

Coping in
Adolescence
Research and Tools

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MÉXICO NORTE

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PREMISE

PREMISE

Within social sciences the mostly accepted perspective is usually the one that gives space to personal development through enhancing resilience, overcoming past difficulties and reinforcement of individual expectations and hopes, besides the use of individual, family, group and community qualities and knowledge.

From one side this means to go from the action intended only to pathological individuals to all individuals. From another side it means to go from the pathological dimensions to wellbeing dimensions.

The dimensions identified by Saleebey (1997-2001) have in common their action of reinforcing individual resources in order to face adversity and stress: coping.

After careful consideration of the work that has been carried out in the last twenty years, Ferrari, Nota & Soresi (2002; 2003) consider that both problem solving and coping abilities have a major role in managing life stressful events and, more generally, adaptation processes. This concept can be associated to cognitive and affective-motivational processes through which individuals identify strategies to efficiently face and solve a wide range of daily difficult situations generated both by the environment and the individual himself.

The fields of study of stress and coping strategies are innumerable, from the medical field to the work field, from the training field to the family one.

Stress is generally considered by individuals as a central part of their lives, with which they deal every day. Furthermore, 87% of those interviewed reported that their personal levels of perceived stress have increased in the last five years.

If in the past decades stress was seen as a phenomenon that affected only certain categories of the population, currently it is considered that stress affects young and older people.

The research we carried out on teenagers showed 38% of those interviewed consider themselves “stressed” due to lack of time, commitments and high expectations.

Particularly stressful moments are usually associated to life changes and transitions, such as school → work and school →

university.

On this issue, Hanisch (1999) argues that coping strategies used by individuals to deal with life changes, such as work transitions, can significantly influence both the wellbeing that conveys these transitions and the potential for future employment. In more general terms, other authors (Rudisill & Edwards, 2002; Endler & Parker, 1990, 1994) argue that coping strategies have a significant influence on the individuals wellbeing and their future career choices, in such a way that, from this perspective, the understanding of coping strategies used by individuals on specific events and situations, would be of considerable interest for orientation counselling teenagers and adults oriented (Frydenberg, 2004).

Regarding training, one must only think about the way in which some students face school stress, for example, when they have an important exam. On this issue, Nota (2000), Ferrari & Dovidio (2001) have studied the relation between decision/indecision and coping highlighting how more undecided students usually use less efficient decision strategies and, when facing complex choices, use less efficient strategies reach advantageous choices.

The main goal of this work is to present the results of a long path of research on coping: both in relation to definition, application and more specific aspects.

Within this work we have used some tools for measuring coping that were developed and validated by other authors.

STRESS & COPING

1. Stress

Stress has become a central feature of life. On one hand, it seems that the frequency and intensity of stressful moments has increased, on the other hand there seems to be also an increased interest on individual wellbeing and, more generally, life quality – these factors have contributed to increase the interest of psychology on stress facing techniques.

We have asked a large sample to assess their levels of personal stress and their effect and impact on their daily life and work.

RESEARCH 1

STRESS, COPING AND LIFE QUALITY

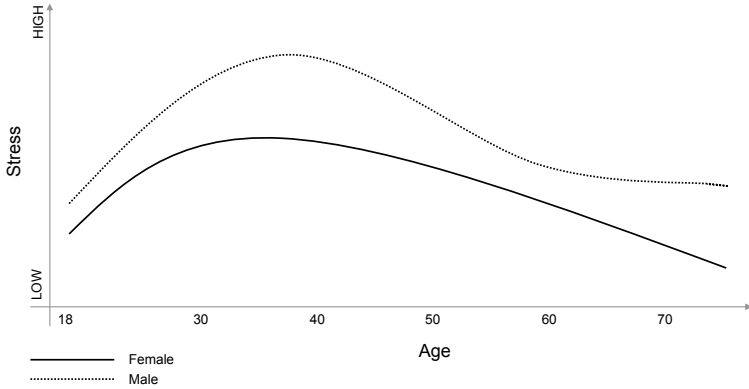
We have been submitting a telephonic interview to a group of 1000 subjects representative of the Italian population. The interview was focused on analysing stress' effects on life and it was carried out in CATI modality. Group composition was: 52% women and 48% men, average age 35 years and 4 months. The interview focused on three different aspects: amount of perceived stress, events perceived as most stressful, modalities used by interviewees to reduce stress.

Each subject was asked to indicate on a scale of 1 to 10 (where 1 amounted to nothing and for 10 to completely) the level of perceived stress that he feels exposed to every day.

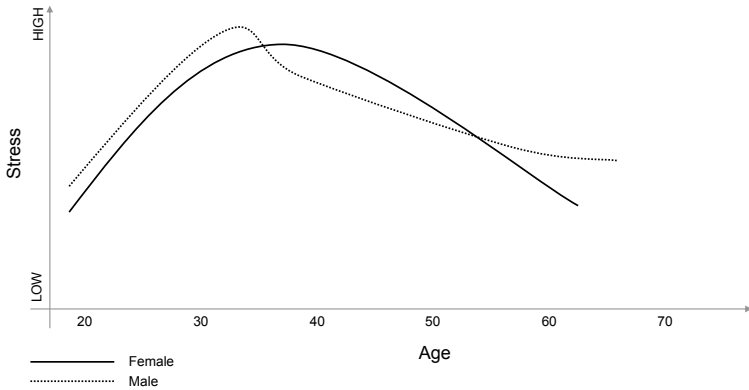
All subjects have answered this question with ease, confirming the centrality that this phenomenon has in their lives.

Data analysis revealed significant differences both in relation to gender and age of subjects. There seems to exist a relation with the age of the subjects that indicates maximum peak of stress for males around forty years and for females around thirty-two.

In fact, data analysis showed that perceived stress is the result of a combination of factors. In particular, the main factor of stress is clearly work-related.



Taking into account only those subjects who state they have a permanent work, curves change significantly and with them the gap between males and females.



Females surpass male perception of stress between 35 and 50 years. Most likely, this is due to the fact that at this age women are expected to excel in two very different areas: home and work.

Greenhaus & Beutell (1985) call this problem Work-family conflict and define it “a form of inter-role conflict in which the role pressures from the work and family domains are mutually incompatible in some respect”. The opposite of this is Work-

family balance: “satisfaction and good functioning at work and at home with a minimum of role conflict” (Clark, 2000).

The work-family conflict (WFC) was originally seen as a one-dimension and bi-directional construction.

Greenhaus & Beutell (1985) proposed another definition of WFC connecting the interferences that happen in the direction work vs. family and family vs. work, identifying three specific variables that may cause interference between the two areas. They differentiate three types of WFC: time-based conflict, strain-based conflict and behaviour-based conflict in both directions, work-to-family & family-to-work. Time-based conflict takes place when more time is dedicated to one of the areas, leaving less to the other. In the second case, tension produced in one field diminishes the availability towards the other. In the last case, the behaviour expected in one field is incompatible with the behaviour expected in the other.

Frone et al. (1992a) and Gutek, Searlee and Klepa (1991) were the first to operationally separate these two conflicts.

Within their model, WFC acts as mediation between work related stress factors and their consequences on family support, as well as between family stress factors and their consequences on work support.

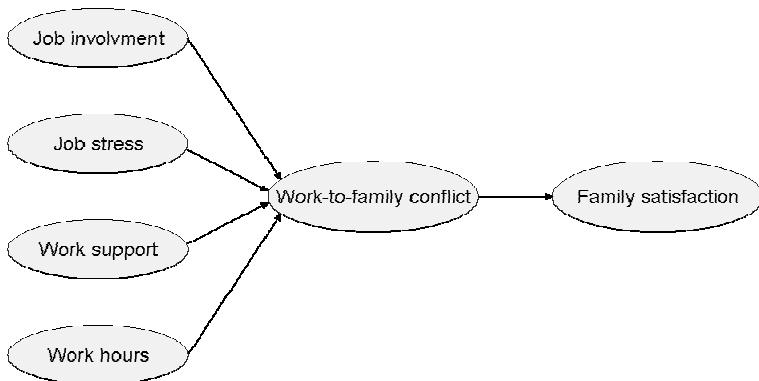


FIGURE 1 - WORK-TO-FAMILY CROSS-DOMAIN MODEL BASED ON FRONE ET AL. (1992)

Frone suggested that work and family satisfaction are influenced by the resources and stress factors originated by both roles.

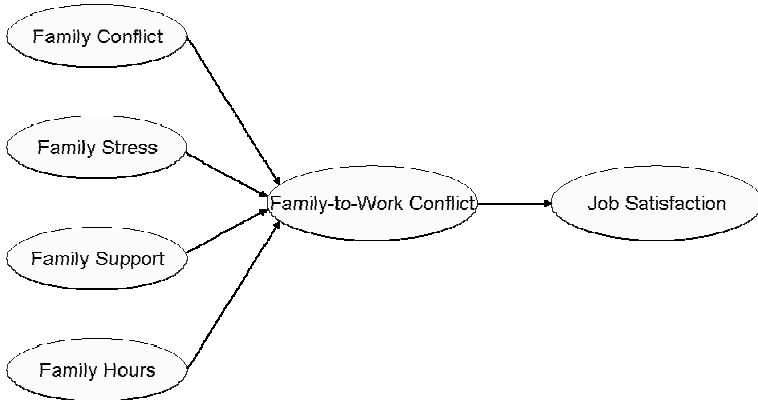


FIGURE 2 - FAMILY-TO-WORK CROSS-DOMAIN MODEL BASED ON FRONE ET AL. (1992)

The stressors and needs inherent to a role create conflict with other roles, and this reduces the satisfaction within these roles. According to this structure, as one can see in figure n.2, FIW is a proximal predictor of work satisfaction while stress and family support factors represent distal predictor with an effect mediated by role's conflicts. Equally, as one can see in figure n.1, WIF is a proximal predictor of satisfaction and family need while stress factors and work support represents distal factors influencing family satisfaction.

The study of the conflict between different roles draw attention to a nowadays problem, connected to stress: the dual-career. The dual-career subject is those who carry one two or more working activities in different fields. In the past they represented a small minority of the working force, but nowadays their number is steadily increasing. These individuals must manage different organizations and must probably need to reconcile different timings and rhythms.

If the theory of conflict sustains that multiple roles can be

emotionally oppressive and damaging to the worker (Greenhaus & Beutell, 1985; Lee, 1997), the supporter of the Expansionist Theory counter (Barnett & Hyde, 2001; Marks, 1977, Sieber, 1974; Thoits, 1992) saying that multiple roles are more often beneficial than damaging (Lee & Phillips, 2006).

The Expansionist Theory maintains that multiple roles are not damaging, but more often beneficial for both genders, if the number of roles and their time demands are not excessive (Lee & Phillips, 2006). In fact, under non extreme conditions, multiple roles can physiologically energize an individual rather than exhaust him.

Within our sample, we have identified 32 subjects that can be defined as dual carer. These subjects present higher levels of perceived stress when compared with subjects of the same age. The small number of individuals, however, requires some caution when analysing the results, but two points seem to have emerged:

- Duration – for how long they have been in a dual-carer situation: over two years there seem to be higher levels of stress;
- Voluntariness – the subjects that have voluntarily chosen a dual-carer situation seem to present lower levels of stress than those who have been forced on it.

All the subjects have been asked to state which were the most stressful events they faced in the last thirty days.

Data analysis revealed the existence of a wide range of stressful events, but most of them refer back to two fields: work (or school/studying) – 47% - or family – 21%. We must underline there is a great difference between the two genders.

A careful analysis of the given answer has shown how males – when compared to females – usually refer problems which are exclusively individual, while females (15%) usually mention also problems or stress events that have occurred to others, such as their children, spouses, parents or friends.

Lastly, subjects were asked to tell in which way they daily manage their stress. Also in this case, there was a wide range of responses, but all related to a much more limited range of categories. Mostly, subjects have stated their ways of relaxing:

spending time with dear ones (18%), sport activities (13%), cultural activities (7%) and entertainment activities (9%).

Subjects do not clearly identify stress reduction and stress opposition strategies, but rather behaviours which can restore homeostasis of the subject through moments of estrangement.

We know, however, that these moments of estrangement are not enough to bring the levels of perceived stress back to a tolerable level and may, in fact, be damaging to the individual if not supported by other behaviours.

In psychology, the subject's behaviour aiming at the reduction of stress is called coping.

2.1 Teenagers and stress

Stress is no longer a phenomenon that concerns adults exclusively. For this reason, we have decided to include teenage stress in our research.

RESEARCH 2

TEENAGERS AND STRESS

We have been submitting a survey on stress to a group of 671 teenagers with an average age of 16 years and 7 months. The survey was focused on two different aspects: stress perception and stress causes. Family Support Coping Questionnaire was also submitted.

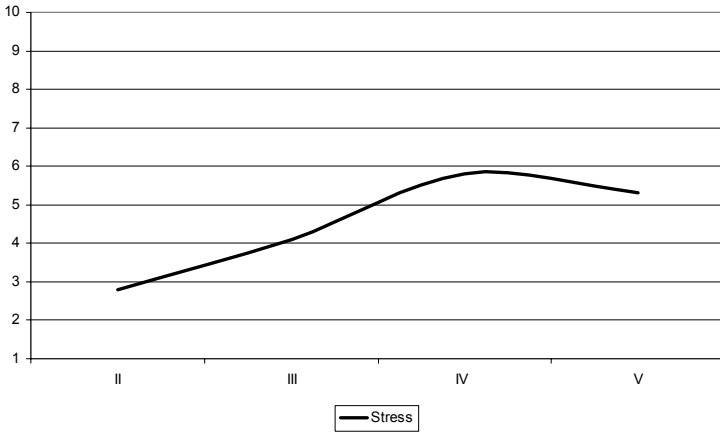
The main finding of this study is that 38% of the sample defines them as stressed, with no gender related differences.

Subjects that consider themselves stressed indicate as causes lack of time (31%) and excessive commitments (23%).

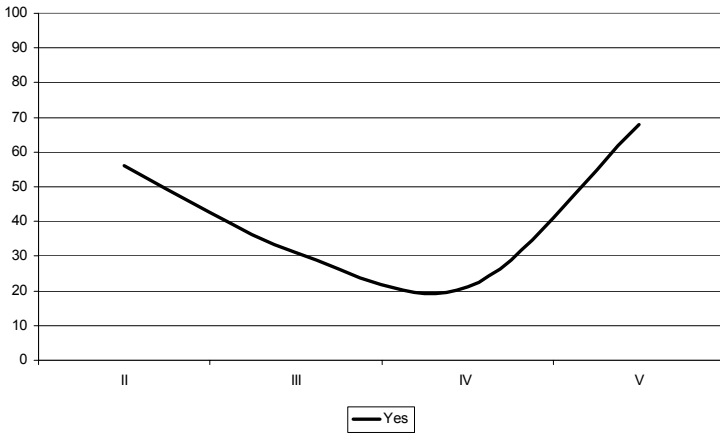
Almost all the subjects say school (48%), family (21%) and sentimental relationships (8%) are the main sources of stress. From the analysis of the open answers, it is clear that family and school expectations are the greatest sources of stress – even if significantly more so for females than for males.

Subjects were asked to assess the level of stressed originated by finishing school and the need of choosing and planning their

future.



By splitting the sample in relation to the school year, it can be seen that higher stress levels are reached in class IV, or the penultimate year of high school.

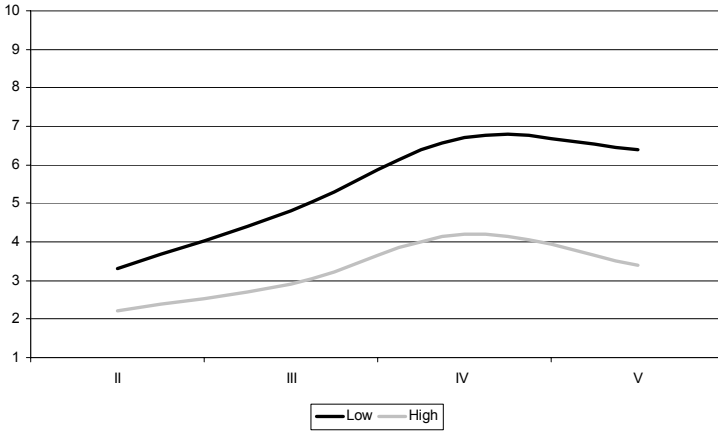


This finding is meaningful when measured up to the percentage of subjects that has stated to have already made the decision of what to do when they finish studying.

As it is seen in the graphic (we asked the subjects to state if they had already decided what to do after school) the greatest levels of uncertainty are found in year IV.

The intersection of these data does not seem, however, enough to explain levels of stress, as the high percentage of students who have decided should cause a significant reduction of stress in year V.

Most likely, stress concerning the post high school choice is the non linear combination of two factors: on one hand, uncertainty regarding the choice, on the other hand, the immediacy of the event.



Comparing stress levels amongst subjects that count on strong family support and subjects that count on scant family support there are significant differences. The subjects that count on strong family support seem to register lower average stress levels, regarding their post high school choices. Furthermore, this kind of support seems to reduce stress as the event comes nearer, facilitating the decision-making.

2. Slapping Stress

The term coping derives from the Ancient French *couper* (hit or punch). It is likely that this word comes from the Latin *colaphus* and from the Greek *kolaphos*: a blow or slap. In English, the word was usually used meaning *to meet*, as in contest or encounter. In the 1960s, the American scientist Lazarus coined this term to describe the complex process facing stress. The ability of coping includes not only the ability of solving problems, but also the management of one's emotions and stress originated from the contact with problems. From this perspective, the term coping has maintained its original meaning of blow or slap.

Despite the evocative ability of the term coping, the complexity, dynamics and the multidimensional character of this construction have generated several definitions of coping that can be generally assigned to two different categories: one that focus on the goal of reducing stress and another that underlines the increase of personal wellbeing resulting from behavioural changes.

Authors	Year	Stress Reduction	Stress Increase
Parker & Endler	1996	○	
Compas	1998	○	
Hobfoll	1998		○
Cramer	1998		○
Vaillant	2000		○
Rudisill & Edwards	2002		○

In both categories, however, coping is seen as a response, as an ability to face stressful situations.

Yet, as Zani and Cicognani (2002) accentuate, to consider coping as a simple reaction or response is somewhat reductive as no consideration is given to the specificity and complexity of the processes in which the individuals are involved when managing traumatic events or daily stressful situations.

The consensus gathered around these aspects is to some extent misleading as numerous controversial aspects arise from a careful reading of the different contributions to this theme.

By focusing the analysis on more peripheral aspects of the concept, instead of on more central ones, one can identify different approaches that underline other issues yet uncovered.

2.1 Cognition, emotions and connotations

While for Frydenberg & Rouley (1998) coping is a specific construction, for Eisenberg, Fabes & Guthrie (1997) coping represents – exclusively – a subset of a wider category of stress management. This category can be divided in three ways: emotion management, situation management and management of the situations/behaviours derived from emotions. However, the weight of the cognitive, affective and behavioural aspects still needs to be defined.

Authors	Year	Cognitive	Affective	Behavioral
Hobfoll et al.	1994			○
Compas et al.	2001			○
Epstein & Meier	1989	○		
Pearlin & Schooler	1978	○		○
Lazarus & Folkman	1984			
Frydenberg & Lewis	1991	○	○	
Rossmann	1992	○	○	
Skinner et al.	2003	○	○	
Skinner & Welborne	1994	○	○	○

Silver & Wortman (1980) do not make this distinction, but consider coping generally as an individual response to a stressful event. Other authors underline the importance of the cognitive nature of coping, such as Pearlin & Schooler (1978) that has

defined coping including different behaviours, cognitions and perceptions. Other authors emphasize the weight – related but different – of emotions and cognitions within the process of coping. Skinner & Welborne (1994) depict coping as including all three dimensions, as people regulate their behaviour, emotions and thoughts under stressful psychological conditions.

We have recently used this technique in order to assess attitudes toward stress and their relation with coping.

RESEARCH 3

ATTITUDE TOWARDS STRESS

We have been submitting semantic differential test based on 18 couples of bipolar adjectives, to a group of 328 adults with an average age of 35 years and 7 months.

