

Stress, Coping and Proactive Coping: A Historical Review of Construct and Development, Algeria as a Model of Research.

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Abstract: Have you experienced a stressful event? Surely you are not alone, there is no one who has not been exposed to a certain situation and was under severe stress in which all instincts were under acute alert. The truth about which no two disagree is our different response to these stressful stimuli to which we are exposed. In the traditional literature of psychology, the focus will be on negative states to compensate for loss, mitigate damage, or reduce distress, which are derived mainly from the perspective of coping that Lazarus and Folkman established. These are strategies that are used immediately after experiencing stress, the resolution of which is usually a lifelong companion of a person (which is usually a tax that accompanies a person for life). The evolution of terms stress and coping has been from the medical and social science literature to psychological research spanning from the 1950s to the present. Modern research on stress and coping has given a more positive concept than in traditional coping, as it is more future-oriented, where the management of goals, for this proactive coping is to build forces and general efforts to facilitate the path towards difficult goals and personal growth. The present study adopted a theoretical model to understand the crystallization of the concept of stress and coping, discuss theoretical implications, as well as suggestions for future research.

Keywords: Proactive Coping; Stress; Coping; Proactive Coping Inventory (PCI); Model.

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I- Introduction :

The field of stress and coping is the most complex field in psychology, especially health psychology, although it has received a lot of studies in various fields and domains, it is still a rather vague concept for many, chiefly how the processes of transactional between various factors such as human being and his work environment since the emergence of coping to the present time. We review the various stages and important stations that this term went through in its travel from the United States of America to various parts of the world until it emerged in Algeria.

The classical approaches have played a major role in the crystallization of the concept of stress & coping and its direct implications on mental, psychological and physical health through the endless responses. Stress & coping are an invisible fuel for a person's path through life, which frankly determines the level of quality of life and the level of well-being that serves as a way out of this unprogrammed path, which suddenly meets a person once as a reaction (response) and other times as an explosive factor that tears apart the human being at the organic, psychosocial and sometimes even religious level. Some go deeper than that, linking it to the emergence of some diseases and the acceleration of their course and complications that are not taken into account due to these two concepts, especially in the event that the body has become a host to another variable, which is the disease and its chronicity. So self-efficacy and the search for meaning had to be done again after experiencing such hardship and taking this ominous path.

But some exclude all these hardships and distortions by planning, developing future strategies and goals as a step to organize emotional responses, as a solution to problems that may seem in the distant horizon and that may develop fully. These fall under the framework of proactive behavior; proactive coping and we call them proactive individuals.

II– Historical review:

As with many words, the term *stress* antedates its systematic or scientific use. It was used as early as the 14th century to mean hardship, straits, adversity, or affliction. In the late 17th century Hooke used stress in the context of the physical sciences, although this usage was not made systematic until the early 19th century. (Lazarus, Richard S; Folkman, Susan, 1984, p. 2)

There is no agreement regarding the derivation of the term “stress”. Some sources suggested that the term was derived from the Latin word *stringer* meaning to “bind tightly”. Other sources contend that the term derived from the French word *distress* (English-distress) and suggested that the prefix “dis” was eventually eliminated because of slurring, as in the case of the word because sometimes becoming cause. (Baqtayan, 2015, p. 484)

Simply make the point, that while it may be difficult to accept, before the 1940s, the term was “almost unknown outside of the engineering profession”. (Cary L. Cooper, Philip J. Dewe, 2004, p. 1)

The term “stress” has its origins in physics rather than in psychology and physiology. Essentially, it was a term used in engineering to describe the effect of a mechanical force that places strain or pressure on an object. (Frydenberg, 2014, p. 83)

Hans Selye firstly introduced the term “stress” into the health psychology language in 1926. Although the term “stress” is a household word, Selye actually used the descriptive term “strain” to denote his concept, since it suggested structural changes whereas stress emphasized external factors. To him “stress” consisted of the “sum of all nonspecific changes (within an organism) caused by function or damage” or, more simply “the rate of wear and tear in the body”. Then, from Hans Selye’s starting point, researchers used the term “stress” in the index of psychological abstracts in 1944. (Baqtayan, 2015, p. 479)

In the early 1950s Selye published an Annual Report of Stress (1950, 1951-1956) on his research. This work was pulled together in 1956 in a major book called *The Stress of Life*. By that time, the literature on the physiology of stress had already amounted to nearly six thousand publications a year. An invited address by Selye to the American Psychological Association in 1955 also helped spread interest in the concept from physiology to psychology and other behavioral sciences. Although the enormous volume of work on hormonal stress secretions that stemmed from Selye's work had obvious implications at the sociological and psychological levels of analysis, it did not actually clarify the latter processes. Nonetheless, Selye's work and its spinoffs have played a dominant role in the recent expansion of interest in stress. (Lazarus, Richard S; Folkman, Susan, 1984, pp. 3, 4)

Towards the end of the 1950s, stress was recognized as a legitimate topic for academic research. Even then, doubts were being expressed as to whether the term, indeed the entire subject, was just another fad. At that time, the paucity of scientific evidence to validate it suggested it did not merit the amount of enthusiasm it was attracting. (Philip J. Dewe, 2010, p. 2)

By the end of the 1950s, “stress as a legitimate subject of academic study had arrived”. By this time the stress concept had also become established within the discipline of psychology. (Cary L. Cooper, Philip J. Dewe, 2004, p. 38)

From here, the term stress was the starting point in the literature in psychology, but the definitions and the different approaches contradicted due to the increasing pace of research, which caused a huge controversy. For instance, we find that Selye says: “Stress is something that all of us experience from time to time but have difficulty defining it. If people were asked to talk about it, they tend to describe how it feels to them or what it makes them do, but they can hardly ever say what it is”. (Baqtayan, 2015, p. 479)

