Coping Styles and Affect

Hasida Ben-Zur
University of Haifa, Haifa, Israel

Most stress research has focused on testing the effects of coping strategies on negative outcomes such as distress, anxiety, and pathology. The present study focused on the effects of coping styles on the affective components of subjective well-being. Its main aim was to test differential associations between coping styles and positive and negative affect, using secondary analysis. The data were derived from 3 studies (n = 480) in which various samples—adolescents, university students, and a general population participants—completed trait version questionnaires of coping and affect. The main results, based on correlation and multiple regression analyses, showed that problem-focused coping was positively related to positive affect and negatively related to negative affect, whereas avoidance coping showed the opposite pattern of associations with positive and negative affect. Most important, problem-focused coping was found to be a moderator of avoidance coping effects on both positive and negative affective responses. The conclusions are that coping is an important factor in well-being during normal everyday life, and moreover, the interactive effects of coping styles merit further research.

Keywords: coping, affect, subjective well-being, personality, secondary analysis

Coping represents behavioral and cognitive efforts to deal with stressful encounters (e.g., Lazarus, 1999; Lazarus & Folkman, 1984; Terry, 1994). Lazarus and Folkman (1984) classified coping modes by function as either problem focused or emotion focused, thereby delineating coping as dealing mainly with the problem or with its emotional and physiological outcomes, respectively. Another distinction between coping modes refers to the approach–avoidance classification, with engaged coping aimed at reducing, eliminating, or managing the problem, versus disengaged coping, the goal of which is to ignore or avoid the problem and its emotional consequences (Skinner, Edge, Altman & Sherwood, 2003; Solberg Nes & Segerstrom,

Hasida Ben-Zur, School of Social Work, University of Haifa.
Correspondence concerning this article should be addressed to Hasida Ben-Zur, School of Social Work, University of Haifa, Haifa 31905, Israel. E-mail: zbz@netvision.net.il

International Journal of Stress Management
2009, Vol. 16, No. 2, 87–101

1072-5245/09/$12.00 DOI: 10.1037/a0015731

2006). The coping model developed by Carver, Scheier, and Weintraub (1989), which forms the basis of the present work, incorporates both coping classifications and describes several problem-focused strategies, including active coping and planning, which are considered effective and adaptive. By contrast, although some emotion-focused strategies are considered functional and are sometimes helpful in solving the problem, others, such as behavioral disengagement, are considered ineffective and dysfunctional.

Lazarus and Folkman (1984) defined and investigated coping as a dynamic process, initiated and affected by appraisals and reappraisals of the stressful encounter. In the present work, however, coping is treated as a stable cognitive and behavioral disposition of the individual, following the trait approach to coping (e.g., Krohne, 1993; Miller, Combs, & Kruus, 1993). Carver et al. (1989), testing the use of coping strategies both in a specific situation (state version) and in a general situation (trait version), found low to moderate positive correlations between the two. Others have claimed that concordance between trait (global retrospective) and daily or momentary measures of coping is weak (e.g., Schwartz, Neale, Marco, Shiffman, & Stone, 1999; Todd, Tennen, Carney, Armeli, & Affleck, 2004).

Until recently, most research focused on psychological distress outcomes of coping modes (e.g., Ben-Zur, Gilbar, & Lev, 2001; Carver & Scheier, 1993; Penley, Tomaka, & Wiebe, 2002; Zeidner, 1995, 2007; Zeidner & Ben-Zur, 1993). The present work follows a recent trend in coping research, which views coping as an important promoter of positive affect, mental and physical health, as well as functioning and subjective well-being (SWB) in the long run (e.g., Folkman, 2008; Folkman & Moskowitz, 2000).

SWB, AFFECT, AND COPING: EMPIRICAL FINDINGS

SWB is defined as a global state of satisfaction and positive mental health (Lawton, 1984) consisting of affective and cognitive components. The affective component of SWB is composed of positive emotional states (e.g., joy, interest), termed *positive affect*, and negative emotional states (e.g., anger, fear), termed *negative affect* (Watson, Clark, & Tellegen, 1988). On the basis of Carver et al.'s (1989) study, it is expected that problem-focused coping, considered to be an effective, adaptive strategy, would be found to be positively related to positive affect and negatively related to negative affect. By contrast, emotion-focused coping, and, specifically, avoidance and disengagement, would show the opposite pattern. The following studies have investigated the effects of coping strategies on affective reactions, and their results are reviewed here.

Research assessing the associations between daily coping and daily affect among university students found that problem-focused coping was positively related to positive affect (e.g., Dunkley, Zuroff, & Blankstein, 2003; Gunthert, Cohen, & Armeli, 2002; Park, Armeli, & Tennen, 2004), along with other strategies such as cognitive management (Gunthert et al., 2002) and positive reinterpretation (Dunkley et al., 2003; Yamasaki, Sakai, & Uchida, 2006)—the latter considered to be an emotion-focused strategy by Carver et al. (1989). Variants of emotion-focused coping were related positively to negative affect (Gunthert et al., 2002; Park et al., 2004) and negatively to positive affect in one study (Gunthert et al., 2002). However, using a structural model analysis, Dunkley et al. (2003) found that avoidant coping (an emotion-focused strategy) was not directly related to negative affect. In contrast, the correlation results by Park et al. (2004) showed all types of coping, including problem-focused coping, to be related positively to negative affect.