Factorial analysis of the data has shown the existence of three factors which can explain about 69% of the variance: cognition (what I think about stress), emotion (what I feel about stress) and behaviour (how I act towards stress). These three factors seem to be strongly related, as to lead one think that they constantly influence each other. There seems to be a particularly close relation between emotion and cognition that then influences the behavioural aspect.

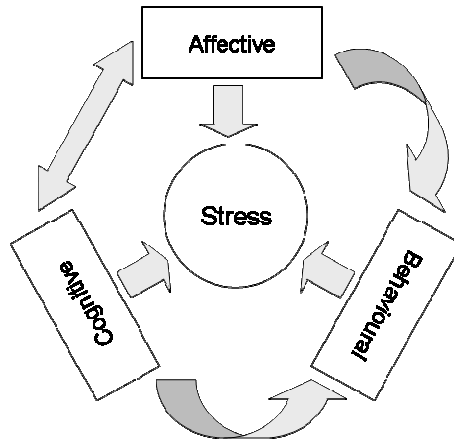



FIGURE 3 - ATTITUDE TOWARD STRESS

Simultaneously, this study has shown that there is a wide individual variance on the levels of each one of the three dimensions. In other words, the individuals seem to have very different attitudes towards stress.

It seems likely that this variation can be explained by the fact that stress can be both positive and negative.

In order to include these two types of aspects of stress within a model of attitudes toward stress a new questionnaire was carried out.

 RESEARCH 4
POSITIVE AND NEGATIVE ASPECTS OF STRESS
We have been submitting a survey to a group of 239 adults with an average age of 39 years and 7 months. The survey asked to stress positive and negative aspects of work stress. Interviewees answers have been analysed and classified in: affective, cognitive and behavioural.

Analysis revealed significant differences on the three dimensions when regarding the positive and negative aspects of stress.

The positive aspect of stress is more connected to the emotional dimension. In contrast, the negative dimension of stress has to do with the cognitive dimension. According to most of the individuals, stress hinders a rational approach to the problem, has it thwarts the needed serenity.

Further analysis of the data has brought to light a particular category of individuals.

These people, around the 7% of the total, generally have a very positive attitude toward stress. They consider it the “engine” of their professional activity. The most interesting characteristic is connected to their work approach, which resolves completely around carrying out tasks right before the deadlines in order to feel the “stress generated energy”. Many of them have actually admitted to be unable to work, unless under severe stress. These

subjects can be classified as Stress-seekers.

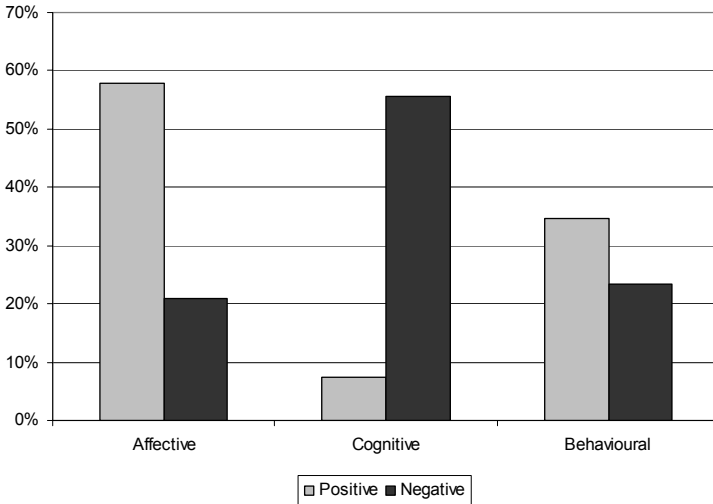


FIGURE 4 - POSITIVE AND NEGATIVE COPING ASPECTS

These stress-seekers are people who, after having experienced the positive effects of stress, become convinced that from it derives their success. Stress-seekers can often have a negative effect within an organization, as when in charge of a group they tend not to organize its work, but to make it work exclusively according to the deadlines.

In order to have additional information on the stress-seekers attitudes toward stress, a new questionnaire was carried out, comparing attitudes toward stress and stress levels in both groups.

RESEARCH 5

STRESS-SEEKERS AND STRESS

We have been asking a group of 385 subjects with an average age of 34 years and 11 months to outline their level of stress and to point on a scale how they consider it positive and negative. Stress-seekers Scale was submitted to all subjects.

Data analysis has revealed profound differences in the

assessment of stress between normal subjects and stress-seekers.

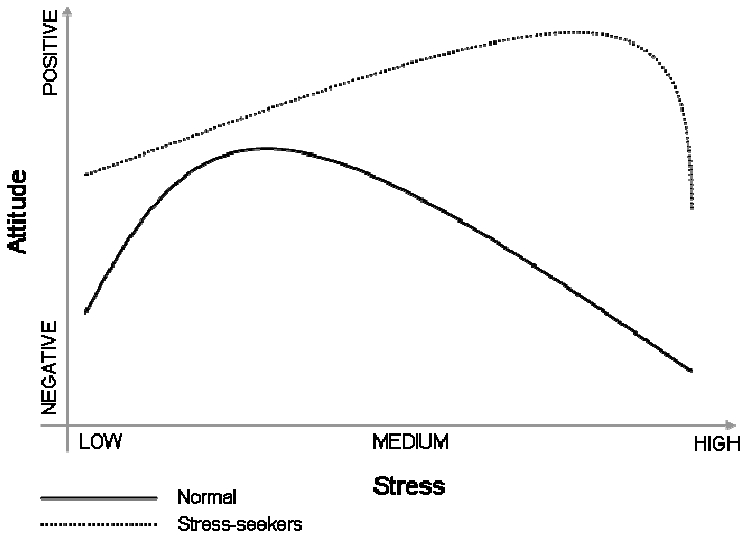


FIGURE 5 - ATTITUDE AND STRESS

Normal subjects do not seem to love stress, rather appreciating preferring low stress situations and, in general, their evaluation of stress does not go over the medium area of the approval scale.

On the contrary, stress seekers enjoy stressful situations and will provide an increasingly positive evaluation up to a "breaking point", when they do not perceive any other positive aspects. It would seem that stress-seekers are able to better tolerate stress, but more likely to break down afterwards.

It seems relevant – also to a better understanding of coping – to analyse the specific characteristics of stress seekers.

RESEARCH 6

INDIVIDUAL CHARACTERISTICS OF STRESS-SEEKERS

We have been submitting the Stress-seekers scale, a survey based on Big Five model (Caprara, Barbaranelli, Borgogni, 1993) and COPE model (Carver, Scheier & Weintraub, 1989), to a group of 200 subjects with an average age of 39 years and 8 months.

Data analysis has revealed the existence of a series of dimensions, either in terms of character traits or coping techniques that seem to be connected to stress-seeking.

Regarding character traits, stress-seekers seems to be subjects of high energy levels and open-minded, but at the same time, have lower levels of emotional control and awareness.

On the subject of coping, stress-seekers seem to use more Problem focused Strategies (Activity, Positive Reinterpretation, Growth and Information Seeking), but use less Planning.

Based on the query results, we can draw an identikit of stress-seekers: they are subjects who show high levels of stress tolerance and evaluate it positively. These individuals prefer to work under deadlines and show high energy levels (or neurosis) and open-minded. They express high levels of precision and act on emotions. They know and put to practice efficient stress management strategies, but only when they feel the levels of stress are high enough to justify the effort.

TOOL 1

STRESS-SEEKERS SCALE

We have been creating an evaluation scale on stress seeking tendencies aimed to identify stress-seekers in organizational ambit. The scale is monofactorial and constituted by 7 items with 5 different fixed answers: from 1=not at all up to 5=definitely. Subjects have been asked to indicate how much each definition matches their way of thinking and acting.

	Not at all	A little	Quite	A lot	Definitely
1. I like to work under stress	①	②	③	④	⑤
2. When stressed I am more productive	①	②	③	④	⑤
3. It happened me to be capable of executing a job only when getting really close to the deadline	①	②	③	④	⑤

4. It happened me more than once to be capable of concluding most of a work only when getting really close to the deadline	①	②	③	④	⑤
5. I like the “Energy” felt when under stress	①	②	③	④	⑤
6. I work better when I have only a short time to execute my job	①	②	③	④	⑤
7. I’m better than other people in dealing with stressful work’s situations	①	②	③	④	⑤

The validation of the scale has been executed on a group of 256 subjects with an average age of 33 years and 3 months (s.d. 8 years and 1 month) 46% women and 54% men. Data analysis has shown the existence of only one factor cable of explaining the 66% of the total variation. The Tool resulted with a good reliability ($\alpha = .771$). Gender variation has been relevant. Men present the highest levels of stress-seeking. Stress-seekers resulted to be men in the 69% of cases.

2.2 Coping vs. defence mechanisms

Some authors consider as coping responses only voluntary actions; others include also automatic and somewhat involuntary individual responses.

Aut hors	Year	Voluntary	Involuntary
Compas et al.	1997	○	
Skinner & Wellborn	1997		○
Eisemberg et al.	1997		○
Cramer	1998	○	○
Compas et al.	2001	○	
Lingiardi & Madeddu	2002	○	

The distinction among voluntariness and involuntariness in coping is not a secondary subject, as it is usually used to distinguish coping and defence mechanisms.

According to Lingiardi & Madeddu (2002) the defence

mechanisms concern the use of reflexive responses associated with danger/salvation situations, while coping mechanisms concern the development of efficient behavioural strategic manoeuvres to face difficult and unusual situations. Cramer (1998) is contrary to the separation of both concepts. In fact, there is no radical difference between coping and defence mechanisms, and therefore different mechanisms can become a conscious ability to solve problems. In fact, the main goal of both processes is identical: to attain the maximum level of wellbeing for the individual. The distinction between both constructions is still discussed whilst there are no clear boundaries among coping mechanisms and defence mechanisms.

Some authors include as coping strategies other concepts, such as denial, that usually are regarded defence mechanisms. Others instead regard coping strategies as a defence, as in the case of as repression (Valliant, 1997). Current research, however, seems to target especially conscious processes, considering coping a conscious response to stressful events.

2.3 Coping: before, during or after stress?

Another issue concerns the timing of the coping response.

Author	Year	Pre	In progress	Post
Frydenberg & Lewis	1993		○	
Aspinwall & Taylor	1997	○	○	
Compas et al.	2001		○	

While for Frydenberg & Lewis (1993) the attempt to restore balance – typical of coping – can happen either by solving the problem (therefore removing the stimulus) or by adapting to the anxiety without solving the problem, other authors adopt the timing criteria and therefore distinguish coping that takes place before the event occurs – proactive – and coping that takes place afterwards.

If coping concerns the goal of maintaining the individual's wellbeing then it can also happen with the goal of preventing the development of stress levels. We can, therefore, consider at least three kinds of coping depending on their timing in relation to the stressful event.

Proactive coping happens when anticipating a stressful event that might have been experienced before. Simultaneous coping happens during the stressful event. Subsequent coping takes place in the absence or conclusion of the stressful event and aims at reducing the stress load as to return to the initial wellbeing.

By adopting this perspective it is possible to interpret coping in terms of resilience.

The word resilience derives from the Latin *resilire*, or rather *bounces* and – in the field of material technology – indicates the dynamic resistance to breaking determinable with an impact test. In Psychology, resilience is the ability that subjects have to successfully face adversity (Rutter, 1985). This concept was firstly developed in the field of evolutionary psychology by researchers that studied children's reaction to traumatic events. For instance, a longitudinal study by Werner and others (1992) showed that a high number of children – despite the presence of many negative factors – seemed to develop normally. According to Anthony (1974) some children ability to feel well, regardless of exposure to risk factors could be explained in terms of invulnerability. Nowadays, the term invulnerable is considered misleading as it implies an absolute and immutable state of opposition to pressures from the environment. The word resilience, on the other hand, underlines the presence of protective factors – next to the risk factors – that entail a positive dynamics of reconstructing a life path.

We can consider two approaches on the study of resilience: the first one studies the characteristics of the resilient individual, while the second emphasizes risk and protection factors and, more generally, studies resilience taking into account the relation of the individual with the environment. The first approach focuses on the characteristics and skills of the resilient subject. To Zani & Cicognani (1999) la resilience demands two skills: the ability to be

flexible and the ability to resist painful events. According to Cramer (2000), the resilient person is intelligent, creative, imaginative and, as a child, enjoys playing. More recently, Putton & Fortugno (2006) described the life skills of a resilient individual: critical thought, creative thought, decision making, problem solving, self-awareness, efficient communication, empathy, ability to establish interpersonal relations and emotion and stress management.

Vanistendael & Lecomte (2000) makes use of a metaphor, considering resilience a house. This house (*casita*) is on the ground, representing basic physical needs; the foundations are the net of informal relations based on the acceptance of the individual as the bearer of value as a person; on the ground floor, the authors place the ability to discover a meaning in life and the coherence between feelings, thoughts and actions; on the first floor there are the self-esteem, attitudes and sense of humour; in the attic are the possible positive experiences that a person can experience, which help to build resilience.

This approach introduces the dimension of context and the relation of context, which is at the core of the second approach. This approach deems resilience as a dynamic process that includes positive adaptation within a rather hostile environment (Luthar, 2000), it comprises two basic assumptions: exposure to significant risks and positive adaptation in spite of the major threat to the subjects development. Hence, risk factors do not necessarily cause distress – when protection factors exist only one risk factor does not seem enough to cause distress, other factors are necessary and therefore we talk of cumulative risk. According to Rutter (1990), protective factors are processes that reduce the impact of the risk factor, negative chain reactions and allow the creation and maintenance of self esteem and self efficiency feelings, and the overture to new life opportunities and encounters.

Within this perspective Fergus & Zimmerman (2005) argues that stress is not a steady character trait, but a very dynamic concept. These authors focus their attention on personal resources and social/parental support. They go on to show, through three models of resilience (compensatory, protective and

defying) how protective factors change the outcome of risk exposure. In the compensatory model a protective factor counters the risk factor. This implies a direct effect of the protective factors, which is, therefore, independent of risk factors. For example, youngsters that live in poverty are more likely develop negative behaviours that youngsters who do not live in poverty (Edari et al., 1998); however, adult supervision could compensate for the negative aspects of poverty.

In the protective model, activities and resources lessen risk effects. Using the same example, if the relation among poverty and violent behaviours is reduced in the youngsters that count on a high level of parental support, this is a protective factor that reduces the effects of poverty on violent behaviour. From this perspective, protective factors can operate in many ways as to influence the outcomes. Luthar et al. (2000), for instance, propose a protective-stabilizing model and a protective-reactive model. In the first one, the protective factor helps to neutralize the risk effect, while in the second one, it lessens the expected correspondence between risk and outcome without completely eliminating it. Brook et al. (1986; 1989) present a protective-protective model according to which protective factors enhance the action of other protective factors.

Garmezy's defying model (1984) is regarded as a curvilinear association of risk factors and results. The exposure to low or high levels of risk is associated with positive and negative outcomes, and also moderate levels of risk can be linked to less negative or positive results (Luthar et al., 2003). In the defiance model, a factor can both be of risk or protection, depending on the subject's level of exposure. For example, a small family conflict could make the individual less prepared to exploit learning chances or face/solve interpersonal external conflicts. Richardson et al. (1990) created a different model, inspired by the General Theory of Systems, that considers the individual as system consisting of two apparently contradictory functions: the tendency to homeostasis and the ability to transform. The model of the process of resilience considers the subject as being predisposed to maintain a bio-psycho-spiritual balance. When a stressful event

breaks this balance, this rupture may lead to a change: reconstruction. This reconstruction can occur in several ways: 1. resilient reconstruction: growth, self-understanding and higher resilience; 2. reconstruction with return to homeostasis; 3. reintegration with loss; 4. dysfunctional reintegration.

Resilience and coping have many common traits both in functional and structural aspects. Besides, a careful analysis of the dimensions connected to resilience seems to show overlap with coping: problem solving, decision making and emotional management.

With the purpose of investigating similarities and differences amongst coping and resilience we have conducted a specific survey amongst a large sample of teenagers.

 **RESEARCH 7**

RESILIENCE = POST STRESS COPING?

The research has been conducted on a group of 375 teenagers (average age 16 years and 3 months), 46% men and 54% women. Post-Stress Adolescent Coping Scale and Resilience scale (RS), by Wagnild & Young (1993), were submitted to all subjects. RS measures resilience in relation with five dimensions: equanimity, plenitude of meaning, constancy, autonomy, self-confidence. On the base of RS subjects have been divided in two groups: High Resilience and Low Resilience.

Data analysis shows a clear difference in the Post Stress Coping of both groups, to be systematically found on opposite extremities of the scales.

Teenagers with high levels of resistance make extensive use of overcoming strategies and social research, while adolescents with low resilience use avoidance.

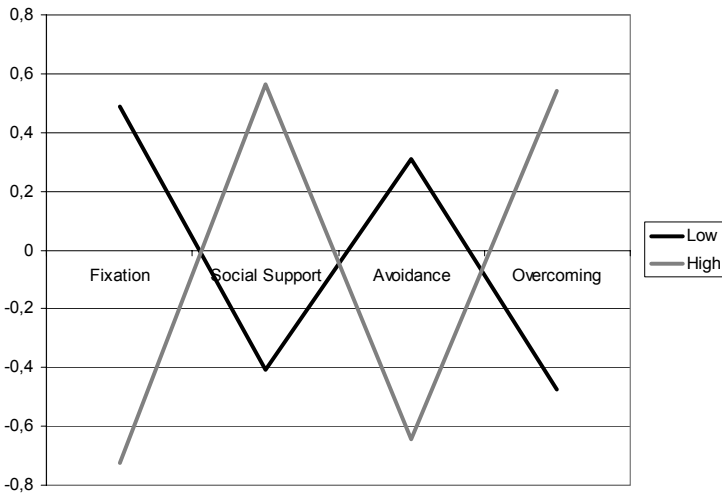


FIGURE 6 - DIFFERENCES AMONG THE TWO GROUPS

After a stressful event, most likely one of two situations may occur: either this event is overcome and stress diminishes, or the event is not overcome and stress increases. In the last case, the subject will have to intervene again as to reduce stress – hence, from this perspective; stress cannot be reduced in a specific time point. Reducing stress is a complex process that includes both antecedent and subsequent phases. For example, an exam may produce stress prior to the event and subsequent to it, as if, for instance, the student does not pass the exam.

Subsequent stress is connected to the interpretation of the event and its weight or role in the individual's life.

TOOL 2

AVOIDANCE SCALE AVOIDANCE SCALE

We have been creating an ad hoc scale to evaluate and measure post stress coping. The scale is composed by 15 items with 5 different fixed answers: from 1=not at all up to 5=definitely.

Subjects have been asked to indicate how much they agree with certain attitudes, feelings and thoughts resulting from a painful

situation.

	Not at all	A little	Quite	A lot	Definitely
1. I think how to overcome what has just happened	①	②	③	④	⑤
2. I can not think about anything else	①	②	③	④	⑤
3. I think about what I could have done to prevent all this	①	②	③	④	⑤
4. I try not to be alone	①	②	③	④	⑤
5. I try to find a reason for it	①	②	③	④	⑤
6. I'm stacked	①	②	③	④	⑤
7. I think bad luck is on me	①	②	③	④	⑤
8. I look for help	①	②	③	④	⑤
9. I try everything not to think about it	①	②	③	④	⑤
10. I look for my resources	①	②	③	④	⑤
11. I look for relief among my friends	①	②	③	④	⑤
12. I feel the need of drinking in order to avoid thinking	①	②	③	④	⑤
13. I feel I need to talk often with somebody	①	②	③	④	⑤
14. I don't think about the problem and I focus on something else	①	②	③	④	⑤
15. I try to find the energy to go on	①	②	③	④	⑤

The scale has been validated on a group of 424 high school's students, average age 17 years and 1 month, 46% men and 54% women. Data analysis has underlined 4 factors capable of explaining the 54% of variation.

The first factor (item 2,3, 6 and 7) regards the lack in overcoming the problem and hanging up on it. The second factor (item 4, 8, 11 and 13) regards the search for help and social support. The

third factor (9, 12 and 14) regards the search for evasion and attempt of not facing or thinking about the event. The fourth factor (1, 5, 10 and 15) refers to the attempt in overcoming the stressful event.