There has been a lot of confusion surrounding the concept of “stress” because the origins of certain stressors can be motivating and push people beyond the limits of what they think they can do; on the other hand, it also depends on the type or location and nature of exposure to stress. To avoid this dilemma, Hans Selye introduced the terms “Distress” and the term “Eustress”. He distinguished eustress as “agreeable or healthy” and distress as “disagreeable or pathogenic”. (Sies, 2020, p. 583)

The APA Dictionary of Psychology defines eustress as: “The positive stress response, involving optimal levels of stimulation: a type of stress that results from challenging but attainable and enjoyable or worthwhile tasks (e.g., participating in an athletic event, giving a speech). It has a beneficial effect by generating a sense of fulfillment or achievement and facilitating growth, development, mastery, and high levels of performance”. (VandenBos, 2015, p. 388)

Whereas distress as: “The negative stress response, often involving negative affect and physiological reactivity: a type of stress that results from being overwhelmed by demands, losses, or

perceived threats. It has a detrimental effect by generating physical and psychological maladaptation and posing serious health risks for individuals”. (VandenBos, 2015, p. 326)

Hinkle also accords an important role in the evolution of the stress concept in medicine to Harold G. Wolff, who wrote about life stress and disease in the 1940s and 1950s. Like Selye and Cannon, who conceived of stress as a reaction of an organism besieged by environmental demands and noxious agents, Wolff appears to have regarded stress as a state of the body, although he never tried to define it systematically, as Selye did. (Lazarus, Richard S; Folkman, Susan, 1984, p. 3)

McGrath defined stress as a substantial imbalance between environmental demand and the response capability of the focal organism. Whereas, Kaplan defined stress as subject’s inability to forestall diminish perception, recall, anticipation, imagination of disvalued circumstances, those that in reality or fantasy signify great and/or increased distance from desirable (valued) experiential states, and consequently, evoke a need to approximate the valued states. (Baqtayan, 2015, p. 484)

Definitions and insights on the concept of stress and its research varied until the emergence of the works of Lazarus & Folkman, which gave the light to a full and good understanding of stress and coping.

It was the work of Lazarus for the military that began, what was to become a lifetime devoted to unraveling the stress process. From this work, he and his colleagues quickly discovered that how one person reacted to stressful conditions did not necessarily mean that others would react in the same way. (Cary L. Cooper, Philip J. Dewe, 2004, p. 68)

One model that is useful in understanding stress is the person- environment model. According to one variation of this model, an individual can appraise stressful events as “challenging” or “threatening”. (Baqtayan, 2015, p. 484)

Stress can be defined as follows: “In the biomedical sciences, stress is understood as an organism’s response to adverse stimulation. In psychology, however, stress is usually the process where a person and the environment interact, whereby research sometimes focuses on the nature of the stressor. Health psychologists study the joint effects of the person and environment on pathology, along with mediating and moderating factors, such as coping and social support”. (Ralf Schwarzer, Steffen Taubert, 2002, p. 1)

Whereas coping as: “In one form or another the concept of coping has been with us for a long time, though it began to come into its own formally during the 1960s and 1970s, along with the burgeoning interest in stress. If we think of coping as a generic concept that includes ego-defenses, which deal with threats to one's psychological integrity, then the psychoanalytic interest in defense was clearly its forerunner”. (Lazarus, 1993 , p. 234)

One of Freud’s earliest contributions was the observation that unpleasant or disturbing thoughts are sometimes kept away from consciousness. Freud’s early writings outlined a variety of psychological maneuvers that individuals use to deflect, distort, or disguise undesirable thoughts and feelings. As Freud’s theories evolved, the concepts of “defence” and “repression” came to play an increasingly important role. In his influential history on the psychoanalytic movement, for example, Freud declared that the “theory of repression is the foundation stone on which the structure of psychoanalysis rests”. Although Freud used the concepts of repression and defense interchangeably in his early psychoanalytic writings, an important modification was introduced in 1926, when Freud designated the word “defence” to represent the ego’s struggle with unpleasant

ideas and feelings. At the same time, Freud modified the concept of ‘repression’, noting from that point on in his work that it should be treated as but one type of defense mechanism. (Gregory J Boyle, Gerald Matthews, Donald H Saklofske, 2008, p. 506)

In the 1960s, a new line of research, initially related to work being conducted on defense mechanisms, began to coalesce under the “coping” label. Before this period, the word coping had been used informally in the medical and social science literature. (Moshe Zeidner, Norman S Endler, 1996, p. 8)

The research history of coping goes back to the beginnings of the psychoanalytic movement at the turn of the nineteenth century, but coping only really began to be viewed as a process in the 1970s and 1980s through the work of theorists such as Pearlin and Schooler (1978), Lazarus and Folkman, Billings and Moos, and Kobasa. (Frydenberg, p. 83)

Coping has its roots in several different theoretical traditions. The original psychodynamic approach focused on defense mechanisms, as delineated by Anna Freud, defined as the largely unconscious means by which the Ego warded off the anxiety generated by conflicts between the superego and the Id. (Folkma, 2011, p. 21)

Following the traditional psychoanalytic literature on the topic of defense, Haan developed definitions for 20 “ego mechanisms”: 10 defense mechanisms (e.g., denial, projection, repression) and 10 coping mechanisms (e.g., sublimation, substitution, suppression). (Moshe Zeidner, Norman S Endler, 1996, p. 6)

In this regard, Hann says: “summarize the rationale for the ratings: coping behavior is distinguished from defensive behavior, since the latter by definition is rigid, compelled, reality distorting, and undifferentiated, whereas the former is flexible, purposive, reality oriented, and differentiated.” (Hann, 1965, p. 374)

Haan’s work appears to have been the inspiration for the development of several other rating systems over the past two decades. (Moshe Zeidner, Norman S Endler, 1996, p. 6)

Through this perception, Hann introduced a new concept called “Coping behavior”, which was somewhat far from “The Enigma of psychoanalysis” and distinguished it from the traditional analytical perception of the concept of “resistance” put forward by Freud and those who came after him. Which was directly connected with the mechanisms of defense and defensive behavior of the individual, this differentiation in view and its connection with behavior contributed significantly to the development and definition of the concept of coping significantly. In this period of time and in the meantime a remarkable development was taking place at the field of psychology at all levels.