Other studies have examined the associations between coping strategies and affective reactions in short-term stressful contexts, such as sports competitions. In some of these studies (e.g., Gaudreau, Blondin, & Lapierre, 2002; Ntoumanis & Biddle, 1998), problem-focused strategies related positively to positive affect, and some of these strategies related negatively to negative affect, whereas the reverse pattern was found for variants of emotion-focused coping and affect. Anshel and Anderson (2002), by contrast, showed that a greater use of an approach (i.e., problem-focused) coping strategy among table tennis competitors was related to increased negative affect, whereas no associations were found between avoidance coping and affect.

In relatively long-term stressful encounters, for example, privatization processes experienced by Israeli kibbutz members, problem-focused and emotion-focused coping were found to be uniquely and positively related to positive and negative affect, respectively (Ben-Zur, Yagil, & Oz, 2005). Furthermore, problem-focused coping in the context of simulated work or health stress (Ben-Zur, 2002b) showed positive associations with positive affect, whereas avoidance coping showed positive associations with negative affect.

In the context of coping with illness, problem-focused coping in a sample of myocardial infarction (MI) patients (Lowe, Norman, & Bennett, 2000) was found to be related positively to positive affect (mood), whereas social/emotion-focused and avoidant coping were related positively to negative affect. Among adolescents with epilepsy, nonproductive coping was positively related to negative affect and negatively related to positive affect (Reeve & Lincoln, 2002). In a sample of blind people, a path analysis showed emotion-focused coping to be positively related to negative affect, whereas problem-focused coping was not related to affect (Ben-Zur & Debi, 2005). A

meta-analysis of 13 Spanish studies (Campos, Iraurgui, Paez, & Velasco, 2004) using varied coping measures showed the emotion-focused coping strategies of avoidance, social isolation, rumination, and helplessness to be related to high negative affect and/or low positive affect.

Few studies have dealt with the associations of coping styles with positive and negative affect. Anshel and Anderson (2002) showed no associations between approach or avoidance coping styles and affect, whereas Ben-Zur (2002a) found positive associations between dispositional problem/accommodation coping and positive affect, as well as between avoidance/disengagement coping and negative affect.

The literature reviewed shows a variety of findings regarding the differential associations of coping modes with affect. Most of the studies confirm only one aspect of the coping–affect differential association, that is, unique associations of problem-focused coping variants with positive affect only or emotion-focused coping variants with negative affect. Even these distinctive associations are not always obtained, and some studies report problem-focused coping to be positively correlated with negative affect as well (e.g., Anshel & Anderson, 2002; Park et al., 2004) or to make no independent contribution to positive affect (e.g., Ben-Zur & Debi, 2005).

Several plausible explanations for the inconsistent or incomplete pattern of results may be posited. First, most of the extant studies were conducted in varied stressful contexts (e.g., everyday stressful events, sports competitions, caregiving, illness and disability) that probably differed in situational aspects and may have therefore invoked differential coping and affective reactions. Indeed, specific coping modes, such as problem-focused coping, may be less effective in uncontrollable, chronic, or overwhelming loss occurrences. Second, the use of small samples (e.g., Anshel & Anderson, 2002; Ben-Zur & Debi, 2005), or measures that contain short lists of items using only a selected number of coping strategies (e.g., Park et al., 2004), may have led in some cases to nonsignificant or weakened results.

RESEARCH AIMS AND HYPOTHESES

One aim of the present study was to test the coping–affect associations while avoiding some of the aforementioned problems, namely, by using a relatively large sample of participants, reliable and validated instruments, and assessments of coping styles rather than situation-specific coping. On the basis of the empirical classification by Carver et al. (1989), the present study tested three coping superstrategies: problem-focused coping based on strategies of active coping, planning, and suppression of competing activities; and two types of emotion-focused coping—emotion/support coping based on

instrumental and emotional support and ventilation, and avoidance coping based on mental and behavioral disengagement and denial.

The first hypothesis is derived directly from the arguments of Folkman and Moskowitz (2000) and Carver et al. (1989) regarding the effectiveness of problem-focused coping, as well as on research reviewed earlier that showed beneficial effects of problem-focused coping on affective outcomes.

Hypothesis 1 (H1): High levels of problem-focused coping will be positively associated with positive affect and negatively associated with negative affect.

The second hypothesis is based mainly on Carver et al. (1989), who suggested that emotional ventilation and seeking emotional social support strategies may sometimes be necessary and helpful but in the long run may be detrimental.

