Is coping a scientific concept?

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This article discusses to which extent the notion of coping meets the general requirements for scientific concepts. The most significant challenges that arise when conceptualizing coping are highlighted. The notion of coping, central in several strands of theory building in different behavioral sciences such as nursing research, may meet such challenges when identifying stress and coping as important variables affecting health. Actual coping is a phenomenon that can be noticed either through introspection or by observation, and it includes internal events as well as overt actions. What the theoretical rationale, the issue of valid items and the scale construction of coping measures all have in common is that they do not stand for themselves, but are directly related to the lack of conceptual clarity of coping. Ideally, a concept should provide concise labeling and also denote some degree of classification and categorization. Hence, the article confronts the notion of coping with some global requirements applied when assessing and building scientific concepts, thus proposing ideas for the refinements of the coping concept. Healthcare professionals and researchers addressing coping with stress and chronic illness should be aware of the complexity inherent in the coping concept to better understand its clinical and scientific application.

Key words: chronic illness, coping, coping assessment, nursing research, scientific concept development
A major challenge in theory construction is the development of productive and parsimonious concepts. The notion of coping, central in several strands of theory building in different sciences (e.g. psychology, nursing and medicine) may meet such challenges when identifying stress and coping as important variables affecting health (Lyon, 2012). Over time, the content of this notion has changed, the applications expanded, the operationalization refined and the theoretical mapping multiplied. Thus, both the concept itself and the theoretical framework of its major proponent, R. Lazarus, have been subject to scientific scrutiny (De Ridder, 1997; Zeidner & Endler 1996). Despite the relative apparent popularity of the coping concept, the study of coping is fraught with difficulty, and many unanswered questions remain about how to conceptualise coping (Aldwin, 2007). Thus, the purpose of the present article is to address some major conceptual aspects of coping and to put the notion to a crucial test to assess whether it meets the standard criteria for scientific concepts. As far as seen in the literature, modest attention has been paid to such conceptual issues.

**Background**

Over the years, there has been increased awareness of the important potential role coping can play in determining how stress affects us and how it can shape adaptational outcomes. People respond to perceptions of threat, harm and loss in diverse ways, many of which receive the label of coping (Carver & Connor-Smith, 2010). Specific coping strategies can either facilitate or hinder adaptation to physical or psychological stress. It is widely recognized that it is not stress per se that determines adaptive outcomes, but rather how we cope with challenges that is critical in affecting our psychological and physical health (Aldwin, 2007; Zeidner & Endler, 1996).

Concepts such as coping are key elements in nursing research and other health-related disciplines in particular since their essential goal is to work with people to improve their health (Ritchie, 1999). How people cope with difficulties of stressful circumstances such as chronic illness has therefore been subject to a considerable amount of research over the past decades. Numerous research efforts have been devoted to the understanding and explanation of the way chronically ill patients cope with their conditions such as cancer, heart disease, asthma, diabetes, rheumatoid and multiple sclerosis (De Ridder & Schreurs, 2001; Livneh & Martz, 2007). Many researchers have done this research with the hope that the concept of coping might help explain why some individuals fare better than others do when dealing with chronic disease (Folkman & Moskowitz, 2004). Confrontation with a chronic disease may be considered a major life event, often accompanied by many other stressors, like diagnostic uncertainties, social stigma, lifestyle changes, pain and handicaps (De
Ridder & Schreurs, 1996). Since by definition chronic diseases are without prospect of complete recovery and have a relatively long duration, people are required to live with the limitations imposed by their condition. Although coping helps to explain the impact of these stressors on health, empirical research has demonstrated that the impact of coping strategies on a patient’s quality of life and other indicators of adjustment to chronic illness appears to be small (Carver & Connor-Smith, 2010; De Ridder & Scheurs, 2001; Ritchie, 1999). Given this assumedly modest impact, one may wonder whether this could partly be due to challenges in conceptualizing coping.

Methodological approach
The present article addresses the topic of coping as a scientific concept in the following ways. First, the nature of scientific concept development based on some basic requirements for constructing scientific concepts, outlined by Stinchcombe (1971), will be examined briefly. Second, the most authoritative theoretical framework of coping assessment, proposed by Lazarus and Folkman (1984), and its impact on methodological issues at the operational level will be presented. Although Lazarus (1991, 1999) in his later works revises and elaborates upon the basic model, the current article primarily addresses his original model, because it has had a profound impact on conceptualizing a system of coping. However, it should be emphasized that this is only one of many coping models as discussed by Aldwin (2007). Finally, the question of whether coping meets the basic requirements of building scientific concepts will be discussed.