Gender variations are relevant for all the four factors.

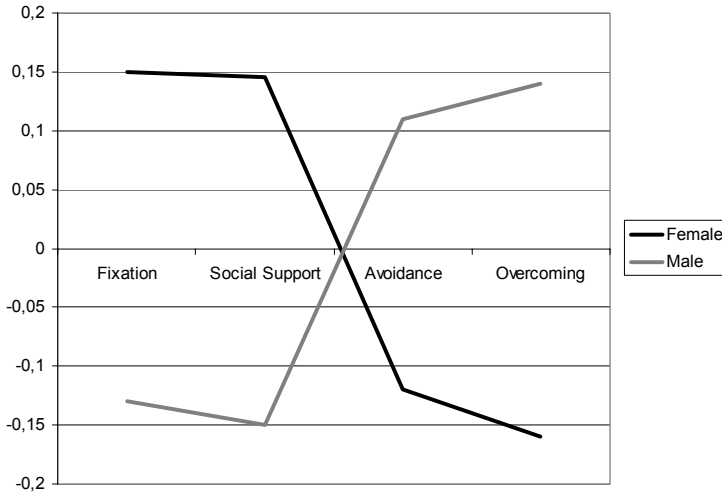


FIGURE 7 - GENDER VARIATION

The two genders appear to have a big difference among them. Females are the ones that search more for social support and tend to hang up on the problem, while males look to tend more towards evasion and overcoming.

The Tool resulted with a good reliability for all the subscales.

	<i>Factor 1</i>	<i>Factor 2</i>	<i>Factor 3</i>	<i>Factor 4</i>
α	.721	.801	.701	.764

The external validation showed a high degree of correlation with other coping' scales and Tools attesting, by this, that it exists a strong coherence in the way people face stress before, during and after a stressful event.

2.4 Coping stability

There are two different schools of thought when dealing with this specific issue: those who consider coping as an aspect and those who consider it as strongly interconnected to the situations.

Authors	Year	Dispositional	Situational
Miller	1987	○	
Amirkhan	1990		○
Endler & Parker	1990		○
Hobfoll	1994		○
Kohn et al	1999	○	

Those who view coping as an aspect consider it a particular disposition, an individual way of facing a stressor. Therefore, some techniques of coping have been identified which individuals use no matter what the nature of the sudden stress and that are considered as a personal response to difficult situations. On the other hand, the approach that sees coping as a process considers that, in each stressful situation different and flexible coping strategies are used, according to the specific individual and context characteristics, so that a strategy which is deemed efficient in a specific context will not be deemed the same in a different context (Lazarus & Folkman, 1984). In this view, coping varies according to the nature of the problem, except that a problem never presents itself the same way, each coping action and each emotion is a response to a specific aspect of a stressful event and/or a specific aspect of a different moment. Coping changes both in time and in accordance to the situation contexts.

Hence, according to some authors, individuals tend to use specific strategies independently of the problem they are dealing with. According to others responses are connected with the kind of situation faced. The debate between both schools of thought is yet to be resolved, however nowadays there seems to be a particular focus on the importance of their complementarity, as

the process is connected to both character traits and context factors. Asprea and Villone Betocchi (1993) argue that there is no style stability on the process of coping, which is very dependent on the context, as, in order to be efficient, it must change in time and according to the situation. Frydenberg highlights the need for a dual approach that takes into account both individual coherence in different situations and the specific variance of each problem, so that is the combination of the subject and the situation that determine the coping response. Frydenberg (2004) also defines coping as the combination of cognitive and behaviour efforts used by individuals to cope with the relation between the individual and the environment. Coping strategies used by the individual influence the way in which he will respond to stressful situations. In all of this fall individual aspects, such as problem solving skills and self-esteem, but also social aspects such as the availability of a social network of support. There is, hence, an influence of both character and situation traits. Zani and Cicognani (2002) highlight the importance of situations, as the role of others and social context carry a specific value, both in terms of resources or support and essential components involved in defining the process of coping.

It seems therefore that two different positions maybe found on this issue: those who think coping is highly influenced by the context in which the stressful event takes place, and those who consider that individual responses are independent from the context.

On the basis of these considerations we have conducted a query with the objective of verifying the level of coherence of the subject's coping strategies regarding the three core areas of teenagers' life: family, school and leisure time (friendship).

RESEARCH 8

COPING'S VARIABILITY

We have been conducting a research on a group of 129 students, average age 7 years and 8 months, 46% men and 54% women. All subjects have been asked to complete the Avoidance Scale with reference to three contexts: school, family and friends.

Data analysis has produced rather low levels of correlation between the different areas.

TABLE 1 – CORRELATIONS AMONG DIFFRENET AMBITS

	Family	School	Friends
Family	-	.321	.029
School	.321	-	.560
Friends	.029	.560	-

The highest correlation level is found between school and leisure areas. The subjects use in a similar, but not equal, style of coping in both areas, which is very different from that used with the family or friends.

Hence, the hypothesis of the context having greater influence than individual traits seems supported.

TOOL 3

AVOIDANCE SCALE

We have been creating an ad hoc scale to evaluate avoidance's tendency.

The scale is composed by 9 items with 5 different fixed answers: from 1=not at all up to 5=definitely.

The scale is monofactorial and able to explain the 63% of variation.

When I face an important matter for which I can not see an immediate solution...

	Never	Seldom	Sometimes	Often	Always
... I hope it will solve by itself	①	②	③	④	⑤
... I don't face it easily	①	②	③	④	⑤
... I try to think to think about something else not to think about it	①	②	③	④	⑤
... I don't react immediately	①	②	③	④	⑤
... I do something else not to think about it	①	②	③	④	⑤

... I try not to think about it	①	②	③	④	⑤
... I try to have happy thoughts and to think less about the problem I have	①	②	③	④	⑤
... I prefer not to think a lot about it	①	②	③	④	⑤
... I think about fantastic and improbable solutions	①	②	③	④	⑤

The validation has been executed on a group of 1553 subjects, aged between 16 years and 20 years (A=17 years and 8 months, SD= 11 months), 53,25% men and 46,74% women. The convergent and discriminative validation has been executed on a group of 682 subjects, aged between 16 and 19 years (A=17 years and 2 months, SD=1 year and 5 months), 45,31% men. The Tool shows an optimal internal reliability (.923) and a good reliability according with decisional auto efficiency and other tolls for coping measuring.

The Tool showed a stronger tendency towards avoidance in men.

2.5 Controllability vs. Uncontrollability

Some authors deem that what most influences the subject's choice of coping strategies is his subjective assessment of the controllability and modifiability of the stressor (Lazarus & Folkman, 1984). In line with Perrez and Reicherts (1992), there will be a precise and directed effort in facing the problem if the subject believes his effort will reach his goal.

If, however, there is the believe that the situation is out of control, the individual will then choose an avoidance strategy: if he believes he his not able to reach his goal, the individual will almost certainly not make an effort. If an individual sees himself as efficient and effective when facing situations and has a high level of self esteem, he will be more likely to consider his range of skills in order to successfully face future challenges. The situation assessment depends on the control that the subject deems to be able to exert on the situation: we can assume that problem focused coping is more used on events deems as modifiable, while

emotion focused coping in used to face events that require acceptance. Some authors draw attention to the weight that the level of familiarity with the stressful event has in the choice of the strategy to be used. We can presume that a more familiar situation is judged more controllable and is therefore more likely that the coping strategies used are more adaptive.

From this prospective, there seems to exist a relation between coping and the subject's self-efficacy.

RESEARCH 9

COPING AND SELF-EFFICACY

We have been submitting the Avoidance scale and two Tools for auto efficacy measuring, Perceived Self-efficacy in Problem Solution (Pastorelli, Vecchio, Boda, 2001) and How Much I Trust Myself (Nota, Soresi, 2003), to a group of 682 subjects, 45% men, 55% women (average age 17 years and 2 months).

The tool Perceived Self-efficacy in Problem Solution (Pastorelli, Vecchio, Boda, 2001) is constituted by 14 items with 7 fixed possible answers (with 1=not able at all and 7= completely able) and aims to measure the trust teenagers have in their being capable deal and solve problems in a creative, critic and innovative way.

How Much I Trust Myself (Nota, Soresi, 2003) is constituted by 5 items with 5 fixed answers (with 1=not all and 5=definitely) and aims to evaluate self efficacy trust in relevance to 4 sub dimensions: Trust in personal decision-making abilities, Trust in personal emotional auto control abilities, Trust in personal ability in completing tasks and activities, Trust in personal ability in successfully dealing and facing different tasks and activities.

Analysis seems to bring to light an inverse rapport between the stress avoidance and self-efficacy.

With the purpose of examine in greater detail the relation between self-efficacy and avoidance from the total sample we selected two subsets: a) low tendency to avoidance, with total questionnaire scores below the average standard deviation of the sample; b) this tendency to avoidance with total questionnaire

scores above the average standard deviation of the sample.

The two subsets include, respectively, 91 and 79 individuals. The descriptive statistics of the two subsamples and the results of decomposition of the mono-variates effects are shown in the table below.

TABLE 2 – RECORDED CORRELATIONS

Tool	Scale	Correlation
Perceived self-efficacy in Problem Solution		-0,314*
How much I trust myself	Trust in personal decision-making abilities	-0,169*
	Trust in personal emotional auto control abilities	-0,193*
	Trust in personal ability in completing tasks and activities	-0,618*
	Trust in personal ability in successfully dealing and facing different tasks and activities	-0,163*

* Significant correlations with $p < 0.01$

TABLE 3 – DIFFERENCES AMONG THE GROUPS

<i>Dimension</i>	<i>Low</i>		<i>High</i>		<i>ANOVA</i>
	Average	s.d.	Average	s.d.	
Perceived Auto Efficacy in Problem Solution	40,79	5,48	35,49	0,50	($F_{(1, 166)} = 73,22$; $p < 0,05$)
Trust in personal decision-making abilities	28,53	2,52	24,13	4,45	($F_{(1, 166)} = 38,17$; $p < 0,05$)
Trust in personal emotional auto control abilities	21,99	1,01	18,99	3,47	($F_{(1, 166)} = 136,55$; $p < 0,05$)
Trust in personal ability in completing tasks and activities	13,65	1,75	7,04	3,02	($F_{(1, 166)} = 60,52$; $p < 0,05$)
Trust in personal ability in successfully dealing and facing different tasks and activities	15,49	0,50	13,00	2,20	($F_{(1, 166)} = 55,06$; $p < 0,05$)

Analysis has revealed statistically significant differences. In general the analysis shows how subjects with high levels of avoidance reveal significantly lower levels of self-efficacy. These results seem to confirm what has been concluded in different studies: that assurance regarding one's possibilities of controlling a stressful event are determinant to the choice of an active attitude towards stress.

To accept this means to support the idea that coping as a complex origin, in all probability no linear, formed by the interaction between the subject, environment and stressful event. From this prospective, the subject's understanding of the stressful event (for instance, if the subject seems it as modifiable or not) and the relation between the environment and the subject take on a major role as they determining the attitudes towards the event, as because the (past) environment has actively determined the individual's coping styles and strategies.

Closely linked to the theme of controllability of the event is the locus of control, or the result of the decision-making processes used to understand who or what is responsible for the events that occur. In line with Kelley (1967) these are an interpretation of events that occur in order to give them a cause. According to Heider (1958) the originate from each individual's need to understand the world and its rules. The attributive style is, instead, a steady system of attributions and therefore a set of beliefs and knowledge adopted by the subject as a model to explain reality. This scheme has as in it source current performance, past performance and the performance of others and affects future performance. The first to classify attributions was Heider (1958). He offers a classification based on external and internal locus of control, making a distinction between events attributed to one self (effort or skill) and events attributed to external causes (difficulties, luck). This classification, however, even if well-founded, did not consider many other variables.

In 1971 Weiner, Frieze ed al. is introduced a second dimension of analysis: Stability. This is new dimension is quite important to the possibility of predicting future events, which is more likely due

to stable causes (such as skill) than unstable causes (such as luck).

However, also this new model was deemed incomplete by Weiner (1979) who introduced a third line of classification: the important controllability in what concerns emotional reactions and the prediction of self-control.

Internal	Stable	Controllable	Stubbornness
		Uncontrollable	Ability
	Instable	Controllable	Commitment
		Uncontrollable	Mood's level
External	Stable	Controllable	Biasness
		Uncontrollable	Awkwardness
	Instable	Controllable	Aiding
		Uncontrollable	Fortune

RESEARCH 10

COPING AND LOCUS OF CONTROL

We have been submitting the Avoidance Scale and a survey on Locus of Control, "Adscription Survey" (De Beni, Moè, 1995) to a group of 416 subjects, 53% men and 47% women (average age 18 years and 5 months).

The tool is constituted by 24 hypothetical situations (12 successful and 12 unsuccessful) everyone followed by 5 possible causes ascribable to the event. Subjects are asked to chose 3 out of the 5 causes and put them in order of relevance.

Survey's results offer a profile of the different styles of adscription itemed in 10 scales, 5 for successful situations and 5 for unsuccessful situations. For both cases the cause may be indentified in personal commitment (cause internal, stable and uncontrollable), personal ability (cause internal, stable and uncontrollable), task easiness/awkwardness (cause external, stable and uncontrollable), fortune/fate (cause external, instable, uncontrollable), external aiding (cause external, instable, uncontrollable).

The analysis of the relation exposes how avoidance has a positive rapport with external attributions, most of all luck, and an inverse one with effort.

TABLE 4 – RECORDED CORRELATIONS

	<i>Commitment</i>	<i>Ability</i>	<i>Task</i>	<i>Aiding</i>	<i>Fortune</i>
Success	-0,253*	0,010	0,067	0,078	0,184*
Unsuccessful	0,018	0,038	0,238*	-0,027	0,217*

* Significant correlations with $p < 0.05$

As can be seen in the graphic, subjects with a tendency to avoidance express highly external causal attribution styles.

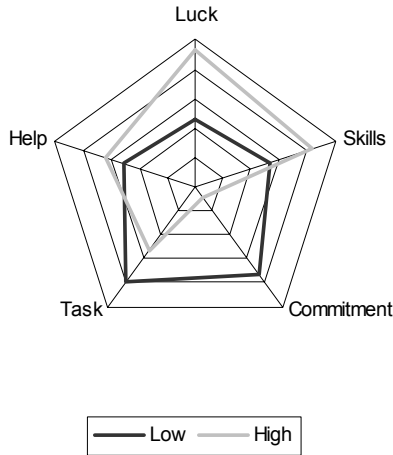


FIGURE 7 - SUCCESSFUL SITUATIONS

Subjects with a high avoidance tendency consider that they are successful in an activity as a result of help or luck. On the contrary, subjects with a low avoidance tendency are inclined to think that they are not able enough when they fail at something.

For instance, if a subject highly inclined to avoidance is successful in an exam, he tends to think that is due to the fact that he likes that subject or that he was lucky or someone helped him. Similarly, in failure situations, subjects with a high tendency to regret, believe this happened due to bad luck or that they are not proficient in that specific task.

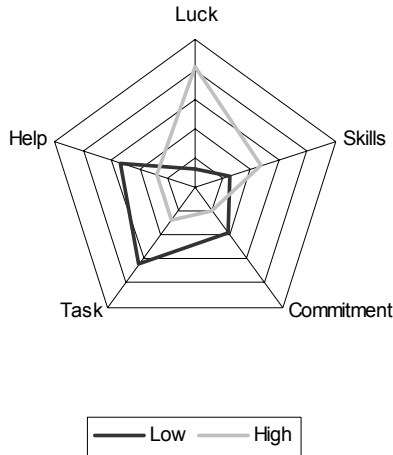


FIGURE 8 - UNSUCCESSFUL SITUATIONS

Systematically, subjects with a high tendency to avoidance undervalue the role of effort both in success and failure. In this way, these subjects learn little or nothing from experience as they steadily ascribe causes that are hardly modifiable.

It is plausible that subjects with a high tendency to avoidance evade stress due to the fact that they believe that their ability to modify events is low and are convinced that only those with certain aptitudes are able to, underestimating the possibility of learning and improving the ability to act, through effort.

3. Development and coping

The development of coping throughout life is not yet clear (Compas, 1998). In accordance with some (Bernzweig, Eisenberg, Fabes, 1993, Fields & Prinz, 1997) the child undergoes cognitive development thus going from a first stage, in which the response is non-specific in respect to the stressful event, to successive stages, in which responses attain greater coherence with the stressful event. In the course of development, the child would widen his range of coping responses (Rudolph, Denning & Weisz, 1995) or better, coping strategies.

Some authors, who have studied the relation between coping and age, have used comprehensive methods (Losoya, Eisenberg & Fabes, 1998) to show how coping strategies are deeply related to the teenagers age. In adults it seems that age increase is inversely proportional to the use of problem avoidance strategies (Mc Crae, 1982).

In order to verify this hypothesis, we have conducted a survey on a sample including several age groups with the objective of confirm the presence or absence of a decrease in the avoidance tendency in relation with the subjects age.

RESEARCH 11

ESCAPEMENT AND AGE

We have been submitting the Avoidance Scale to a group of 763 subjects divided in 6 age groups, with an age ranged between 14 and 70 years, 51% men and 49% women.

The analysis of the results seem to confirm McCrae hypothesis.

With an increase in the subjects there is a unambiguous decrease in the avoidance tendency. Besides, with the age increase there is a decline in the differences between genders.

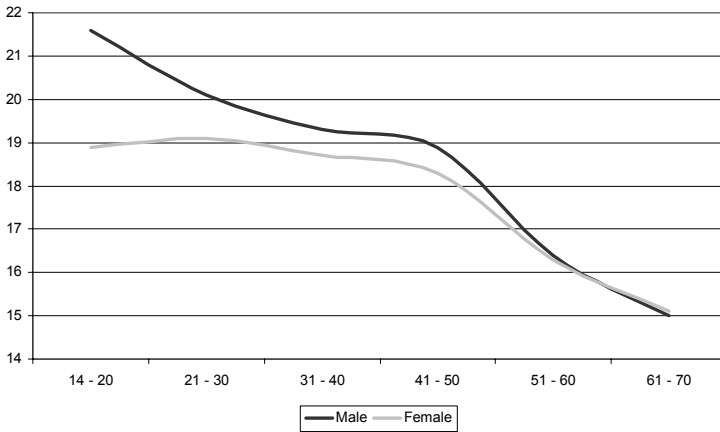


FIGURE 9 - AVOIDANCE AND AGE

3.1 The role of the family

Several authors (Seiffge-Krenke & Shulman, 1990; Luthar & Zigler, 1991; Frydenberg & Lewis, 2002) argue that family has a decisive role in the formation and definition of coping strategies.

A recent study by Jaseret al. (2007) has uncovered how the offspring of depressed parents usually makes more use of strategies such as acceptance, search for distractions and, more generally, avoidance.

There have been few studies that deal with the matter of forming coping strategies within the family field, while there are numerous studies that deal with: the use of family as a coping strategy (Aymanns et al. 1995), the effect on coping of family members with disabilities, the role of family social support research on facing stress (Cutrona, 2000; Pinkerton, Dolan, 2007). In the line of these last studies have surfaced four manners in which the families can support coping development:

Concrete support. These are acts of assistance among people. For instance, when a sister takes care of a child while the mother goes out shopping (Cochran 1996; Jack 2001; Dolan & Holt 2002).

Emotional support. This includes acts of empathy, listening and, more generally, being there for someone. (Cutrona, 2000). Generally, it is seen as useful also when offered in alternative to other kinds of demands (Cutrona 1996).

Advice support. This kind of support goes beyond advice through the feeling of reassurance in produces (Cotterell 1996). In the family context, advices seem to provide reassurance rather than guidelines for action (Aymanns et al. 1995).

Esteem support. This type of support is connected to expressing appreciation. In the family context, the unconditional effort of appreciation one's one children is the corner stone of the social support system (Cutrona 2000).

RESEARCH 12

FAMILY SUPPORT AND COPING

We have been studying the existence of relations between family support and avoidance strategies on a group of 289 subjects with an age ranging from 15 up to 19 years old (A= 17 years and 1 month), 52% male and 48% female.

We have been submitting both Avoidance Scale and Family Support Coping Questionnaire to all subjects.