Hypothesis 2 (H2): High levels of emotion/support coping will be positively associated with negative affect and negatively associated with positive affect.

The third hypothesis is based on Carver et al.'s (1989) arguments regarding the ineffectiveness of disengagement strategies.

Hypothesis 3 (H3): High levels of avoidance coping will be positively associated with negative affect and negatively associated with positive affect.

Lazarus and Folkman (1984) argued that people may use both problem- and emotion-focused modes to cope with the same stressful encounter. The present study goes further, suggesting that coping modes may interact in their effects on outcomes. In particular, according to the fourth hypothesis, problem-focused coping will moderate the negative effects of emotion-focused coping on affective outcomes. Only a single study, using psychopathology symptoms (Solomon, Avizur, & Mikulincer, 1990), showed that under high levels of emotion-focused coping, high rather than low levels of problem-focused coping led to lower levels of hostility symptoms.

Hypothesis 4 (H4): Under high levels of emotion/support and avoidance coping, high levels of problem-focused coping will result in a relative increase in positive affect and in lower levels of negative affect.

SECONDARY ANALYSIS

Participants

The data were pooled from three separate studies that differed in aims and populations tested. However, the items in the coping and affect inventories and the instructions to the respondents were identical in all three investigations.

The first set of data was taken from a study devoted to the associations between coping and risk taking (Ben-Zur & Reshef-Kfir, 2003). It used a sample of 140 adolescents (47.9% boys; age, $M = 16.50$ [$SD = 0.50$]) who completed the questionnaires during class hours. The positive and negative affect data collected in this study and their associations with coping strategies were not previously published.

The second set of data taken from a study (Ben-Zur, 2003) of the associations of affect and personal resources among 172 paid university students (45.7% men; age, $M = 24.52$ [$SD = 2.90$]) who were recruited to the study by board announcements. The coping strategies data collected in this study and their associations with positive and negative affect were not previously published.

The third set of data was taken from a study conducted by Ben-Zur (2002a) using a convenience community sample of 168 persons (49.7% men; age, $M = 48.59$ [$SD = 15.72$]), who were recruited to participate by students. The study was conducted with the aim of testing the effects of age and personal resources on coping and affect. The data and analyses conducted in this study differ from those in the present study in the following aspects: A different problem-focused coping scale was used on the basis of a combination of direct action and planning together with secondary control strategies such as acceptance and positive reinterpretation; the regression analyses included both coping and personal resources as independent variables; and H4, positing interaction effects of coping strategies, was not tested in that study.

The total sample consisted of 480 Hebrew-speaking respondents, 47.6% men and 52.2% women (0.2% missing), with a mean age of 30.59 ($SD = 16.57$, range = 16–82). The three groups—adolescents, university students, and community residents—did not differ in gender proportions ($\chi^2 < 1$) but differed highly as can be expected in mean age (Ms = 16.50 [$SD = 0.50$], 24.52 [$SD = 2.90$], and 48.59 [SD = 15.72], respectively), $F(2, 474) = 491.92$, $p < .0001$. All data were collected and coded anonymously.

Inventories

The data were collected by means of the following inventories:

COPE Scale (Carver et al., 1989). The Hebrew version of the 60-item COPE scale (Ben-Zur, 1999) was used, divided into 15 coping subscales,

with four items per subscale. Participants were asked to rate the extent to which they used each coping option (e.g., "I make a plan of action," "I let my feelings out," "I pretend that it has not happened") in dealing with everyday stressors. A rating scale was used that ranged from 0 (*not at all*) to 4 (*a great deal*). The data were transformed into a scale ranging from 1 to 4 for ease of comparison with Carver et al. (1989). Three coping superscales were constructed on the basis of the second-order factor analysis (applied to subscale sums of the four items) reported by Carver et al. (1989). Problem-focused coping included active coping, planning, and suppression of competing activities. Emotion/support coping included instrumental support as well as emotional support and ventilation. Avoidance coping included mental and behavioral disengagement and denial. The reliabilities of the three superscales were satisfactory (see Table 1; the fourth factor— acceptance coping—derived from the Carver et al. [1989] analysis, was of low reliability and was not included in the present analysis). Problem-focused coping was correlated positively with emotion/support ($r = .30$, $p < .001$) and negatively with avoidance coping ($r = -.26$, $p < .001$).

Positive Affect Negative Affect Schedule (PANAS; Watson et al., 1988). The Hebrew version of the PANAS (Ben-Zur, 2002a) was used, containing 20 adjectives depicting various mood and affective states (e.g., enthusiastic, hostile). Respondents were asked to read each adjective and rate their usual feelings along a 5-point scale ranging from 1 (*not at all*) to 5 (*a lot*). A two-factor structure yielded two 10-item subscales, namely, positive affect and negative affect, which showed high internal reliabilities (.84–.90) and high concurrent validity tested by correlations with anxiety and depression (Watson et al., 1988). The reliabilities of the two affect subscales were satisfactory (see Table 1), and their total scores were negatively correlated ($r = -.14$, $p < .05$).

