressor specific, but involving efforts to manage various dimensions of family life at the same time.

Family Adjustment and Adaptation Response (FAAR)

McCubbin and Patterson (1983) have expanded the Double ABCX model into the Family Adjustment and Adaptation Response (FAAR) model which identifies, describes, and integrates the process components of family behavior in response to a stressor and to a family crisis by including adjustment and adaptive family-level coping strategies. The strengths of the FAAR model appear to be that it considers coping as a process and shows a pattern for possible interrelations of family coping variables.

FAMILY COPING AS A CONCEPT

In this section, we will present a definition of family coping and several conceptual clarifications. These include coping as a process, coping functions, coping resources, coping strategies and coping effectiveness.

Definition

Key to the concept of family coping are three levels that must be considered and integrated into a model of family coping. The first level is
the individual. Coping is viewed as the cognitive and behavioral effort made by the individual to master, resolve, tolerate, or reduce demands that tax or exceed her or his personal resources and the styles and efforts employed. Menaghan (1983) has thoroughly reviewed individual coping and reference is made to her article for further study.

The second level can be referred to as the intra-family level. It is at this level that the unit of analysis shifts to subsystems within the family (i.e., husband-wife) or the individual’s relationship to the family unit (absent father-remainder of family).

The third level is that of the family level. Here, the unit of analysis is the family as a whole, a group. It is at this level that coping aids in promoting a better fit between environmental and family demands.

The authors suggest that the family remain the unit of analysis and that the following dynamic conceptual definition be adopted: Family coping is the effort of the family system to master, tolerate, or reduce demands that tax or exceed the family’s resources and the strategies employed. Ideally, efforts by individual family members, subsystems, and the family unit will be aimed at achieving a balance in the family system that promotes individual growth and development (individual level), facilitates organization and unity (intra-family level), and manages external and/or internal demands assessed by the family as exceeding current family resources (family level). However, it must be recognized that although efforts may be aimed at such a balance, individual growth may be sacrificed to family unity, or family unity expended in favor of one or more individual’s growth, or a combination of both where the family unit is more disorganized and family members’ individual development is also stunted.

Family Coping as a Process

To define family coping as constantly changing describes a process. Individual family members, their relationship to each other, and family-environmental relationships are constantly changing, necessitating reevaluation which in turn influences subsequent coping efforts. This coping process is continually mediated by cognitive reappraisals and behavioral efforts to maintain a sense of balance in the family system.

To understand this aspect of the concept, several dimensions of coping must be considered: the stages of family coping with respect to a particular event; phases of coping; family coping over the life cycle; and coping with multiple stressors.

The three stages of family coping with respect to a particular event are anticipation, impact, and post-impact. Studies shedding light on this aspect of coping have focused on specific life events such as the birth of a child (Ventura and Boss, 1983), periodic absence of business executive fathers (Boss et al, 1979), and unemployment (Voydanoff, 1983).
During the anticipation stage, the family must cognitively deal with such issues such as: Can it be prevented? What can be done to prepare for the event or minimize the impact? If unpreventable, can it be tolerated? Coping strategies ranging from avoidance to problem-solving can be employed by the family.

During the impact stage, some of the thoughts and actions in the previous stage become moot. In addition, new strategies must be implemented to deal with any discrepancies between anticipation and reality.

As the family moves into the post-impact stage, new considerations emerge focused around "Now what?" evaluations. Can or does the family want to return to the status quo ante? These responses in turn may lead to a new level of anticipation.

This process can be illustrated in the case of a family faced with a father's loss of job. The anticipation stage may begin with the layoff notice, reach an impact with the last day of work, and proceed into the post-impact stage of unemployment. Throughout each stage, family members will need to work individually and together to accommodate changes in resources, hardships, and role definitions. The coping strategies employed by the family may set the scene for further anticipation processes as the strategies themselves become sources of further stress. The assumption of the income earning role by the wife could lead to feelings of resentment in either spouse which in turn creates new stress. Even after reemployment, adjustments may be necessary as the new job may be less desirable or necessitate a move.

The family coping process also can be considered in terms of phases. Reiss and Oliveri (1980) set forth three phases of family coping born out of a problem-solving framework: definition, trial action, and commitment to decision. They view these phases as three conceptual vantage points for examining a family's response to a stressful event rather than considering them as sequential phases which follow one another in regular or predictable order. Within each of these phases, however, a family will employ strategies based upon its own resources.