By the 1960s and 1970s, the stimulus–response (S–R) model of psychology, which was the heir of behaviorism, was slowly being put to one side. Described as “reductionist”, and conveying a “rather pinched outlook”, the S–R model was transformed into a much more forward-looking stimulus–organism–response (S–O–R) model. (Cary L. Cooper, Philip J. Dewe, 2004, p. 58)

This shift had a huge impact on changing the level of research not only in Coping but even in everyday life in general.

For a number of researchers in the 1960s and early 1970s, the initial work on adaptive defenses led to an independent interest in the study of the conscious strategies used by individuals encountering stressful or upsetting situations. Conscious strategies for reacting to stressful or upsetting situations

were conceptualized in this new literature as coping responses. Very quickly, this type of coping research became a large and self-contained research area distinct from the older literature on defense mechanisms. (Moshe Zeidner, Norman S Endler, 1996, p. 9)

It should be mentioned that: “Before this period, the word coping had been used informally in the medical and social science literature”. (Moshe Zeidner, Norman S Endler, 1996, p. 8)

In one early attempt to define coping, Folkman and Lazarus suggested that coping is all the cognitive and behavioral efforts to master, reduce, or tolerate demands. It makes no difference whether the demands are imposed from the outside or from inside (while wrestling with an emotional conflict or setting impossibly high standards, for example). Coping seeks in some way to soften the impact of demands. (Baqutayan, 2015, p. 481)

Coping is a term first used in Psychological Abstracts in 1967. Since then, publications using the term coping as a keyword have steadily increased and represented 0.35% of the literature listed on "PsycINFO" in 1967, compared to 3.15% in 1999. (Hartmann, 2007, p. 286)

“Coping” is a relatively new concept. It refers to: “Cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person”. This concept comes from an interactionist conception of stress, according to which stress is neither a characteristic of situations, nor a characteristic of individuals, but “a particular transaction between the person and the environment in which the situation is assessed by the person as exceeding his resources and threatening his well-being”. (F Cousson, M Bruchon-Schweitzer, B Quintard, J Nuissier, N Rasclé, p. 2)

Since this concept of coping has no equivalent in French (“to cope” = faire face à; [face up to]), it is translated by the terms “adjustment strategy” or “adaptation strategy”. Coping is part of the paradigm of the cognitive theory of stress initiated by Lazarus and Folkman in connection with the first research on adaptation mechanisms. (Hartmann, 2007, p. 286)

This is in France, but in Algeria, one of the pioneers to use the term is ZENAD Dalila, - Founder of Health Psychology in the country- through her works in the book of: Health Psychology: A Modern Approach to Chronic Health Diseases and the Treatment of Hemodialysis; Hemodialysis as a Model. This book is considered the first reference in the field of health psychology in Arabic world.

So she stated: “The aim of research in the field of coping is to understand why individuals differ in the ways of their stress responses and to understand how this difference affects the balance of the individual. Most authors agree that coping is influenced by a range of characteristics related to individual and situational stress but disagree as to which factors most influence the coping model. Some of them believe that personal factors and traits are the most influential, while others focus on the conditions of the stress situation, and therefore the difference between the orientation of the trait and the orientation of the situation”. (زنادة، 2013، صفحة 135)

According to Lazarus and Folkman’s transactional theory of stress and coping, individuals are constantly appraising stimuli within their environment. This appraisal process generates emotions, and when stimuli are appraised as threatening, challenging, or harmful (i.e., stressors), the resultant distress initiates coping strategies to manage emotions or attempt to directly address the stressor itself. Coping processes produce an outcome (i.e., a change to the person–environment relationship), which is reappraised as favorable, unfavorable, or unresolved. Favorable resolution of stressors elicit positive emotions, while unresolved or unfavorable resolutions elicit distress,

provoking the individual to consider further coping options to attempt to resolve the stressor. According to this perspective, stress is defined as exposure to stimuli appraised as harmful, threatening, or challenging, that exceeds the individual's capacity to cope. (Cary L. Cooper, 2017, p. 352)

Lazarus identifies two types of appraisal. The first he describes as "primary appraisal". Primary appraisals are where the individual evaluates and gives personal meaning to events and considers the significance of "what is at stake" in terms of harm, threat or challenge. The individual constructs these meanings from the events themselves. In essence, it is the recognition that the events involve something of significance to the individual. It is, as Parker and DeCotiis suggest, a level of appreciation that in the experience of the individual there is some impact on normal functioning. However, primary appraisal is not by itself sufficient to decide the significance of an event. "Secondary appraisal" further refines the meaning surrounding the event and addresses the question "What can I do about it?". It is where the individual evaluates the availability of coping resources to deal with the appraisal of harm, threat or challenge. (Philip J. Dewe, 2010, p. 4)

Coping makes it possible to regulate the situation-individuals transaction in various ways, either by modifying the situation, or by modifying the individual, and in particular his cognitive-emotional state. The most classical taxonomy proposed by Lazarus and his colleagues, takes into account these two types of regulations, and distinguishes:

- **Problem-focused coping**, all the efforts undertaken to face the situation (search for information, means of action, action plans, effective actions, ...).
- **Emotion-focused coping**, all the attempts made to control the emotional tension induced by the situation (avoidance, positive reassessment, emotional expression, self-accusation, seeking support, ...). (F Cousson, M Bruchon-Schweitzer, B Quintard, J Nuissier, N Rasclé, 1996, p. 2)

The search for social support appears as a third (3) strategy for some authors. (Hartmann, 2007, p. 286)

Some authors argue that social support is a resource available to the subject, and not a modification strategy. Others, on the contrary, consider the search for social support to mean the fact of seeking and obtaining help from others. While others consider the opposite, it is already a Coping strategy developed by the subject, and not a feature of the social context. (F Cousson, M Bruchon-Schweitzer, B Quintard, J Nuissier, N Rasclé, 1996, p. 3)

That's why the theory of Conservation of Resources (COR) has become one of the two leading theories about Stress and trauma in the last 20 years, along with the leading theory of Lazarus & Folkman.

Coping is thus a critical point of entry for protecting mental and physical health from the harmful effects of stress and worthy of the time and effort the authors of these chapters have invested over the years. (Folkma, 2011, p. 453)

Despite the substantial gains that have been made in understanding coping per se, we seem only to have scratched the surface of understanding the ways in which coping actually affects psychological, physiological, and behavioral outcomes both in the short- and the longer-term. The discovery task is not simple. Coping is not a stand-alone phenomenon. It is embedded in a complex, dynamic stress process that involves the person, the environment, and the relationship between them. (Folkman S, Moskowitz J.T, 2004, p. 748)

Researchers in the field have given new concepts and directions to the limits of stress and coping in order to move forward in the field, through the temporal orientation. Research on coping strategies has evolved from reactive coping to active coping. Finding the best coping strategy that an individual can get has been a fundamental question that has long dominated the thinking of researchers in the field.

A future orientation offers the best promise of successful adaptation, because it capitalizes on the human capacity for imagination, projection, and planning. proactive or anticipatory coping is possible because of this orientation. (Paul T P Wong, Lilian C J Wong , 2007, pp. 8,9)

III– Future Directions and developments from reactive to proactive coping:

In the past, coping was viewed as an adaptive reaction to stressful experiences and was regarded as reactive, a strategy to be used once stress had been experienced. Reactive coping refers to the coping model put forth by Lazarus and Folkman. (Esther R. Greenglass, Lisa Fiksenbaum, 2009, p. 29)

Traditional research has almost exclusively focused on what we call reactive coping, because the coping process is triggered by a stressful encounter. (Paul T P Wong, Lilian C J Wong , 2007, p. 242)

Traditionally, research on coping has distinguished between problem-focused and emotional-focused coping. Problem-focused coping is seen as consisting of efforts aimed at altering the person-environment transaction or altering or managing the source of stress, and emotion-focused coping is aimed at regulating emotional responses elicited by the situation. (Esther Greenglass, Ralf Schwarzer, Dagmara Jakubiec, Lisa Fiksenbaum, Steffen Taubert, 1999, p. 2)

While traditional stress research tends to emphasize the things that we can do when we get stressed, latest coping research focuses on taking actions that can be taken before stressful events occur. This became materialized especially after the new conceptualization of coping due to the influence of positive psychology movement. (Ersen Ö, Bilgiç R, 2018, p. 2)

Thus, proactive coping is an important development in the coping literature that emphasises the individual's role in planning so as to maximise outcomes for events that are yet to happen. (Frydenberg, 2019, p. 22)

In proactive coping, the distinctions between the two sets of processes blur because stressful events have not yet occurred or have not progressed to levels where resources are taxed. (Lisa G Aspinwall, Shelley E Taylor, 1997, p. 419)

Different from cognitive reframing, personal transformation is proactive rather than reactive. Cognitive reframing typically occurs in an encounter with a specific problematic situation, while personal transformation is typically an ongoing, holistic change process. (Paul T P Wong, Lilian C J Wong , 2007, p. 3)

IV- The difference between traditional and modern coping:

First: Traditional coping forms tend to be reactive coping in that they deal with stressful events that have already occurred, with the aim of compensating for loss or harm in the past; proactive coping is more future-oriented. Since the stressful events have already taken place, reactive coping efforts are directed toward either compensating for a loss or alleviating harm. In

general, this is the type of coping that has been assessed in much of the research on coping to date. In contrast, proactive coping is oriented more towards the future. It consists of efforts to build up general resources that facilitate promotion of challenging goals and personal growth. The second distinction between reactive coping and proactive coping is that reactive coping has been regarded as risk management and proactive coping is goal management. In proactive coping, people have a vision. They see risks, demands, and opportunities in the future, but they do not appraise these as threats, harm, or loss. Rather, they perceive difficult situations as challenges. Proactive coping becomes goal management instead of risk management. Third: The motivation for proactive coping is more positive than in traditional coping in that it derives from perceiving situations as challenging and stimulating, whereas reactive coping emanates from risk appraisal, that is, environmental demands are appraised neg-actively, as threats. (Beyond Coping: Meeting Goals, Visions, and Challenges, 2003, p. 38)

The differences between reactive and proactive coping can be summarized in the following Table 1:

- Table 1: The difference between reactive and proactive coping:

	Reactive coping:	Proactive coping:
1. In terms of shape:	- Compensation for loss or mitigation of damage in the past.	- Proactive coping is oriented more towards the future.
2. In terms of managing strategies:	- Risk management.	- Goal management.
3. In terms of motivation:	- They stem from a risk assessment, i.e. negatively assess environmental requirements as threats.	- It derives from the perception of situations as difficult and motivating.

