

# Coping with stress

**DAVID Bartram and Dianne Gardner give an overview of various approaches to coping in stressful situations, and describe a framework of practical and straightforward steps to assist effective coping.**

DAVID BARTRAM AND DIANNE GARDNER



**Skills in adaptive coping can be learned and enhanced in order to reduce stress**



**David Bartram**  
graduated from the Royal Veterinary College in 1988 and has worked in the pharmaceutical industry for the past 16 years. He is also engaged in academic research, with the School of Medicine, University of Southampton, into mental health and wellbeing in the UK veterinary profession. He is a Samaritans volunteer.



**Dianne Gardner** is a senior lecturer in the School of Psychology at Massey University, New Zealand, and has a professional interest in occupational stress and psychological wellbeing at work. She has investigated levels and sources of work-related stress and the social support used to manage it in the veterinary profession in New Zealand.

## HOW DO VETS COPE?

Little is known about the coping strategies used by veterinary surgeons. A survey at an Australian veterinary school revealed that students were not consistently employing a range of effective coping strategies to deal with the stressors that they encountered during their course (Williams and others 2005). Anecdotally, clinical experience in psychiatry is that veterinary surgeons tend to try to solve problems beyond the point at which this is possible and do not appraise stressful situations properly. They appear to use their previous coping strategies without enough reflection on whether they are appropriate or imaginative enough (R. Persaud, personal communication).

Stress is defined as a personally meaningful situation in which the demands experienced by a person exceed his or her coping resources. It results from an individual's perception that an event that matters to them is challenging or threatening, and that he or she cannot or may not be able to summon up the coping resources to address the challenge or threat successfully. Different events are stressful for different people, largely because the meaning of the event differs between people, and because individuals have different resources available for coping with stress.

Coping is the process of thoughts and behaviours that people use to manage the internal and external

demands of situations they appraise as being stressful or exceeding their own resources. Coping efforts seek to manage, master, tolerate, reduce or minimise the demands of a stressful environment.

Over 400 different ways of coping have been identified and numerous frameworks for categorising them have been put forward (Skinner and others 2003). Strategies are often organised according to whether they aim to address the problem causing distress (problem-focused coping) or reduce the negative emotions associated with the problem (emotion-focused coping).

## Adaptive or maladaptive?

Adaptive coping acts to reduce stress and promote long-term benefits. Maladaptive coping may reduce the level of stress in the short term, but can affect physical and psychological health in the long term. In general, strategies that involve actively dealing with the problem or ways of thinking about it are better approaches to stressful events than avoidant strategies. Avoidance can be useful in specific situations, particularly those that are short term and uncontrollable, but can lead to increased distress when the stressor persists.

## Examples of maladaptive coping strategies

- Drug or alcohol misuse
- Engaging in harmful behaviours (eg, binge drinking, taking risks) to relieve negative emotions
- Smoking cigarettes
- Engaging in risky sexual behaviours
- Using food to feel better
- Procrastination
- Compulsive use of displacement activities such as playing computer games or exercising
- Sleeping or going to bed to avoid problems
- Taking frustration/aggression out on others
- Being deliberately late for appointments to avoid certain situations
- Wishful thinking
- Detachment – trying to forget the whole thing or refusing to believe that it has happened
- Criticising oneself
- Self-isolation
- Controlling emotionally expressive behaviours, for example, trying not to cry

## Examples of coping strategies

### Emotion focused

- Use humour or comedy
- Reframe the situation in terms of importance, long-term impact, etc
- Confide in someone else
- Seek emotional support
- Accept the situation
- Divert your attention by working on another task
- Think unrelated pleasant thoughts such as happy memories
- Engage in physical exercise
- Practise relaxation or meditation techniques
- Practise forgiveness
- See the situation in a different light, look for positive consequences of the situation, perceive a personal benefit, eg,

personal growth, something you have learned, closer relationships or reprioritised goals

- Turn the problem over to a 'higher power'
- Spend time with pets
- Challenge any tendency to withdraw or isolate
- Maintain a healthy diet
- Attend professional counselling
- Compare oneself to others who are facing far more challenging situations
- Write down thoughts and feelings
- Dispute or challenge one's own negative thoughts