Another perspective of family coping phases is espoused by McCubbin and Patterson (1983) in the FAAR model. The authors emphasize three phases of resistance, restructuring, and consolidation during which families employ various adaptive coping strategies. It is presumed that the restructuring phase is preceded by the resistance stage. However, families may not proceed linearly from crisis to adaptation. A family might become stuck along the way or follow a cyclical path as they work through the situation.

This awareness of the cyclical nature of the coping process necessarily assumes a process over time. Whereas some stressful situations may be short-term, other situations necessitate a family coping over long periods of time as in the case of long-term illness, dual careers, or loss of family member. Family coping strategies employed in year one may be the same or vary dramatically from strategies employed in year ten. Studies of coping...
strategies employed by families of prisoners (Lowenstein, 1984) reveal the age of children in the family and the length of time since incarceration are critical factors in the choice of coping strategies employed by the families. The dynamic aspect of life-cycle characteristics contributes to the necessity of adapting coping strategies to the current situation.

This discussion of the processual nature of coping heretofore has focused on the sequential nature of family coping efforts. However, it is also necessary to consider the fact that families face multiple stressors concurrently at all three levels of family relationships. For example, what coping strategies must be employed by a family with a chronically ill child or with marital conflict while facing economic difficulties? What resources will a family rely upon in the midst of such multiple crises? Family coping necessarily must be viewed as a process of continually managing and attempting to balance internal and external demands.

In light of this state of continual change, families are experiencing new demands and opportunities that must be handled on a continual basis. However, most of our phase models assume an initially stable family whose normal family functioning is interrupted by some new event or stressor and, after a period of coping, reorganizes itself in some new stable state. This approach is stressor or situation specific and does not address the ongoing process of daily adjustments. A challenge for family scientists will be to incorporate the dynamics of family interaction into their models, recognizing not only daily changes but that families may be facing multiple stressors simultaneously.

Functions of Coping

In clarifying the concept of family coping, it is necessary to understand the purposes coping strategies serve. McCubbin and his colleagues (1980) specified four functions of family coping as:

1. reducing the vulnerability of the family to the stressor;
2. strengthening or maintaining family system characteristics;
3. reducing or eliminating stressor events and their hardships; and
4. altering the environment by changing social circumstances.

Coping efforts also may be directed at eliminating or reducing demands, redefining demands so as to make them more manageable, managing the tension which is felt as a result of experiencing demands, and/or increasing resources for dealing with demands (Pearlin & Schooler, 1978). In addition to increasing resources, a family may focus its efforts on avoiding the erosion of individual or family resources, so that through the coping process material resources are not drained, bonds among family members are maintained, and that the family's ability to respond to subsequent stressors has not been reduced.

These efforts support the distinction between coping that is directed at managing or altering the problem causing the distress (problem-focused coping) and coping that addresses the emotional consequences of the problem (emotion-focused). It has been an approach to coping that is more challenging and complex.

It should be noted that the activities of coping strategies influence each other and impact each other. It is critical that research and theory be developed that will allow research to move toward an approach to understanding the interaction of each, to view coping as a process that is adaptable to change.

As noted above, coping strategies such as dual career family, the intergenerational family, the single-parent family, the extended family, and the flexible family are more common forms of family relationships. As such, family scientists must study families from multiple perspectives. As noted above, studying specific family coping strategies may be more effective.

Coping Resources

Resources necessary to cope effectively and necessarily are found within the family unit, among extended family members, and developed and employed by individuals. Resources that are necessary for coping may range from no resources to unlimited resources.

Individuals and families may have a need for increasing coping resources. Coping resources can include concrete (material) and nonconcrete (social) resources. Coping strategies may include problem-solving and emotion-focused strategies. Additional coping resources of the family or the individual may determine the nature of the coping process.
coping) and coping that is directed at regulating emotional response to the problem (emotion-focused coping) (Folkman & Lazarus, 1980). In general, emotion-focused forms of coping are more likely to occur when there has been an appraisal that nothing can be done to modify harmful, threatening, or challenging environment conditions. Problem-focused forms of coping are more probable when such conditions are appraised as being amenable to change.

It should be noted that problem-focused and emotion-focused coping influence each other throughout a stressful encounter and can facilitate or impede each other. Klein (1983) has spoken of the need to integrate the research and theory of stress, crisis, and coping and problem-solving approaches to gain greater insight into family coping variables. This approach, to view the functions of coping both as problem- and emotion-focused, should aid in the integration of the two bodies of research.