V- The proactive coping theory:

Along with other factors, coping depends on the time perspective of the claimant and self-confirmation of events. The temporal aspect of coping has often been neglected. One can resist cope before a stressful event occurs, while it occurs (example: during the progression of the disease), or after it.

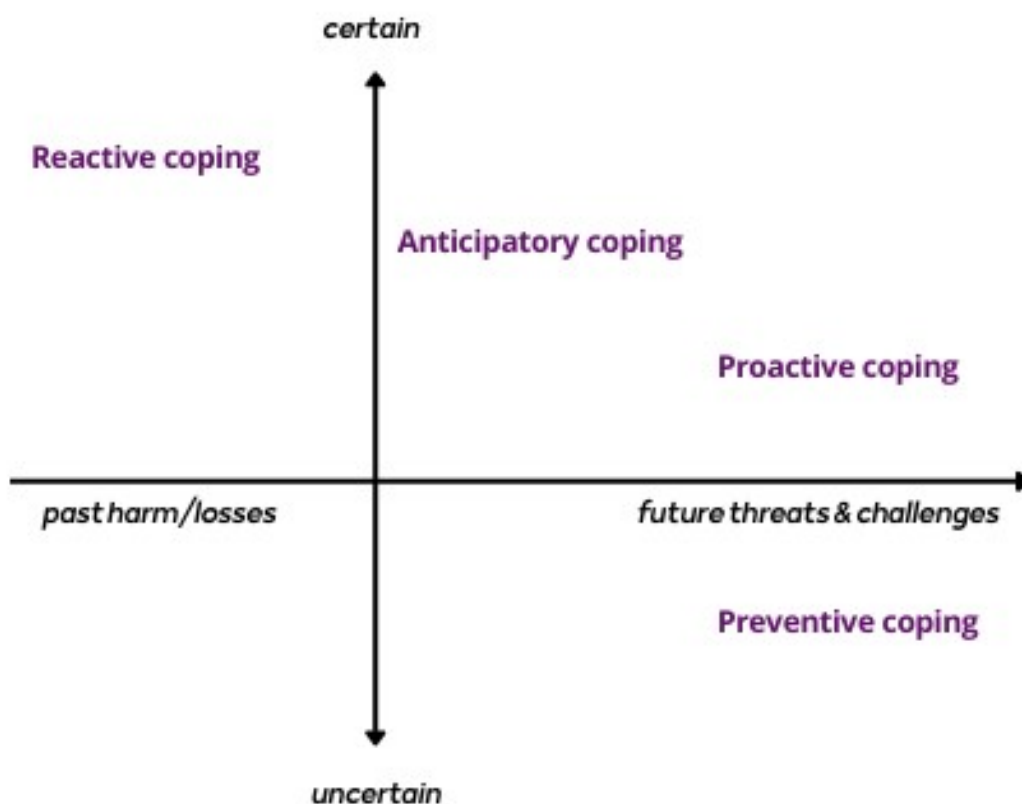
Beehr and McGrath (1996) distinguish five situations that create a particular temporal context: **(a) preventive coping**, long before a stressful event occurs or might occur (e. g. a smoker might quit well in time to avoid the risk of lung cancer); **(b) anticipatory coping**, when the event is expected soon (e. g. someone might take a tranquilizer while waiting for surgery); **(c) dynamic coping**, while it is ongoing (e. g. diverting attention to reduce chronic pain); **(d) reactive coping**, after it has happened (for example, changing one's life after limb has been amputated); and **(e) residual coping**, long afterwards, by contending with long-term effects (e. g. controlling one's intrusive thoughts years after a traumatic accident has happened). (Frydenberg, 2003, p. 26)

Stressful demands (e.g., earlier loss, ongoing harmful encounter, or events in the future) seem threatening to someone who feels incapable of matching the upcoming tasks with available resources. In light of the complexity of stressful episodes in social contexts, human coping cannot

be reduced to primitive forms, such as fight-and-flight responses or relaxation. Coping depends on the time perspective of the demands and the subjective certainty of the events. To introduce a new perspective, we distinguish between reactive, anticipatory, preventive, and proactive coping, and how each type of coping helps us grapple with events of the past, present, and future. Reactive coping alludes to harm or loss experienced in the past, whereas anticipatory coping pertains to imminent threat in the near future. Preventive coping foreshadows an uncertain threat potential in the distant future, and proactive coping involves upcoming challenges that are potentially self-promoting. (Shane J Lopez, C R Snyder, 2003, p. 394)

We review this new perspective through the following Figure 1:

- Figure 1: Outline of proactive coping theory. (Frydenberg, 2003, p. 26)



Ralf Schwarzer and Steffen Taubert put forward a deeper and new concept of perception about the concept and understanding of proactive coping and distinguish the presence of four important strategies in a specific chronological, ordinal location (Past, Present and future). This new perspective of coping in terms of timing and certainty is considered a prototype in understanding the functioning of psychological processes.

We will cover their definition and explanation below:

V.1. Reactive coping:

According to the American Psychological Association Dictionary of psychology: “A stress-management strategy that involves efforts to deal with a past or present stressful situation (e.g., marital dissolution, losing one’s job) by compensating for or accepting the associated harm or loss. Reactive coping may also involve efforts to readjust goals, and benefit, or search for meaning”. (VandenBos, 2015, p. 884)

Reactive coping can be defined as an effort to deal with a past or present stressful encounter or to compensate for or accept harm or loss. Examples of harm or loss are marital dissolution, being criticized by parents or friends, having an accident, doing poorly at a job interview, being demoted, or losing one's job. All of these events happened in the past with absolute certainty. Thus, the individual has to either compensate for the loss or alleviate harm. Another option is to readjust goals, find benefit, or search for meaning to reconceptualize one's life. Reactive coping may be problem-focused, emotion-focused, or social-relation-focused. For coping with loss or harm, people need to be resilient. Because they aim at compensation or recovery, they need “recovery self-efficacy”, a particular optimistic belief in their capability to overcome setbacks. (Frydenberg, 2003, pp. 26, 27)

