

COPING AS A COMMUNAL PROCESS

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ABSTRACT

This paper argues for a substantial re-conceptualization of coping. The strong focus on emotional distress as the marker of coping efforts has masked the importance of social functions, processes and outcomes in coping with life stress, particularly the role of communal coping. Communal coping is a cooperative problem-solving process salient in coping with both individual and collective stressors. It involves the appraisal of a stressor as 'our' issue and cooperative action to address it. Beyond its important role in coping, communal coping is endemic to notions of social integration, interdependence and close relationships, and may underlie the resilience of families and other social units dealing with stressful life events. The authors present a framework that distinguishes communal coping from other individual and social coping processes. We also provide an analysis of benefits and costs of communal coping, a discussion of key factors in its utilization, and suggestions for further research on the functioning of communal coping in contemporary society.

KEY WORDS • collective • communal • cooperative • coping

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Next fall when you see geese heading south, flying along in 'V' formation, you might be interested to know what science has discovered about why they fly that way. It has been learned that as each bird flaps its wings, it creates an uplift for the bird immediately following. By flying in a 'V' formation the whole flock adds at least 71 percent greater flying range than if each bird flew on its own. Whenever a goose falls out of formation, it suddenly feels the drag and resistance of trying to do it alone, and quickly gets into formation to take advantage of the lifting power of the bird immediately in front.

Koellner, 1990, p. 22

As with geese, humans working together display impressive capabilities in coping with life challenges. Although the research and popular literature on coping with life events has focused primarily on individuals and their personal capability to address difficulties (Holmes & Rahe, 1967; Lazarus & Folkman, 1984; Thoits, 1995), stressful circumstances are often experienced in social groups and coping emerges as a combination of individual and group effort (Fukuyama, 1995; Hobfoll, *in press*; Hobfoll et al., 1994; Jerusalem et al., 1995). There has been no generally accepted framework for examining the social domains of coping: however, an under-researched social domain of central relevance to understanding coping as well as personal relationships is the process of cooperative problem-solving in social groups.

Communal coping is the term we use to describe the pooling of resources and efforts of several individuals (e.g. couples, families, or communities) to confront adversity. Clear examples of communal coping can be drawn from observations of how individuals respond to collective stressful events such as natural disasters or wars, where the lives of many are impacted by the same stressor and joint efforts are required to effectively manage the stressor (Jerusalem et al., 1995; Kaniasty & Norris, 1997). We know less about communal coping in 'individual' stressful circumstances, such as incarceration, job loss, illness and disability, or completing a Ph.D. where, in reality, solo performances are rare, and each event draws a cast of characters who confront the issue individually and together.

In this paper, we briefly examine individual and social perspectives on coping, introduce the concept of communal coping, and provide a framework for distinguishing communal coping from other individual and social coping processes. We speculate about the benefits and costs of communal coping, and argue that coping efforts must be evaluated in light of their long-term individual and social outcomes. For instance, beyond its role in coping with specific events, communal coping is endemic to the notions of interdependence and 'close' relationships, and may underlie the resiliency of social systems (couples, families, groups and communities) in the face of stressful circumstances. We propose several factors that may account for the use of communal coping processes, and conclude with an examination of research opportunities and challenges presented by the concept of communal coping.

Models of coping

Traditionally, coping has been defined as efforts or strategies invoked to manage or master stress in order to reduce the stressor's negative impact

on well-being (Pearlin & Schooler, 1978). According to Lazarus & Folkman (1984), the process of coping involves both *appraisal*, a determination of the potential threat of the event, and *action*, the cognitive and instrumental activities that are mobilized to combat the threat.

Coping processes have been studied almost exclusively from an individualistic perspective. In other words, whether discussed in terms of coping skills or repertoires (e.g. Folkman & Lazarus, 1980), or resource management (Hobfoll, 1989), individuals have been portrayed as functioning rather independently in the appraisal of the stressor as well as in the mobilizing of resources necessary to overcome, manage, or eliminate the stressor. Individuals choose to invoke cognitive (e.g. positive thinking), behavioral (e.g. seeking information), or avoidance (e.g. denial) strategies to manage stressors in their lives (Holoahan & Moos, 1987). In addition, they direct their efforts toward managing either specific aspects of the problem (i.e. problem-focused) or their emotional reactions to these problems (i.e. emotion-focused coping) (Coyne & DeLongis, 1986; Lazarus, 1980).

In the bulk of research, successful coping has been defined in relation to changes in emotional distress. Coping strategies that have been associated with increases in distress have been labeled 'maladaptive' strategies, whereas strategies associated with reductions in distress have been labeled 'adaptive' strategies. The view that coping must be defined in relation to changes in distress has recently been the target of pointed criticism (Coyne & Gottlieb, 1996). Accumulating evidence suggests that enhancing one's emotional well-being is not the sole motive of coping efforts. Social motives also may exist, where the focus is on the well-being of family members and relationship maintenance (Lyons et al., 1995). In fact, as early as 1969, researchers suggested that the maintenance of valued relationships was a key challenge in coping with stress, and that emotional distress could only be relieved if one were successful in this task (Sidle et al., 1969). More recently, coping as a social phenomenon has been introduced in research on the impact of stressors on couples and families (Coyne et al., 1990; Coyne & Smith, 1991; Fiske et al., 1991; Lehman et al., 1987), and, in the explication of the social context of stress and coping (Eckenrode, 1991; Hobfoll & Spielberger, 1992; Morse & Johnson, 1991).