As noted above, coping functions have been assessed in specific contexts such as dual career families (Skinner, 1982), adolescent health risk (McCubbin, Needle and Wilson, 1985), families of prisoners (Lowenstein, 1984), and intergenerational transfer of the family farm (Russel, Griffin, Flinchbough, Martin and Atilano, 1985). Coping behaviors and strategies within specific contexts are more situation specific than those derived from larger theoretical perspectives. As we gain greater insight into the functions coping serves by studying specific family life events, however, broader trans-situational coping styles may be induced, thus enhancing theory-building efforts.

### Coping Resources

Resources are part of a family’s capabilities to meet or reduce demands and necessarily include existing characteristics of individual members, the family unit, and the community as well as expanded resources that are developed and strengthened in response to stressor demands. It is these resources that a family draws upon to meet the demands of life events ranging from normal to catastrophic.

Individual coping resources which the family may rely upon in times of need can include characteristics such as self-esteem, intellectual and analytical skills, and interpersonal and other social skills. For a thorough review of individual coping resources consult Menaghan (1983).

Family system resources, or the internal attributes of the family unit, can include cohesion (emotional bonding), adaptability (family’s ability to change its power structure, role relationships, and relationship rules in response to situational and developmental stress), and communication (Olson & McCubbin, 1982). Klein and Hill (1979) emphasized that homogeneity of problem-solving competencies and the extent to which particular and over-all problem solving skills are evenly distributed among family members are resources of the family. Additionally, the financial resources of a family will determine the options available to a family to obtain services in the
mitigation of the stress. Holmstrom (1972) reported that dual-career couples were quite willing to use money to resolve overload strain.

Recent studies have been directed at the identification of family-level interpersonal skills. Patterson and McCubbin (1984) have noted the importance of the psychological resource of androgyny (gender orientation characterized by both high masculine and high feminine attributes) as an intervening factor in the development and use of a broader coping repertoire. In his study of the coping patterns of prisoner’s families in Israel, Lowenstein (1984) identified division of labor as a key resource in the family.

Community resources or social support can include people or institutions that the family can turn to in times of need or a support network in which the family is cared for, valued, and loved (Pilisuk & Parks, 1983). Social support has elicited much research lately (McCubbin, Cauble, et al., 1982) to determine the extent that families rely upon extended family systems, community support groups, church, and other social networks during times of stress.

Identification of key family coping resources is the first step in understanding the function of such resources in the coping process. Attention has recently been directed towards their role in buffering the impact of social stressors (Wheaton, 1985). In their recent study of the Double ABCX model, Lavee, McCubbin, and Patterson (1985) found that family system resources (cohesion, adaptability, and supportive communication) affect adaptation directly while social support appeared to have a buffering role in reducing post-crisis strain.

Research directed at integrating individual and family-level variables to determine a family’s coping resources has been limited to date. But just as the B factor, resources, was found to be critical to a family’s adaptation to crisis (Hill, 1949), so too should further understanding of a family’s coping resources lead to further insight into the coping process.

Coping Strategies

Assuming that coping resources have been sufficiently dealt with, we now shift to conceptual clarification of the concept of coping strategy. Although the term coping strategy appears in nearly all literature on coping, it is seldom defined. Its meaning includes the approach taken by an individual or family to observe, experience, define, understand, and/or act in response to a challenging experience. Depending on the nature of the stressor, a strategy may be employed in the short term or may necessitate implementation over a long period of time. Coping strategies are often used synonymously to refer to context-specific actions. For clarity in the family literature, the authors would suggest that the term coping strategy be used to refer to the specific types of responses made by a family, either cognitively or behaviorally, to demands.

Two recent lines of research have shed light on family coping strategies.
McCubbin, Larsen, and Olson (1982) have developed their F-COPES Scales which identify five coping strategies: reframing, passive appraisal, acquiring social support, seeking spiritual support, and mobilizing the family to acquire and accept help. Stetz, et al., (1986), from their study of coping strategies employed by families with a chronically ill mother, identified strategies corresponding to the five assessed in the F-COPES. They also, however, report five additional strategies. The predominant coping strategy identified in their study was alterations in household management (coordination of roles, distribution of aid between family members, and affirmation of family members). Four other internal household family coping strategies included: administration of sanctions, discretionary non-action, mobilizing family members to take action, and reducing involvement in activities.