V.2. Anticipatory coping:

A stress-management strategy in which one seeks to avoid or minimize problems associated with a critical event occurring in the near future that involves potential risk. Examples of such events include a scheduled public speech, a job interview, an exam, or a promotion. Anticipatory coping thus can be understood as the management of known risks, involving efforts to solve the actual problems (e.g., by increasing effort, by enlisting help, by investing other resources) or to feel good in spite of the risks (e.g., by redefining the situation as less threatening, by distraction, by gaining reassurance from others). It is assumed to increase with middle and old age. (VandenBos, 2015, p. 63)

Anticipatory coping is fundamentally different because the critical event has not yet occurred. It can be regarded as an effort to deal with impending threat. In anticipatory coping, individuals face a critical event that is certain or fairly certain to occur in the near future. Examples are speaking in public, a dentist appointment, adapting to parenthood, an exam, a job interview, increased workload, promotion, company downsizing, retirement, etc. There is a risk that the upcoming event may cause harm or loss later on, thus the person has to manage this perceived risk. The situation is appraised as either threatening or challenging, or is associated with benefiting, or some of each. The function of coping may lie in solving the actual problem at hand, such as increasing effort, enlisting help, or investing other resources. Another function may lie in feeling good in spite of the risk, for example by redefining the situation as less threatening, by distraction, or by gaining reassurance from others. Thus, anticipatory coping can be understood as the management of known risks, which includes investing one's resources to prevent or combat the stressor or to maximize an anticipated benefit. One of the personal resource factors is situation-specific “coping self-efficacy”, an optimistic self-belief of being able to cope successfully with the particular situation at hand. (Frydenberg, 2003, p. 27)

V.3. Preventive coping:

A stress-management strategy in which one prepares for possible events in the long term by building up resources to help minimize the severity of their impact. Examples of such events that

may or may not occur in the distant future include job loss, forced retirement, crime, illness, or poverty. The perceived ambiguity stimulates a broad range of behaviors intended to accentuate one's psychological strengths and accumulate wealth, social bonds, and skills "just in case" (e.g., maintaining a savings account, locking the doors when away from home, carrying health insurance). Preventive coping is not born out of an acute stress situation but rather from reasonable concern about the inherent hazards of daily living. (VandenBos, 2015, p. 828)

Preventive coping can be seen as an effort to prepare for uncertainty in the long run. This is contrary to anticipatory coping, which is a short-term engagement with high-certainty events. The aim is to build up general resistance resources that result in less strain in the future by minimizing the severity of the impact, with less severe consequences of stress, should it occur, or a less likely onset of stressful events in the first place. In preventive coping, individuals consider a critical event that may or may not occur in the distant future. Examples of such events are job loss, forced retirement, crime, illness, physical disability, disaster, or poverty. When people carry a spare key, lock their doors twice, have good health insurance, save money, or maintain social bonds, they cope in a preventive way and build up protection without knowing whether they will ever need it. The perception of ambiguity need not be limited to single events. There can be a vague wariness that "something might happen", which motivates one to prepare for "everything". The individual anticipates the nonnormative life events that are appraised as more or less threatening. Coping, here, is a kind of risk management because one has to manage various unknown risks in the distant future. The perceived ambiguity stimulates a broad range of coping behaviors. Because all kinds of harm or loss could materialize one day, the individual builds up general resistance resources by accentuating their psychological strengths and accumulating wealth, social bonds, and skills—"just in case". Skill development, for example, is a coping process that may help to prevent possible trouble. Preventive coping is not born out of an acute stress situation. It is not sparked by state anxiety, rather by some level of trait worry, or at least some reasonable concern about the dangers of life. General "coping self-efficacy" seems to be a good personal prerequisite to plan and initiate successfully multifarious preventive actions that help build up resilience against threatening non-normative life events in the distant future. (Frydenberg, 2003, pp. 27, 28)

V.4. Proactive Coping:

A stress-management strategy that reflects efforts to build up resources that facilitate promotion toward challenging goals and personal growth. In the sense of efforts made before a potentially stressful event to prevent it from happening or to modify its form before it occurs in a situation that allows it to be controlled. We call these individuals proactive individuals who are committed to high standards to face challenges. Proactive individuals plan for the distant future because they see the demands and opportunities there and embark on a constructive course of action towards it. Stress is interpreted as eustress—that is, productive arousal and vital energy—and coping thus becomes goal management instead of risk management. (GHERARA Lakhdar, ZENAD Dalila, 2022, p. 10)

Aspinwall and Taylor go on to argue that proactive coping is: "Consists of efforts undertaken in advance of a potentially stressful event to prevent it or to modify its form before it occurs. As such, proactive coping differs from coping with stressful events and from anticipatory coping in important ways." (L G Aspinwall, S E Taylor, 1997, p. 417)

Proactive coping is not preceded by negative appraisals, such as harm, loss, or threat. Proactive coping can be considered as an effort to build up general resources that facilitate promotion toward

challenging goals and personal growth. In proactive coping, people have a vision. They see risks, demands, and opportunities in the far future, but they do not appraise them as a threat, harm, or loss. Rather, they perceive demanding situations as personal challenges. Coping becomes goal management instead of risk management. Individuals are not reactive, but proactive in the sense that they initiate a constructive path of action and create opportunities for growth. The proactive individual strives for life improvement and builds up resources that assure progress and quality of functioning. Proactively creating better living conditions and higher performance levels is experienced as an opportunity to render life meaningful or to find purpose in life. Stress is interpreted as “eustress”, that is, productive arousal and vital energy. (Frydenberg, 2003, p. 28)