Table 1. Psychometric Data and Correlations of Coping Superscales and Positive and Negative Affect

Variable	*M*	*SD*	α	Problem-focused coping	Emotion/support coping	Avoidance coping	Positive affect	Negative affect
Problem-focused coping	2.89	0.52	0.79	—	.30***	−.26***	.47**	−.17**
Emotion/support coping	2.84	0.65	0.82		—	.07	.25**	.17**
Avoidance coping	1.83	0.47	0.69			—	−.34**	.36**
Positive affect	3.61	0.61	0.82				—	−.14*
Negative affect	2.30	0.71	0.86					—

* $p < .05$. ** $p < .01$. *** $p < .001$.

RESULTS

Women and men differed in affective outcomes, with women scoring higher than men on both negative affect ($M = 2.14$ [$SD = 0.64$] and 2.44 [$SD = 0.74$], respectively), $t = -4.65$, $p < .0001$; and positive affect ($M = 3.55$ [$SD = 0.58$] and 3.67 [$SD = 0.63$], respectively), $t = -2.01$, $p < .05$. Age was correlated with positive affect ($r = .09$, $p < .05$) but not with negative affect. Analyses of variance were used to assess group differences in affect, showing nonsignificant results for negative affect but significant differences for positive affect, $F(2, 478) = 9.52$, $p < .001$, with the community sample showing a higher mean than the other two groups ($p < .05$ in a Scheffé test). In light of these associations, gender, age, and group were entered in the regression analyses as control variables, the group variable assessed with two dummy variables (Group 1 [G1]: 1 = adolescents, 2 = students and community residents; Group 2 [G2]: 1 = students, 2 = adolescents and community residents).

Table 1 presents the correlations between research variables, which are in line with most of the research hypotheses. Thus, problem-focused coping was positively correlated with positive affect and negatively correlated with negative affect, and avoidance coping showed the opposite pattern. Not in accord with the hypotheses, emotion/support coping was correlated positively with both positive and negative affect. To test the research hypotheses, I conducted multiple regression analyses on the data with positive affect or negative affect as the dependent variables, as shown in Table 2. The dummy variables G1 and G2, together with gender and age, were entered at Step 1, the three coping superscales were entered at Step 2, and the interaction terms were entered at Step 3. In testing these interactions, centered variables were used and their multiplied outcomes were entered in this last step.

The results of Step 1 showed that group, age, and gender contributed significantly (about 6%) to positive affect or negative affect. The results of Step 2 were similar to those found for the correlations analyses, thereby confirming most of the hypotheses when age, gender, and group were entered as control variables. The coping styles added a significant 26% to positive affect, $F(3, 468) = 59.43$, $p < .0001$; and 12% to negative affect, $F(3, 468) = 24.81$, $p < .001$. It was most prominent that problem-focused coping was highly potent in its contribution to high positive affect ($\beta = 0.37$, $p < .001$) and was negatively associated with negative affect, albeit to a lesser degree ($\beta = 0.12$, $p < .05$), confirming H1. Emotion/support coping showed positive associations with negative affect, as hypothesized in *H2* ($\beta = 0.16$, $p < .01$), but was also related positively to positive affect ($\beta = 0.15$, $p < .01$), in contrast to H2. Avoidance coping revealed a negative association with positive affect ($\beta = -0.24$, $p < .001$) and a positive association with negative affect ($\beta = 0.31$, $p < .001$), confirming H3.

Table 2. Regression of Affective Measures on Group, Age, Gender, and Coping Variables

Variable	Positive affect			Negative affect		
	Step 1	Step 2	Step 3	Step 1	Step 2	Step 3
Group 1	$-.13^{*}$	.08	.07	$.11^{*}$	.08	.08
Group 2	$.42^{***}$	$-.12$	$-.12$	.06	$-.11$	$-.10$
Age	$-.20^{**}$	$-.10$	$-.10$	$-.04$	$-.11$	$-.11$
Gender	$.10^{*}$	$.09^{*}$	$.09^{*}$	$.21^{***}$	$.10^{*}$	$.10^{*}$
Multiple R^2	.06			.06		
F test	$F(4, 471) = 7.99$, $p < .0001$			$F(4, 471) = 6.79$, $p < .0001$		
Problem-focused coping		$.37^{***}$	$.39^{***}$		$-.12^{*}$	$-.12^{**}$
Emotion/support coping		$.15^{**}$	$.15^{**}$		$.16^{**}$	$.16^{**}$
Avoidance coping		$-.24^{***}$	$-.24^{***}$		$.31^{***}$	$.31^{***}$
Multiple R^2		.32			.18	
F test	$F(7, 468) = 31.74$, $p < .0001$			$F(7, 468) = 15.10$, $p < .0001$		
Problem-focused × Emotion/support			.01			.01
Problem-focused × Avoidance			$.14^{***}$			$-.10^{*}$
Multiple R^2			.34			.19
F test	$F(9, 466) = 26.96$, $p < .0001$			$F(9, 466) = 12.44$, $p < .0001$		

Note. For Group 1, 0 = adolescents, 1 = students and community residents; for Group 2, 0 = students, 1 = adolescents and community residents; for gender, men = 1; women = 2.
$^{*}p < .05$. $^{**}p < .01$. $^{***}p < .001$.