To date, research on family coping strategies has been focused on context-related events and the coping abilities of individuals and subsystems within the family. Few studies have identified the total family as the unit of analysis. However, if one is to take a systems approach (the paradigm underlying family therapy) with the premise that the elements within the system are interdependent, then an individual family member can only be understood in the family context (Minuchin, 1985). Hence, if the individual is interdependent with other family members, individual problems become family problems necessitating the involvement of the entire family unit.

Due to the sparsity of longitudinal studies, we have much to learn about the coping styles families employ - that is, the strategies employed by the family in a typical, habitual manner in approaching problems. Lazarus and Folkman (1984) suggest that complexity and flexibility are two formal aspects of the coping process to be considered as dimensions on which to examine coping styles over many encounters. Hence, does a family have a simple style in employing only one strategy or does it have a complex style in that it employs multiple strategies? And/or, does a family tailor its strategies at different recurrences of the same event (flexibility)? Perhaps family coping strategies are so flexible and complex to preclude the classification into styles. These questions can only be answered by the results of longitudinal studies of family coping strategies in different crisis situations over time or in a contextual model as advocated by Walker (1985).

Coping Effectiveness

Implicit in family coping is the notion of effectiveness. Effective coping depends on the relationships between the demands of the situation and a family’s resources and on the family’s appraisal and coping efforts to resolve the impact of the demands.

The choice of coping strategy has been identified as an important factor in coping effectiveness (Pearlin & Schooler, 1978). Coping strategies are not inherently good or bad. A strategy effective in one situation can be ineffective in another. The effectiveness of the strategy depends on the extent to which it is appropriate to the situation’s demands.
Effectiveness cannot be based solely on the implementation of coping strategies. Even though coping is normally viewed as a set of constructive efforts designed to protect the family, there may be secondary effects or costs of coping. As Cohen, Evans, Stokols and Krantz (1986) note, there may be a cumulative fatigue effect when continual coping efforts drain cognitive energies. There also may be an overgeneralization of a coping strategy when the strategy continues to be employed even in inappropriate situations. In addition, coping side effects may occur when coping behaviors which were successful in ameliorating the effects of the stressor are detrimental in other ways.

A recent study by McCubbin and his associates (1985) of adolescent health risk behaviors pointed to the potentially dysfunctional nature of even constructive and wellness-promoting coping strategies. Adolescents' use of ventilation (expressing frustration, yelling, complaining to other family members) was positively correlated in their use of cigarettes, alcohol, and drugs. Thus these strategies employed by the adolescents may be effective from their perspective but the rest of the family will probably view the substance use as an ineffective strategy which becomes a stressor for the family as a whole.

In the problem-solving literature, the key dependent variable is "problem-solving effectiveness" which is the ability of the family to solve its problems effectively (Klein and Hill, 1979). Klein (1983) suggests a new dependent variable in studies of family coping might be labeled "coping effectiveness" with cautions that the processual nature of coping should not be equated with mastery. Loss of life, "acts of God", and aging are all normal life situations which cannot be overcome in a problem-solving framework. Effective coping under these difficulties is that which allows a family to endure, accept, or ignore what cannot be changed.

A workable approach to the assessment of family coping effectiveness may lie in the differentiation between functional and dysfunctional methods by which families cope. Figley (1983) sets forth the following 11 universal characteristics of such differentiation:

1. Ability to identify the stressor;
2. Viewing the situation as a family problem, rather than merely a problem of one or two of its members;
3. Adopting a solution-oriented approach to the problem, rather than simply blaming;
4. Showing tolerance for other family members;
5. Clear expression of commitment to and affection for other family members;
6. Open and clear communication among members;
7. Evidence of high family cohesion;
8. Evidence of considerable role flexibility;
9. Appropriate utilization of resources inside and outside the family;
10. Lack of family autonomy;
11. Lack of family integration.

Further studies are needed to verify these characteristics and to describe the process of coping effectiveness.

Additionally, effectiveness of coping should be viewed from the family's resources. An effective coping strategy, based on the family's resources, is that which is a part of a family's coping function.

What then is the process of coping? Master, resolve, and adjust. Coping is the process of using a family's resources by cognitive means to bring about a resolution of the problem and social support to the family member who is coping.

