

PSYCHOLOGICAL DEVELOPMENT OF COPING BEHAVIOR

Askarova Gulrukh Orinbasarovna

Doctor of philosophy (PhD) in psychological sciences acting associate professor, department of practical psychology, Nizami National Pedagogical University of Uzbekistan

Adilova Farangiz Rustamovna

4th-year student, majoring in practical psychology, Nizami National Pedagogical University of Uzbekistan

Abstract: This article provides an in-depth theoretical analysis of the psychological development of coping behavior within the framework of R. Lazarus's transactional theory of stress and coping. The study examines the evolution of scientific views on coping behavior, emphasizing its cognitive appraisal processes, emotional regulation mechanisms, and behavioral strategies. Particular attention is paid to the role of coping behavior in the process of psychological adaptation to stressful and challenging life situations. The article highlights how coping strategies contribute to maintaining psychological stability, enhancing resilience, and optimizing individual responses to stressors. Theoretical insights presented in the study may serve as a basis for further empirical research on coping behavior and its development in various professional and social contexts.

Key words: coping behavior, coping strategies, stress perception, psychological adaptability, person–environment interaction.

A significant part of the research in the 60–70s, stress is a nonspecific, stereotypical, phylogenetically ancient reaction of the body in response to various environmental stimuli, preparing it for physical activity (for example, escape, etc.)

The term "stressor" was introduced by the Canadian physiologist Hans Selye. He used this term to describe factors that cause stress, including physical, chemical, and psychological influences that the body must overcome to maintain homeostasis¹.

The concept of "coping" comes from the English "sore" (to overcome). In Russian psychological literature it is translated as adaptive "coping behavior" or "psychological overcoming". Note that according to Vladimir Dahl's dictionary, the word "coping" comes from the Old Russian "lad" (to get along) and means to cope, to put in order, to subjugate. Figuratively speaking, "cope with the situation" means to subjugate circumstances, cope with them, culture and environment, and is aimed at satisfying needs or reducing threats².

The theory of "coping" has received wide recognition, especially in the development of R. Lazarus. In 1966, he defined "coping" as psychological defense mechanisms created by a person to overcome traumatic events and influence situational behavior.

The term "coping" began to be actively used in American psychology in the early 60s to study individual behavior in stressful situations. These studies became the part of the cognitive movement, which was formed in the 60s under the influence of the works of such scientists as I. Jams, M. Arnold, D. Mechanic, L. Murphy, J. Rotter, R. Lazarus.

¹ Selye, H. (1959). "Stress and the General Adaptation Syndrome." *Journal of Clinical Endocrinology*, 19(2), 155-165.

² Bandura, A. (1977). "Self-efficacy: Toward a unifying theory of behavioral change." *Psychological Review*, 84(2), 191-215.

Many studies emphasize that the lack of development of constructive forms of coping behavior can increase the pathogenicity of life events, which in turn can become a “trigger” for the occurrence of psychosomatic and other diseases.

The change in the concept of stress proposed by G.Selye gradually occurred as a result of the publication of the book by R.Lazarus “Psychological Stress and the Coping Process”³. In this work, the emphasis has shifted to viewing coping as a central element of stress, that is, as a stabilizing factor that helps maintain psychosocial adaptation during periods of stress.

Lazarus, limiting himself to the psychological aspect, defines stress as the result of the interaction of the individual with the outside world, assessed by the individual⁴. This state largely depends on cognitive processes, thinking, situation assessment, awareness of personal resources, level of management training and the choice of adequate strategies in extreme conditions.

Lazarus highlights the cognitive assessment of stress, emphasizing that stress is not only the result of an objective stimulus, but also depends on its subjective assessment. Stimuli can be perceived as neutral, positive, or stressful, and their effects vary across individuals and situations. Thus, the key point in Lazarus's approach is to view stress as the result of a subjective assessment of a noxious stimulus.

R.Lazarus and his colleagues pay particular attention to two cognitive processes, stress appraisal and stress management, which are important interacting aspects of human interaction with the environment. The term “evaluation” in this context refers to determining the value or quality of an object, while “coping” (or “sorting”) involves the application of behavioral and cognitive efforts to satisfy external and internal demands. Coping is activated in situations where the complexity of the task requires additional effort beyond the energetic capacity of normal reactions and requires new strategies, as opposed to routine.

In the course of research, comparing two extreme groups of subjects (resistant and unstable to stress), significant differences were identified in their personal characteristics. Those who were vulnerable to stress showed intense feelings of inferiority, lack of self-confidence, fearfulness and significant impulsive behavior. In contrast, stress-resistant individuals were less impulsive and fearful, had greater stability in overcoming difficulties, activity, energy and cheerfulness.

The concept of “critical perception of life experiences”, introduced by T.Holmes and R.Rahe, emphasizes that a stressful event begins with the perception of an internal (for example, thought) or external (for example, reproach) factor. This may be a macrostressor, which is a strong and short-term irritant that disrupts emotional balance⁵.