In a revised conceptualization of coping, Coyne & Fiske (1992) proposed the term 'relationship-focused coping' to refer to efforts that individuals use to address life stresses within the context of their relationships. Although these authors have not advanced relationship-focused coping as a comprehensive theory of stress and coping, their model highlights the role of personal relationships in determining how individuals experience and manage life stresses. Contrary to much of the existing research, individuals do not process stress alone, that is isolated and detached from others.

Research that has examined the social context of coping has been conducted primarily from a social support perspective. There is considerable evidence to suggest that the use of social resources may foster stress

resistance and produce favorable coping outcomes (Adler, 1939; Hobfoll & Lerman, 1989; Sullivan, 1953). However, the social dynamics of coping extend beyond the simple notion of social support where one person provides help to another.

Coping with stressful life circumstances is a *social* process. While conceptually separable, the individual and the social are rarely distinct. In reality, individuals are inherently social beings who exist in and are enabled by relationships and community (Loewy, 1993; Hobfoll, in press). Early notions of affiliation and interdependence (Lewin, 1935, 1948) suggest that individuals become interdependent through common goals, and since a group is a dynamic whole, a change in any member will change the state of other members and the group. Thus, the sharp distinction between individual coping effects and communal coping efforts is no more viable than the false dichotomy between the individual and his or her interpersonal relationships.

Indeed, even what we have traditionally considered to be individual coping efforts usually have social consequences (Hobfoll et al., 1994). Who we are and the important decisions we make reflect our involvement in relationships even when we are ostensibly alone. Coping appraisals, motives and strategies are usually imbedded within these relationships, thereby leading individuals to ask what their circumstance of unemployment, illness, or divorce means for them, and for their family. Our accountability and our sense of whether we are truly alone or have the support of others who are not present remain.

We are beginning to gain greater respect for the embeddedness of coping within a social context. However, each of the social domains of coping, such as communal coping, and its salience for individuals, couples, families and communities, requires more exploration. As indicated earlier, examination of community events has provided more insights into cooperative problem-solving than individual type events. Community events include natural disasters, nuclear and toxic hazards, industrial accidents, wars, political oppression and violence, terrorist acts, transportation accidents, epidemics, crime, immigration, social discrimination and unemployment (Jerusalem et al., 1995).

Research on community events suggests that many benefits accrue when people are able to confront a stressor together (i.e. processes of mutual awareness and disclosure of details, shared appraisals, shared resources and cooperative action, and mutual support). For instance, immediate collective action appears to be less psychologically detrimental than being singled out as the 'victim' and solely responsible for dealing with the stressor (Cohn, 1978; Jemmott et al., 1986; Salzer & Bickman, in press). These findings raise important questions about the use of communal coping across the full range of stressors. Is communal coping a substantive process in both individual and collective stressors? How does it function? What outcomes accrue for communal approaches to both collective and individual events? What conceptualization of coping would adequately address situations that might benefit from communal coping?

Because there is little documented research specifically on communal coping or cooperative problem-solving as a coping strategy, the conceptualization, framework and provisions of communal coping that follow are somewhat speculative. Useful contributions to the development of these perspectives have been drawn from the following research themes: *collectivism, communal relationships and interdependence* (e.g. Kelley, 1983; Triandis et al., 1990; Wheeler et al., 1989; Williamson & Schulz, 1990); *cooperation and cooperative problem-solving* (e.g. Argyle, 1991; Johnson & Johnson, 1994); *examination of social unit (e.g. family, community) resources and strategies for addressing collective stress* (e.g. Hobfoll, in press; Jerusalem et al., 1995; Kaniasty & Norris, in press; Pennebaker & Harber, 1993; Rolland, 1988; Shirom, 1989); and, *the effects of coping strategies on relationship/social unit functioning, quality, and resilience* (e.g. Coyne et al., 1990; Coyne & Smith, 1991; Fiske et al., 1991; Gottlieb & Wagner, 1991; Reid et al., 1995; Wandersman & Giamartino, 1980).

Communal coping

Communal coping is a process in which a stressful event is substantively appraised and acted upon in the context of close relationships. The term 'communal' is apropos because it applies to notions of sharing and joining — 'that which is used or participated in by all members of a group or community, or that which is owned jointly by all' (Gage Canadian Directory, 1983, p. 235). It should be noted that the term 'communal' also has been used to identify the extent to which individuals are oriented to meeting others' needs and having their own needs met in relationships; for example, the term 'communal orientation' (Clark et al., 1987). Our focus is directed toward the process of joining together to cope with life stress.

Communal coping occurs when one or more individuals perceive a stressor as 'our' problem (a social appraisal) vs 'my' or 'your' problem (an individualistic appraisal), and activate a process of shared or collaborative coping. 'Our' problem suggests that stress is experienced by two or more people who will share some of the responsibility for dealing with it. (The nature of the stressor as a factor in communal coping efforts is discussed later in the paper.) Group problem-solving may be initiated for emotional and/or practical motives. Regardless of whether the stressor produces similar consequences for all, communal coping involves thinking and acting as if a stressor is shared. Thus we use the phrase, 'communal' coping and not 'collective' coping to avoid the implication that social joining has a purely collectivist function, i.e. to increase the welfare of the group (Batson, 1994). As discussed later, motives for communal coping may be both individualistic and collectivist.