### Problem focused

- Create a plan of action

- Use negotiation skills
- Make constructive changes to a situation
- Concentrate on the next step
- Be assertive
- Develop different solutions to the same problem
- Apply time-management skills
- Try to see things from the other person's point of view
- Draw on past experiences
- Seek practical advice from others
- Decision making
- Ask for help with tasks
- Acquire personal skills that could be useful in life (eg, time management, assertiveness)
- Use a systematic approach to dealing with problems

### Problem focused or emotion focused?

Both problem-focused and emotion-focused approaches have the potential to be adaptive. When the nature of the stressful event fits the coping strategies used, people experience fewer psychological symptoms than when there is a lack of fit (Park and others 2001). It is maladaptive to try to use problem-focused strategies when a situ-

ation is unchangeable, or to rely on emotion-focused strategies when a situation can be changed.

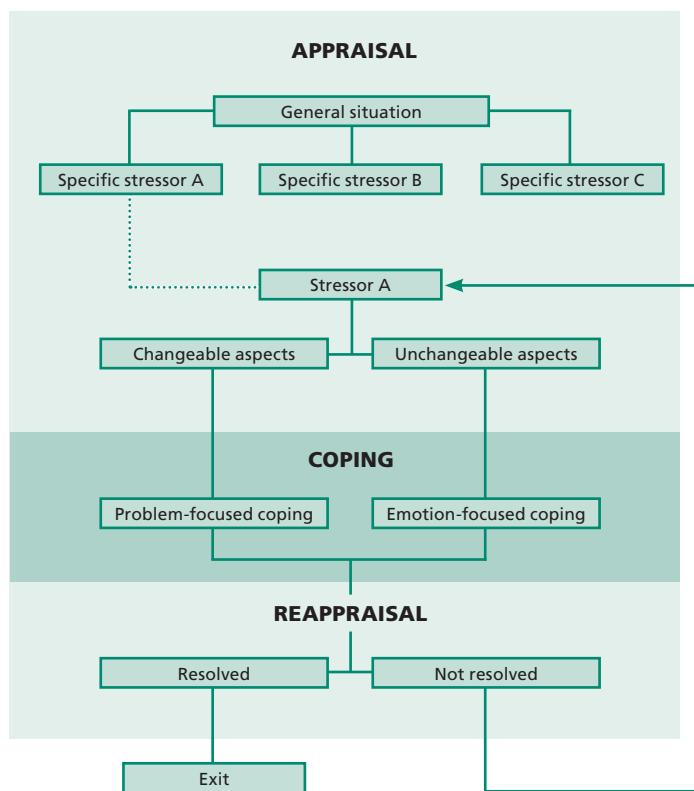
Effective coping uses an appropriate combination of strategies for the situation. For example, with bereavement, it may be adaptive to engage initially in emotion-focused coping to acknowledge, process and express the loss, and then, after emotional equilibrium returns, to engage in more problem-focused

coping to deal with future plans. In managing work-related problems, a controllable dilemma might best be addressed by problem-focused coping, but emotion-focused coping can help to relax and refresh body and mind in preparation for tackling the situation.

## IMPROVING THE COPING PROCESS

Skills in adaptive coping can be learned and enhanced to reduce psychological distress and improve wellbeing. Coping effectiveness training (CET) improves people's skills in identifying and assessing stressful situations and in finding and using appropriate coping strategies and social support (Folkman and others 1991, Chesney and Folkman 1994, Chesney and others 1996). Stressors that seem overwhelming are broken into their component parts, the changeable and unchangeable aspects are identified, and coping strategies are tailored accordingly.

Evaluations of CET and similar interventions have found that it is effective in modifying coping strategies and improving health outcomes in a variety of settings, for example, coping in HIV-positive men (Chesney and others 2003), chronic pain (Keefe and others 2004), cancer (Scott and others 2004) and patients with spinal cord injuries (Kennedy and others 2003). The essence of CET is described in the diagram on the left.



**Appraisal and coping model.** Redrawn from Folkman and others (1991), with kind permission from Springer Science and Business Media

## **APPRASING THE SITUATION**

### **Identifying the stressors**

Effective coping depends in part on defining the problem. Therefore, in any situation, the first step is to disaggregate global stressors into specific stressful situations. People think about the stress in their lives in general terms. They report that they are 'stressed' because of their marriage, their job, their children, or their illness. These global conditions tend to be simultaneously ambiguous and highly complex, which makes them difficult to cope with. How does one cope with 'my family' or 'my job'?

