

Thank you for your interest in our measure of coping styles and strategies. The instrument is more fully described in the following articles:

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.

Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE.

The COPE is made up of the following scales:

1. Active coping: Taking action, exerting efforts, to remove or circumvent the stressor.
2. Planning: Thinking about how to confront the stressor, planning one's active coping efforts.
3. Seeking Instrumental Social Support: Seeking assistance, information, or advice about what to do.
4. Seeking Emotional Social Support: Getting sympathy or emotional support from someone.
5. Suppression of Competing Activities: Suppressing one's attention to other activities in which one might engage, in order to concentrate more completely on dealing with the stressor.
6. Religion: Increased engagement in religious activities
7. Positive Reinterpretation and Growth: Making the best of the situation by growing from it, or viewing it in a more favorable light.
8. Restraint Coping: Coping passively by holding back one's coping attempts until they can be of use.
9. Acceptance: Accepting the fact that the stressful event has occurred and is real.
10. Focus on and Venting of Emotions: An increased awareness of one's emotional distress, and a concomitant tendency to ventilate or discharge those feelings.
11. Denial: An attempt to reject the reality of the stressful event.
12. Mental Disengagement: Psychological disengagement *from the goal with which the stressor is interfering*, through daydreaming, sleep, or self-distraction.
13. Behavioral Disengagement: Giving up, or withdrawing effort from, the attempt to attain *the goal with which the stressor is interfering*.
- [14. Alcohol/Drug Use: Turning to the use of alcohol or other drugs as a way of disengaging from the stressor.]

[15. Humor: Making jokes about the stressor.]

The scales listed above emerged from a factor analysis of the items as listed in the instrument below, with the following exceptions: (1) All of the social support items loaded on a single factor. (2) Planning and Active Coping loaded on a single factor. (3) Scales 14 and 15 were developed after the other scales and are not reported in the article in which the COPE is published.

Scales 1, 2, 5, 7, and 8 measure tendencies that presumably should be adaptive in circumstances in which active coping efforts yield good outcomes. Scales 3, 4, and 6 measure tendencies that are less explicitly associated with active coping, but there is evidence to suggest that they should also be adaptive.

Scales 10, 11, and 12 measure tendencies that should be maladaptive in circumstances in which active coping efforts are necessary to yield good outcomes. Scale 9 measures a tendency that is less explicitly dysfunctional, but there is evidence to suggest that it may also be maladaptive.

It is less clear what tendencies should be most adaptive when the situation is uncontrollable.

Note that there are at least two relatively clear pairs of polar-opposite tendencies represented in these subscales. Denial is antithetical to Acceptance, and Active Coping is antithetical to Behavioral Disengagement (Mental Disengagement may also be viewed as nearly opposite to Suppression of Competing Activities). The pairs of opposing scales were included in the instrument separately (a) because of the fact that each scale as written is unipolar (the absence of one tendency does not therefore imply the presence of the other), and (b) because it is not unusual for people to vacillate between opposing tendencies when attempting to cope with stressful situations (it therefore would eliminate interesting data to oppose them within a single scale). Indeed, the fact that each member of each pair emerged separately strongly suggests that the coping tendencies represented by the pair are not mutually exclusive in their occurrence in people's coping efforts. The opposing factors, though inversely correlated with each other, are not necessarily *strongly* correlated with each other.

The scale items have been used in three different formats: (a) a "traitlike" version in which respondents indicate the degree to which they usually or typically do each of the things listed when under stress, (b) a time-limited version in which respondents indicate the degree to which they actually did use each of the coping strategies during a period in the past, and (c) a time-limited version in which respondents indicate the degree to which they have been using each of the strategies during a period up to the present. It is also possible to orient the respondents to a particular problem, when administering the scale in a time-limited fashion. For example, respondents might be asked to indicate the degree to which they have been using each of the strategies to deal with their cancer during the last four weeks.

The following pages present the items (in their "trait" form) separated by scale, and then in the form in which we currently administer them.

COPE Scales Showing Items in Trait Format:

(Positive Reinterpretation and Growth)

I try to grow as a person as a result of the experience.
I try to see it in a different light, to make it seem more positive.
I look for something good in what is happening.
I learn something from the experience.

(Active Coping)

I concentrate my efforts on doing something about it.
I take additional action to try to get rid of the problem.
I take direct action to get around the problem.
I do what has to be done, one step at a time.

(Planning)

I make a plan of action.
I try to come up with a strategy about what to do.
I think about how I might best handle the problem.
I think hard about what steps to take.

(Seeking of Social Support for Emotional Reasons)

I discuss my feelings with someone.
I try to get emotional support from friends or relatives.
I get sympathy and understanding from someone.
I talk to someone about how I feel.

(Seeking of Social Support for Instrumental Reasons)

I try to get advice from someone about what to do.
I talk to someone to find out more about the situation.
I talk to someone who could do something concrete about the problem.
I ask people who have had similar experiences what they did.

(Suppression of Competing Activities)

I put aside other activities in order to concentrate on this.
I focus on dealing with this problem, and if necessary let other things slide a little.
I try hard to prevent other things from interfering with my efforts at dealing with this.
I keep myself from getting distracted by other thoughts or activities.

(Religion)

I put my trust in God.
I seek God's help.
I try to find comfort in my religion.
I pray more than usual.

(Acceptance)

I get used to the idea that it happened.
I accept that this has happened and that it can't be changed.
I accept the reality of the fact that it happened.
I learn to live with it.

(Mental Disengagement)

I turn to work or other substitute activities to take my mind off things.
I daydream about things other than this.
I sleep more than usual.
I go to movies or watch TV, to think about it less.

(Focus on and Venting of Emotions)

I get upset and let my emotions out.
I get upset, and am really aware of it.
I let my feelings out.
I feel a lot of emotional distress and I find myself expressing those feelings a lot.

(Behavioral Disengagement)

I admit to myself that I can't deal with it, and quit trying.
I just give up trying to reach my goal.
I give up the attempt to get what I want.
I reduce the amount of effort I'm putting into solving the problem.

(Denial)

I say to myself "this isn't real."
I refuse to believe that it has happened.
I pretend that it hasn't really happened.
I act as though it hasn't even happened.

(Restraint Coping)

I force myself to wait for the right time to do something.
I make sure not to make matters worse by acting too soon.
I restrain myself from doing anything too quickly.
I hold off doing anything about it until the situation permits.

(Alcohol/Drug Use) *

I use alcohol or drugs to make myself feel better.
I try to lose myself for a while by drinking alcohol or taking drugs.
I drink alcohol or take drugs, in order to think about it less.
I use alcohol or drugs to help me get through it.

(Humor) *

I laugh about the situation.

I make jokes about it.

I kid around about it.

I make fun of the situation.

* Note: Not included in the published version of COPE

Each scale total is computed as an unweighted sum of responses to the four items that make up that scale. The "trait" version of the COPE, in the form we currently are using it, is on the following two pages.