Data analysis has shown an inverse relation among all the scales of the Family Support Coping Questionnaire and Avoidance Scale.

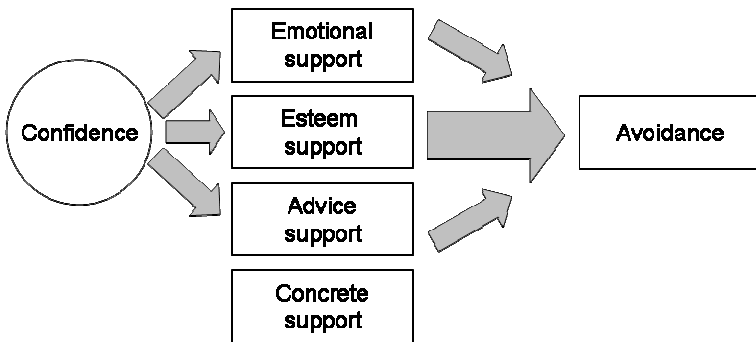
TABLE 5 – RECORDED CORRELATIONS

Tool	Scale	Avoidance Scale
Family Support Coping Questionnaire	Emotion	-0,256*
	Concrete aiding	-0,195*
	Advice	-0,532*
	Esteem	-0,352*

* Significant correlation with $p < 0.05$ (2 code)

Subjects with high tendency to avoidance express low levels of family support especially on two areas: Advice and Esteem.


In all probability there is a causal relation between family support and teenager coping strategies. Subjects who count on high levels of Esteem from their relatives and that have established with those a trust relationship (which allows both emotional support and esteem) developing a greater awareness about oneself and one's assets, increasing the chances of acting when faced with a stressful event, rather than avoiding.



From fact analysis and multiple regression analysis emerges a model in which Family Confidence seems to have a role within three dimensions: Emotional, Esteem and Advice, which influence the avoidant coping. The chief role is occupied by the Esteem dimension.

A recent study (Laudadio, et al. 2005) has revealed how parents have a low awareness of their children coping strategies. In this study, each individual on the sample was asked to answer a questionnaire. Besides, after answering this questionnaire the father, mother and a friend of the subject were asked to answer a questionnaire in the way they thought their son/friend would have answered. Regarding the Analysis and Assessment Scale, friends reach the highest levels of correspondence (0,520), followed by fathers (0,495) and mothers (0,380). There is a particularly high level of correspondence between girls and their girlfriends. On the

other hand, correspondence concerning The Research of Social Support are very low, some even not significant (between friends and, between mothers and their daughters). Correspondence among both parents is always between 0,45 and 0,6. These results seem to suggest the existence of structured and damaging manner in which parents see their child's coping strategies, many times detached from the child's real strategies.

 TOOL 4					
FAMILY SUPPORT COPING QUESTIONNAIRE					
With have been creating and validating an ad hoc scale for evaluating the styles of family coping support on the subject. the aim of evaluating.					
The survey is composed by 16 items with 5 fixed answers with 1=not at all and 5=definitely.					
When I face an important matter for which I can not see an immediate solution...	Not at all	Little	Quite	A lot	Definitely
	①	②	③	④	⑤
1. There is somebody that listen to me in my family	①	②	③	④	⑤
2. I can only rely on a concrete help from my family	①	②	③	④	⑤
3. In my family there is somebody that suggests me always the best	①	②	③	④	⑤
4. My family admires me	①	②	③	④	⑤
5. I can entrust my family members	①	②	③	④	⑤
6. When I have a serious problem I solve it within my family	①	②	③	④	⑤
7. I like to receive advices from my family	①	②	③	④	⑤
8. My family trusts me	①	②	③	④	⑤
9. When I am within my family I feel protected	①	②	③	④	⑤
10. My family always supported me in solving important problems	①	②	③	④	⑤
11. I trust all the advices given by my family	①	②	③	④	⑤

12. My family admires me for what I am	①	②	③	④	⑤
13. My family knows and understand me very well	①	②	③	④	⑤
14. My family will always help me when I will need it	①	②	③	④	⑤
15. I always consider advices given by my family	①	②	③	④	⑤
16. I am sure my family will always trust me	①	②	③	④	⑤
1. There is somebody that listen to me in my family	①	②	③	④	⑤
2. I can only rely on a concrete help from my family	①	②	③	④	⑤
3. In my family there is somebody that suggests me always the best	①	②	③	④	⑤
4. My family admires me	①	②	③	④	⑤

We have been validating this Tool on a group of 289 subjects with an age ranging from 15 to 19 years (A=17 years and 1 month), 52% male and 48% female. Factorial analysis has shown 4 factors capable of explaining the 58% of variation:

The first factor (item 1, 5, 9 and 13), Emotional Support, is referred to the emotional dimension and to the family emotional support.

The second factor (item 2, 6, 10 and 14), Concrete Support, is referred to the concrete support given by the family from problem solving.

The third factor (item 3, 7, 11 and 15), Advice Support, is referred to the advices given by the family.

The fourth factor (item 4, 8, 12 and 16), Esteem Support, is referred to family admiration toward the subject.

The Tool has a good reliability for all the subscales.

	<i>Emotional</i>	<i>Concrete</i>	<i>Advice</i>	<i>Esteem</i>
α	.701	.821	.692	.777

Data analysis has shown gender differences in some of the survey's scales. Males express the highest value for esteem and female the highest values for emotional support.

3.2 Coping and siblings

Few studies have tackled coping within sibling relations. In most cases these studies explore the coping of one of the siblings when the other was or is victim of disease (Banks, 2002; Ross, Cuskelly, 2006), or is deceased (Bagatell, et al. 2002; Pfeffer, et al. 2002). There are no studies indicating how one sibling's coping strategies are seen by the other. For this reason, we conducted a query with the specific purpose of survey sibling's assessment of their siblings coping strategies.

RESEARCH 13

MY BROTHER'S COPING

We have been submitting the "Me, facing situations" survey to 96 couples of siblings asking one of the two to complete the survey answering for himself and the other to complete the survey answering for his sibling. Couples chosen were gender homogeneous (54 couples of sisters and 42 of brothers) and with an age variation of at maximum 18 months. Average age 17 years and 8 months.

"Me, facing situations" (Grimaldi, Ghislieri, 2004) is composed by 42 items with 4 fixed answers (1=never and 4=always). The survey aims to evaluate the accordance of the answers given for 18 situations with four different ambits: family, school, free time, friends. The Tool is divided into 4 scales: Analysis and Situational Evaluation (ASE); Self-blame/Self-appraisal (SS); Social Support Searching (SSS); Evasion/Avoidance (EA). The first scale (ASE) refers to a coping strategy focused on the problem implying a systematic action, commitment, ambition and work. The second scale (SS) refers to the tendency of avoiding situations while expressing feelings of inadequacy and inaptitude. The third scale (SSS) refers to the coping applied by whom attempts to share (with family and qualified people) its problem in order to find a solution. The fourth scale (EA) referees to the tendency of denying problems considering the solution impossible or to the tendency of actuating some substitutive or consular behaviours (physical or mental) pleasant for the subject.

Data analysis has shown a systematic difference between subject and broche and between subject and sister.

Both brothers and sisters have a negative view of the subject's strategies. This difference, however, is much more pronounced when we consider two brothers.

Cross-reading of the collected results in relation to the self-assessment of coping strategies allows some consideration. It is likely that within a pair of siblings exists a competitive tendency that leads to a systematic devaluation of the coping strategies. It is, however, also likely that the low levels of correspondence to the self-assessment hide other two aspects: from one side, the difference which is, as we have seen, due to the context in which each subject acts and on the other side, it is plausible that the subjects overestimate the righteousness of their coping strategies.

THEORIES, MODELS AND PARADIGMS

1. Theoretical Models

The theoretical models of interpreting coping are mainly three: the one that derives from ethology and comparative psychology, which considers behavioural coping responses, both cognitive and dynamic.

In the context of dynamic psychology of psychoanalysis matrix, the term “coping” is often used meaning environmental adaptation/relation mechanisms and techniques expressed in terms of the Self. Each of the possible states is given a different hierarchical value, so that some types of coping are regarded as less sophisticated a more disorganised than others (Favretto, 1994). Dynamic Psychology focus on impulses and reality exam in order to understand how conflicts are solved by the individuals.

The behavioural paradigm studies the objective conditions that determine coping behaviour, with no reference to mental matter. Among these authors are Skinner & Welborne (1994) who explain coping as a behaviour adopted in order to control stress.

The cognitive paradigm studies the individuals thinking processes when they face events. Lewin’s Cognitive Phenomenological Theory has been very influential in coping studies, putting emphasis on the person-environment interaction, along with which the individual and the environment are a dynamic status made of actions and reactions. In accordance with this model, stress is considered a set of processes that include interactions and adaptations – called transitions – among the person and the environment. The individual is seen as an active agent with the power to influence the impact of stressful events through emotive, cognitive and behaviour strategies. Following Lazarus Cognitive-Transitional Model, based on Lewin’s Theory, stress is a natural component of life (Frydenberg & Lewis, 1993). This model view stress as the unbalance between people’s perception of problems and their perception of their resources to tackle them. Therefore, only subjective experience can determine

if an event is considered stressful. Stress can also be defined as the situation in which the individual faces a setting that demands a change in his attitude or behaviour, while coping is the “cognitive and behavioural effort put in place in order to control, tolerate and reduce external and internal demands, as well as the conflicts between them” (Asprea, Nigro & Villone Betocchi, 1993a). Therefore, it is necessary to examine the relation between individuals and context so as to measure coping. The core concept of this model is the cognitive appraisal process. The adoption of different strategies expresses the dependency between coping and appraisal. The coping process is a cognitive activity that performs a double appraisal of a situation: when facing a potentially stressful event, people try to assess its meaning and its impact on their wellbeing. Primary appraisal considers how much loss, threat or challenge is included in the event; the understanding of the situation influenced the generated emotions and, consequently, the coping reaction. In the secondary appraisal the individual thinks about what he can do to tackle this situation, what resources he can use to gain advantage. It consists in judging the possibilities and competences that one has and can use to control the situation. The evaluation of the gravity of stress is associated to the kind of consideration that the subject makes of the possibility of acting constructively to undertake the problem.

Both kinds of appraisal come before the true intervention to change, modify and control oneself and the environment. The final result is reaching mastery of the situation (Favretto, 1994).

Then a reappraisal takes place regarding the effects of the responses on the basis of the changes that took place. If the appraisal is positive – the individual deems there is something he can do to change the situation – a problem focused coping will happen; if, instead, it seems there is nothing the individual can do about the problem, an emotional coping will take place. We can assume that the coping response depends on the appraisal of the possibility to act as to successfully change the stressful situation (Laudadio et al. 2007). Besides, the coping strategy, while connected to the appraisal of the stressor by the individual, can vary in accordance both with the evolution phases and the socio-

cultural context of belonging. Following Vollrath (2001) Lazarus transitional theory implies a new level of abstraction in departure of the interactional theory as in this one environment and individuals are distinct, each one having a degree of variability. The transitional theory, instead, manages to unite the individual and the event in a new set. The models establishes a relation between to basic subsystems, the individual and the environment, and brings them to a new level of analysis. Once this relation is establishes, the independent identities of the individual and the environment are lost to a new condition. The value of Lazarus' transitional theory is that of focusing on the role of the individual's thoughts and behavioural when creating stress (Vollrath, 2001).

This model is at the base of the proposal by Erica Frydenberg (1997) who – inspired by Lewin's theory, considers coping (C) as a function of the circumstantial determinants (S), personal characteristics (P), the perception of the situation (pS) and the coping intentions. This can be expressed with the formula:

$$C = f(P + S + pS)$$

The individual brings about biological aspects, personality traits and a family history that influence the perception of the situation and the appraisal of resources to tackle it. The appraisal process defines the degree of stress, meaning the understanding of the event as challenge, damage, loss or threat. The result depends on will on acting and consequent behaviour, through thoughts feeling or actions. This result is in turn the object of reappraisal which can lead to the development of other coping strategies to add to the individual stock. This is a circular process, as different strategies can me used or reused again on the basis of the subjects coping experience.

Among the models that underline the importance of the person-environment interaction and the reciprocal influence of situation and temperament aspects in the process of coping there is the integrated model of Moos & Schaefer (1993). This model emphasizes the importance of the complementarity of the

temperament and context approaches, the first of which identifies coping strategies with the subjects rather than with a particular situation, and the second of each that brings light upon how the individual faces a specific stressful event, highlighting the changes in coping during this particular episode. There is emphasis put on the influence of both steady personality traits and changeable situation factors in the coping process. This model takes into consideration an environmental model composed by stressful life events, social resources and a personal system that includes the individual's socio-demographic characteristics and his personal resources. These personal and circumstantial features influence life crisis and transitions, which then influence the individual's wellbeing and health through the cognitive appraisal and coping responses. The particularity of this model lies in the fact that it analyses the adaptation process, centred on the psychological processes of adaptation and values the individual's strong points, not his weak points, his potential for resilience and personal growth.

Another model that allows focusing on both personal and environmental components is the one developed by Barbara Dorhrend, based on the unifying concept of psychosocial stress, considering as a starting point that an individual's response to a crisis situation combines their social support systems and available psychological mediators. The process begins when a stressful event takes place and ends with a negative or positive psychological change or the recovery of the initial psychological status. Stressful life events can be caused by environmental and circumstantial events or by psychological traits of the person involved in the event (this means an individual can bring about events that will lead him to change). Therefore, psychological mediators (such as values and the subject's coping abilities) have an important role in determining the success of a coping response: to reinforce the individual psychological ability to face his problems can help the person to develop a high level of ability to tackle complex social and emotional problems. For instance, early intervention on children to help them tackle emotional stresses and challenges connected to growth, or on children that have

been identified as vulnerable as to prevent the development of more serious problems. The success of a stressful life event also depends on circumstantial mediators: when individual's resources are insufficient to tackle a problem, there is the need for other resources deriving from different social support systems. It is important to notice that attention is placed not only on the individual, but also on life circumstances and available resources in order to face conditional demands. Thus, the model places human problems in a social context and takes into consideration the "person-in-situation" view.

The social context model by Berg, Meegan and Deviney (1998) draws attention to the fact that individuals experience stressors within a social context and can face it in cooperation with other individuals. It, therefore, describes the process through which individuals tackle daily life problems in connection to others and consider them as property of a social unity, not of a single individual. This model questions the individualistic conception according to which the copier is someone who individually evaluates and faces a stressful event, and it emphasizes role of other people intervention. The consideration of scoping within a social events includes a more dynamic perspective of the coping process and social relations, as it emerges from changeable interactions among the members of a social unity.

At last, the constructivist paradigm underlines the subject's internal representations, built upon an active construction of social sharing, negotiation and cooperation.

2. Resources, Styles, Strategies and Coping Methods

When discussing coping, the greatest point of disagreement among authors are coping styles (Skinner, Edge, Altman, Scherwood, 2003).

Menaghan (1983) firstly detached coping resources, coping styles and behaviour tendencies. Among the personal resources we can include self-image, self-esteem, attitudes towards reality, confidence in one's abilities, interpersonal aptitude, intellectual skills, etc. Styles of coping include cognitive strategies used to approach, face and solve a problem. These strategies can be seen as psychological methodologies used by an individual to tackle daily problems. Therefore, they represent general individual propensities when facing a problem no matter the specific nature of the problem. Instead, we talk about behaviour tendencies meaning specific behaviours adopted to restrain possible harmful effects of a stressful situation.

Similarly, Compass (1987) attempted to systematize the complexity of the concept of coping by distinguishing between coping resources, styles and strategies. Coping resources include both the aspects associated to self (such as self-esteem, problem solving abilities, interpersonal abilities, etc) and the aspects associated with the surrounding environment (such as the availability of a social support network), which the individual can use in order to face events that demand his cognitive, emotional and behaviour response.

2.1 Coping Strategies

Coping strategies are cognitive and behaviour actions used in the course of a stressful. They can vary in time and depend on the context and on the nature of the stressor. Coping styles represent an individual's tendency to act in a certain way in specific

situations and reflect the coping methods preferred by the individual in line with his personal values, beliefs and objectives.

To Frydenberg (2004) coping styles represent tackling methods in line with beliefs, values and personal objectives, while coping strategies, used by individuals to face stress situations are infinite (Frydenberg, 1997; 2004; Zani & Cicognani, 2002). Thus, there is an increasing need for an attempt regroup the different coping strategies into categories, according to their similarities.

Strategies have been classified according to different criteria: timing, changeability, functionality and efficiency.

Lazarus & Folkman (1984) think the process of coping has to main roles: one intended to directly tackle the problem and manage the relation between the individual and the environment, the base for stress. The other one, intended to regulate the emotional reactions originated by the stressful event. The first one is associated to problem-focused coping and the second to emotion-focused coping. The first implies action through change, avoidance of impact minimization, or cognitive activities that induce the belief of being able to control the stressor (*ibidem*). The second type of coping, defined also as “cognitive strategies” involves thought rather than action and includes attempts to control emotions with the use of mechanisms that prevent the direct contact with the stressor (*ibidem*). Emotion-focused coping does not modify the relationship with the stressor, but its meaning and hence the emotional reaction. However it is not a passive strategy as it makes use of active internal restructuring (*ibidem*). The division presented by Lazarus & Folkman between “problem-focused coping” and “emotion-focused coping” is currently considered incomplete. For instance, Guichard and Huteau (2003) argue that it is not always suitable.

Other authors (Endler & Parker, 1990, 1994) reached a classification based on three types of strategies, adding to those of Lazarus and Folkman, the avoidance strategy. Avoidance is seen as an active process and, in its way, suiting the circumstances (Rice, 1990), it may include task oriented or person oriented reactions. This means that when facing a stressful event, the individual may react by searching for people (search for social

support) or committing to something different (distraction) (Asprea & Villone Betocchi, 1998).

The avoidance strategy is included within another often used model, that of approach/avoidance. The first category includes problem oriented behaviours that try to find new approached methods, both cognitive and emotive, in order to directly face the problem: these involve changes of the subject, environment, or relationship between the two. The second category entails all avoidance behaviours that aim at controlling the emotional impact, including denial and lowering tension through the expression of emotions (Carver & Scheier, 1999; Fields & Prinz, 1997).

Seiffge-Krenke (1993) has gone into greater detail when dealing with avoidance and has identified three methods of coping: active coping, internal coping and retreat coping, the last one meaning defences such as denial or repression that lead to fatalistic attitudes.

Similarly, Zani and Cicognani (2002) use the conceptualization by Moos & Schaefer (1993) who categorize coping strategies distinguishing between problem approach and problem avoidance. A further distinction was made regarding responses that demand either cognitive or behaviour efforts. From the combination of these two approaches four categories emerge: active-cognitive; active-behavioural; avoidance-cognitive; avoidance-behavioural.

Another model, created by Rothbaum (1982), sees the main role of coping on the individual's effort to enhance, modify or maintain control over the environment or himself. These models consider two categories: primary control and secondary control. The first one is about coping methods that aim at influencing conditions or events, hence influencing the exterior context; the other include coping methods that aim at maximizing the individual adaptation to a stressful situation, therefore intervening on the self. Secondary control strategies are used later than primary control strategies as they demand high cognitive skills, linked to the evolution development and including the mental re-interpretation of a situation.

A further classification distinguishes between efficient and

non-efficient strategies. However, as argued by Zani and Cicognani (2002), it is not easy to operate a clear definition of coping modalities. While attempting to find a definition series of factors intervene preventing to define clearly what is efficient and what is not. Moreover coping results are strongly connected with subjective evaluations creating by these further problems in distinguishing among the two types of strategies. Strategy efficacy argument is once more connected with the resilience concept. Coping processes find in “flexibility” the pointer for their efficiency. Coping flexibility depends on strategies’ shifts having shifts depending from both a change in situation and a change in time (Compass, Forsyth, Wagner, 1988). Coping efficiency may be evaluated according to various criteria:

a) Conflict resolution or settlement of the stressful situation: coping process should work for the abatement or the resolution of the stressful event;

b) Reduction of physiological and biochemical reactions: coping is considered efficient if it helps in reducing arousal and its markers (heartbeat, breathing, blood etc.);

c) Reduction of psychological suffering: an adaptive strategy may help in controlling emotional discomfort;

d) Social normative functioning: a deviant attitude with regards to the social norms may be read as a sign of a non-adaptive coping;

e) Usual activities’ retrieve: being able of retrieving the normal routine is an index of an efficient coping, however also a strong change in life habitudes after stress may be an indicator of an advantageous coping;

f) Self wellness and wellness of all the people involved in the stressful situation;

g) Positive self esteem;

h) Efficacy’s perception.