Testing H4, which predicted that problem-focused coping is a moderator of emotion-focused or avoidance coping effects on affect, was based on Baron and Kenny's (1986) study while using interaction terms at Step 3. As can be seen in Table 2, the multiplication of problem-focused coping with avoidance led to a positive significant effect for positive affect and a negative significant effect for negative affect. Figures 1 and 2 show the regression slopes of affect on avoidance coping at each level of problem-focused coping. As can be seen in Figure 1, the effects of avoidance on lowering positive affect become weaker under high rather than medium or low levels of problem-focused coping, whereas Figure 2 shows that the effects of avoidance on elevating negative affect become weaker under high problem-focused coping in accord with H4. However, problem-focused coping was not found to moderate the effects of emotion/support coping on affect (the interaction terms between problem-focused coping and emotion/support coping were not significant; see Table 2); therefore, H4 was only partially confirmed.

DISCUSSION

The data resulting from the secondary analysis replicated and reinforced previous research findings and mostly confirmed the first three research

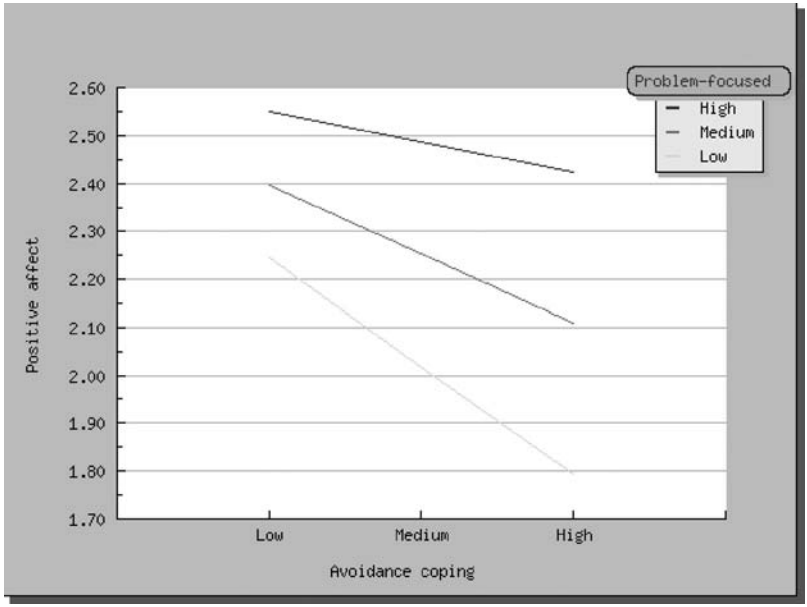

Figure 1. Problem-focused coping moderating the relationship of avoidance coping and positive affect.

hypotheses: Problem-focused coping was highly positively related to positive affect and negatively related to negative affect. Additionally, emotion/support coping and avoidance coping, both variants of emotion-focused coping, were highly and positively related to negative affect. Avoidance coping was also negatively related to positive affect, whereas unexpectedly, emotion/support coping was positively related to positive affect.

The results in general accord with those of several other studies showing similar effects in specific contexts (e.g., Ben-Zur, 2002b; Ben-Zur et al., 2005; Campos et al., 2004). The contribution of the present study is that it tested the coping–affect relationship in a relatively large sample of participants, using reliable and validated instruments to assess coping styles and affective reactions. A limitation, however, is that it used convenience samples, which constricts generalizing the results. Furthermore, the concurrent measurement of coping and affect leads to problems in cause and effect interpretations. Therefore, several explanations of the research results must be taken into account regarding the differential coping–affect relationship.

The first explanation is based on the assumption, in accord with Lazarus (1999), that coping modes initiate, maintain, and modulate the affective responses. Thus, problem-focused coping, which is considered the most effective and best way to deal with controlled stressful encounters, is indeed