E.Heim made a significant contribution to the study of coping behavior among patients with somatic diseases. In her study of coping processes in cancer patients, she defined coping as the desire to reduce the pressure of the disease, both intrapsychically (emotionally-cognitively) and through goal-directed actions. She identified 26 forms of coping behavior in the cognitive, emotional and behavioral spheres⁶.

Coping, according to Heim, manifests itself in active actions and emotional processing, providing adaptive responses to stressors. An important factor is the flexibility and variety of forms of coping available to an individual to successfully cope with the disease.

The term “coping” first appeared in 1962, when L. Murphy used it while studying how children overcome developmental crises. In 1966, R.Lazarus, in his book Psychological Stress and Coping

³ Lazarus R. S. Psychological stress and the coping process // Me-Graw Hill, № 4, 1996. – 29 p.

⁴ Lazarus, R., & Folkman, S. (1984). "Stress, Appraisal, and Coping." Springer Publishing Company.

⁵ Holmes, T., & Rahe, R. (1967). "The Social Readjustment Rating Scale." Journal of Psychosomatic Research, 11(2). pp. 213-218.

⁶ Heim E. Coping und Adaptivitat: Gibt es geeignete oder ungeeignete Coping, Psychother., Psychosom., med. Psychol. – 1988. – № 1. pp.8-17.

Process, defined “coping” as the desire to solve problems, activated by significant demands for well-being. “Coping” is perceived as the activity of maintaining a balance between the demands of the environment and resources aimed at adapting to the situation and meeting the requirements.

Thus, “coping” is viewed as an individual strategy to maintain balance, meet environmental demands and ensure well-being, physical and mental health, as well as satisfaction with social relationships.

R. Lazarus identifies two general styles of responding to stress, despite significant individual differences in coping behavior. The first style, problem-focused coping, is oriented toward the rational analysis of a stressful situation and involves the development and implementation of a concrete plan aimed at resolving the problem. This coping style manifests through independent evaluation of events, active information seeking, seeking instrumental support from others, and deliberate actions designed to change the stressful circumstances.

The second style, emotion-focused coping, emerges primarily as an emotional response that is not necessarily accompanied by direct problem-solving actions. It is expressed through attempts to avoid thinking about the problem, sharing emotional experiences with others, and efforts to reduce emotional tension through sleep, consumption of alcohol or substances, overeating, or other compensatory behaviors. Emotion-focused coping encompasses cognitive, emotional, and behavioral efforts aimed at regulating emotional distress rather than altering the stress-inducing situation itself.

There is ongoing debate regarding the effectiveness of emotionally expressive forms of coping with stress. The expression of emotions is generally regarded as an adaptive means of stress reduction, with the exception of overt aggressive expression due to its antisocial nature. At the same time, psychosomatic research suggests that suppressing emotions, particularly anger, may pose a significant risk to an individual’s psychological and physical well-being, potentially contributing to the development of stress-related disorders.

R. Lazarus emphasizes that the interaction between the individual and the environment is regulated by two fundamental constructs: cognitive appraisal and coping. He distinguishes between two types of cognitive appraisal—primary and secondary. Primary appraisal enables the individual to determine whether a stressor represents a threat, a challenge, or a source of well-being by answering the question, *“What does this situation mean for me personally?”* This stage is often accompanied by emotional responses such as fear, anger, sadness, or hope.

Secondary cognitive appraisal, according to Lazarus, plays a central role in the stress response process. It is associated with the question, *“What can I do in this situation?”* and involves an evaluation of one’s personal resources, abilities, and available options for coping with the stressor. Secondary appraisal complements primary appraisal by guiding the selection of coping strategies, predicting possible outcomes, and determining the feasibility of influencing the situation. This stage engages higher-level regulatory processes, including goals, values, moral attitudes, and personal beliefs. At this point, the individual consciously chooses and initiates actions aimed at overcoming the stressful event. Importantly, primary and secondary appraisals may occur both sequentially and simultaneously.

Lazarus argues that both forms of appraisal significantly influence not only the presence of stress but also the intensity and qualitative characteristics of the individual’s response. Cognitive appraisal functions as a mechanism that determines the degree of stress generated by a particular event. The so-called “polarizing filter” represents an initial stage of appraisal that can either amplify or diminish the perceived significance of an event. Consequently, identical situations may produce varying levels of stress depending on subjective interpretation.

Following cognitive appraisal, the individual begins to develop and apply coping mechanisms, thereby engaging in the coping process. If initial coping attempts prove unsuccessful, the stressor remains active, necessitating further efforts to adapt or modify coping strategies. This iterative nature of coping highlights its dynamic and continuous character, reflecting the ongoing interaction between personal resources and environmental demands.

Structure of the coping process



The structure of the coping process, according to R.Lazarus, begins with the perception of stress, followed by cognitive assessment, development of coping strategies and evaluation of the results of actions. A.Bandura emphasizes that beliefs in personal effectiveness influence initiative and persistence in buying behavior. The subjective assessment of an event as controllable or uncontrollable determines the functionality of the coping reaction. If it is possible to influence the situation, an attempt to change it is considered adequate coping; in the absence of control - avoidance or cognitive reappraisal⁷.