Obviously nor of these criteria may be assumed as the universal valid ne: coping process is in the facts multi-dimensional and complex.

Frydenberg (2004) has defined 18 strategies, each one of them inserted in the three main coping styles, two of which functional

while one dysfunctional. The first has to do with problem solving and is characterized by confidence, optimistic approach and social relations maintenance. The second is related to the tendency of looking for support from other people while the third is related to unproductive coping modalities and comprehend also avoidance strategies.

The 18 strategies identified by Frydenberg (2004) are:

- o Seek Social Support
- o Solving the problem
- o Physical recreation
- o Seek spiritual support
- o Professional help
- o Worry
- o Relaxing diversions
- o Friends
- o Social action
- o Seek to belong
- o Work hard to achieve
- o Focus on positive
- o Wishful thinking
- o Not coping
- o Ignore the problem
- o Tension reduction
- o Keep to self
- o Self blame

Frydenberg's model (2004) looks apparently exhaustive, still it doesn't take into account strategies identified by other authors as "humour" (Swiatek, 2001), "rumination" (Broderick & Korteland, 2002) or the regret tendency (Laudadio et al. 2007).

Skinner, Edge, Altman & Scherwood (2003) have been conducting an attentive analysis on 'Tools available in the scientific literature for coping measuring related to strategies' choices. The analysis – conducted on about 100 Tools – has shown about 400 coping's modalities. On them same appeared relatively more frequent: 5 of them appeared on over 20 scales (different variation of problem solving, support search, avoidance, direct action, distraction); 13 appeared between 10 and 19 scales

(aggression, self-responsibility, escape, social extradition, positive cognitive reconstruction, emotional expression, cognitive approach, information search, acceptance, hopeful thoughts, emotional social support, worry. Still the most relevant result of this analysis lays in the fact that over 150 categories appeared only in 1 Tool, over them about 40 don't have equivalents in any other system.

2.2 Coping Cube

The results of Skinner et al. show fragmentation regarding coping strategies and in absence of a shared theoretical model on strategy organization.

We have tried to identify a over-model to classify the strategies for tackling stressful events

RESEARCH 14

COPING META STRATEGIES

Using Frydenberg model (2004) and applying card sorting we have been analysing the eventual existence of over dimensions definable as coping meta-dimensions.

We have been submitting the "Coping card" Tool (54 cards each one with a possible answer taken from Frydenberg model [1993]) to 190 subjects with an age ranging from 18 to 57 years (average age 29 years and 10 months) , 51% male and 49% female.

Card sorting represents an useful technique for exploring categories.

Every subject receives a series of cards each one with a possible inducement written on. Subjects are then asked to organize cards with a free sorting criteria. Data analysis makes possible to get some graphical representation on subjects' categorizing strategies.

During our experimental session every subject received a series of card in casual order. Subjects have been asked to classify cards into a free number of homogeneous groups with no limit of cards, groups or classification criteria.



Subject is asked to assign a specific name for any created group. All cards have to be classified. It is possible to create a double entry matrix were on both the entries is inserted the number of each card and in the intersection among two entries the number of times a card enters in the same group of the other. This matrix may be analysed with the Correspondences Analysis (CA).

For each of the 18 strategies created by Frydenberg we considered three coping responses. Below we show the phrases shown on each card and their placement within Frydenberg's model (1993).

TABLE 6 – CARDS UTILIZED

<i>Strategy</i>	Sentence
Seek Social Support	<ol style="list-style-type: none"> 1. I entrust people that could help me 2. With friends I discharge myself 3. I talk about my problem with other people hoping they could help me
Solving the problem	<ol style="list-style-type: none"> 1. I try to find out the cause of the problem in order to solve it 2. I foreshow possible solutions 3. I work hard in solving the problem
Work hard to achieve	<ol style="list-style-type: none"> 1. I commit harder

Strategy	Sentence
Worry	2. I give the best
	3. I do anything to solve the problem
	1. I'm concerned
Friends	2. I'm distressed
	3. I'm bestirred
	1. I try to spend more time with my friends
Seek to belong	2. I spend more time with my partner
	3. I have got stronger relations with my relative
	1. I try to better my relation with others
Wishful thinking	2. I look for compliance
	3. I am worried about what others think
	1. I think that anyway at the end I will manage
Social Action	2. I convince me that everything will go for the best
	3. I hope for the best
	1. I look for people with my same problem
Tension reduction	2. I connect with people having my same problem
	3. I organize activities with people that are in my same situation
	1. I drink to feel better
Not coping	2. I cry in order to reduce my tension
	3. I eat in order to reduce my tension
	1. I cannot find problem's solution
Ignore the problem	2. I cannot solve the problem
	3. I don't have the mean to solve the situation
	1. I understate the problem
Self blame	2. I ignore the problem
	3. I'm indifferent to the problem
	1. I blame me for everything
Keep to self	2. I start to think I am the cause of the problem
	3. I think is my fault
	1. I don't open and I don't talk with other people
Keep to self	2. I self-close
	3. I keep every feeling for myself
	1. I don't open and I don't talk with other people

<i>Strategy</i>	<i>Sentence</i>
Seek Spiritual Support	<ol style="list-style-type: none"> 1. I devote me to my saint 2. I devote me to God 3. I pray to be helped and for everything to be solved
Focus on positive	<ol style="list-style-type: none"> 1. I look for the positive aspects 2. I'm positive thinking and I look for positive aspects 3. I try to be optimist
Professional Help	<ol style="list-style-type: none"> 1. I try to discuss the problem with a professional 2. I ask advices to a professional 3. I ask help to a psychologist
Relaxing diversion	<ol style="list-style-type: none"> 1. I go out to forget my problems 2. I listen to music 3. I watch TV and read books
Physical recreation	<ol style="list-style-type: none"> 1. I practice a sport 2. I care my body more 3. I go to the gym

At the end of ordering the cards, subjects were asked to fill in a registration card. Simultaneously, the ministrator registered on a card the order in which the subject had placed the cards. Each subject was asked to provide a definition to each category.

TABLE 7 – EXPLANATION OF VARIATION

	<i>Eigenvalue</i>	<i>Variation</i>	<i>Cumulative variation</i>
1	0,0171	37,42	37,43
2	0,0083	18,16	55,59
3	0,0067	14,69	70,28
4	0,0012	2,67	72,96
5	0,0005	1,13	74,10

Data analysis has allowed to identify three factors that represent most of the variance found. These factors represent 70,28% of the variance. The first factor seems to go from something like “I do everything I can to solve the problem”, “I believe everything will be all right”, “I think positive and try to find positive aspects”, “I keep all my feelings to myself”, “I

worry”.

We can assume that this factor (37,43% of the total inertia) refers to a cognition-emotion polarity, and therefore we have named it *Cognition vs. Emotion*. The second factor seems to go from “I try to spend more time with my friends”, “I go out to forget my problems”, “I try to improve my relationship with others”, “I confide in people who can help me”, “I ask for psychological help”, “I become anxious”, “I think it is my fault”, “I do not open up and I do not speak to other people”. According to the disposition of the data, it stands out that the second factor (18,17% of total inertia) refers to an axis that extends from the involvement of others to individual reactions, so we have called it *Social vs. Individual*. The third factor, in which data is distributed throughout a continuum in a more homogeneous way than in the other cases, and it seems to go from “I go to the gym”, “I read a book or watch TV”, “I eat in order to reduce tension”, to “I speak of my problem to someone who can help me”, “I ask for professional advice”, “I go on activities with people on the same situation”. Therefore, we find at the two extremes, avoidance strategies and strategies that aim at directly tackling the problem. For this reason, the third factor (16,69% of total inertia) is called *Approach vs. Avoidance*.

On the bases of the research result, we suggest the existence of three meta-dimensions within a cubic shaped model, in which the three dimensions are the main axis.

The first axis – Cognition vs. Emotion – includes at the farthest points thought centered actions and emotion centered actions. The second axis – Social vs. Individual – encompasses in one side strategies that demand help or support from others and on the other side individual strategies. The third factor (Approach and Avoidance) in which the strategies are more homogeneously distributed, has at one side strategies that aim at directly tackling the problem and avoidance strategies at the other end. The classification used is different than the ones usually used. In the first place, as it is shaped in 3-d allows it to include the three main elements of coping with stress. In second place, the cube does not represent a thematic or taxonomic scheme, but a bottom-up

classification in line with the individuals classification methods.

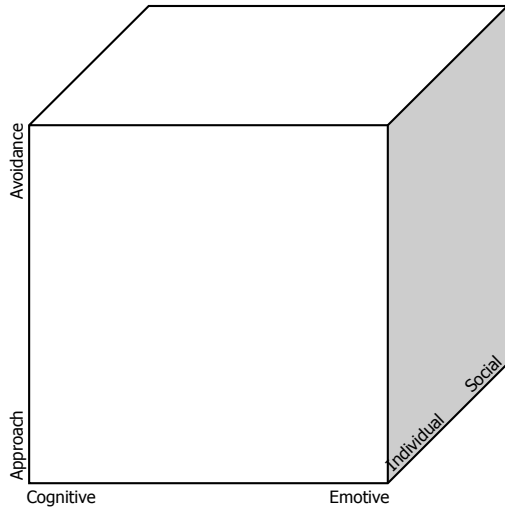


FIGURE 10 - THE COPING CUBE

The data analysis has shown differences among genders. Women tend to include strategies for “reducing tension” in the “emotions expression”, while men include them in the “avoidance dimension” together with “distractions” and “denial”. This aspect is suggestive of how women and men regard eating and drinking in different ways. While for women there is a strong relation between eating and drinking and expressing deep emotional states, for men it is an avoidance strategy. This could be the reason why men and women make a different use of alcohol and food when faced with stress.

2.3 Coping Methods

If theoretically it is enough to identify wide categories, this distinction is insufficient on the practical level. When using the available Tools, it is possible to conclude that a subject uses, simultaneously, more than one strategies, all different, making it

hard to understand what is the subjects main style. It is therefore necessary to introduce the concept of method – the combination of strategies that characterise the subject's attitude when facing stress. Unfortunately, we have found no other contributions, neither theoretical nor empirical that show the existence of coping methods.

RESEARCH 15

COPING MODALITIES

We have been trying to verify and eventually identify possible coping modalities based on the main styles used by subjects. We applied a qualitative-quantitative approach: we started applying to recorded profiles some coping Tools for then analysing the subjects' coping modalities through an individual talk. The hypothesis taken was that it is possible to identify a certain number of groups homogeneous for what concerns coping modality according to what resulted from a previous survey used to identify coping styles. We have been applying an analysis based on two phases. During the first phase we identified subjects' cluster. During the second phase (with a second group of people) we identified prototypic subjects more similar to the clusters' cores. In order to get the clusters the research has been applied on a group of 3.987 subjects, 45,49% male and 54,50% female, average age 17 years and 6 months (s.d. 11 months).

For the second phase the group was composed by 186 subjects all in the last year of secondary school, 49,46% males and 1 50,54% female, average age 17 years and 10 months (s.d. 1 year and 2 months). We have been submitting all subjects with the "Me, facing situation" survey (Grimaldi, Ghislieri, 2004).

A neural based clustering procedure was used to classify subjects. All 3987 subject were used for neural network's learning. Analysis placed each subject in a group.

TABLE 8 – CLUSTER'S COMPOSITION

	<i>I</i>	<i>II</i>	<i>III</i>	<i>IV</i>	Totale
Males	513	514	335	452	1814

Females	601	624	384	564	2173
Total	1114	1138	719	1016	3987

MANOVA (Wilks lambda=,128) has revealed the existence of a main effect of the interaction among group factor and coping dimensions ($F_{(12, 10530)} = 1028,80$; $p < 0,001$). In order to reach greater detail regarding significant difference, variance was decomposed using ANOVA to each one of coping dimensions.

TABLE 9 – DIFFERENCES AMONG THE FOUR GROUPS

	I		II		III		IV		ANOVA
	Aver	s.d	Aver	s.d	Aver	s.d	Aver	s.d	
age	3,77(1, a)	97	5,98(2, b)	30	2,92(1, c)	79	7,31(1, d)	65	$F_{(3, 3983)} = 970,06$; $p < 0,01$
ASE	7,39(1, a)	56	3,51(2, b)	01	3,47(1, b)	75	5,44(2, c)	43	$F_{(3, 3983)} = 920,72$; $p < 0,01$
SS	3,91(2, a)	30	7,39(1, b)	56	3,78(2, a)	21	4,52(2, c)	21	$F_{(3, 3983)} = 706,46$; $p < 0,01$
SSS	5,53(2, a)	30	4,15(2, b)	41	7,46(1, c)	54	3,93(2, b)	31	$F_{(3, 3983)} = 449,88$; $p < 0,01$
EA									$p < 0,01$

(a) at same letters correspond averages not diverging statistically from the Post-hoc test with Tukey HSD method ASE = Analysis ans Situational Evaluation SS= Self-blame / Self-criticis SSS = Social Support Search EA= Evasion / Avoidance

The first group is characterized by low levels of tackling, both

individual a group and higher levels of Self-Criticism, for this reason it was called “Self-Critics”. The second cluster shows high levels of tackling, but mainly through social support search, so this group was named “Social”. The third cluster has as its main characteristic low use of both individual and social coping styles, but an extremely high level of avoidance, so it was therefore entitled “Avoidant”. At last, the fourth group is composed by subjects who tend to appraise the situation and show low levels of avoidance, so it is called “Copers”.

We have identified – through the measurement of Euclidian distances – the subjects closer to each of the centres. In the figure is shown the profile of the prototypical subject for the different questionnaire scales.

The analysis of the distances has exposed the existence of 12 subjects who behave differently from those in the cluster and are, therefore, named outlier.

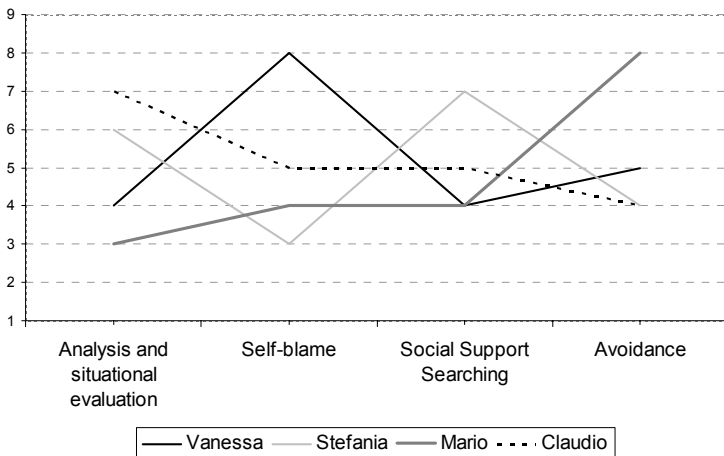


FIGURE 11 - PROFILE “ME, FACING SITUATIONS”: PROTOTYPIC SUBJECTS

Here follow the contents of some conversations kept with 4 subjects: 2 prototypic and 2 outliers.

Vanessa: Self-Critic

Vanessa is 18 years old and attends a psycho–socio–pedagogical institute in the province of Rome. Both her parents are teachers, her father teaches Italian at high school and the mother Maths at middle school. Vanessa has no siblings. She has chosen a psycho–socio–pedagogical institute because she did not want to choose neither a classical or scientific high school because she thought they were “too difficult”, she wanted to go to an artistic high school but at the end “my parents convinced me”. She is yet to decide what to do after high schools. She says she would like to have time to think about it, but mostly not needing to give an answer to her parents “who ask me this everyday”.

During the interview, Vanessa seems embarrassed and only answers questions. Atmosphere changes when she cannot tell stressful events. Finally, after a long pause, she tells about the time when she broke up with her boyfriend. While she is telling it however, she feels appropriate to stop and state a premise: “I don’t get along with those my age, because they all seem so happy and only are about their own problems”. About her ex-boyfriend she underlines, more than once that he was about five years older and that they broke up because “he complains and I almost never spoke”. After telling her story Vanessa, admits that she often feels insufficient, specially at home. According to her, her parents have always expected too much and she has “never succeeded in complying” At the end of the interview she says that maybe, at the end, she will go to university. She would like to do medicine, but “a neighbour told me it’s so hard” and therefore she thought “of picking something easier such as vet school”.

Stefania: Social

Stefania is 18 years old and attends a classical institute in Rome. Her father is a doctor and her mother works in a bank. The parents are separated for more than 10 years and she leaves with the mother and her boyfriend, while the older sister went to a northern university. She has chosen a classical high school because she was much undecided and her father advised her to

pick the classical high school so that she can postpone her decision. Today, she says, she is surer and wants to study Psychology. She says she fits the coping profile, even if “often I am the one helping others”. When she is asked to tell stressful events and how she faced them, she easily presents a long list of events – in these situations however she was the one helping others. She particularly talks about her relationship with her mother and how she advised her on how to deal with the problems with her new boyfriend. She proudly tells of how she is friends with her mother and that the mother always comes to her when she has a problem. When asked to tell about personal stressful events, she mentions her overweight but adds that she feels well like this and that “people should like you for what you are”. She says that the choice of psychology is due to the fact that she feels good helping others and “feels bad when I feel others are suffering”. Her performance at school is within the average and she prefers subjects where “we can discuss and bring out everyone’s opinion”.

Mario: avoidant

Mario is 19. He attends the 5th year of an industrial professional institute in the province of Rome. His father is a worker and his mother a homemaker. Mario is the first of two brothers. He has chosen a industrial professional institute because “I didn’t know what to do and finally my dad convinced me”. Last year he failed because “I missed class too much and I didn’t study”. He identifies with the presented coping profile underlining, however, that “avoiding problems is not wrong, less problems you have the better you get along!”. When asked to tell about a problem and how he faced it, he finds hard to find a successful example. He says he finds hard to find “time to study” because he really likes soccer (both seen in TV and studied) and loves videogames. He admits that videogames often “steal time from studying”. When he has problems he rather not talk with anyone because “as Vasco¹ says: when I have a stomach-ache, it is

¹ Vasco Rossi (1995).

mine, not yours” and he finds it better to distract because “if a problem will be solved, it will solve by itself”. Besides, he mentions that he loves company and getting together, but interprets friendship, almost exclusively in terms of entertainment and distraction and not for discussion. Even if this year his school performance has not improved, he thinks he will pass because “here they never make you fail two years in a row”. At the end of the interview he admits he often uses drugs or alcohol “but not always, only when I feel like having fun”.

Claudio: coper

Claudio is 18 and attends a scientific high Scholl in Rome. His father is an engineer and the mother works at a ministry. Mario has an older sister and a younger brother. He chose the scientific high school because “I liked maths” and he wanted to study Engineering. Now he has changed his mind and has changed his mind and has chosen Architecture because he feels he it fits him better. He has many hobbies, he plays electric guitar in a band, he builds airplane models, and he enjoys reading very much. At school he has never had any problems and he has very high grades in almost all the subjects. He mentions he feels identified with the profile “although it did not tell me anything I did not know”. When he is asked to tell about stressful events mentions when his band broke up because of an argument between some of the members. He is very passionate when he talks about how he managed to mend the relationships and “make peace among those who had fought”. He also talks about when he wanted to go on holidays with “my girlfriend but she did not have enough money”, in that occasion he found work in a pizzeria to get money also for her.

Claudio seems a full of energy and says he is “not afraid of problems because one can always find a solution”.

Sergio and Marina: outliers

Sergio and Marina are two outlier in relation to the four groups we have established. Sergio has a profile which exhibits both

coping and avoiding methods, while Marina has a flat profile with no emergent style.