The process can be illustrated using a stressful situation such as a complaint from a client. The box below is not intended to provide spe-

cific advice on complaint handling, but merely to demonstrate the process for selecting coping strategies. The general stressful situation is therefore 'A client made a complaint'. Specific stressors within that general situation might then include 'Letter of complaint from client threatening to involve the Royal College of Veterinary Surgeons (RCVS)', 'The practice owner is not supportive of me', 'I am not sleeping well as I am so worried', 'My colleague is not speaking to me', and so on.

Once a global stressor is disaggregated into specific stressful situations, exact demands can be identified and goals for coping can be established.

### **What can be changed?**

After defining the specific stressors,

it is important to decide what aspects of the situation can or cannot be changed. We may exhaust ourselves trying to change things we aren't able to, while missing the opportunity to change those things we can. By first defining the changeable and unchangeable features of stressful situations, we can decide what to do about them.

Changeable and unchangeable situations require different types of coping. Problem-focused coping includes thoughts and actions aimed at those aspects of the specific stressful situation that are changeable, whereas emotion-focused coping includes thoughts and actions designed to address emotional reactions to the stressful situation, particularly aspects that are unchangeable.

## **Different coping strategies**

### **Specific stressor**

Letter of complaint from a client threatening to involve the RCVS

#### **Problem-focused**

##### **CHANGEABLE ASPECTS**

- Client's attitude
- Risk of escalation to the RCVS
- Risk of legal costs
- Risk of bad publicity
- Boss's/colleagues' attitude
- Effect on practice morale

##### **OPTIONS**

- Notify the professional indemnity insurer immediately
- Promptly send a brief letter of acknowledgement to the client. Express regret at their dissatisfaction, give reassurance that their complaint is being taken seriously, set a realistic timescale for a full response, and do not admit liability
- Undertake an investigation of the complaint with all involved
- Discuss it with partners/peers/a manager/your mentor
- Draft a letter responding fully to issues raised. Review and aim to send it as soon as possible
- Leave all draft correspondence overnight before reviewing, discussing with professional advisers/indeemnity insurers and sending
- Examine the root causes of problem and see whether changes can be made to stop a similar event happening again. If appropriate, institute/amend practice protocols and acknowledge this in the response to the client
- Establish a practice complaints procedure, if one is not already in place
- Respond to any correspondence with the RCVS constructively and promptly, with guidance from professional advisers

##### **POSSIBLE OUTCOMES**

- Improved perceptions of the owner with regard to the level of professionalism of the practice
- Reduced risk of the client taking the complaint to the RCVS

#### **Emotion-focused**

##### **UNCHANGEABLE ASPECTS**

- Time and hassle required to deal with the matter
- Embarrassment that work colleagues know about the complaint
- Possible escalation to the RCVS, legal costs and bad publicity

##### **OPTIONS**

- Seek social support – confide in a friend and/or understanding colleagues
- Put the situation into perspective by playing down its importance
- Distract yourself occasionally by tackling some other problem
- Dispute or challenge any negative thoughts and beliefs such as 'I am a terrible vet', 'I am going to lose my job'
- Take comfort from cuddling pets
- Write down any emotional thoughts and feelings
- Phone the Vet Helpline for emotional support
- Put it down to experience
- Construe benefit, such as improved personal relationships, a learning opportunity, growth of maturity and strength of character, rebalanced personal priorities, and so on
- Find meaning, for example, 'This is a sign that I should change the way I perform the procedure concerned'
- Take time to relax – listen to music, read a book

##### **POSSIBLE OUTCOMES**

- Improved self-esteem
- Reduced feelings of stress

Individuals tend to have preferences for using primarily emotion-focused or problem-focused coping, and our personal coping styles can be identified by thinking about how stressful situations are usually dealt with. One of the objectives of CET is to obtain a balanced coping style by increasing the repertoire of coping options.

## **ADDRESSING PROBLEMS, REGULATING FEELINGS**

Coping has two main functions: addressing the problems that give rise to stress (problem-focused coping) and regulating the feelings that arise from stress, including anxiety, anger and sadness (emotion-focused coping). In general, the best fit occurs when people use the appropriate strategy for the changeable and unchangeable aspects of a situation.