The nature of scientific concept development
Conceptualization refers to the process of developing and refining abstract ideas that are not observable directly. These abstractions are often referred to as concepts (Polit & Beck, 2004). A concept expresses an abstraction formed from the observation of certain behaviours or characteristics (Kerlinger, 1979). Ideally, a concept should provide concise labeling and also denote some degree of classification and categorization (Meleis, 2012). The coping concept, for instance, is used to express varieties of human behaviour when dealing with stress and reflects the forces that actually operate in an individual’s world. Coping may be a capability among persons, and this capability is caused by an antecedent condition, such as stress, that produces a response (coping) that is predicted. A concept can also be seen as an assumption that certain phenomena cause other phenomena of interest to us (Stinchcombe, 1971). The purpose of a concept is to identify, measure, assess, label and classify phenomena which have identical causes or identical effects in some scientific fields. To investigate a proposition like «people with diabetes are more likely to rely on their own capability when coping with their health problems», we must define nominal and empirical indicators for the con-
cepts. The process of developing an indicator and testing its validity is called «operationalizing» a concept; sometimes this is done by use of a scale. Moreover, concepts are in a constant state of flux as long as the causal theories are still in the process of development. Consequently, the criteria for judging concepts are beliefs and evidence that the theories in which the concepts are involved are true. Usually, when a theory proves inadequate, the concepts involved in it change (Stinchcombe, 1971).

Each concept is assumed to have a boundary that defines the limits of the theoretical domain. Some concepts can be narrowly defined, whereas others such as coping are potentially broad in scope (Benson & Hagtvet, 1996; Folkman & Moscovitz, 2004) and have to be differentiated in sub-dimensions prior to an operationalization. Regardless of the size of the theoretical domain, however, a reasonably well-specified domain is suggested as necessary to determine exactly which studies need to be designed to test the adequacy of the theoretical domain. At the empirical level, each concept is assumed to have its own separate empirical domain, which comprises all of the possible ways to measure the concept as suggested by the definition of the theoretical domain (Benson & Hagtvet, 1996).

Considering concept development, four basic requirements for constructing scientific concepts are usually applied. Initially, concepts should not be value laden; i.e. not open to arbitrary or normative interpretations (Stinchcombe, 1971). Hence, concepts should be value free. Additionally, according to Stinchcombe (1971), a concept is a sort of class pattern which is able to identify phenomena that have identical causes or identical effects in some scientific fields. Next, concepts are generally measured by either the causes of the phenomena or by their effects. Finally, concepts are deemed useful in the «formulation of theories». Since concepts usually are linked to theory, concepts can change as theories change. Likewise, the refinement of a concept and the improvement of measurement constitute a particular case of improvement of causal knowledge.

The Lazarus and Folkman model and its impact on a conceptual system of coping

According to Lazarus (1993), the coping theory and research underwent major development in which the hierarchical view of coping, with its traits or style emphasis, was abandoned in favour of a contrasting approach which treated coping as a process. From a process perspective, coping changes over time and in accordance with the situational contexts in which it occurs (Parker & Endler, 1996). The most prominent description of the transactional perspective was proposed by Lazarus and Folkman (1984, p. 14), describing coping as «constantly changing cognitive and behavioural efforts to manage the specific external and/or internal demands that are appraised as taxing or exceeding the resources of the
person». These researchers take a cognitive-phenomenological approach to the problem, viewing coping as a response to specific stressful situations rather than as a stable feature of personality. This relational definition asserts that coping should be viewed as a term that encompasses all coping cognitive and behavioural efforts, regardless of their outcomes, that are undertaken in response to specific external and internal demands (cf. Aldwin, 2007).

The coping process consists of the personal significance of an event (primary appraisal) and of the available coping options (secondary appraisal), followed by cognitive or behavioural reactions (coping strategies) (De Ridder & Schreurs, 1996). The primary appraisal determines whether the individual perceives an event as stressful or not. If the event is perceived as stressful, the individual performs a secondary appraisal, evaluating what might and can be done by means of different coping strategies (Lazarus & Folkman, 1984). Lazarus therefore views active and conscious cognitive appraisals of potential threat function as a mediating link between life stressors and an individual’s coping responses (Aldwin, 2007; Holohan, Moos, & Schaefer, 1996). Apart from the influence of the nature of the stressor, the coping process is also determined by the available coping resources (e.g. problem-solving skills, material support and beliefs), which may also exert direct influence on well-being (Lazarus & Folkman, 1984).