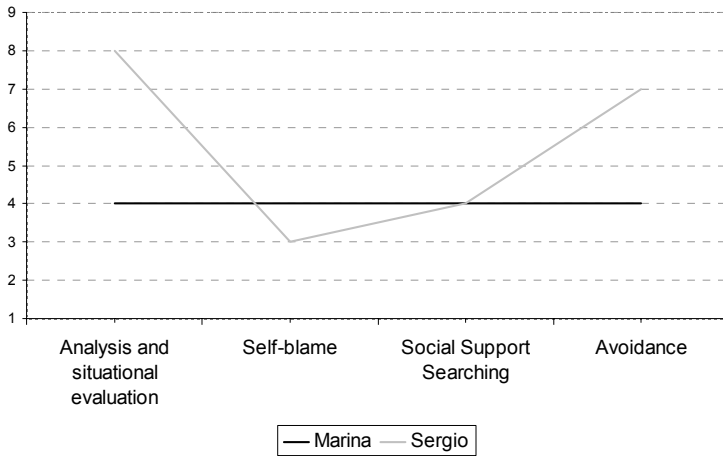


FIGURE 12 - PROFILE “ME, FACING SITUATIONS”: OUTLIER SUBJECTS

Sergio is 18 and attends a scientific high school in Rome. Both parents work in commerce. Sergio, an only child, wants to study economics and commerce “because I feel talented for it” Concerning the surfaced profile, Sergio says he does not identify. He refers he has had problems in filling in the questionnaire, because many situations were not “real”. He notes “stress is something serious and none of these situations, apart from the one of the ill cousin, seems serious to me”. There is something to be carefully observed in Sergio’s reasoning : according to which, when a person has a problem “the first thing he/she does is to try to solve it with the least effort and then if it is not solve he/she thinks it over”. Sergio mentions the situation in which parents invite someone he does not like: “obviously I complain, then I ask to go out, and then I accept it, what should I do? Accept it immediately?”.

Marina is 17 years old and attends a psycho–socio–pedagogical institute in the province of Rome. Her father is retired for health

reasons and the mother is a homemaker but has small occasional jobs. Marina is the youngest of three sisters. She chose this school because she likes children and after she graduates she wants to try to work in a kindergarten immediately. She does not think she fits the profile but is unable to say in which she feels she belongs. She feels uneasy about this and repeatedly asks if this profile “is a problem?”. When asked to tell about a stressful episode, Marina tells about her father’s illness, but adds “it was not a problem you could act on, I mean, it did not depend on me. I mean, I could be close to my mom but not heal my father”. She thought the questionnaire was “a bit childish” and says “it’s ok for younger people, maybe at 14” and adds “if I want to go out, I don’t have to ask anyone’s permission”. From this discussion comes out that some items of the questionnaire were not clear for her. In some cases she had misunderstood the scenario, as in the case of the mobile forgotten at school or the strike. Besides, concerning the last item of the questionnaire (the teacher grades an exam with a lower grade than expected) she maintains she would adopt all four options (discuss with others, try to understand what she did wrong, complain and then accept), but she adds “but I’m not strange, I think everyone would act like that”.

3. Coping: character and wellbeing

Even if, as maintained by Vollrath (2001), the complexity of the phenomenon of coping – due to the uncertainty regarding its aspects and the fact that it is divided in strategies – difficulties the analysis of its relations with other psychological concepts, coping has been studied in relation to a wide range of dimensions.

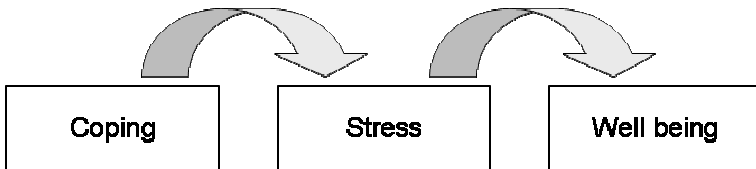
3.1 Coping and Wellbeing

Obviously, coping has been studied in relation to perceived well being due to his nature of stress regulation. Subjective wellbeing and coping are seen as causally connected, as they influence each other and where wellbeing is the goal and consequence of the coping efforts.

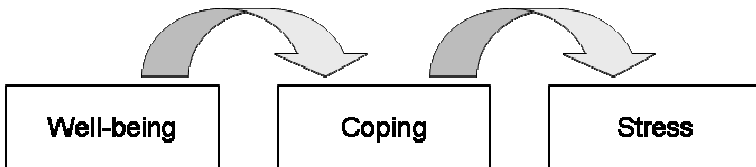
Filipp and Klauer (1991) suggest three possible causal relations between coping and wellbeing.

- 1) In the first case, wellbeing is perceived as è goal and consequence of the coping efforts. There are several researches (Taylor, Armor, 1996) sustaining the importance of coping strategies on the level of psychological wellbeing of individuals who face events which are potentially very damaging to their health and their general wellbeing (such as cancer, HIV or stroke). From this perspective, Mc Crae & Costa (1986) have established a relation between two coping categories: neurotic coping and mature coping – with different wellbeing indicators, showing a negative relation between neurotic coping and all the wellbeing indicators (except positive effects); mature coping, however, has a positive relation with the wellbeing indicators. Ingledew, Hardy & Cooper (1997) have verified the validation of a model that made a relation between stressful events, coping, resources (locus of control and perceived social support) and wellbeing. The hypothesis in which the model was

based, even if recognising that stressful events have an effect on wellbeing, the authors maintain that such an influence is mediated by the both coping strategies and resources, both internal and external, and that the effect of resources (locus of control and social support perceived) on wellbeing can be mitigated, again, by coping strategies. From the results of this study it seems that stressful events have a negative effect on wellbeing and that some coping strategies (problem oriented and relationship oriented) are able to compensate this specific effect, in other words, to have an added effect. However, there would be no confirmation of an influence of the mitigation of coping, or better, interactive ability as it was maintained concerning the model. Even if the research conclusions are not completely in line with the theoretical model, it underlines how the different coping strategies have a determinant role in defining social and psychological wellbeing

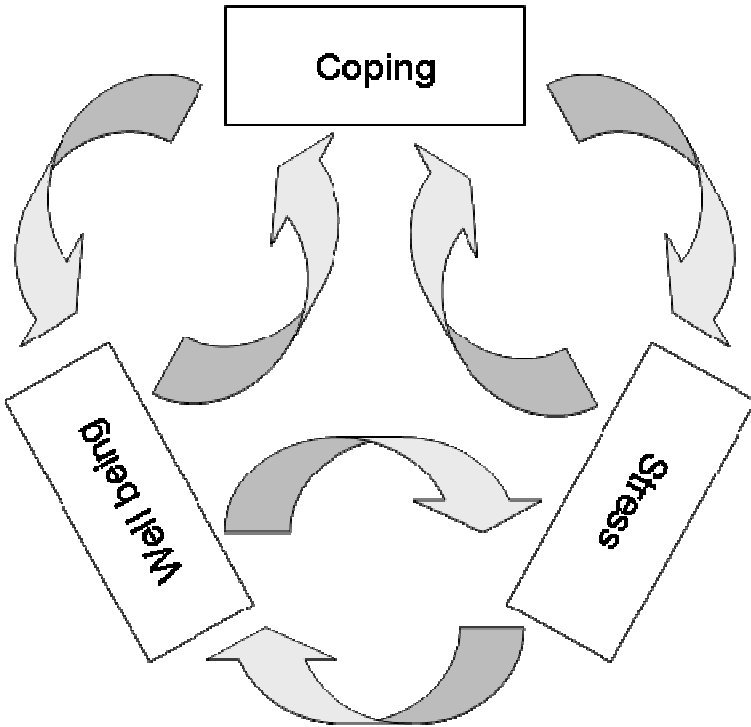


- 2) Wellbeing is seen as determinant of the most efficient typed of coping: people with higher levels of wellbeing use more efficient coping styles;



- 3) Subjective Wellbeing and coping are seen as two causally

related concepts that influence each other. In line with this hypothesis, Shmotkin (2005), in his definition of subjective wellbeing, underlines the regulatory and adaptive aspects of wellbeing. This last seems to be a dynamic system around an adaptation role, and this would be a favourable psychological environment facing a potentially hostile world.



We have conducted a study in order to verify the connection proposed by McCrae & Costa (1986) also in younger subjects. Our hypothesis is that also in teenagers there will be a positive relation between mature coping and wellbeing and a negative one between neurotic coping wellbeing.

 **RESEARCH 16**

TEENAGERS' COPING AND WELLNESS

This research was made on a group of 428 subjects, 53% female and 47% male, average age 17 years and 1 month. We have been submitting to all subjects the “Me, facing situation” survey [“Io di fronte alle situazioni” (Grimaldi, Ghislieri, 2005)] and the Satisfaction with Life Scale (Pavot, Diener, 1993), a Tool composed by 5 items, with likert scale, aiming to evaluate the degree of satisfaction of people with their own life.

A standard method multiple regression was carried out, using as predictors the individual style of coping and as variable the criteria of life satisfaction.

TABLE 10 – MULTIPLE LIFE SATISFACTION’S REGRESSIONS ON COPING STRATEGIES. DISTINCTION APPLAYED AMONG FEMALE AND MALE

	Male		Female	
	Beta	Std.Err.	Beta	Std.Err.
Analysis and Situational Evaluation	0,22*	0,09	-0,08	0,06
Self-blame/Self-appraisal	-0,19*	0,09	-0,18*	0,07
Social Support Searching	0,08	0,10	0,27*	0,07
Evasion/Avoidance	-0,13	0,09	-0,10	0,07
Multiple R = ,337			Multiple R = ,278	
R ² = ,113			R ² = ,077	
adjusted R ² = ,097			adjusted R ² = ,058	

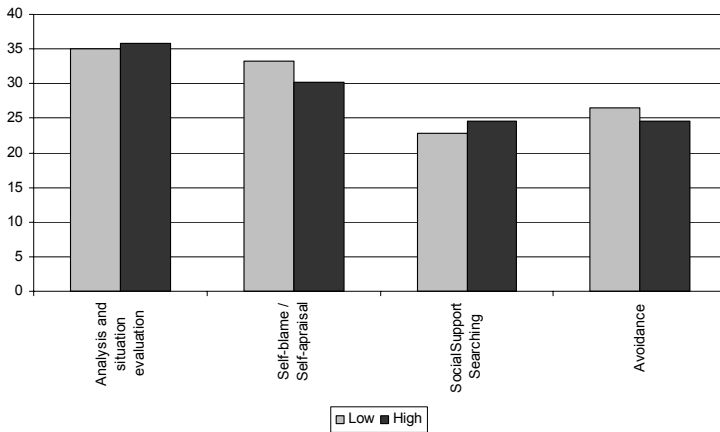
*p<0,05

For males the coefficient seems significant [F(4,195)= 4,089, p<0,001]; the use of analysis and appraisal and not Self-Blame/Self-Critics is very important for the wellbeing. Also females have a high coefficient of multiple relations. [F(4,223)= 7,155, p<0,001];

The research of social support and low self-blame/self criticism levels explain wellbeing. The analysis of R^2 shows how the relation between coping and wellbeing explains only a part of the wellbeing variability (10% to 6%).

In order to better explore the relation between coping and wellbeing, we have used the methodology of opposite groups. From the total sample we selected two groups: a) high wellbeing level subjects with a total score higher than a standard deviation of the sample's average (64 individuals); b) low wellbeing level subjects with a total score lower than a standard deviation of the sample's average (60 individuals).

In order to verify the differences between these groups and the measures coping dimensions we have analysed the multivariate variance. MANOVA shown the main effect of the group factor, concerning the 4 dimensions ($F(4, 147)=5,84; p<0.001$).



As seen in the graphic there are important differences regards Self-Blame/Self-Criticism, Social Support Search and Evasion/Avoidance; and no differences concerning Analysis and Situational Evaluation. Subjects with low score seem to use more Self-Blame/Self-Criticism, and Evasion/Avoidance and less Social Support Search.

In a more recent study carried out with teenagers (Laudadio, D'Alessio, in press), the authors have confirmed the existence

of a relation between coping and wellbeing, even if underlining how coping can explain only a part of wellbeing variance (5% to 10%).

These results seem to confirm the findings of other authors, McCrae & Costa (1986), where Self-Blame/Self-Criticism is connected to neurotic coping, but mature coping in teenagers seems to vary with gender.

There two considerations to be made: In the first place, it seems confirmed that there is a relation between coping and wellbeing, even if analysis shows that coping is no central to wellbeing.

Second, if Self-blame/Self-appraisal (SS) is inversely connected to wellbeing in both genders, there seems to different regarding coping styles and wellbeing, closely linked to gender variable: for males, wellbeing/satisfaction regarding their own life seems to be linked to an individual active coping - Analysis and Situational Evaluation (ASE); females instead make use of Social Support Search (SSS), a very social and collective strategy, linking it to a greater level of perceived wellbeing.

In anyway, to think too much about one's choices – Self-Blame – has negative effects on wellbeing.

On what is proposed by Filipp & Klauer (1991) about classifying coping strategies based on their impact on wellbeing, our results show that this classification must necessarily consider two determinant aspects: subjects age and gender.

3.2 Coping and Personality

Many studies have shown the relation between coping strategies and personality, measured to the Big Five model aspects (neurosis, extroversion, openness to experience, amicability and awareness). According to Asprea and Villone Betocchi (1998) this approach emphasizes two main aspects: recognizes flexibility and coherence to individual choices; recovers the role of personality traits on stressful events and coping processes.

Previous studies (Vollrath, 2001) confirm a relation between character traits and coping strategies. Some researches examine

character traits that predict an emotional response to stress (Vollrath, 2001). The works Vollrath quotes in this field identify neurosis and anxiety as predictors of enhanced negative emotions under stress. Awareness is associated with problem-focused coping, (Costa, Somerfield & McCrae, 1996; Shewchuk, Elliott, MacNair Semands & Harkins, 1999; Vollrath, Banholzer, Caviezel, Fischli & Jungo, 1994; Watson & Hubbard, 1996), as aware people actively face problems and persevere when facing obstacles. Avoidance is, not significantly associated to Social Support Search (Amirkhan, Risinger & Swicker, 1995; McCrae & Costa, 1986; Vollrath, Torgersen, Alnaes, 1995; Watson & Hubbard, 1996). Extroversion is linked to problem-focused coping (Amirkhan, Risinger & Swicker, 1995) and significantly linked to Social Support Search (Amirkhan, Risinger & Swicker, 1995; Vollrath et al, 1994; Vollrath, Torgersen & Alnaes, 1995; Watson & Hubbard, 1996). The link to avoidance is weaker (Amirkhan, Risinger & Swicker, 1995; McCrae & Costa, 1986; Vollrath et al, 1994; Vollrath, Torgersen & Alnaes, 1995; Watson & Hubbard, 1996). Neurosis results from Avoidance (Vollrath et al. 1994; Watson & Hubbard, 1996) and Neurosis influence on Avoidance becomes effective in the long run (Vollrath, Torgersen & Alnaes, 1995) and acts independently of the objectives of the situation (Parkes, 1986).

Vollrath (2001) considers that to define coping in terms of personality could help to overcome needs in the theoretical definition on coping.

In line with Vollrath's (2001) conclusions about the close link between personality and coping and the possibility to explain coping in terms of personality is a recent contribution (Laudadio, et al. 2007) that shows several gender differences that are highlighted by further analysis. For instance, in respect to previous studies (Amirkhan, Risinger & Swicker, 1995; McCrae & Costa, 1986; Rim, 1987) the relation between extroversion and Analysis and Situational Evaluation is confirmed exclusively for male teenagers.

According to the authors (Laudadio, et al. 2007) the fact that there are always gender differences when studying coping should

bring about reflection is the tools used to study styles of coping do not reflect profound structural differences.

4. Religious Coping

The American Psychological Association (2002) has recognised the importance of religion and spirituality in transmitting values and beliefs. Emmons & Paloutzian (2003) have shown the importance of religious behaviour in the development of applied psychology. Religious beliefs help to face conflicts and suffering. Religion and Spirituality have been considered relevant on clinical intervention and assessment; Richard and Bergin (2005) have suggested that to carry out spiritual-religious assistance can help therapists to understand their patient's view of the world. Religious and spiritual evaluation can be useful to primarily evaluate the subject, when it is observed that religion is important in his life and how he uses his belief, the results of this initial phase can determine the continuation of therapy where religious coping can be seen as an important clinical variable. A second level of valuation is recommended as Religion and spirituality characterize the patients view, as it may represent a potential therapeutic resource of obstacle, and may become the focus of therapy. (APA, 1994). Besides religion is seen as a resource for socially excluded groups or when people are brought to the limit of their resources (Pargament, 2002) In fact, in times of crisis, religion can be either an obstacle (religious crisis, enhanced suffering), or an asset – religious coping. Among the techniques for a Religious and Spiritual is to gain information on the variety and multi-dimensionality of the patients religious experience (Wulff, 1997). Another technique is to make the patient write a spiritual biography, so to build a spiritual map of this spiritual journey in line with time (Sperry, 2001). Tan (1996) presents a model for implicit integration in which he does not explicitly uses religion. Worthington and Sandage (2002) account the positive results of nine studies carried out through psychotherapy based on religion with religious clients and through the introduction of religious elements. In fact, it seems uncommon for therapists to take into consideration the Religious and Spiritual aspect of the

patient, which also depends on the fact that historically few doctors were trained to evaluate Religion and Spirituality as clinical variants (Shafranske, 1996b, 2000, 2001) and only recently religion has been considered in studies (Nilsson et al. 2003). The integration of religious assets has been carried out in cooperation with Religious and Spiritual professionals (Weaver et al. 2005). The last area of student's research is the workplace of Spirituality (Sass, 2000). There is a growing attention given to Religious and Spiritual values and that can be inclusive of exclusive of Religious and Spiritual practice. There are many levels of analysis of a Religious and Spiritual workplace, the studies of Giacolone and Jurkiewicz (2003) have characterised spirituality as both an individual and organizational workplace. The individual spiritual workplace refers to a personal set of values that promote transcendent experience through work process, providing a sense of vicinity to others that provides feelings of joy.

As seen in many articles (Journal of Management Inquiry, Journal of managerial Psychology) the attempts at this field started in 1990.

4.1 Definition and functions of religious coping

Religious coping represents a unique phenomenon as religion has a role of mitigating anxiety facilitating the contact with reality. In fact, religion allows individuals to deal with painful events (Pargament, Kenne, Hataway, Grevengoed, Newar & James, 1980) and many subjects rely on faith to deal with stress. It is important to consider not only that religion is connected to coping, but also “how” (praying, reading holy texts, rituals), “when”, “where” (in worship places or privately) and “why”.

There are two categories of religious coping: positive and negative (Pargament, Smith, Koenig & Perez, 1998); on the positive side there is an assured relationship with God; on the negative side, this relationship is uncertain. Research shows how believers have specific coping methods, following a guidance system which is a wide-ranging perspective of the world that binds to beliefs, feelings, and practices and relates religious personal

domains. (Allport, 1967). Religious coping is of great help on the most extreme situations where individuals are pushed to the limits of their humanity, where there is the demand of great personal and social resources (for instance when parents lose a child). Besides, its effects differ in accordance to religious affiliations; several researchers have begun to develop therapeutic methods that emphasize the role of religious coping in therapy.

Religious coping was conceived as a mitigator of great importance for mental health at times of great stress as it influences the relationship between effort and mental health (Pargament, 1997). Empirical research directed to these concepts is, however, rare. Fabricatore et al. (2004) have examined two types of religious coping respectively in the roles of mediation and moderation. Cooperative religious coping is active and aims at sharing the responsibility of problem solving with God. Deference coping refers to the moderator role, is passive and is characterized by the fact that the subject demands the solution of his problems from God. Authors have studied both types of coping in undergraduate students and have found that cooperative coping mediates the relations between religiosity, wellbeing and stress. No positive relation was found between postponement coping and wellbeing.

Pargament et al. (2006) have investigated if the relation between religious coping and wellbeing is mediated by the individuals' social roles, through a national analysis carried out among Presbyterians, of which 1.260 clergy, 823 elders and 735 members. These were probed about the demographic variables, global religiosity, life stress factors, negative and positive religious coping, wellbeing (positive effects, negative effects, and religious satisfaction). Results show that clergy demonstrate higher levels of positive stress when compared to elders, and the same applies to elders when compared to members. Besides, positive religious coping is associated with higher levels of wellbeing, while negative religious coping is linked to lower levels of wellbeing. Therefore, both negative and positive coping are linked with higher levels of clergy wellbeing in respect to members. In this way, the disadvantages of negative coping for clergy were not completely

offset by positive coping.