Three main components constitute the process of communal coping: a communal coping orientation, communication about the stressor and cooperative action to address the stressor.

1. *Communal coping orientation*: At least one person in the social unit

must hold a communal coping orientation; a belief that joining together to deal with a particular problem is beneficial, necessary and/or expected. The following is an example of a husband's communal coping orientation to his wife's illness after hearing her diagnosis of multiple sclerosis: 'I remember going to my husband's work. I took him aside and asked him to come into the cafeteria with me. And I said, "I have MS." And I still remember, he hugged me and he said, "We'll deal with it together"' (Lyons & Meade, 1995, p. 207).

2. *Communication about the stressor*: If coping efforts are to be shared, there must be some form of communication about the details of the circumstance and the meaning of the situation; for example, what happened, how the situation currently affects the individuals and their relationship/social group, and the anticipated impact on them. The following is an example of such communication following a diagnosis of multiple sclerosis: 'I phoned up my close family and my close friends and thought I may as well do this all at once. So I sat down with Mother Bell just loving it. I did all the phone calls at once, just one after the other. "The good news is I don't have a brain tumor. The bad news is, I have MS. We'll cope with this. You know, in a couple of weeks, two weeks from now, we'll cope with this." And I think by giving the people closest to us this two week hiatus ... then they didn't feel obliged to say too much right away' (Meade, 1994, p. 113-14).

In this circumstance, the respondent is describing a coping strategy that has little to do with her own well-being directly. She is concerned with the emotional response of her friends to the diagnosis, and how they will cope with the news of her illness. She develops a strategy to break the news, intending to facilitate their dealing with it and easing their necessity to say the 'right' thing to her. Her language also identifies the issue as 'our problem' vs 'her problem'. She has constructed the illness as a network issue rather than simply identifying herself as a victim.

3. *Cooperative action*: In the process of communal coping, individuals collaborate to construct strategies that are aimed at reducing the negative impact of the stressor and to address the adaptational demands of the circumstance (e.g. How can we effectively deal with this issue? What needs to be done, and who is going to take on the various emotional and instrumental tasks?). In the case of alcoholism, families often experience adverse changes in a loved one, changes in family resources and the addition of new support requirements. Family members may talk about what the condition means in terms of psychosocial and life-style effects. They may join together in varying degrees to vent, but also to formulate coping strategies that will reduce the negative impact of alcoholism upon them personally and upon the family.

Styles of communal coping

Although communal coping will embody the three characteristics described above, there is considerable variation in its agency, context, function and outcome. As with any coping process, communal coping is not

a simple, planful, two-step, overt appraisal-action process. Rather, the trajectory of communal coping is likely to be a crooked path involving successive appraisal-action processes. The process may also involve both conscious and unconscious action, and the messages may or may not be communicated verbally. Some of these actions may be helpful, hurtful or of no impact to the players and their circumstances.

Whether communal coping is manifested is often less a matter of deliberative choice than of certain conditions conducive to it having been met. Communal coping is more likely to emerge in ongoing relationships as part of a larger set of obligations in giving, receiving and repaying (Stack, 1974). Alternatively, in the absence of such a history, individuals may engage in communal coping when they identify with another person going through a similar stressor. In the absence of an ongoing relationship, communal coping may arise out of compassion (Nussbaum, 1990).

Group characteristics for communal coping can vary considerably. Communal coping can take place in both established and 'pick up' groups. In other words, the group may be long-standing, with a history of communal coping efforts, or a recently established group, or possibly an 'old' group that reconvenes to address the issue. The size of the group can vary from a dyad to a community. Finally, the orientation of the group may be specifically problem-focused or it may be relationship-focused in that the resolution of the issue is tied directly to relationship maintenance.

Communal coping styles within the group are also likely to vary. Some groups may possess a democratic leadership style whereas others may be more autocratic. Leadership for communal coping may rest primarily with one person or vary according to the nature of the problem. Not all individuals in a network need to be part of or share equal roles in the communal coping process. One reason for this imbalance is that network members vary in their expertise related to the stressor. Another is that some members are perceived as capable of handling the stress whereas others are not. For example, when questioned whether network members' feelings were considered before deciding to ask for their help or support, a mother of a child with special needs replied: 'For certain people, but not for my husband because we are in it together. But with my parents, I am careful with what I tell them and how I tell them because they tend to dwell on the negative' (Mickelson, 1996).

Having provided a definition of communal coping, its three key components and examples of its functional diversity, we next examine the place of communal coping in the conceptualization of coping.