According to Lazarus and Folkman (1984), coping involves two functions. One function regards changing the situation by directly altering the environment or the person and thereby the threat. This problem-focused coping dimension involves strategies that attempt to solve, reconceptualise, or minimize the effects of a stressful situation. The other function involves regulating emotional distress by focusing on what is being attended to or by changing its meaning so that it is not perceived as a threat. This emotion-focused coping dimension includes strategies that involve self-preoccupation, fantasy, or other conscious activities related to affect regulation (Parker & Endler, 1996). People resort to a combination of problem-focused and emotion-focused strategies in almost every stressful encounter. In nature, the two functions of coping are seldom, if ever, separated. Both are essential parts of the total effort, and ideally, each facilitates the other (Lazarus, 1999; Lazarus, 2006). Another dichotomy is active versus passive coping, sometimes also addressed as the distinction between approach forms of coping and avoidant coping (De Ridder, 1997). Thus, coping strategies and behaviour may be classified into conceptually related but distinct categories as illustrated in Table 1 below.
In this table, four arguably homogeneous response sets to the conceptually related but distinct categories of coping strategies and behaviour are depicted: 1) Cognitive actions, 2) Affect regulation, 3) Retreating, and 4) Adaptation.

Besides, other studies emphasise the multidimensionality of coping (Carver, Scheier, & Weintraub, 1989; Lazarus, 1991; Vitaliano et al., 1985). For example, Carver et al. (1989) adopt the distinction between problem-focused coping and emotion-focused coping and delineate 13 different types of coping strategies that can be categorized under these two headings.

Although researchers generally agree that the Lazarus and Folkman approach is the best model to conceptualise a system of coping, they have also pointed out several limitations in this model. First, it functions more as a general frame of reference than a theory or even a true model. This may be due to the fact that key concepts are not well defined (De Ridder, 1997). In addition, many authors have identified methodological weaknesses in the method of coping assessment following the transactional approach, embodied in the Ways of Coping Questionnaire (WCQ) (Folkman & Lazarus, 1988). This questionnaire has been criticized for its psychometric weaknesses and for the lack of stable factor structure (De Ridder, 1997). It may also have generated confusion, as many researchers have adopted the habit of adding, dropping or changing items in the questionnaire, depending on the hypothesis under examination or the population being studied. This may in turn make results incomparable, and it is impossible to generalize findings across contexts and populations (De Ridder, 1997; Livned & Martz, 2007).

### Conceptual and methodological issues with coping assessment at the operational level

Besides defining and developing measurements of concepts, it is essential to find and demonstrate functional relationships between measures of different concepts (Benson & Hagtvet, 1996, p. 84). Researchers in the field of coping seem to have invested great efforts into relating supposed measures of concepts to each other. However, little attention has been given to defining and clarifying the domain of observables that encompasses the concept of

<table>
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<th>BEHAVIOUR</th>
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<td>Active</td>
<td>1. Cognitive actions</td>
<td>e.g.: Altering the context or the person's capability</td>
<td>2. Affect regulation</td>
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<td>Passive</td>
<td>3. Retreating to</td>
<td>e.g.: Fantasy, self-preoccupation, avoidance</td>
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<td>Retreating</td>
<td>4. Adaptation</td>
<td>e.g.: Reconceptualising the situation</td>
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coping and studying the relationships between the coping-relevant observables. The theoretical orientation that one adopts has implications for both the development of measures and the psychometric characteristics one can anticipate for those measures (Ayers, Sandler, & Twohey, 1998; Livned & Martz, 2007; Schwarzer & Schwarzer, 1996).

