Concluding Comments to Section I

Our own observations as well as the discussions in this section suggest that the field of stress and coping is moving toward a transactional model of stress as described by Richard Lazarus and his colleagues (Lazarus, 1981; Lazarus & Cohen, 1977; Lazarus & Launier, 1978; Roskies & Lazarus, 1980) and by John Mason (1975). This transactional perspective suggests that stress occurs in the face of "demands that tax or exceed the resources of the system" or . . . demands to which there are no readily available or automatic adaptive resources" (Lazarus & Cohen, 1977, p. 109; emphasis in original). The transactional model highlights the nature of the fit or misfit between the person’s adaptive capacities and the environmental demands. The discrepancy between the perceived demands on a person (whether internal or external, whether challenges or goals) and the way individuals perceive their potential responses to these demands constitutes stress and has an impact on the individual’s health.

According to the transactional model, stress resides neither in the situation nor in the person. Instead, stress depends on the transaction of the individual in the situation. The individual plays a critical role in defining how stressful a set of events will be. The individual’s perception both of the stressfulness of the event and of his or her ability to cope with events ultimately defines the stress. Thus, according to the transactional model, any attempt to avoid or reduce stress should be directed toward (a) changing the situation by means of direct-action techniques and (b) changing the individual’s appraisal processes and his or her ability to cope by cognitive coping and palliative coping procedures (Lazarus, 1981). The model thus emphasizes a complex interplay between the individual and the situation that determines the onset, magnitude, duration, and quality of the stressful episode.

As Lazarus and Launier (1978) indicate, an adequate coping response...
in some instances may involve direct action to change the situation for the better, to escape from an intolerable situation, or to relinquish certain goals. Direct action may take several forms, such as preparing for a stressor, collecting information and engaging problem-solving, actually avoiding or escaping the stressor, or asserting oneself and trying to change the environment directly or trying to influence significant others in the environment. Such direct actions may prove particularly helpful in situations where one can anticipate the stressor and possibly act to prevent or lessen harm.

In other instances, in which stress cannot be altered or avoided, one may use what Lazarus and Launier call palliative modes of coping, (i.e., ways of responding that make us feel better in the face of threat and harm without resolving the problem). In situations where little or nothing can be done, various techniques may be used to regulate emotional distress. Thus, in some situations, successful coping will not always involve active mastery over one's environment. As Lazarus notes, stress prevention and reduction programs must recognize that in some situations retreat, toleration, and disengagement may be the most adaptive responses. In our discussion of stress inoculation training in Chapter 4, we will consider further the direct-action and palliative coping procedures. As described in Chapter 4, there is an affinity between the transactional model of stress and the stress inoculation approach (Cameron & Meichenbaum, 1982; Roskies & Lazarus, 1980). The stress inoculation treatment procedures are designed to facilitate adaptive appraisals, to enhance the repertoire of coping responses, and to nurture the client's confidence in his or her coping capabilities.

Given these brief comments on the transactional model of stress, we can propose several factors or guidelines that should be considered in setting up any stress prevention or treatment program.

1. There is a need to appreciate that coping is neither a single act nor a static process. As Lazarus (1981) notes, coping is a constellation of many acts that stretch over time and undergo changes. What may be a useful coping procedure at one time may not be as useful at another time. Similarly, one needs to appreciate that stress is usually multiply determined and has multiple and often long-term effects. Silver and Wortman (1980), remind us that in some cases, individuals who have experienced serious life stress events (e.g., death of a child, rape, and so forth) do not recover but instead continue to experience stress.

2. Any training program must be sensitive to the role individual differences play in defining what will be appraised as stressful and what is the most adaptive coping response. This point is further underscored by