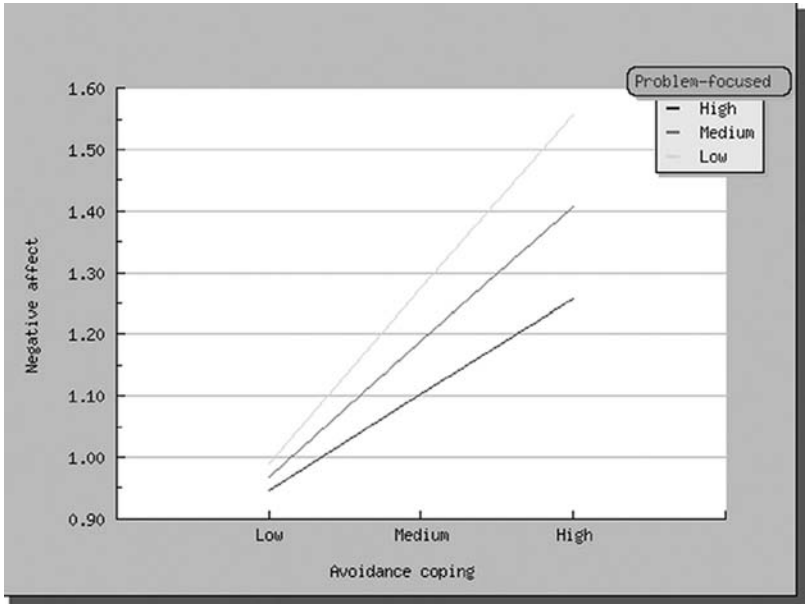

Figure 2. Problem-focused coping moderating the relationship of avoidance coping and negative affect.

correlated with positive outcomes—namely, more positive affect and less negative affect. In contrast, avoidance coping is considered by some researchers to be the least effective coping mode (e.g., Carver et al., 1989; Wadsworth, Raviv, Compas, & Connor-Smith, 2005), because it prevents the person from attempting to solve the problem and blocks his or her awareness that the situation may change for the better. This coping mode is correlated with more negative outcomes: less positive affect and more negative affect. The effects of problem-focused coping on positive affect were discussed by Folkman and Moskowitz (2000), who suggested that problem-focused coping may lead to solving the problem/changing the situation. It is also helpful in uncontrolled situations such as chronic illness. In such contexts, problem-focused coping may help by altering the meaning of the situation and focusing attention on specific goals, thereby allowing the individual to feel in control of the situation. Thus, problem-focused coping is an active and task-focused style, but its components are related to positive reinterpretation (e.g., Carver et al., 1989). Active coping and positive reinterpretation may then reinforce each other in their effects on both situational outcomes as well as SWB, as expressed by high positive affect and low negative affect. Support/emotion coping was positively correlated with both negative and positive affect. This coping mode is composed of both instrumental support,

which is related to problem-focused coping and is considered an effective strategy, and emotional support and ventilation, the latter considered an ineffective strategy. Thus, although these three components of emotion-focused coping are correlated (e.g., Carver et al., 1989) and result in one factor, their antagonistic effects may render them more weakly related to affect in general, with only small positive correlations to both positive and negative affect. Avoidance coping is often found to relate to negative affect. For short-term periods (Carver et al., 1989) or in the case of uncontrollable stressors (Lazarus, 1983), disengagement strategies such as denial may be helpful in distracting the person from the stressful encounter, thus allowing him or her time to rest and/or think about and embark upon other tasks. However, in the long run, this style is likely to be harmful because it does not change the situation; rather, it causes the individual to disconnect from the problem and ultimately does not lower distress or lead to a decrease in negative affect.

A second interpretation lies in the reverse direction: Positive affect can lead to problem-focused coping, and negative affect can lead to emotion-focused coping and avoidance. A similar possibility was posited in the notion that happiness leads to success (Lyubomirsky, King, & Diener, 2005). More specifically, it was reported that positive affectivity is associated with more effective coping (McCrae & Costa, 1986), that a positive correlation can be observed between positive emotionality and coping by active engagement (Miller & Schnoll, 2000), and that positive affect can lead to dealing more effectively with negative information (Aspinwall, 1998). In the context of self-regulation theory, Carver and Scheier (2000) suggested that positive states such as hope lead to sustained attention and effort toward goal attainment. Other researchers (Folkman & Moskowitz, 2000) affirmed that positive affect during chronic situations may function as a resource offering the person temporary relief from the stressor. This, in turn, may help people cope with their adversities in more effective ways.

A third possibility, relevant especially to coping styles and dispositional affect, is the explanation that both are affected by the same factors because they are considered stable traits of individuals. A variety of personality traits and demographics can affect these variables. The results of the present study are controlled for gender, age, and group effects, but both affect and coping can also be affected by personality constructs (e.g., McCrae & Costa, 1986).

A new and unique finding by the present secondary analysis is that problem-focused coping moderated the effects of avoidance coping on both positive and negative affect, with stronger effects for positive affect, as predicted. This finding reinforces the notion of the associations between problem-focused coping and positive affect. Not only does problem-focused coping affect positive affective responses, but, in the presence of a generally ineffective coping strategy such as avoidance, problem-focused coping can modulate its effects for the better. This finding shows that interaction effects

between coping styles can occur just as they do when coping moderates the effects of a personality or environmental factor on outcome. Examples include avoidance coping moderating the effects of perfectionism on helplessness and distress among college students (O'Connor & O'Connor, 2003); maladaptive coping moderating the effect of exposure to challenging behavior on educators' burnout (Hastings & Brown, 2002); and primary control serving as a buffer of the effects of economic strain on depression among rural, low-income families, whereas disengagement coping accentuated such effects (Wadsworth et al., 2005).