Coping is rather difficult to measure, since it is defined in different ways (Folkman & Moskowitz, 2004). Methodological choices may be affected by whether the researcher views coping as the result of unalterable traits, as arising naturally from the situational conditions, or as amenable to experimental intervention, and so forth (Beehr & McGrath, 1996; Livned & Martz, 2007). Questions like «What should be measured?» and «How should it be measured?» should be addressed. Concerning the first question, hardly any consensus on the level and focus of measurement has been accomplished. Both trait-like and process measures exist as well as measures intended for general stressors and those designed for populations facing specific stressors such as health problems or job stress (De Ridder, 1997). Moreover, many instruments suffer from psychometric flaws, such as low internal consistency, lack of test-retest reliability reports and inadequate research on construct validity. In the Lazarus approach, coping is defined as a dynamic situation-specific reaction to stress. This approach attempts to document the behaviours and cognitions of the same group of persons across different types of situations; that is, it studies how coping behaviours vary in response to particular types of stressors (De Ridder, 1997). Although researchers generally agree on the theoretical value of this approach, few actually use it. These researchers argue that people have fairly stable coping preferences which they use on many occasions, and for this reason, they limit their research to habitual ways of coping or coping styles. This dispositional approach helps to reduce the complexity of the coping assessment. However, this is done at a high price, assuming situational variability in coping is not important in the study of coping (Folkman & Moskowitz, 2004). A compromise might involve implementing fine-grained dispositional measures. Carver et al. (1989) have developed such a measure of individual differences in coping (the COPE scale), which reflects a balanced view on the disposition versus the situation issue.

The operational forms of measures are fourfold with subjective reports, observations, trace measures, and measures derived from archival records (Beehr & McGrath, 1996, p. 77). The system levels can be physiological (e.g., use of drugs or alcohol), psychological (e.g., planning, problem-solving), task performance (e.g., task/goal accomplishment, self-help treatment), and interpersonal behaviour (e.g., seeking social support, role clarification). The system levels are to some degree arbitrary and in the eye of the beholder. There is not always a clear line be-
between levels (e.g. between physiological and psychological processes, between psychological processes and task performance processes, or between any of those and interpersonal processes). Researchers often act, however, as if these were clear-cut distinctions and make strong assumptions about the «location» of the variables they are studying; that is, at which system level the coping is taking place (cf. Beehr & McGrath, 1996). Thus the evidence of coping depends heavily on the purpose and perspectives of both the focal person experiencing stress and coping and the researcher studying it.

Discussion
Despite the important role of the coping concept, for example, in nursing research, it is still an open-ended question as to what extent the notion of coping meets the four criteria for scientific concepts. The first criterion to be addressed is whether coping is a «value-free» concept or not. The word coping in itself carries a positive connotation. Coping is, like the concept of health, never totally lacking in a person. However, it is an individual capability that can be increased due to favourable circumstances and reinforcing measures. Thus, one often talks about people who are able to cope. Specification of how or how well is not even required (Olff, 1991). It has been argued that coping is highly value laden (Beehr & McGrath, 1996). To distinguish between different coping behaviours on logical grounds may be difficult, although it is possible on value grounds. Designation of something as a coping behaviour requires inferences about what the focal person was trying to do. Researchers can observe only two classes of events: (a) sets of conditions that may prove demanding, challenging or stressful, and (b) behaviours by the focal person that the researcher interprets as being in response to or because of those conditions (Beehr & McGrath, 1996, p. 66). Moreover, even the distinction between coping and non-coping behaviours is a researcher’s value-laden interpretation, not given in the nature of the behaviour itself. To assert that something is a coping reaction is to presume to know what the focal person is experiencing or perhaps should be experiencing (Beehr & McGrath, 1996). This requirement for the researcher to make strong epistemological assumptions about the systems being studied appears to be an inevitable supplement of the logical positivistic approach to inquiry. It is therefore essential to recognize explicitly that key empirical distinctions rest on interpretations and assumptions, not on just direct objective observations.

The second criterion to be addressed is related to identifying phenomena that have identical causes or identical effects in some scientific fields. Coping has to do with the way people manage life conditions that are stressful (Lazarus, 1999). According to Lazarus (1999), coping is an essential feature of stress and emotional reactions. It is important to give major attention to how it works in order to understand the constant struggle to adapt to troubling chronic stresses and those produced by changing
one’s life conditions. The explosion of interest in coping has its roots in several domains. Not only is there a great deal of intrinsic interest surrounding the topic, but also focusing on stress and coping behaviours has implications for flexibility in the adaptation process and de-stigmatises the act of seeking help from others (Aldwin, 2007).

Coping is not a stand-alone phenomenon. It is embedded in a complex and dynamic stress process causing coping. However, it is still unclear how coping affects psychological, physiological and behavioural outcomes. Thus, the concept of coping does have various effects depending on the context (Folkman & Moskowitz, 2004).