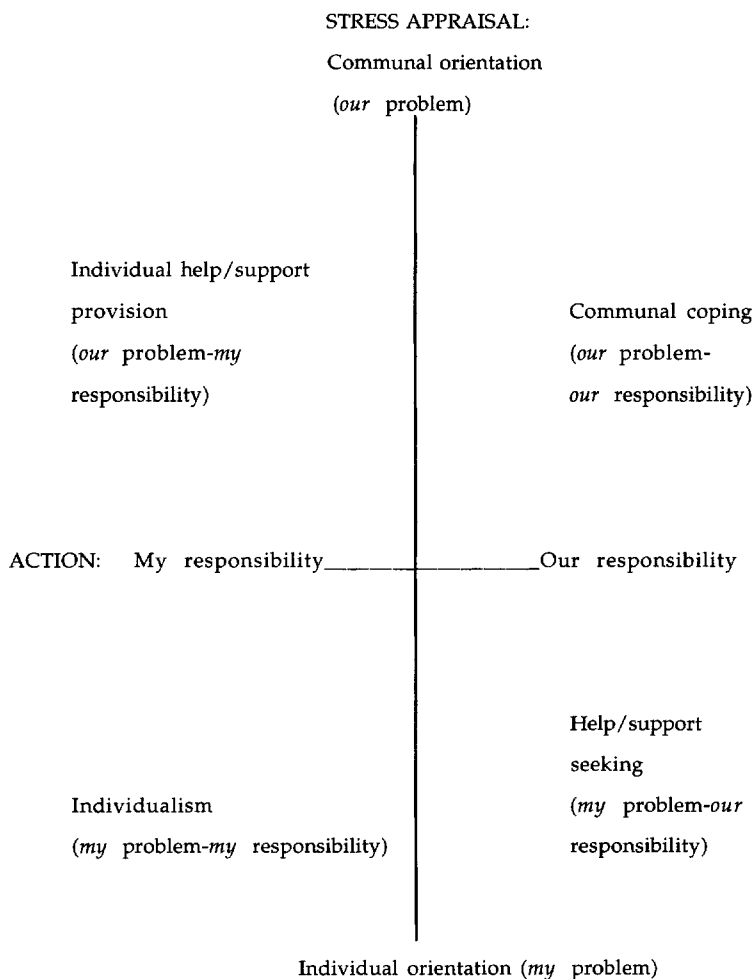
A framework for examining communal coping

We have made a case for the inter-relationship of the individual and close relationships in coping. However, it is useful to conceptually distinguish communal coping from other active forms of individualistic and pro-social coping. This distinction establishes a more comprehensive 'social' frame-

work for examining coping processes and permits an analysis of the benefits, costs and determinants of communal coping.

As noted earlier, communal coping is characterized by a shared appraisal of stress and a shared action orientation toward managing the stressor. For the present purposes, appraisal and action are conceptualized as orthogonal dimensions of thought and behavior that allow us to distinguish between different forms of coping. Figure 1 presents a framework for examining responses to stress that includes the concept of communal coping. An *appraisal* dimension runs vertically that represents variations in the degree to which problems will be construed as shared or individually owned. An *action* dimension runs horizontally that reflects variations in the

FIGURE 1
Individual and social coping processes



degree to which coping strategies will be mobilized by involved partners or by the individual.

The upper right quadrant of Figure 1, which represents shared appraisal and shared action, depicts the concept of communal coping. Here the individual construes the problem situation as 'our problem' and that it involves others (e.g. partner, family, community) in mobilizing the strategies necessary to deal with the stressor. Diagonally opposite is the individualistic coping orientation, represented in the lower left quadrant, where the appraisal and action dimensions reflect an individual's construal of a stressor as 'my problem' and the individual's solo efforts at mobilizing strategies to deal with the problem.

The upper left quadrant represents situations that are appraised as shared but the responsibility for action rests primarily with one person. Certain caregiving situations may be represented by this quadrant. For example, the spouse of an individual with Alzheimer's disease may make a communal appraisal, 'this is our problem', yet assume complete responsibility for dealing with the demands of caregiving. Finally, the lower right quadrant represents problems or situations where the individual seeks help or support from others but maintains an individualistic perspective. In other words, even though the problem is defined as 'my problem', the individual mobilizes others to help deal with the problem. Communal coping elicits coordinated actions for mutual benefit: social support is a process that does not require coordination among providers or mutual benefit.

Provisions of communal coping

Why engage in communal coping? Banding together to address stress provides some distinct benefits not gained by acting alone. In some instances, however, communal coping is not always a matter of choice. It may be required to successfully confront the circumstance and/or it may be embedded within the social structure. We examine provisions of communal coping from three perspectives: for coping with stress, for the maintenance and quality of relationships and for the self.

For coping

1. *To expand resources and capacity for dealing with stressors.* A stressful life event is a change of significant proportions that taxes or exceeds personal resources (Hobfoll, 1989; Lazarus & Folkman, 1984). One event can produce numerous types of coping challenges that must be addressed by a variety of actions and resources. For instance, serious illness can produce a multiplicity of chronic and acute stressors (Johnson, 1983; Lyons et al., 1992, 1995). The primary stressor, in this case, the health problem, tends to generate secondary stressors (Pearlin, 1991), such as loss of work and/or the need for physically accessible accommodations. These stressors can become independent sources of stress, but considered globally, con-

stitute an accumulation of simultaneous stressors. Sharing the coping resources amongst a group will expand available resources, provide greater diversity of resources, and permit role differentiation (Shirom, 1989; Rolland, 1988). Indeed, collaboration with others will likely result in a more effective set of coping strategies, i.e. two heads are better than one (Johnson & Johnson, 1994). Of course, communities that are rich in resources are more capable of mobilizing efforts to block losses (deVries, 1995). A sharp distinction between communal coping and social support is in resource allocation. In the process of communal coping, resources are mobilized and shared. In the process of social support, resources are provided from person A to person B.