Thus, adaptive (problem-focused) and maladaptive (avoidance) coping can both function interactively to influence emotional outcomes. From a practical point of view, the present study results lead to new notions in the area of coping interventions; namely, that it may be simpler and thus beneficial to teach people who tend to use avoidance coping to use problem-focused strategies too rather than change their avoidance patterns. Conceptually, the operation of these coping mechanisms together in everyday life may be understood in several ways. For example, some people may invoke and use these seemingly different coping styles interchangeably, according to situational demands (Krohne, 1993; Lazarus & Folkman, 1984), which may be controlled or uncontrolled, and thus everyday positive affect is preserved. Alternatively, people who have both problem-focused and avoidance tendencies may use both in relation to different aspects of a situation. For example, being diagnosed with cancer may call for avoidance coping in relation to the threatening significance of the illness to one's life but may require the use of problem-focused coping strategies to take the necessary steps in terms of treatment. Future research might seek to reveal some of these relationships in controlled intervention studies.

REFERENCES

Anshel, M. H., & Anderson, D. I. (2002). Coping with acute stress in sport: Linking athletes' coping style, coping strategies, affect and motor performance. *Anxiety, Stress, and Coping, 15,* 193–209.

Aspinwall, L. G. (1998). Rethinking the role of positive affect in self-regulation. *Motivation and Emotion, 22,* 1–32.

Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology, 5,* 1173–1182.

Ben-Zur, H. (1999). The effectiveness of coping meta-strategies: Perceived efficiency, emotional correlates and cognitive performance. *Personality and Individual Differences, 26,* 923–939.

Ben-Zur, H. (2002a). Coping, affect and aging: The roles of mastery and self-esteem. *Personality and Individual Differences, 32,* 357–372.

Ben-Zur, H. (2002b). Monitoring/blunting and social support: Associations with coping and affect. *International Journal of Stress Management, 9,* 357–373.

Ben-Zur, H. (2003). Happy adolescents: subjective well-being, internal resources, and parental factors. *Journal of Youth and Adolescence, 32,* 67–79.

Ben-Zur, H., & Debi, Z. (2005). Optimism, social comparisons and coping with vision loss in Israel. *Journal of Visual Impairment and Blindness, 99,* 151–164.

Ben-Zur, H., Gilbar, O., & Lev, S. (2001). Coping with breast cancer: Patient, spouse and dyadic models. *Psychosomatic Medicine, 63,* 32–39.

Ben-Zur, H., & Reshef-Kfir, Y. (2003). Risk taking and coping among Israeli adolescents. *Journal of Adolescence, 26,* 255–265.

Ben-Zur, H., Yagil, D., & Oz, D. (2005). Coping strategies and leadership in the adaptation to social change: The Israeli kibbutz. *Anxiety, Stress, and Coping, 18,* 87–103.

Campos, M., Iraurgui, J., Paez, D., & Velasco, C. (2004). Coping and emotional regulation of stress events. A meta-analysis of 13 studies [In Spanish]. *Boletin-de-Psicologia, 82,* 25–44.

Carver, C. S., & Scheier, M. (1993). Vigilant and avoidant coping in two patient groups. In H. W. Krohne (Ed.), *Attention and avoidance* (pp. 295–319). Seattle, WA: Hogrefe & Huber.

Carver, C. S., & Scheier, M. F. (2000). On the structure of behavioral self-regulation. In M. Boekaerts, P. R. Pintrich, & M. Zeidner (Eds.), *Handbook of self-regulation* (pp. 41–84). New York: Academic Press.

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology, 56,* 267–283.

Dunkley, D. M., Zuroff, D., & Blankstein, K. R. (2003). Self-critical perfectionism and daily affect: Dispositional and situational influences on stress and coping. *Journal of Personality and Social Psychology, 84,* 234–252.

Folkman, S. (2008). The case for positive emotions in the stress process. *Anxiety, Stress, and Coping, 21,* 3–14.

Folkman, S., & Moskowitz, T. (2000). Positive affect and the other side of coping. *American Psychologist, 55,* 647–654.

Gaudreau, P., Blondin, J. P., & Lapierre, A. M. (2002). Athletes' coping during a competition: Relationship of coping strategies with positive affect, negative affect, and performance-goal discrepancy. *Psychology of Sport and Exercise, 3,* 125–150.

Gunthert, K. C., Cohen, L. H., & Armeli, S. (2002). Unique effects of depressive and anxious symptomatology on daily stress and coping. *Journal of Social and Clinical Psychology, 21,* 583–609.

Hastings, R. P., & Brown, T. (2002). Coping strategies, and the impact of challenging behaviors on special educators' burnout. *Mental Retardation, 40,* 148–156.