A third challenge concerns whether the concept of coping meets the requirement of being measured by either the causes of the phenomenon or by their effects. Despite the increase of coping scales and a gradual improvement of their conceptual, structural and psychometric aspects, many inadequacies still remain (Livned & Martz, 2007). A review of existing coping scales reveals that different coping styles, modes and strategies are being measured (Livned & Martz, 2007; Skinner, Edge, Altman, & Sherwood, 2003). This problem may stem from the inconsistencies in the definition and conceptualization of coping (Livned & Martz, 2007). Although coping is a complex, multidimensional process that is sensitive to the environment and its demands and resources for coping, coping is found to be strongly associated with the regulation of emotion, especially distress, throughout the stress process (Folkman & Moskowitz, 2004). Moreover, coping has been proposed as an important mediating factor with regard to adaptation to illness (cf. Livned & Martz, 2007). The basic assumption of the Lazarus and Folkman model of 1984 is that people who are confronted with a stressor will evaluate this stressor, and this evaluation determines their emotional or behavioural reactions. Although the Lazarus and Folkman approach to coping has found widespread acceptance, it has been difficult to apply their theoretical notions to empirical research on coping with chronic disease (De Ridder & Schreurs, 1996). Modest attempts to tailor coping assessment to the specific demands of chronic disease have been done. However, subjects are usually asked to answer how they generally cope with chronic disease, leaving aside the question of whether this refers to a particular aspect of the disease, a consequence of the disease, or a situation that cannot be directly related to the disease (Aldwin, 2007; De Ridder & Schreurs, 1996). It can be hypothesized that confrontation with a chronic disease having a high threat valence (e.g. one labeled as cancer with painful symptoms and low controllability via medical interventions) will have a powerful impact on the individual and require complex revision of the self and its relation to the social context. On the other hand, disease-related stressors with a medium valence, high controllability and/or changeability will have less impact and leave more room for active
problem-oriented forms of coping, as is the case for patients who are confronted with, for example, asthma and diabetes (Maes, Leventhal, & De Ridder, 1996). Important issues therefore include the measurement of coping with chronic illness, the lack of attention for important determinants of coping efforts such as beliefs and appraisals, the lack of insight into the role of adaptive tasks accompanying chronic disease and the small effects of coping on well-being (De Ridder & Schreurs, 1996).

The last aspect of determining coping effectiveness remains one of the most perplexing in coping research (Folkman & Moskowitz, 2004; Somerfield & Mc Crae, 2000). As mentioned previously, a significant part of a transactional perspective is that coping is regarded as a part of a dynamic process that changes over time in response to changing demands and changing appraisals of the situation (Holahan, Moos, & Schaefer, 1996). Thus, transactional theory sees coping not as an enduring personality trait, but rather as a constellation of certain cognitions and behaviours that occur in reaction to stressful situations (Aldwin, 2007; De Ridder, 1997). Obviously, the dispositional (trait-like) and situational (process or state-like) views of coping will result in two disparate types of assessment tools (Livned & Martz, 2007). Several authors argue that, although many advocate the importance of adopting a transactional perspective, the typical approach in developing and using existing coping measures has followed a dispositional or stylish orientation (cf. Aldwin, 2007). Rather than arguing that the process-oriented approach is necessarily more appropriate than a dispositional-oriented approach to coping, Lazarus and Folkman (1984, p. 178) note that such trait-oriented approaches tend to «grossly simplify complex patterns of coping into uni-dimensional schemes which have little explanatory and predictive value for what a person actually does in particular contexts». Later, Lazarus (1993, p. 241–242) would comment, «even when multidimensional measures are employed, environmental conditions eliciting the coping process tend to be ignored, because the focus is centered on consistent coping styles».

Another important problem in measuring coping is the lack of consensus on the number and character of coping dimensions (De Ridder, 1997; Folkman & Moskowitz, 2004). As the potential number of specific coping responses is infinite, it is imperative that they are categorized in one way or another. As pointed out previously, a distinction between problem- and emotion-focused strategies was proposed by Lazarus and Folkman (1984). Still, there is no overall agreement on the numbers of dimensions, which are adequate to describe coping behaviour. Folkman (1992) argued that the critical number of coping dimensions must be between two and eight, because identifying only two dimensions might mask the variety of coping, whereas having eight or more poses the problem of an overwhelming number of combinations (De Ridder, 1997). Despite the many limi-
tations of measuring the concept of coping, it seems to comply with the third criterion in the sense that it identifies measurement of stress as a common contribution to coping. However, the issue of determining coping effectiveness is still difficult to understand.