The coping approach described above is grounded in the theory of coping and stress, and empirical research supports its effectiveness in increasing individuals' effectiveness in appraising and coping with

the demands of daily life. The focus is on stress management rather than mastery or resolution. Some of the most challenging situations in terms of coping are inherently irresolvable.

A broad coping repertoire, including both problem-focused and emotion-focused strategies, is regarded as being most effective for managing stress in a difficult situation. It is hoped that this article will prompt readers to consider a greater range of strategies to deploy and to carefully select approaches based on the nature of a specific stressor, rather than rely on their natural inclinations towards a particular coping style. The stresses experienced by the veterinary profession both in work and life in general may then become that bit more bearable.

### **Further information**

■ Vet Helpline 07659 811118

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### **References and further reading**

- ANON (2007) 'Emotionally focused coping': an alternative approach for stressed vets. *Veterinary Record* **161**, 578-579
- AUSTENFELD, J. L. & STANTON, A. L. (2004) Coping through emotional approach: a new look at emotion, coping, and health-related outcomes. *Journal of Personality* **72**, 1335-1363
- CHESNEY, M. A., CHAMBERS, D. B., TAYLOR, J. M., JOHNSON, L. M. & FOLKMAN, S. (2003) Coping effectiveness training for men living with HIV: results from a randomized clinical trial testing a group-based intervention. *Psychosomatic Medicine* **65**, 1038-1046
- CHESNEY, M. A. & FOLKMAN, S. (1994) Psychological impact of HIV disease and implications for intervention. *Psychiatric Clinics of North America* **17**, 163-182
- CHESNEY, M., FOLKMAN, S. & CHAMBERS, D. (1996) Coping effectiveness training for men living with HIV disease: preliminary findings. *International Journal of STD & AIDS* **7** (Suppl 2), 75-82
- FOLKMAN, S., CHESNEY, M., MCKUSICK, L., IRONSON, G., JOHNSON, D. S. & COATES, T. J. (1991) Translating coping theory into an intervention. In The Social Context of Coping. Ed J. Eckenrode. New York, Plenum Press. pp 239-259
- KEEFE, F. J., BLUMENTHAL, J., BAUCOM, D., AFFLECK, G., WAUGH, R., CALDWELL, D. S., BEAUPRE, P., KASHIKAR-ZUCK, S., WRIGHT, K., EGERT, J. & LEFEBVRE, J. (2004) Effects of spouse-assisted coping skills training and exercise training in patients with osteoarthritis knee pain: a randomized controlled study. *Pain* **110**, 539-549
- KENNEDY, P., DUFF, J., EVANS, M. & BEEDIE, A. (2003) Coping effectiveness training reduces depression and anxiety following traumatic spinal cord injuries. *British Journal of Clinical Psychology* **42**, 41-52
- LAZARUS, R. S. & FOLKMAN, S. (1984) Stress, Appraisal, and Coping. New York, Springer Verlag
- PARK, C., 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
- SCOTT, J. L., HALFORD, W. K. & WARD, B. G. (2004) United we stand? The effects of a couple-coping intervention on adjustment to early stage breast or gynecological cancer. *Journal of Consulting and Clinical Psychology* **72**, 1122-1135
- SKINNER, E. A., EDGE, K., ALTMAN, J. & SHERWOOD, H. (2003) Searching for the structure of coping: a review and critique of category systems for classifying ways of coping. *Psychological Bulletin* **129**, 216-269
- TAYLOR, S. E. & STANTON, A. L. (2007) Coping resources, coping processes, and mental health. *Annual Review of Clinical Psychology* **3**, 377-401
- UNIVERSITY OF CALIFORNIA, SAN FRANCISCO (1997) Coping Effectiveness Training Workbook. Centre for AIDS Prevention Studies. [www.caps.ucsf.edu/projects/CHANGES/pdf/CET%20Workbook.pdf](http://www.caps.ucsf.edu/projects/CHANGES/pdf/CET%20Workbook.pdf). Accessed February 11, 2008
- WILLIAMS, S. M., ARNOLD, P. K. & MILLS, J. N. (2005) Coping with stress: a survey of Murdoch University veterinary students. *Journal of Veterinary Medical Education* **32**, 201-212