Regarding the loss of personal objectives, cognitive coping and depressive symptoms that follow different stressful events Schroevers et al, (2007) have asked 132 university students to fill in a written questionnaire in which they had to point out the most stressful event they had experience in the last 12 months. Events have been classified according to four categories. Besides, they were asked to report the amount of dispersion from the goal and describe cognitive coping used in response to stressful events. Also depressive symptoms were measured. The results have shown a relation between the coping behaviour used and noted depressive symptoms. In fact, coping behaviours were constant to all types of stressful events and spirituality was not mentioned as a very used coping strategy.

Arnold et al., (2007) have studied the meaning that individuals give to their work and wellbeing through two queries where they analyse leadership change and individual assignment of meaning and psychological wellbeing. The results of this study sustain the results of others studies that show how organizations can have positive effects mental health and on workers wellbeing when is made clear to employees the humanistic and spiritual meaning that the work bears.

4.2 Religion and wellbeing

There are several studies that explore the relation between religious dimensions (spirituality and religiosity) and, even if results differ.

On one hand, some studies seem to show no links between spirituality and/or religiosity and wellbeing, on the other hand, many studies seem to verify these links.

In some cases it is not clear (due to the tools used) if the level of spirituality and religiosity levels – or religious coping) was examined. It is clear that these two dimensions are connected but surely they do not overlap.

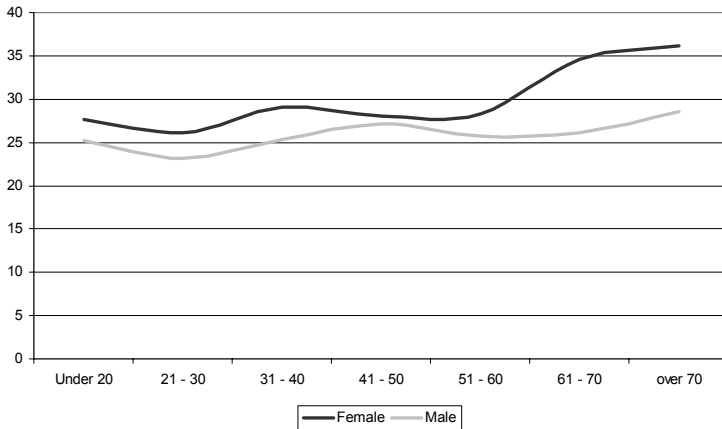


RESEARCH 17

RELIGIOUS COPING AND WELLNESS

This research was made on a group of 500 subjects, 50% female and 50% male, average age 37 years and 11 months. We have been submitting to all subjects the Religious Coping Scale and the Satisfaction with Life Scale (Pavot, Diener, 1993), a Tool composed by 5 items, with a likert scale, aiming to evaluate the degree of satisfaction of people with their own life.

From data analysis emerges a positive correlation between the two dimensions (.391).



It is interesting how religious coping shows a strong link with both age and gender of the subject. As it is seen in the graph after 20 years old there seems to be a decrease in the use of religious coping that increases again after the 30 years old for women and 40 for males. In women, between 50 and 60 years old there is an increase in religious coping.

 **TOOL 5**

RELIGIOUS COPING SCALE

In order to evaluate and measure religious coping we created a monofactorial scale composed by 8 items, each with 5 possible answers (form 1=never up to 5=always). The scale is capable of explaining the 59% of variation.

When I face an important matter for which I can not see an immediate solution...	Not at all	Little	Quite	A lot	Definitely
When I have an important problem for which I cannot find straight away a solution ...	①	②	③	④	⑤
... I pray God to help me find a solution	①	②	③	④	⑤
... I think that with God's help I'll be able to find a solution	①	②	③	④	⑤
... I pray more than usual	①	②	③	④	⑤
... I search relief in my faith	①	②	③	④	⑤
... I take part to the life of my religious community	①	②	③	④	⑤
... I think that God is testing me	①	②	③	④	⑤
... I accept the situation because I think that I'm in God's hands	①	②	③	④	⑤
... I refer to my religious values in order to know how to act	①	②	③	④	⑤
When I have an important problem for which I cannot find straight away a solution ...	①	②	③	④	⑤
... I pray God to help me find a solution	①	②	③	④	⑤
... I think that with God's help I'll be able to find a solution	①	②	③	④	⑤
... I pray more than usual	①	②	③	④	⑤

... I search relief in my faith	①	②	③	④	⑤
... I take part to the life of my religious community	①	②	③	④	⑤

The scale was validated on a group of 892 subjects, with an age range from 1 to 72 (A=38 years and 6 months), 51% male and 49% female. The Tool shows an excellent internal reliability (.876) and a good concurrent reliability with the Religious Coping Activities Scales. It also showed an higher tendency toward religious coping among females.

4.3 The role of solicit-buffering

From different researches has emerged the role of solicit-buffering, undertaken by some religious variables in facing negative life events and daily stress.

Fabricatore, Handal & Fenzel, (2000) have found through their research that stress can have negative consequences, but can also be very useful for individual spiritual and personal growth. James & Samuels (1999), argue that personal development can be a consequence of highly stressful life events through the analysis personal effort registers and development measures of adult spirituality. Afterwards they measured extrinsic religiosity, evaluated lifestyles and phase of belief of a group of subjects (332 people, age 19 to 79) through the Fowler scales and their religious experiences when facing very stressful life events. These studies showed there are different phases of belief assisted with different experiences and spiritual development is higher for males in a high personal effort register. All of this was confirmed by Fowler's (1981) discussion, as he defended that faith development does not happen due to age or mental development – biological aging. In fact, extremely stressful life events, which include, for example, personal illness and loss of a spouse, parent or child, are catalysts for an inner search Therefore, according to Fowler (1981) the movement towards the next stage of spiritual development occurs when balance is destroyed by a crisis or other experiences. Individuals included in the fifth stage described by Fowler are

most likely to possess a higher personal effort level than those in previous stages (James & Samuel, 1999). The authors maintain that personal spirituality has a powerful direct effect on wellbeing and have explored three different hypotheses with 120 undergraduate students concluding that: effort factors have a negative effect on subjective wellbeing; personal spirituality would imply subjective wellbeing and would moderate the relation between effort factors and subjective wellbeing. Personal spirituality is, besides, considered a moderator between effort and life satisfaction, in fact those who consider having a personal relationship with God have a higher level of life satisfaction also in the moments of higher stress and fatigue. According to the query carried out by Fabricatore, Handal & Fenzel, (2000) individuals who have a relationship with God and integrate it in their daily life, use this connection to solve life hardships. Examining different types of religious participation, Schnittker (2001) has tried to conclude if certain types of religious participation can be helpful to others. For example, attendance of religious services reflects on a greater psychological wellbeing thanks to the support given by others and by the social network with which one divides a belief. Therefore, the spiritual research through prayer that takes place in groups is a unique and specific moment that can lessen the sense of loneliness and the fear of being overcome by life events and religion can also reassure an individual about personal life choices. Schnittker (2001) found that religious participations does not necessarily help the person in one single stressful event, but helps through several events and stages. Research on religion interaction and ability to face daily effort, faith resistance was tested in 68 students of 64 catholic universities for a period of seven days (Plante, Saucedo & Rice, 2001); unfortunately results do not show any kind of statistic relation between religious faith and daily stress facing abilities.

From the conclusions of these studies it seems that religion and faith can have an important role in facing stressful events, even if research has not focused on the role of religion in facing daily stressful events.

Through faith, the individual finds personal support in his

relationship with God, and finds social support on those who share his beliefs.

4.4 Self-esteem

A high self-esteem level indicates a positive attitude towards personal abilities, awareness of one's abilities and competences, and allows, in fact, acting as we prefer and positively compare to others. As Smelser (1989) underlines we can organize our daily activities and choices based on this consciousness. Obviously low levels of self-esteem imply the opposite results. Several researches show that mid and late adolescence is the period of life when it is most likely that subjects experience low self esteem (Nunley, 2001) when teenagers sometimes, seek their own self-assurance through negative activities: alcohol, drugs, depression and suicide.

Religiosity is considered the second greatest inhibitor of suicide, alcohol usage and violence in adolescence. Family religiosity is a necessary and plausible factor to tackle low teenager self-esteem.

Family aspects that have an impact on self-esteem have been studied in individuals (ages 14-18) from Louisiana, using the perceived support scale, while religiosity was analysed through Rosenberg scale. Results indicate that there is not a significant correlation between religiosity and self-esteem, but between self-esteem and family support. Donahue and Benson (1995), however, have found a positive correspondence between "religiosity" and low self-esteem connected events (suicidal tendencies, substance abuse and sexual promiscuity) Authors have analysed the role religiosity in the family and culture concluding that: regular practice of religion has a positive effects in almost all the preoccupations of social politics. This indicates that religious practices protects from disorder and social dysfunction. The data indicate a higher level of happiness and marital stability, stronger parent-child relationships, greater aspirations and achievement of higher education levels, higher levels of recovery of drug and alcohol usage, high levels of self control, self-esteem and coping abilities. Finally higher rates of charitable donations, community

cohesion and greater social support. Further studies show religious belief and practice associated with: lower divorce rates, fewer births out of wedlock, lower levels of teenage sex activity, less suicide and suicidal tendencies, less depression and contagious diseases, lower rates of juvenile crime and less domestic violence.

As underlined by the authors, in America no other dimension – except stable unions and families, which are in turn connected to religious practices – have such a role in promoting wellbeing and soundness of civil society in the nation and respect of religious citizens.

APPLICATIVE ASPECTS

1. Coping learning and learning coping

Some authors sustain the necessity of developing psychological actions aimed to help teenagers developing self-knowledge and efficient coping strategies. Exploration and self-analysis would work, in this idea, also as a way for preventing possible psychological disorders.

Crean (2004) verified the relation among teenagers' risks and protective factors by studying the active strategies of coping. Both stressful situations and social conflict look to be positively correlated with psychological disorder and negatively correlated with scholastic competences. Social Support and coping strategies would be therefore negatively associated with symptomatology while social support would positively correlated with scholastic competences, through active coping.

In opposition to author expectations adaptive coping strategies resulted inversely correlated with the scholastic competences.

In the attempt of verifying Crean's results (2004) we tried to investigate the existence of a relation between coping styles and meta-competences in the field of "knowing how to learn".

 **RESEARCH 18**

COPING AND META-COMPETENCES

This research was conducted on a group of 341 subjects, 48% female and 52% male, average age 17 years. We have been submitting the "Me, facing situations" survey (Grimaldi Ghislieri, 2005) and the Self-regulation Survey (Moè, De Beni, 2000) to all subjects. This Tools is composed by three scales: personal work organization (10 items), active materials' elaboration (10 items), self-evaluation ability (10 items).

A meta-competence is the ability of each individual in adapting himself to the transformation of his environment, by constructing and transforming constantly his knowledge, attitude and

behaviours. This interpretation of what a meta-competence represents has a strong connection with what Alberici (1999) calls the strategic competence definable as the ability of learning lifelong.

Data analysis suggests the existence of a relation between coping strategies and teenagers self-regulation of learning process.

Moreover it seems possible to say that all the three dimensions of Self-regulation are connected with the Situational Evaluation and Analysis strategies and in certain cases, show even inverse connections with Evasion/Avoidance.

It seems possible to say that subjects showing the highest levels of Self-regulation tend to adopt the most functional coping strategies, with small differences depending from gender belonging.

It appears that coping may have a determining role in the learning process especially with regards to the successful learning.

In order to verify if this hypothesis could be proved we decided to experiment, within a scholastic contest, *The Best of Coping*, a strengthening training experience developed by Frydenberg and Brandon (2002).

The basic idea of this program is that anybody can do better than what actually does by achieving new strategies. The training is articulated in 10 modules during which students are invited to reflect on vantages and disadvantages that adopting a strategy instead of another may comport. During the first section it is provided an introduction on coping concept. The second section is focused on Positive Thoughts and trays to help teenagers in becoming aware of the ways in which they may change their way of thinking and by this their attitude toward facts and problems. The third sections is focused on what must not be done (non positive coping strategies). The fourth section deals with the importance of possessing strong communication skills in order to have positive interactions with others. The other sections regard the problem solving, the decision-making, the individuation of objectives, the importance of having great aims and the time planning.

 **RESEARCH 19**

THE BEST OF COPING AND LEARNING

This research was conducted on a group of 25 students in the fourth year of Secondary School, 48% female and 52% male, average age 17 years. The group of students took part in a 5 days experimentation based on “The best of coping”.

The Self-regulation survey (Moè, De Beni 2000) was submitted to all students 3 times: before the experimentation, at the end and after 1 month.

Data analysis stresses a significant effect of the experimentation on all the three dimensions. Moreover for what concerns Self-evaluation the effect appears to remain stable over the time.

A qualitative analysis on the experimentation evidences the need of attempting to evaluate the possible existence of a relation between coping and motivation toward study.

 **RESEARCH 20**

COPING AND MOTIVATION

This research was conducted on a group of 165 subjects, 51% female and 49% male, average age 17 years and 7 months. The research used the Avoidance Scale and Motivation and Method survey (Mancinelli, 2002). The survey is composed by 3 scales (with 30 items each): Motivation toward result, Attitude toward study and Learning strategies.

Data analysis shows a significant correlation between avoidance tendency and motivation toward study.

TABLE 11 – RECORDED CORRELATIONS

Tool	Scale	Avoidance Scale
<i>Motivation and Method</i>	Motivation toward result	-0,516*
	Motivation toward study	-0,401*
	Learning strategies	-0,343*

* Significant correlations with $p < 0.05$ (2 code)

Subjects showing a strong tendency toward avoidance would seem to have a low motivation success oriented and a negative attitude toward study.

Moreover these subjects look to miss adequate learning strategies, as shown by the research exposed previously.

On this basis we considered necessary to verify if any specific training technique may show some sorts of effects on coping.

Scientific literature doesn't take into account any study that poses into a relation coping mechanism and cooperative and collaborative training. However Bryant (1998) assumes theoretically that this kind of relation may exist.

The author considers that both students and teachers experience stress within the scholastic system. Sharing, collaboration, definition of collaborative objectives instead of individualistic ones (Johnson & Johnson, 1972) may allow subjects to help each other in reducing their stress: in a contest of collaborative learning in fact, the share of objectives and responsibilities may have as a result the reduction of stress for both teachers and students.

Collaboration represents a very important element for achieving academic success, moreover it represents a kind of relation that the subject will experience in various environments and situations of his life and, among them all, in his future working contest where cooperation and share represents fundamental element to guarantee the group success and a working organizational structure (Vaillant & Milofsky, 1980). Success after the years of education is based not only on personal abilities but as well on the ability shown by each subject in working in a collaborative way and maintaining his/her commitments also when facing difficulties. Collaborative contests facilitate the spread of emotional support among pairs.

An aspect considered important for guaranteeing students' success is exactly the ability to offer them an emotional support by being attentive, emphatic, and capable of supporting and listening. Researches (i.e. Veroff, Douvan & Kulka, 1981) shows that this

kind of support results more relevant than the structural one as it helps in reducing the impact of stressful events on subjects.

Moreover researches show that individual, when facing stressful situations are more likely to refer to somebody that has experienced the same and that is perceived as a close and familiar figure than to a professional. As a consequence of this it appears clear that when students face a stressful situation they would prefer to refer to their friends rather than to their teachers. In such a context cooperative and collaborative learning creates the perfect conditions to have this happening. Trusting others is a fundamental premise for establishing emotional closeness and lots of authors sustain that cooperative interaction, rather than competitive one, is fundamental to develop a trustful context (i.e. Deutsch, 1962; Johnson & Johnson, 1975).

 **RESEARCH 21**

COOPERATIVE OR COLLABORATIVE LEARNING AND COPING

We have been using the “Social Support” scale, taken from COPE (Carver, Scheier & Weintraub, 1989), to a group of 261 women employed in call-centres and chosen to undergo a training. The group average age was 26 years and 5 months, s.d. 9 years and 10 months. On scale’s basis the group was divided in 3 experimental subgroups balanced for what concerned the age and the social support coping strategies applied. The 3 subgroups underwent 3 different trainings: a distance training, a cooperative training and a collaborative training. This last phase was undertaken by 36 women.

It was conducted a variation analysis based on a compounded design with an independent factor (group’s belonging) and a factor measured three times (Pre-in progress-post) representing the recourse to Social Support Strategies. The interaction between the two factors appears to be significant ($F(4,66) = 11,17$; $p < 0,01$).

Disassembling variation through the post-hoc Tukey’s test (HSD method) it results that:

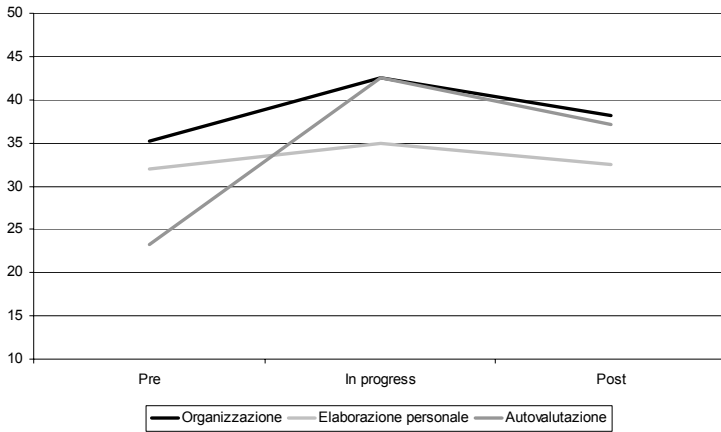
- a) The average of the three groups recorded in the post surveying shows significant differences;
- b) The averages recorded for the three groups in the surveying made after 1 month from the end of the course are different;
- c) Comparing end course measure's results with results recorded 1 month after the end of the course it appears that they are similar for the Collaborative and Traditional groups and different for the Cooperative one.

TABLE 12 – GROUPS' AVERAGE

<i>Training</i>	<i>Social Support</i>					
	<i>Pre</i>		<i>In progress</i>		<i>Post</i>	
	<i>Mean</i>	<i>Std.Err.</i>	<i>Mean</i>	<i>Std.Err.</i>	<i>Mean</i>	<i>Std.Err.</i>
Collaborative	13,83	0,49	16,50	0,47	16,67	0,28
Cooperative	13,67	0,43	16,08	0,51	14,58	0,43
Traditional	13,25	0,52	13,08	0,57	13,17	0,32

In order to understand the differences it appears important to analyse the averages recorded. From this analysis it appears that:

- a) Cooperative and Collaborative group recorded higher averages for Search of Social Support than the Traditional group;
- b) In specific, cooperative and collaborative groups shows similar averages among each other while both situate themselves quite far from the average recorded by the traditional group;
- c) After one month from the end of the experience the Search for Social Support stays high among the Collaborative groups while falls for the Cooperative that reaches values similar to the ones of the Traditional group.



Results shows that collaborative learning facilitates contacts and knowledge among the group.

We consider that this experience has been changing student's idea on the importance that a group may have a san Tool for social support.

This research appears to prove the theoretical assumption of Bryant (1998) on the existence of relations among cooperative/collaborative training and coping strategies.

The author sustains that cooperative learning represents the ideal contest to overcome obstacles and difficulties related to both training and personal relations. This because cooperative learning allows to create the conditions for developing stable positive relations and reducing stress thanks to the group support. This allows students to develop a series of specific coping mechanisms.

2. Measuring coping

The scientific literature presents various Tools for coping measuring and analysis of coping related strategies.

The following pages contain a review of some of these Tools organized for year and author.