Finally, the fourth challenge is that coping with adversity includes numerous ways of dealing with diverse person-environment transactions such as exercising to deal with depression, talking oneself through challenges, seeking help and so forth. Thus, coping does not represent a homogeneous concept; instead, it is a diffuse umbrella term. At least, three important issues should be considered in the conceptualizing of coping (Schwartzer & Schwartzer, 1996, p. 107): 1) Coping need not be a completed «successful» act, but an effort has to be made; 2) This effort needs not be expressed in actual behaviour, but can be directed to cognitions as well; and 3) A cognitive appraisal of the taxing situation is a prerequisite of initiating coping attempts. A serious problem, however, is that cognitive coping and cognitive appraisal can be confounded. Lazarus (1991, p. 113) tries to disentangle this overlap somewhat, stating: «Coping refers to what a person thinks or does to try to manage an emotional encounter, and appraisal is an evaluation of what might be thought or done in that encounter».

Other conceptual problems arise when coping is to be separated from coping resources (e.g. hardiness, dispositional optimism, self-efficacy, sense of coherence, social support). Resources can be personal or social or other antecedents of appraisals and coping. For instance, the existence of social network may result in successful support-seeking behaviours when the need arises. Although in reality, coping resources and actual coping may be difficult to sort out, it is important to make this distinction in theory and research. Resources are relatively stable antecedents, whereas coping is a process that depends on these resources (Schwarzer & Schwarzer, 1996).

In Lazarus’ early works, appraisal was centered on psychological stress rather than emotion. Later, Lazarus (1991) tailored the concept to emotion to accommodate the many different individual emotions and the cognitive evaluations needed to distinguish among them. Although emotions have various hallmarks, such as behavioural and physiological, they are primarily psychological phenomena. According to Lazarus (1991), cognition is an essential condition for emotional reactions. Meaning may be generated in two ways, both including cognitive evaluations. One situation may arise as meaningful not only through conscious evaluation, but also through unconscious and automatic evaluation (Vetlesen & Stanicke, 1999). Because it is difficult to understand what it means to speak of automatic and unconscious modes of appraising in contrast with deliberate and conscious modes, Lazarus (1991) suggests that there is more than one way to understand how meaning is achieved.
Despite the substantial gains that have been made in conceptualizing coping per se, the concept still seems to be in a state of flux. This may be related to the fact that the complex and multidimensional process of causal relationships is still under development. Thus, the Lazarus and Folkman model seems to be more a frame of reference than a true scientific model. This may be seen as a prerequisite of theory building rather than a true scientific model per se. Consequently, it does not fully meet the fourth requirement that concepts are deemed in the formulation of theories.

Concluding remarks
This article discusses whether coping fulfills its purpose as a true scientific concept or not. The preceding discussion highlighted some of the problems that arise in conceptualization coping as a scientific concept. The theoretical rationale, the issue of valid items and the scale construction of coping measures have in common that they do not stand for themselves, but are directly related to the lack of conceptual clarity related to coping. Coping cannot be reduced to a conjunction or disjunction of assertions that specify an individual's coping response in different situations. Consequently, it will always be possible to describe the concept more thoroughly by adding one or more details. In addition, concepts can also be an instrument for discovering something new.

Confronted with the four requirements of concept building, coping fulfills two of these. Coping is able to identify phenomena with identical causes (e.g. stress) and thus meets the second requirement. Moreover, as coping is generally measured by the causes of the phenomenon, the third criterion for building scientific concepts is met. However, given the variety of types of stress measures, the question of what kind of stress should be assessed is still a matter of debate. There is no consensus about the level and focus of measurement, and the concept of coping may also be regarded as highly value laden. Finally, the model of coping serves more as a general frame of reference than a theory, because of the fact that key concepts are not well defined. Consequently, the present lack of clarity of the coping concept itself may not be conducive to theory construction.

To summarize, the concept of coping does not meet the requirements for constructing scientific concepts to a full extent. On the other hand, the requirements for concept building discussed in this article may be coloured by a positivistic and causal reductionism view. One may therefore ask whether a comprehensive assessment of the concept of coping also should include perspectives and assumptions on behavioural processes (e.g. coping as transactions). Nevertheless, the concept still needs a broader scope to enter into the development loop for qualifying as an important building block in a future theory of individual response to demanding challenges. Healthcare professionals and researchers addressing coping with stress and chronic illness should be
aware of the complexity inherent in the coping concept to better understand its clinical and scientific application.

References