2. *For social support.* There is evidence that people benefit emotionally by sharing stressors with others (Schachter, 1959; Pennebaker, 1990). If one is unable or unwilling to share major life stressors, there is evidence that depression, burnout, physical health problems and even death can result (Williamson & Schulz, 1990). For example, in 1994, a mother in Hamilton, Ontario killed her 16-year-old severely handicapped son and then committed suicide. Family members stated that she had worked tirelessly to care for her son; she was a perfectionist, and an intensely private person. Her suicide note indicated that she was too tired to go on and that she didn't want to leave her son behind. He would be safe with her (LaSalle, 1995).

3. *As a long-term investment.* Engagement in communal coping may extend the action of resource sharing beyond a singular event. Similar to notions of social support and reciprocity, engaging in shared coping could be considered an insurance policy, a long-term investment for future stressors. There may be other long-term benefits, such as, shared caregiving to be remembered in a will, or stock-piling resources (e.g. food or money) in the event of external threats to the social unit.

4. *To head-off or to buffer stress.* Communal coping efforts may influence the trajectory of stressful life events by reducing the impact of risk variables, curtailing the negative chain of events, and enhancing or maintaining the affected individual's self-efficacy or self-esteem (Rutter, 1985). For example, Pennebaker & Harber (1993) in examining processes of collective coping for earthquakes and war, found that mutual disclosures regarding a stressor, contributed to the reduction of personal distress. It appears that the opportunity to share concerns/feelings with significant others and derive meaning from the event may buffer negative effects. By diverting one's attention to the welfare of others, and combining it with shared coping activity, individuals are also distracted from their own emotional distress (Quarantelli, 1985). In other words, communal coping may reduce solipsism.

The perceived enormity of a challenge or stressor may be reduced by communal coping. A study using activity partnerships to facilitate exercise adherence for formerly inactive women with hypertension demonstrated that sharing the task of keeping active reduced the salience of constraints to activity. In other words, sharing the task and the value added to exercise

by relationship development, buffered the stress of having to keep active for health reasons (Wherry, 1996).

For relationships

Beyond the specific goal of coping with stress, what are a number of functions that communal coping performs in the service of relationship? Communal coping may be viewed as a method of facilitating group cohesion and can be used as a method to provide feedback about relationship quality and future expectations for the relationship. Beyond the family, communal coping may also be central to a sense of community, and in some cases essential for community maintenance.

Communal coping may simply be an extension of regular cooperative efforts mobilized to maintain relationship functioning during stress. Although cooperation may have originated in order to successfully hunt large animals (Hamilton, 1975), Argyle (1991) suggests three possible evolutionary explanations for cooperative behavior in humans: for kin selection (cooperation with relatives as a biological advantage), for reciprocal altruism (a central feature of liking and of close relationship development), and for group selection (groups who cooperate will more likely survive and proliferate). The last two explanations are relational in nature and we examine the potential relationship functions of communal coping under three associated themes: for relationship maintenance and development, for the well-being of others, and for collective benefit.

1. *For relationship maintenance and development.* What is the place of communal coping in established relationships? Having a network of 'close' family relationships and friends, suggests, by its very nature, that it is valued, that there is a level of interdependence and that there is a commitment to its maintenance. A high level of commitment to marriage means that a couple is likely to stay together in good and bad times and that the partners will try to address issues that threaten their relationship (Kelley, 1983). The essence of coping is that efforts are mobilized in response to a problematic situation. An individual in difficulty or a social unit stressor is, in effect, a risk to the maintenance and quality of that social unit. If it is desirable to maintain or enhance the well-being of valued relationships during these stressors, and it may be incumbent for 'good relationships' to deal collaboratively with threats to individual members, the family, or the network.

Although the issue of cooperative problem-solving is a central theme of marital and family therapy, and is viewed as a determinant of relationship quality, few researchers in the relationship field have specifically addressed the function of cooperative problem-solving in the quality of marriage or other close relationships. In community studies, however, communal-type factors have been shown to influence a community's quality of life. These factors include mutual support, collective actions to meet challenges, a high level of member participation in problem-solving, the presence of cooperative organizations and a high percentage of volunteers (Kenkel, 1986; Nilson, 1985).

Finally, in addition to its role in established relationships, communal coping may also contribute to the development of new relationships. New relationships may be developed as a result of communal coping efforts during significant life events, such as wars, floods, rescues, or in circumstances where people share similar social values, such as involvement in environmental clean-ups or protests.

2. *For the well-being of significant others.* Communal coping may be employed to assist one or more members of a group who have fallen on hard times. Some examples include neighbors contributing to a barn rebuilding after a fire, sharing food with the homeless, cooperating to divide caregiving tasks among family members, male friends shaving their heads to support a friend with cancer who has lost his hair because of chemotherapy (Halifax Herald, 1985). Actions such as these obviously arise from one's definition of 'community'.