A distinction has been made between coping into anticipatory and restorative coping. Anticipatory coping is an anticipatory response to an expected stressful event, while restorative coping helps to restore psychological balance after unpleasant events have occurred.

The effectiveness of coping behavior depends on the context. Instrumental strategies are appropriate when the subject can control the situation, while emotional strategies are appropriate when the situation is beyond his control.

Lazarus and Folkman distinguish two types of coping behavior depending on the perception of the situation: active, aimed at changing the environment, and passive, which is a protective mechanism to reduce emotional arousal without changing the situation.

An individual possesses the ability to imagine and anticipate oneself in various emotional states, which plays a crucial role in the appraisal of stressful situations. Stress and anxiety tend to intensify, particularly when a person perceives a lack of control over forthcoming challenges or life events. The assessment of one's own capacity to cope with stressful circumstances is largely shaped by previous experiences, self-efficacy beliefs, perceived social support, self-confidence, and an individual's willingness to take risks. These factors collectively influence how a person interprets stressors and selects appropriate coping strategies.

In general, most researchers adhere to a unified classification of coping methods, which includes three primary categories: assessment-oriented coping, problem-oriented coping, and emotion-oriented coping. Assessment-oriented coping focuses on the cognitive appraisal of a situation and the evaluation of its significance for personal well-being. Problem-oriented coping involves active efforts aimed at modifying or eliminating the source of stress. Emotion-oriented coping, in turn, is directed toward the regulation of emotional responses arising from stressful experiences.

The biocybernetic model of coping proposed by Schönpflug and colleagues in 1998 is grounded in the dynamic interaction between the individual and the environment, emphasizing their reciprocal influence. According to this model, existing regulatory processes may be reorganized, or entirely new regulatory mechanisms may emerge, thereby shaping patterns of behavioral regulation. This perspective highlights coping as a flexible and adaptive system rather than a fixed set of responses.

⁷ Folkman S., Lazarus R.S. If it changes, it must be a process: a study of emotion and coping during three stages of a college examination // *Journal of Personality and Social Psychology*, 1985. 48. pp. 150-170.

Empirical research conducted in Japan has demonstrated that active problem-solving coping strategies are associated with a reduction in stress-related symptoms, whereas avoidance strategies and other methods primarily aimed at alleviating emotional discomfort may contribute to an increase in symptom severity. These findings suggest that not all coping strategies are equally effective and that their outcomes depend on the nature of the stressor and the context in which they are applied.

Studies in the field of decision-making further indicate that individuals experiencing high levels of stress often underutilize rational and analytical cognitive strategies. Instead, stress may narrow cognitive focus and lead to reliance on habitual or emotion-driven responses, which can limit effective problem-solving.

Overall, coping behavior can be defined as a set of action strategies employed by individuals in situations of psychological threat to maintain physical, personal, and social well-being. Coping encompasses cognitive, emotional, and behavioral efforts that may result in either successful or less successful forms of adaptation to stressful conditions.

An analysis of the presented theoretical approaches allows us to conclude that coping behavior represents a complex and dynamic process integrating cognitive appraisals, emotional regulation, and behavioral responses to stress. R. Lazarus and other scholars emphasize the central role of stress appraisal and coping processes, drawing attention to global response styles that shape adaptive outcomes. By incorporating E. Heim's approach, the understanding of coping behavior—particularly among somatic patients—has been further expanded through the identification of diverse forms and mechanisms of coping.

It is evident that rational coping strategies are effective under certain conditions but may not always be applicable in situations characterized by intense stress or uncertainty. Within the context of decision-making, coping is often evaluated through appraisal-based strategies focused on problem-solving as well as emotion-oriented approaches aimed at managing internal states.

Thus, the diversity of coping strategies provides individuals with valuable resources for adapting to a wide range of stressful situations. Human behavior under stress is determined by subjective appraisals, prior experiences, and the availability of social support. Collectively, these theoretical and empirical findings contribute to a deeper understanding of the multifaceted nature of coping behavior and the complexity of human adaptation to stress.

Bibliography

1. Даль Владимир Иванович // Полунина, Н. М. Коллекционеры России XVII – начала XX вв.: энцикл. словарь. – Москва, 2005.
2. Bandura A. (1977). "Self-efficacy: Toward a unifying theory of behavioral change". *Psychological Review*, 84(2).
3. Folkman S., Lazarus R.S. If it changes, it must be a process: a study of emotion and coping during three stages of a college examination // *Journal of Personality and Social Psychology*, 1985. 48.
4. Heim E. Coping und Adaptivitat: Gibt es geeignete oder ungeeignete Coping, *Psychother., Psychosom., med. Psychol.* – 1988. – № 1.
5. Holmes T., & Rahe, R. (1967). "The Social Readjustment Rating Scale." *Journal of Psychosomatic Research*, 11(2), 213-218.
6. Lazarus, R., & Folkman, S. (1984). "Stress, Appraisal, and Coping." Springer Publishing Company.
7. Lazarus R.S. Psychological stress and the coping process // Me-Graw Hill, № 4, 1996. – 29 p.
8. Selye, H. (1959). "Stress and the General Adaptation Syndrome." *Journal of Clinical Endocrinology*, 19(2), 155-165.