V.5. Proactive behavior:

Additional data indicate that people are often able to recognize cues suggesting that there is trouble on the way and they take steps to deal with it before it occurs. The processes through which people anticipate or detect potential stressors and act in advance to prevent them can be seen as proactive behavior. To the extent that individuals offset, eliminate, reduce or modify impending stressful events, proactive behavior can eliminate a great deal of stress before it occurs. The skills associated with this behavior include planning, goal setting, organization and mental simulation. According to Schwarzer’s Proactive Coping Theory, the proactive individual strives for improvement in his or her life and environment instead of mainly reacting to a past or anticipated adversity. (Esther Greenglass, Ralf Schwarzer, Dagmara Jakubiec, Lisa Fiksenbaum, Steffen Taubert, 1999, p. 4)

VI- The difference between anticipatory & proactive coping:

Anticipatory coping can be distinguished from proactive coping for three reasons:

First, proactive coping is temporally prior to coping and anticipatory coping. It involves the accumulation of resources and the acquisition of skills that are not designed to address any particular stressor but to prepare in general, given the recognition that stressors do occur and that to be forearmed is to be well prepared. **Second**, proactive coping requires different skills than does coping with extant stressors. For example, because the activities of proactive coping are not directed to a particular stressor, skills relating to the ability to identify potential sources of stress before they occur assume importance in the activities of proactive coping. **Third**, as compared with coping with extant stressors, different skills and activities are likely to be successful for proactive coping. (Lisa G Aspinwall, Shelley E Taylor, 1997, p. 417)

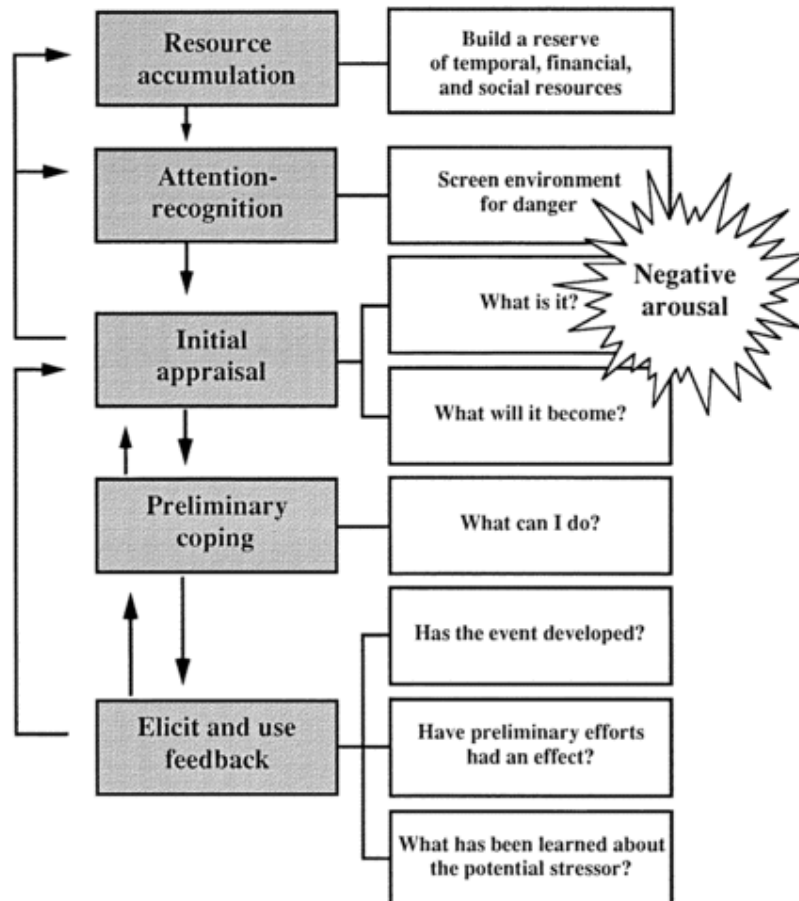
VII- Stages of proactive coping:

The distinction between these four perspectives on coping is highly useful because it shifts the focus from mere responses to negative events toward a broader range of risk and goal management. The latter includes the active creation of opportunities and the positive experience of challenge, in particular in the work domain. Aspinwall and Taylor have described a proactive coping theory that is similar, but not identical, to the present one. Schwarzer and Taubert have made psychometric discriminations between preventive and proactive coping. (Locke, 2012, p. 506)

According to Lisa G Aspinwall, Shelley E Taylor they divide proactive coping into five stages. Figure shows the critical tasks undertaken at each of the five stages of proactive coping and the interrelation and feedback among the stages. As shown in Figure, proactive coping starts with the building of resources and skills in advance of any specific anticipated stressor (resource accumulation). Effective proactive coping involves the mustering of time, money, planning and

organizational skills, social support, and, to the extent possible, the management of the chronic burden so that when, inevitably, stressors are detected, one is prepared as much as possible to manage them. Proactive coping also involves the recognition of potential stressors. Recognition refers to the ability to see a potential stressful event coming. It depends on the ability to screen the environment for danger and to be sensitive to internal cues suggesting that threats may arise. After a potential stressor has been detected, initial appraisal consists of preliminary assessments of the current (“What is this?”) and potential (“What is this likely to become?”) status of the potential stressor as well as related assessments, such as “Should I be worried about this?” and “Is this something I should keep an eye on?” These appraisals may foster increased attention to the potential stressor and may also give rise to initial coping efforts. Initial coping efforts are activities undertaken that are deemed likely to prevent or minimize a recognized or suspected stressor. We suggest that successful proactive coping at this stage is virtually always active rather than avoidant, involving either cognitive activities, such as planning, or behavioral activities, such as seeking information from others and taking preliminary action. The elicitation and use of feedback is the final step in the proactive coping process. It centers around the acquisition and use of feedback about the development of the stressful event itself (“Has it advanced, changed form, or improved?”), the effects one's preliminary efforts have had so far on the stressful event (“Was I successful in staving it off?”), and whether the event requires additional coping efforts (“Is there something more I can do, or should I wait to see if it's a problem?”). This feedback may be used to revise one's appraisals of the potential or incipient stressor and to modify one's strategies for offsetting it.