Empathy-driven coping and responsibility-driven coping represent two different motives for communal coping. Empathy-driven coping emerges as a function of the strength of the relational ties that exist within a dyad. When affectational bonds are strong, individuals are likely to engage in efforts to maximize their partner's emotional well-being, and as Coyne & Fiske (1992) have shown, even at the expense of their own emotional well-being. In this manner, empathy-driven coping shares features with altruistic behavior. Altruism has been discussed as behavior that is directed toward increasing the well-being of others. Under most circumstances, altruism is considered to benefit both the initiator of altruistic behavior and the recipient. Within a romantic or friendship relationship, altruistic behavior not only decreases partner distress, but also communicates one's investment in the preservation of the relationship.

Responsibility-driven coping is a related but distinct motive of communal coping. In this instance, the behavior of individuals is guided by beliefs about the expected roles and responsibilities within these relationships. While empathy-driven coping will be evidenced primarily in relationships where affectational bonds are strong, responsibility-driven coping may be the primary motive for communal coping in relationships where affectational bonds are weak.

3. *For the collective.* There are many examples of communal coping activities that are devised specifically for the continuation and well-being of a social unit, be it a marriage, family or community (e.g. piling sandbags to hold back flood waters, defending the tribe from attackers, addressing disputes within the group, community environmental clean-ups, family secrets where individuals decide not to tell about an event or to distort the truth in order to protect the family from disgrace). Such activities may be tied to an interest in collectivism, a concern for the well-being of others and the social unit (Wheeler et al., 1989). Collectivism has been identified as the subordination of personal goals to those of the interest group, and places the welfare of the social unit above one's own welfare (Sampson, 1988), although both individualistic and collectivist intentions and activities may exist together. The notion of collectivism in the face of stressful life

events has been examined in a considerable number of overlapping conceptualizations, e.g. the notion of 'social interest' in Adler's theory of personality (Crandall, 1984); communal orientation (Triandis et al., 1990; Williamson & Schulz, 1990); network orientation (Vaux, 1990) and being 'pro-social' (Hobfoll et al., 1994). Hobfoll (in press) provides a fascinating historical analysis of individualism and collectivism, and suggests that individualism is a very recent phenomenon, primarily operating for men of Northern European descent. It is not a predominant world view.

Collectivism vs individualism raises one of the more salient ethical dilemmas faced by individuals and groups: the extent to which individuals are prepared to share their resources. Common issues relating to sharing resources include the distribution of financial resources, the distribution of family caregiving responsibilities for children or ill/disabled persons, the responsibility of the state to contribute to the welfare of disadvantaged persons, and members of the UN collaborate to send resources to a country combating human or natural disaster.

However, there may not always be a positive correlation between collectivism and communal coping. On the one hand, individuals can possess a collectivist perspective but employ an individualistic coping style to protect 'the group' from stress. On the other hand, individuals can engage the collective resources of group problem-solving solely for their personal well-being.

Communal coping may be a key contributor to social unit resilience. Resilience has been defined as the capacity of individuals and systems (families, groups and communities) to cope successfully in the face of significant adversity or risk (Reid et al., 1995). These authors state: 'Groups, schools, organizations and communities might be thought of as resilient when they respond to a crisis or to significant adversity in a way that strengthens the system, its resources, and its capacity to cope' (Reid et al., 1995, p. 16). Although most work on resiliency, similar to coping, has been conducted on individuals, there has been some work on families using their collective strength or resources to respond to threats/challenges (McCubbin & McCubbin, 1988; 1993). Also, there has been considerable interest in community resilience. A study of resilience in three eastern Canadian communities indicated that communal coping contributed to addressing a wide variety of collective (e.g. economic) and individual (e.g. illness) stressors, and contributed to the well-being and survival of these communities (Stewart et al., 1997).

For the self

Beyond communal coping as a coping resource, we briefly discuss two other functions that may contribute to individual well-being: social integration and excitement.

1. *For social integration*: Being sought out to help address a problem or stressful circumstance may be considered a form of social validation that one is competent, valued, loved and possesses solid membership in the group. Communal coping may act as a marker of in-group and out-group

status (Sherif & Sherif, 1953). Not being included to share a stressor with significant others may result in feelings of inadequacy: 'A man I know found out last year he had terminal cancer. He was a doctor. And he knew about dying, and he didn't want to make his family and friends suffer through that with him. So he kept his secret. And died. Everybody said how brave he was to bear his suffering in silence and not tell everybody. But privately his family and friends said how angry they were that he didn't need them, didn't trust their strength ...' (Fulghum, 1986, p. 55). Correspondingly, engaging others in a communal coping process may be used to avoid inter-personal conflict (e.g. why wasn't I included?).

Felton & Shinn (1992) maintain that individualistic biases in the social support research have masked the need of individuals for social integration, particularly a sense of attachment to community, for interdependence. Research suggests that people who participate with others for the well-being for the community feel a stronger sense of community than those who do not (Florin & Wandersman, 1984; Wandersman & Giarmartino, 1980). McMillan & Chavis (1986) identified shared emotional connection as one of four basic elements that compose their conceptualization of sense of community. Many of the features of this element suggest that a history of shared roles and problem-solving (i.e. communal coping) substantively contribute to the notion of shared emotional connection.