Effective coping takes place in the context of the situation and a transformational process between these two. "...to gain insight into a family's problem-solving process."

Family members must be viewed as a part of an interactive system. Family problem-focused strategies are involved in response to transformational processes. The major task is to develop issue-specific family problem-focused analysis. This involves the critical purpose of assessing strategies, and the elements necessary to the group.

As we learn to combine these, we will be better able to help family members cope.
10. Lack of overt or covert physical violence; and
11. Lack of substance abuse (p. 18).

Further studies of family coping should assess the interrelationships of these characteristics and their contribution to the family's coping strategies and process of coping.

Additionally, studies should evaluate the family's perception of the effectiveness of the coping strategies employed both by the group and by its members. An objective measure of the appropriateness of the employed strategy, based upon the fit between the demands on the family and the family's resources, could lead to a greater understanding of the effectiveness of a family's coping strategies.

SUMMARY

What then is family coping? It is the effort of the family system to master, resolve, tolerate, or reduce demands that tax or exceed the family's resources and the strategies employed. It is a process continually mediated by cognitive reappraisals and behavioral effort to balance stressors. Coping is multidimensional and necessitates the employment of various stages of events, through phases, and over time.

Family coping serves multiple functions, but of particular import are problem-focused and emotion-focused coping. The way a family copes is determined in part by its resources which include individual, family system, and social support resources.

Effective coping depends on the relationships among the demands of a situation and a family's resources and the family's efforts to bridge any gap between these two. Further clarification of coping effectiveness should yield insight into a family's coping styles.

Family members respond to stressors not only as individuals but as part of an interactive network. Coordination of family members' emotion- and problem-focused effort is required if the entire family is to cope effectively in response to the stressor.

The majority of family-related coping studies have used situation- or issue-specific approaches and focused on the individual as the unit of analysis. This may appear narrow and limiting, but this research has served a critical purpose in defining role patterns, common coping resources and strategies, and emphasizing the processual nature of coping. These are all elements necessary to further the understanding of the family's coping as a group.

As we learn more about the coping of individuals and family subgroups, we will be better prepared to set up empirical studies to test the dynamics of family members within the group and the effect that has on the family as a
whole reacting with the environment. At the family level, research is called for which demonstrates that the properties ascribed to families, such as their degree of integration or orientation towards the environment, are emergent properties of the group.

As we gain greater insight into family coping resources, hopefully additional insights regarding the coping strategies families employ will assist therapists, policy makers and the family itself. Just as recent studies of adolescent coping strategies (McCubbin et al., 1985) have revealed that intervention may be more beneficial at the family level rather than through drug programs, so should further studies of family strategies provide information as to the most beneficial approach to helping families cope.

Although most studies have focused on family coping as perceived by the parents, recent studies have focused on adolescent coping within families. However, to date, there appears to be little research as to the contribution of younger children to the coping process, other than as the focus of the stressor event (i.e. disabled child by Schilling et al., 1984: child with cancer by Barbarin et al., 1985).

Studies of parental coping have utilized coping indexes that require adults to complete inventories of coping strategies they have employed (McCubbin, Boss, Wilson, and Dahl, 1979; Skinner & McCubbin, 1981). What measures can be developed to assess a child’s contribution to a family’s coping resources and strategies implemented? Is a child’s coping ability an essential factor in a family’s coping ability or are they merely carried by the family flow? Since adolescent coping has been shown to be of importance to a family’s coping ability, at what point does a child’s coping ability affect the family’s coping ability? What role does the family play in teaching the child effective coping strategies? These are key questions that will need to be addressed in future family studies.

Since families are ever-changing, the prospect of determining key coping resources and styles seems quite formidable. To date, studies have indicated that coping strategies appear to be situation specific. In a search for understanding of family-level coping, it appears impossible to study every situation a family may face so as to have specific information to assist a family in response to each stressor. We must continue to search for commonalities in coping resources and strategies to further assist families.

Even more important than identifying universal or common sequences of coping, however, is the need for information about whether some coping strategies are more effective than others in given types of families, for given types of stress, at certain times, and under given conditions.

REFERENCES


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* Distinct: made.
 * substance: unsub-stand.
  * unsub-time.


Major topic: on family science.
Nevertheless: bounds of research.
A variety of ones in particular in which the researcher say that the view might not.

While research of research, researcher in part: support their explanations.

Mainstr...