- Figure 2: The five stages of proactive coping, their component tasks, and the potential feedback loops among them. (Lisa G Aspinwall, Shelley E Taylor, 1997, pp. 419, 420)



VIII- Proactive coping assessment:

Measurement is a key feature of psychological research and practice. It is a first step in operationalizing a construct, in that it is not only that we want to describe a construct but also that the relationship between constructs and the reliability of any given construct needs to be established. Thus, since the early years of coping research many coping inventories have been developed, originally for research rather than clinical purposes. The measurement tools draw upon the major theoretical models of coping. (Frydenberg, 2019, p. 31)

Coping has usually been measured by questionnaires, for instance checklists or psychometric scales. In a review chapter, Schwarzer describe 13 conventional inventories that were designed to assess numerous aspects of coping. These measures include various subscales that cover a broad area of coping behaviours, such as problem-solving, avoidance, seeking social support or information, denial, reappraisal, and others. One conclusion is that it will continue to be difficult to measure coping in a satisfactory manner because it is highly idiosyncratic and determined jointly by situational and personality factors. Nevertheless, theory-based psychometric scales can assess an important part of the coping process if repeatedly administered. Approaches that try to tap innovative aspects of positive coping are, for example, the mastery of future threats and challenges, as reflected by preventive or proactive coping. (Frydenberg, 2003, pp. 28, 29)

Approaches that try to tap innovative aspects of positive coping are (a) the mastery of future threats and challenges, as reflected by preventive or proactive coping, and (b) the search for meaning. Preventive coping aims at uncertain threatening events that may loom in the distant future. People accumulate resources and take general precautions to be protected against a variety of threats. A 10-item preventive coping subscale is included in the Proactive Coping Inventory. Typical items include, “I plan for future eventualities,” “Before disaster strikes I am wellprepared for its consequences,” and “I prepare for adverse events.” Encouraging empirical evidence is available for the PCI. It may be of advantage, however, to select more situation-specific items, such as, “I plan my day by making a to-do list,” “My car does not run out of gas because I fill up earlier than necessary,” “I set aside money for use in case of an emergency,” or “I practice regular physical exercise to prevent ill health.” These examples document that preventive coping is a common daily behavior for most people. However, whether an individual can be characterized as a typical “preventive coper” is a matter of degree. There also is a strong overlap with proactive coping, and often it is not immediately clear whether a particular behavior would count as being preventive or proactive. A final conclusion can be made only after determining whether the underlying appraisal has been a threat (preventive) or a challenge (proactive). (Shane J Lopez, C R Snyder, 2003, p. 402)

Proactive coping aims at uncertain challenging goals. People accumulate resources and develop skills and strategies in their pursuit. The PCI includes the Proactive Coping subscale that has been tested in various samples and that is available in several languages. In the Proactive Coping subscale, there are 14 homogeneous items that form a unidimensional scale. It has satisfactory psychometric properties, and there is growing evidence of its validity. Several studies in Canada, Poland, and Germany have found that proactive coping is positively correlated with perceived self-efficacy and negatively with job burnout in different professions. (Frydenberg, 2003, p. 29)

IX- Benefits of proactive coping:

Proactive coping has several important potential benefits. First, it may minimize the degree of stress experienced during a stressful encounter. When a stressful event is a possibility rather than an

actuality, its full impact may be lessened or averted by proactive efforts and thus never be felt. Second, the ratio of coping resources to the magnitude of a stressor is likely to be favorable when the stressor is tackled in its early stages rather than in its full-blown state. Specifically, an incipient stressor is likely to be modest, and because resources have not yet been expended to address it, coping resources are likely to be greater. Third, when a stressful event is on the horizon, there may be a range of options available to manage it; after the stressor has occurred or has developed, options may be more constrained. Fourth, to the extent that stressful events can be averted or minimized, the burden of chronic stress carried by an individual is likely to be relatively low. Because many stressful events are of long-term duration and add to the cumulative burden of obligations in an individual's daily life, proactive efforts that avoid or offset stressful events may keep chronic stress at a low level. (Lisa G Aspinwall, Shelley E Taylor, 1997, p. 418)

X- Conclusion:

Despite the above-mentioned efforts, proactive coping remains poorly studied in the stress and coping literature, in the typical stress investigation, adaptation and efforts to solve problems and regulate emotional responses. We can say that it has not received enough studies because of the lack of distinction between proactive coping and coping and the great similarity that exists between them.

On the other hand, we find many people focusing on Coping efforts after a stressful event, which leads to an almost complete absence of proactive efforts and proactive individuals; as a result of their success in overcoming stress through planning and the future vision that looms on the horizon, so they are healthy and successful individuals for the most part, and this creates a gap in the understanding of proactive processes.

But it should not be denied that we cannot avoid or plan for some sudden stressful life events that occur without warning, for example, such as death, a traffic accident or even an earthquake, and the efforts made in managing such stressful events, so we say that proactive individuals who had proactive resistance usually have a better adaptation and exit the tunnel properly than people who did not carry out such preparatory activities to manage such events.

In the Algerian psychology literature, young researchers at the Laboratory of Health Psychology Prevention and Quality of Life, University of Algiers 2 are among the first to address the term "coping" in its new concept "proactive coping" and are still working on developing it.

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