Krohne, H. W. (1993). Vigilance and cognitive avoidance as concepts in coping research. In H. W. Krohne (Ed.), *Attention and avoidance: Strategies in coping with aversiveness* (pp. 19–50). Seattle, WA: Hogrefe & Huber.

Lawton, P. (1984). The varieties of well-being. In C. Z. Malatesta & C. E. Izard (Eds.), *Emotion in adult development* (pp. 67–85). London: Sage.

Lazarus, R. S. (1983). The costs and benefits of denial. In S. Breznitz (Ed.), *The denial of stress* (pp. 1–30). New York: International Universities Press.

Lazarus, R. S. (1999). *Stress and emotion: A new synthesis.* London: Free Association Books.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal and coping.* New York: Springer-Verlag.

Lowe, R., Norman, P., & Bennett, P. (2000). Coping, emotion and perceived health following myocardial infarction: Concurrent and predictive associations. *British Journal of Health Psychology, 5,* 337–350.

Lyubomirsky, S., King, L., & Diener, E. (2005). The benefits of frequent positive affect: Does happiness lead to success*? Psychological Bulletin, 131,* 803–855.

McCrae, R. R., & Costa, P. T. (1986). Personality, coping, and coping effectiveness in an adult sample. *Journal of Personality, 54,* 385–405.

Miller, S. M., Combs, C., & Kruus, L. (1993). Tuning in and tuning out: Confronting the effects of confrontation. In H. W. Krohne (Ed.), *Attention and avoidance: Strategies in coping with aversiveness* (pp. 51–69). Seattle, WA: Hogrefe & Huber.

Miller, S. M., & Schnoll, R. A. (2000). When seeing is feeling: A cognitive-emotional approach to coping with health stress. In M. Lewis & J. M. Haviland-Jones (Eds.), *Handbook of emotions* (2nd ed., pp. 538–557). New York: Guilford Press.

Ntoumanis, N., & Biddle, S. J. H. (1998). The relationship of coping and its perceived effectiveness to positive and negative affect in sport. *Personality and Individual Differences, 24,* 773–788.

O'Connor, R. C., & O'Connor, D. B. (2003). Predicting hopelessness and psychological distress: The role of perfectionism and coping. *Journal of Counseling Psychology, 50,* 362–372.

Park, C. L., Armeli, S., & Tennen, H. (2004). The daily stress and coping process and alcohol use among college students. *Journal of the Study of Alcohol, 65,* 126–135.

Penley, J. A., Tomaka, J., & Wiebe, J. S. (2002). The association of coping to physical and psychological health outcomes: A meta-analytic review. *Journal of Behavioral Medicine, 25,* 551–603.

Reeve, D. K., & Lincoln, N. B. (2002). Coping with the challenge of transition in older adolescents with epilepsy. *Seizure, 11,* 33–39.

Schwartz, J. E., Neale, J., Marco, C., Shiffman, S. S., & Stone, A. A. (1999). Does trait coping exist? A momentary assessment approach to the evaluation of traits. *Journal of Personality and Social Psychology, 77,* 360–369.

Skinner, E. A., Edge, K., Altman, J., & Sherwood, H. (2003). Searching for the structure of coping: A review and critique of category systems for classifying ways of coping. *Psychological Bulletin, 129,* 216–269.

Solberg Nes, L., & Segerstrom, S. C. (2006). Dispositional optimism and coping: A meta-analytic review. *Personality and Social Psychology Review, 10,* 235–251.

Solomon, Z., Avizur, E., & Mikulincer, M. (1990). Coping styles and post-war psychopathology among Israeli soldiers. *Personality and Individual Differences, 11,* 451–456.

Terry, D. J. (1994). Determinants of coping: The role of stable and situational factors. *Journal of Personality and Social Psychology, 66,* 895–910.

Todd, M., Tennen, H., Carney, M. A., Armeli, S., & Affleck, G. (2004). Do we know how we cope? Relating daily coping reports to global and time-limited retrospective assessments. *Journal of Personality and Social Psychology, 86,* 310–319.

Wadsworth, M. E., Raviv, T., Compas, B. E., & Connor-Smith, J. K. (2005). Parent and adolescent responses to poverty-related stress: Tests of mediated and moderated coping models. *Journal of Child and Families Studies, 14,* 285–300.

Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology, 54,* 1063–1070.

Yamasaki, K., Sakai, A., & Uchida, K. (2006). A longitudinal study of the relationship between positive affect and both problem- and emotion-focused coping strategies. *Social Behavior and Personality: An International Journal, 34,* 499–510.

Zeidner, M. (1995). Coping with examination stress: Resources, strategies, outcomes. *Anxiety, Stress, and Coping, 8,* 279–298.

Zeidner, M. (2007). Anxiety and coping with community disasters: The Israeli experience. *Journal of Research in Personality, 41,* 213–220.

Zeidner, M., & Ben-Zur, H. (1993). Coping with a national crisis: The Israeli experience with the threat of missile attacks. *Personality and Individual Differences, 14,* 209–224.