2. *For the excitement of overcoming adversity together.* Argyle (1991) speaks of cooperation to address a challenge as central to the notion of personal relationships with the potential of eliciting positive social experience, e.g. winning with shared gains, brainstorming, emotional closeness/intimacy in addressing challenges together, experiencing the thrill of overcoming an obstacle. The motive for communal coping, then, may lie not only in the outcome of the effort, but in the process, e.g. arousal, diversion from the ordinary, and pleasure that comes from meeting a challenge. The impact of communal success or failure is obvious in team sport. The attractiveness of some forms of communal coping activity is apparent in circumstances where people take on a stressful event for which neither they nor their family members have personally suffered, such as rescuing stranded whales.

Examining the benefits and costs of communal coping

Up to this point, communal coping has been discussed in a positive light, however communal coping can be a liability as well as an advantage. Consideration of the benefits and costs of communal coping is often undertaken by drawing a contrast to what are viewed as the alternative benefits and costs of a more conventional individualistic orientation to coping. If coping is seen most basically as an activity of autonomous individuals, then the issue of the relative benefits and costs of communal coping is largely an individual's decision to handle problems on one's own vs enlisting or depending on others; or, to stay removed vs getting involved

in others' coping efforts. Regardless, other people are seen as providing either support or constraints to individual coping efforts.

There is, however, a basic difficulty with framing the evaluation of communal coping in terms of such a cost-benefit analysis. As we have discussed earlier, the apparent autonomy and independence from social influences of individual coping efforts can be revealed to be an illusion (Riger, 1993; Sampson, 1988). What appears to be individual action likely contains social elements, although not necessarily communal coping efforts. However, the appearance of autonomy may be a social construction, maintained by denying the contribution of the interpersonal environment (Schmitt, 1995).

A study of the role of individual self-efficacy in men coping with a recent myocardial infarction (Coyne & Smith, 1994) demonstrates this illusion. Perceived self-efficacy has been viewed as a characteristic of individuals and a key determinant of how effectively they cope with stress (Bandura, 1986). Consistent with other research that is concerned with coping with health problems, the men's perceived self-efficacy in this study was strongly associated with positive adaptational outcomes. However, wives' resources and coping efforts predicted the men's perceived self-efficacy as well as the measures of the men's own coping and resources did. Focus group discussions with post-myocardial infarction men and their wives converged in showing that what individual men actually had to do to cope with having an infarction depended in large part on the quality of the marital relationship, what their wives did, and how the efforts of patients and their wives fit together (Coyne et al., 1990). Some couples became bogged down in conflict over who should decide what needed to be done and how to proceed, and some wives took a more passive role. Yet, other wives implemented needed changes in the patients' diet and daily routines on their own, so that much less depended on the patient's initiative. What superficially appeared to be the achievement of individual patients in coping with a myocardial infarction actually depended very much upon the efforts of the wives and the ability of couples to work together. The men's sense of self-efficacy may thus have reflected the modesty of the demands that they faced when they had the benefit of a more active and efficacious wife, or one who effectively buffered them from overwhelming stress.

The extent to which the maintenance and efficacy of individual coping efforts have depended upon a larger pattern of communal coping becomes apparent when key relationships are lost. Erikson (1976) noted how individual coping depends upon the 'context and rhythm' (p. 304) of a larger pattern of communal coping. The issue of the benefits and costs of communal coping is not then a matter of any simple comparison with individualistic coping. The apparent distinction between these two modes of coping may be largely one of whether people openly acknowledge their dependencies on interpersonal relationships and how they give these relationships weight in their coping efforts.

Of course, individuals can do things for themselves, withdraw from relationships, loaf, or exploit the efforts of others. Yet, the extent to which

these moves are possible, and the extent to which their coping remains efficacious, may continue to depend upon the efforts of others.

Even if the question is not one of a distinct choice between individual vs communal coping, other important issues remain concerning the costs and benefits of communal coping. First, there is the issue of *equity*: the distribution of effort required from individuals may differ substantially from the distribution of benefits. As Kaniasty & Norris (1997) have noted, 'the mobilization of support is a most *inegalitarian* process.' Although patterns of concern and effort may be responsive to pressing needs, they may also be constrained by the rigidity of pre-existing role responsibilities. Husbands returning from the hospital after a myocardial infarction can generally expect a period of care from their wives, but post-infarction wives can expect to attempt to resume their home responsibilities as soon as possible (Coyne & Fiske, 1992). In both the nuclear and extended family, women may disproportionately take on responsibility for others. Thus, daughters and daughters-in-law may take on more responsibility in a family's caring for an infirm elder than sons.

Second, there is the issue of how the costs of communal coping may limit *individual adaptation*, despite its benefits for social unit maintenance and even necessity. Stack (1974) described how members of a poor African-American community benefited and often depended upon a complex pattern of mutual aid. Yet, however vital this material assistance may have been to members of this community, it precluded any individual person or family from accumulating the resources for upward mobility. When the Buffalo Creek flood destroyed a community, the surviving individuals lost their ability to cope individually or to re-establish minimal cooperation: 'And the cruel fact of the matter is that many survivors, when left to their own mettle, proved to have meager resources, not because they lacked heart or competence, certainly, but because they had always put their abilities in the service of the larger community and did not know how to recall them for their own individual purposes. A good part of their personal strength turned out to be the reflected strength of the collectivity — on loan from the communal store — and they discovered that they were not very good at making decisions, not very good at getting along with others, not very good at maintaining themselves as separate persons in the absence of neighborly support' (p. 215). Accordingly, Wellman et al. (1988) have suggested that a strong sense of community connectedness that comes from sustained communal activity and interdependence can lead to difficulty, such as leaving the community for employment, education, etc.