Year	Source	Author(s)	Country	Strategies
1979	CBB	Westbrook	Australia	1-confronting vs. evading – action and control vs. fleeing; 2-optimism vs. realism – trust in luck vs. facing up to the problem; 3-searching vs. not looking for interpersonal help - searching that involves other persons vs. Not involving anyone 4-fatalism and pessimism vs. positive outlook – accepting life as difficult vs. distracting oneself from the problem; 5-selfcontrol vs. lack of control of the situation - control of one's sentiments and acceptance of one's limits vs. not thinking of problems until they happen.
1984	CR	Billings & Moos	USA	1-Coping orientated to evaluation (.53) - evaluation and re-evaluation of a stressful situation; 2-problem-oriented coping (.63-.66) - Active attempts to resolve the problem; 3-emotion oriented coping (.41-.63) – attempts to confront emotions that rise from a stressful

APPLICATIVE ASPECTS

Year	Source	Author(s)	Country	Strategies
				situation.
1984	DCI	Stone & Neale	USA	1-distraction (.61) – Not facing the problem; 2-redefining the situation (.57)- to look at the problem from a different perspective; 3-direct action (.63)- thinking of a solution to the problem and trying to solve it; 4-Purification (.47)- reducing tension by expressing one's emotions; 5-acceptance (.56) – Accept that the problem has happened; 6-Look for social support (.60) – Look for and find emotional support from those who care for you; 7-relaxation (.36)- do something relaxing; 8-religion (.78) – search for spiritual comfort.
1984	SDCR	McCrae	USA	1-Hostile reaction (.83) ; 2-rational action (.78) - ; 3-search for help (.78); 4-perseverance (.39); 5-isolation from affections (.53); 6-fatalism (.68); 7-expressione of sentiments (.68); 8-positive thinking; 9-distraction (.60); 10-evasive fantasies (.74); 11-intellectual denial (.74); 12- self blame (.77); 13-take one step at a time (.35); 14-social confrontation (-); 15-sedation (.63); 16-substitution (-); 17-moderation (.63); 18-overcoming adversity with force (.71); 19-aversion (-); 20-alienation 55); 21-self adapting (.67); 22-

Year	Source	Author(s)	Country	Strategies
				fantasizing (.71); 23- active forgetfulness (.52); 24-humorism (.71); 25- passivity (.43); 26- indecision (.59); 27- evaluation of blame (-); 28-faith (-).
1985	WCC	Folkman and Lazarus	USA	1- problem oriented coping (.85)- analyze the problem and make a plan of action; 2- emotion oriented coping (.56-.84) – illusory thought, self-blame, etc.; 3-mixed coping: oriented to the problem and to emotion (.81) – Search for social support.
1987	A-COPE	Patterson & McCubbin	USA	1-release of emotions (.75) – Coping behavior looking to express frustration and tension; 2-search for diversion (.75) – busy oneself with relatively calming activities; 3-develop self dependence and optimism (.69) – greater organization and taking charge of the situation as a way of positive thinking; 4-development of social support (.75) – attempts to stay emotionally connected to other persons; 5- resolution of family problems (.75) – looking to resolve family problems; 6-avoiding problems (.71) – substance abuse as a way of fleeing or avoiding

Year	Source	Author(s)	Country	Strategies
				situations that cause problems; 7-search for spiritual support (.72) – religious behavior; 8-investing in friendships (.76) - search for closeness and understanding from peers; 9-search for professional help (.50) – search for counsel and support from a professional; 10-occupy oneself with arduous tasks (.67) – competitive activity to excel in something; 11-being funny (.72) – not taking the situation too seriously but joking about it; 12-relaxation (.60) – attempts to reduce tension.
1987	MBSS	Miller	USA	1-seeking to be informed/one who avoids being informed – high monitoring/low monitoring; 2-distractor/ non distracter – very explicit/inexplicit.
1987	SCI	Wertlieb <i>et al.</i>	-	1-Coping strategies focused on the problem; 2-Coping strategies focused on emotions
1988	KidCOPE	Spirito <i>et al.</i>	-	1-distraction; 2-social isolation; 3-positive thinking; 4-resignation; 5-self criticizing; 6-critical/accusatory of others; 7-problem solving; 8-control of emotions; 9-cognitive restructuring; 10-social support.
1988	LECI	Dise-Lewis	USA	1-agression (.86) – screaming, arguing with someone, etc.; 2-identifying stress (.79) – writing someone, asking

Year	Source	Author(s)	Country	Strategies
				for advice, etc.; 3- distraction (.81) – working on hobbies, relaxation, etc.; 4-self- distraction (.76) – smoking, doing drugs, thinking of suicide, etc.; 5-tolerance (.62) – trying to forget, thinking about yourself, etc.
1988	WCQ	Folkman and Lazarus	USA	1-confrontive coping (.70) –aggressively attempting to change a stressful situation; 2- distancing oneself (.61) – playing down the situation or distancing oneself from it; 3-self- control (.70) -managing emotions and actions; 4- search for social support (.76) -includes informative and social support; 5-acceptance of responsibility (.66) – acceptance of our role in the situation; 6-fleeing- evading (.72) – illusory thought or fleeing the situation; 7-planful problem solving (.68) – attempts to change the situation; 8-positive re- evaluation (.79) – concentration on the development through experience.
1989	COPE	Carver, Weintraub and Scheier	USA	1-active coping (.62) – attempts to repress or get around the problem; 2-organization (.80) – thinking of how to confront the problem; 3- doing away with competitive activity (.68) – set other projects aside so as to avoid distraction; 4-moderate coping (.72)

Year	Source	Author(s)	Country	Strategies
				– waiting for an opportune moment; 5- search for Toolal social support (.75) – looking for advice, assistance or help; 6- search for social emotional support (.85) - search for moral support; 7-positive reinterpretation and development (.68) – coping oriented to managing emotional stress; 8-acceptance (.65) – accepting reality; 9-direct oneself to religion (.92) ; 10- focusing oneself and letting out emotions (.77) – concentration on distress and express one’s emotions; 11- denial (.71) – not accepting the reality of an event; 12-behavioral disengagement (.63) – reducing attempts to affront the problem; 13- mental disengagement (.45) – distraction from behavioral activity
1989	CTI	Epstein & Meier	USA	1-emotive coping (.78-.85); 2- behavioral coping (.70-.84); 3-catagorical thought (.41-.70); 4- superstitious thought (.59-.75); 5-naive optimism (.65-.67); 6- negative thinking (.66-.73)
1989	LSI	Feifel & Strack	USA	1-problem solving (.82) – confronting the situation; 2-evasion (.75) – evading the problem; 3- resignation (.75) – acceptance of the situation doing anything to change it.
1990	CSI	Amirkhan	USA	1-problem solving (.89); 2- search for support

Year	Source	Author(s)	Country	Strategies
				(.93); 3-evasion (.84);
1992	SRCS	Causey & Dubow	USA	1- search for social support (.84) – speaking with friends, asking for help, etc.; 2-self reliance/problem solving (.84) – looking for a solution, trying to do something to solve the problem, etc.; 3- distancing oneself (.69) – believing that nothing happened, refusing to think about the problem; 4-internalizing (.66) – crying over the problem, worrying too much, etc.; 5-externalizing (.68) – to vent what is inside.
1993	-	Manne <i>et al.</i>	-	1- inform oneself; 2- distraction; 3-asking to change the medical procedure
1993	ACS	Frydenberg & Lewis	Australia	1-solving the problem (.80) – looking to solve the problem with minimal help from others; 2- going to others (.76) – solving the problem by leaning on others; 3- non-productive coping (.80) – relationship between emotion oriented strategies and the sentiment to not face the problem.
1993	WCCL	Halstead, Bennet Johnson and Cunningham	USA	1- problem oriented coping – positive action, reflective organization, etc.; 2- search for social support – emotional and active support 3- fantasizing – active and passive thought; 4- evasion - isolation, denial and negative affections.
1994	-	Weisz <i>et al.</i>	-	1-primary control; 2-

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Year	Source	Author(s)	Country	Strategies
				secondary control.
1994	CAPSI	Gamble	USA	1-emotion or aggression (.57-.82) – crying screaming, hitting, etc.; 2-avoiding the problem or not doing anything (.71-.89) - not doing anything to solve the problem, avoiding the support of friends and relatives; 3-directly resolving the problem (.59-.82) – speak with a teacher or friends about the problem; 4-independent attempts to solve the problem (.61-.93) – solving one’s problems alone; 5-search for social support (.66-.77) – speak to friends about the problem.
1994	CISS	Endler & Parker	Canada	1-goal-oriented coping; 2- emotion-oriented coping; 3-evasive coping; 4-distraction; 5-social diversion.
1994	SACS	Hobfoll, Dunahoo, Ben-Porath and Monnier	USA	1-presocial active-passive coping- assertive action, search for social support, etc.; 2-active/ anti-social coping – aggressive and anti-social action; 3-passive coping – assertive and evasive action; 4-active-passive a-social coping – instinctive action, search for social support, etc...
1996	CCSC	Ayers, Sandler, West and Roosa	USA	1- problem oriented strategies – taking decisions and direct problem solving; 2- direct emotions oriented strategies – trying to understand, positive-mentality restructuring,

Year	Source	Author(s)	Country	Strategies
				etc.; 3-strategy of distraction – physical release of emotion and action of distraction; 4- evasive strategies – behavioral and mental evasion; 5- strategy of looking for support – problem oriented support and emotion oriented support
1996	PPCI	Varni, Waldron, Gragg, Rapoff, Bernstein, Lindsley, and Newcomb	USA	1-mentality of teaching oneself (.74)- tackle the problem on the cognitive level; 2-problem solving (.67) – action that manifests how to handle the problem; 3-distraction (.66) - shift attention away from the sorrow; 4- search for social support (.66) – search for help, consolation or understanding; 5- catastrophe/ vulnerability (.57)- sentiments of powerlessness and victimization.
1997	brief COPE	Carver	USA	1- active coping (.68) – doing something to better the situation; 2- organization (.73) – looking to form a strategy to handle the situation; 3- positive re-elaboration (.64) – see the situation under a new light; 4- acceptance (.57) – accepting the facts that happened; 5-humorism (.73) – make light of the situation; 6-religion (.82) – look for comfort in religion; 7-use of emotional support (.71) – find emotional support among others; 8-use of

Year	Source	Author(s)	Country	Strategies
				support Tools (.64) – look for advise or help from others; 9-self-distraction (.71) – distract oneself with work or other activities; 10-denial (.54) – thinking that the situation is not real; 11-release (.50) – express negative sentiments; 12-substance abuse (.90) – use of drugs or alcohol; 13-careless behavior (.65) – not wanting to face the problem; 14-disapproval of self (.69) – self criticism.
1997	MCSPQ	O'Brien, Bahadur, Gee, Balto ed Erber	USA	1-dealing with oneself – behavior to deal with oneself and cognitive response; 2-threatened/critical – negative responses; 3-safe evasion – to be outside of family conflicts; 4-worried avoidance – worry about losing the love of one's parents.
1997	PRI	Walker, Smith, Garber and Van Slyke	USA	1-active coping (.76) – problem solving, search for emotional support, etc.; 2-passive coping (.64) – careless behavior, self isolation, etc.; 3-coping by adaptation (.80) - acceptance, minimizing pain, etc...
1997	SRI	Kohn & O'Brien	Canada	1-active - problem oriented coping; 2-passive coping – palliative and evasive emotional coping.
1998	ACC	Finnegan et al.	USA	1-compulsive docility (.64); 2-fear (.75); 3-self pity (.75); 4-idealization (.61); 5-self efficiency by affirmation (.64); 6-approval of aggression

Year	Source	Author(s)	Country	Strategies
				(.80); 7-compulsive lack of fulfillment (.71)
1998	CHIP	Ender <i>et al.</i>	Canada	1-coping by emotional worry – concentrating on emotional consequences; 2-Toolal coping – goal-oriented responses; 3-coping by distraction – think about something else, distract oneself, etc.; 4- palliative coping – response of self help at times to relieve the problem
1998	Coping with Loneliness	Rokach & Brock	Canada	1-reflection and acceptance –solitary self reflection; 2-self development and understanding – believing in oneself and increasing self awareness; 3-network of social support – strengthen social ties; 4-distancing and denial - isolation, drug abuse, etc.; 5-faith and religion – faith in God or in superior beings; 6-increased activity – increase extracurricular activity to make free time more enjoyable.
2000	CSIC	Lee <i>et al.</i>	China	1-increase space (.78)- increase one's distance from the problem; 2- retaking control (.71); 3- be the best (.73)- increase the sensation of being the best; 4- share the weight (.82)- share the problem with people in the same situation.
2000	DCSES	Perraud, S.	USA	coping by self-efficacy (.93)
2000	RCOPE	Pargament, Koenig and Perez	USA	1-negative religious coping (.78-.92) – spiritual dissatisfaction,

Year	Source	Author(s)	Country	Strategies
				demonical re-evaluation, religious passiveness, etc.; 2-positive religious coping (.61-.94) – religious purification, religious help, active religion, etc...
2000	RSQ	Connor-Smith, Compas, Wadsworth, Harding Thomsen and Saltzman	USA	1-coping by primary control of tasks (.81)- problem solving, emotional control, etc.; 2-coping by secondary control of tasks (.74)- positive thinking, mental restructuring, etc.; 3-coping by disengagement (.69)- evasion, denial, fantasizing; 4-unintentional engagement (.81)- rumination, importunate thoughts, etc.; 5-unintentional disengagement (.78)- mental interference, escape, etc..
2001	CCSC-c	Grootenhuis & Last	-	1-primary control; 2-secondary control.
2002	-	Sorgen & Manne	-	1-problem oriented coping strategies; 2-emotion oriented coping strategies.
2005	ACPY2K	Aspinwall <i>et al.</i>	USA/Canada	1-primary control – attempts to change mold our surroundings according to our likes; 2-secondary control – attempts to mold oneself according to the surroundings.
2005	CTS	Somer <i>et al.</i>	Israel	1-problem solving (.61); 2- emotion oriented coping (.57); 3- acceptance (-).
2005	ICS	Schmidt <i>et al.</i>	Denmark	1- active evasion strategies (.67-.71) – avoiding pregnancy; 2-

Year	Source	Author(s)	Country	Strategies
				active confrontation strategies (.73-.77) – showing sentiments and asking for advice; 3- passive evasion strategies (.44-.56) – hope in miracles; 4- coping based on meaning (.50-.62) – thinking positively about the problem of infertility.
2006	Copingfocus vragenlijst ²	Terwogot <i>et al.</i>	Holland	1-physiological coping (.85); 2-emotional coping (.85).
2006	CSE	Chesney	USA	1- problem oriented coping (.91) – level of efficacy in solving a problem starting with an analysis; 2- stopping undesirable thoughts and emotions (.91) - level of efficacy in solving a problem related to emotional changes; 3- support from friends and family (.80) - social dimension of the perceived response.
2007	FOCI	Gan <i>et al.</i>	China	1-pro-active coping (.80); 2-preventive coping (.82).

Recently Skinner, Edge, Altman & Scherwood (2003) have been presenting a research conducted on 100 studies on coping, considering a total of 400 different modalities of stress' reaction.

In this research authors have been trying to define few big coping's families.

The research followed a hierarchical approach dividing stress' reactions into three levels the lower of which represented by coping instances ("I was wearing my good-luck socks", "I red everything I could on that topic"). At the highest level authors

² Coping Focus questionnaire

situated the basic adaptive processes, while at the intermediate they placed coping's families enclosing among them coping instances.

In order to better identify these families authors stated a list of criteria that need to be satisfied in order to access the group:

1. Category definition is clear and not ambiguous.
2. Categories exclude each other mutually. Any coping modalities belong only to one category.
3. Categories model is clear and complete. All main coping modalities have been adapted to the categories model.
4. Categories are functionally homogeneous. All coping modalities within a category carry out precisely the same function.
5. Categories are functionally differentiated. Categories are different one from the other and carry out different functions.
6. Categories are generative. They take into account the identification of the inferior category.
7. Categories are flexible. They can be applied to stressful events, contests and age classes.

Researchers identified also the modalities used during the experimentations for indentifying coping strategies; the inductive approach (based on individual items) and the deductive approach which starts from the upper coping categories so to order the subsequent coping instances.

They identified the limits of these methodologies and proposed a different approach: the hierarchic categories. Through their use they have been able to identify 13 families of potential coping: Problem Solving, Support Search, Escape-Avoidance, Distraction, Cognitive reconstruction, Rumination, Vulnerability, Social extradition, Emotional Regulation, Search of Information, Negotiation, Opposition, Delegation.

However not even with this research it has been possible to define one for all coping structure.

Still Skinner research has give important cues: the need of focusing the attention on the types of actions, the importance of classifying coping instead of using single functions.

According to the 13 families individuated by Skinner et al. (2003) we have been updating the list of strategies:

Strategy name	Times strategy appeared in Tools
Problem Solving (primary control, active coping, problem solving, problem oriented coping and coping by adaptation, rational and comparative coping)	36
Escape-Avoidance (clearance coping, not adaptive coping, , avoidance, support, acceptance, distance, passive coping, denial, wishful thinking)	34
Support Search- Information search (emotional support search, information)	24
Emotional Regulation (emotional focused coping, comparison, assault, aggressive coping, emotional release, emotional regulation, demonstrate)	22
Distraction (distraction, activities increase, relaxation)	16
Cognitive Restructuration (secondary control, re-evaluation, cognitive restructuring, optimism)	15
Negotiation (acceptance, reflection, adaptive coping)	10
Self-knowledge (self-development, self-improvement, self-cure)	7
Rumination (self-blame, self-commiseration, self-criticism, victimization)	6
Religion (faith)	6
Social Alienation (isolation)	4
Self-destruction (drug, alcohol)	3
Self-efficacy	2
Humour	2
Moderation	2
Resignation	2
Placebo Coping	2

As showed in the table coping strategies presented in literature are numerous, this especially in reason of the fact that often Tools

don't follow a theoretical model but an explorative factorial analysis.

Consequences are evident in the International validation of COPE (Carver, Weintraub & Scheier 1989), validated in USA.

The Tool as been adapted in a Chinese version by Diong et al. (2005) that shows lots of differences from the original version: a reduction in the group of subjects from 978 to 248 units, an increase of 1 item (from 4 to 5), an occurred modification in factor definition: active coping, suppression of active competences, organization, moderation, positive elaboration, religion, acceptance, deny, behavioural clearance, feeling expression, humour, self distraction. The Cronbach's alpha of this version has been changing from .42 to .94.

Gutiérrez et al. (2007) have been validating COPE in Spain with a group of subjects smaller than the original manifesting psychopathological diseases. The number of items of this version was brought to 60 from the original number of 52 and the unit factors have been increate: active coping, organization, moderation coping, competitive activities suppression, positive reinterpretation, acceptance, deny, mental clearance, behavioural clearance, religion, search of emotional support, feeling relief, humours, drug. The attainability of this version was very variable from .43 to .97.

An Italian version of COPE has been proposed by Sica et al. (1997) on a group of people representing almost the half of the original (521), a increased number f the items (60), an higher number of factors (two more than the American version) and an alpha changing from .31 to .93: active coping, competitive activities suppression, organization, moderation, search of social support for Toolal aims, search of social support for emotional aims, emotional focus and relief, behavioural clearance, mental clearance, clearance through the use of drugs and alcohol, deny, positive elaboration and growth, acceptance, religious orientation, humours (having the two last factor added from the original version).

Day & Livingstone (2001) proposed a Canadian version on a group of 521 subjects, using less items (from 52 to 48) and

reducing factors' number at five: problem oriented coping, search of social support, coping positive emotional oriented, clearance, deny and release of negative feelings. The reliability of this version was ranging from .73 to .86.

A French version of COPE was proposed by Merluzzi et al. (1997) with a group of 502 elders with psychopathologies and using a bifactorial structure: coping problem oriented and coping emotional oriented.

Another Canadian adaptation has been created by Boland & Cappeliez (1997). It was submitted to a reduced group of subjects (108 units vs. 978 of the original version) with a number of items increased up to 60 and factor reduced at two: adaptive coping and non-adaptive coping. Its reliability has been evaluated in two different moments offering the following results: .84-.82 and .75-.59.

The English version has been experimented by Ingledew et al. (1997) on a group of 109 subjects, 60 items and using only 4 factors on the 13 foreseen by COPE: active coping acceptance, Search of Emotional Support, Behavioural clearance, acceptance, search of emotional support and behavioural clearance. Finally in Estonia has been proposed a version named COPE-D. It was submitted to a group of 85 subjects with psychopathologies, using 60 items and three factors: active coping, avoidance coping a search of social support.

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