Moreover, with individuals facing acute crises, there is the possibility of stress contagion and the 'pressure cooker' phenomena (Hobfoll & London, 1986; Hobfoll & Spielberger, 1992). The distress of others in a situation can force all individuals into sustained confrontation with distressing aspects of the stressor. Sustained confrontation may block efforts at emotional distancing and prevent individuals from taking needed respite. The coping resources of both the group and the individuals may become depleted and they may even come to find the mere presence of others aversive.

Recent experience with predictive testing of women for genetic risk of breast cancer has revealed some of the complexities of communal coping in terms of its costs and benefits (Benazon & Coyne, 1996). *BRCA1*, a gene associated with early onset breast and ovarian cancer was recently cloned, and allowed women in high risk families to ascertain whether they or others in the family had the altered gene associated with greater likelihood of breast cancer (Hoskins et al., 1995). Women who had the altered gene had a number of options for managing their risk including increased surveillance or preventive surgery, but none was totally effective and each had drawbacks as well as benefits.

Women in these high risk families were within the normal range for distress and clinical depression, possibly attesting to the effectiveness with which they had mutually supported each other (Benazon & Coyne, 1996). However, this vital communal coping resource had unanticipated implications when it came to the women actually receiving their individual results. Characteristically, these women came to the medical center in groups and rallied around each other in anticipation of the result. Yet, some women who were found not to have the gene only momentarily experienced their relief before being overcome with a kind of survivor's guilt and a sense of profound isolation from their women relatives who were not so fortunate. Some women who had the altered gene were able to manage the receipt of this information only to be faced with overwhelming task of reassuring waiting relatives who were seeking to console them. The women could manage their own distress, but the distress of their caring relatives was another matter. In the immediate aftermath of risk disclosure, these women confronted the web of obligations in which communal coping occurs.

These examples of communal coping highlight the complex dynamic that emerges when stressful circumstances arise in close relationships, and the necessity of viewing the communal coping process not simply as advantageous or disadvantageous, but as a medley of benefits and costs. Paradoxically, many of the costs may evolve as a function of the investment made for the satisfactory maintenance of the relationship, the family, or community.

Factors in communal coping

As our discussion of communal coping has suggested, there are various motives, benefits and drawbacks to communal coping. Up to this point, though, we have discussed communal coping as a whole, but have overlooked the forms of coping with stress. Some readers may question how common communal coping really is and what factors influence its use. Undoubtedly, communal approaches to coping are expected in circumstances where many people are similarly affected by a stressor. However, it is less clear whether the communal coping perspective would be useful in understanding coping with more individual types of stressors. In these

circumstances it is particularly important to consider what factors may influence the use of communal coping. Four possible factors will be considered briefly: the situation or event, the cultural context, characteristics of personal relationships and sex.

1. *The situation.* As just mentioned, the situation or event may affect the communal coping process. Events or stressors that simultaneously affect a whole community or network (e.g. flood, tornado, earthquake, massive layoffs) may naturally induce the community or network to band together in their coping. In fact, research has suggested that adjustment of individuals to communal events, such as floods, depends on how much the community support system has been affected (Kaniasty & Norris, 1993).

Other stressors are more individual in nature because they directly affect specific individuals in the community or network (e.g. personal illness, crime, job stress). Does it follow, then, that these stressors induce an individual coping approach? Not necessarily; these individual stressors affect others in the network, albeit often indirectly. A personal illness, such as AIDS, has significant consequences not only for the individual with AIDS but also for the network who must deal with the impending incapacitation and death of the person. Divorce has stressful consequences for the couple and their children, but also brings about stresses for the extended family and friends of the couple. We argue that an individual's perception of these more individual stressors contributes to the activation of the communal coping process. In other words, individuals who do not distinguish between the severity or priority of direct and indirect effects may tend to view stressors communally, and therefore, engage a communal coping approach. Individuals who maintain a rigid separation between direct and indirect effects may tend to view stressors individually, and therefore engage an individual coping approach. Furthermore, there may be greater agreement on the relevance of communal coping for some event domains as compared with others, e.g. survival events vs individual or domestic events.

2. *The cultural context.* Communal coping may be more apparent in cultures that emphasize and promote a communitarian ethic. For instance, Bryer (1986) reviewed research on how the Amish cope with death. When a death occurs in the Amish culture, the community operates on a system that is rooted in accountability where social support is provided by all of the family as well as the community. Their understanding is that the whole network joins together to offer and receive support for indefinite periods of time. In other cultures that stress individualism, such as the United States, people may be less likely to engage in communal coping. In these cultures, what is valued is being independent, strong and self-reliant; in other words, 'working it out on your own'.

Fukuyama (1995), in a global analysis of culture and the political economy, suggests that a nation's well-being as well as its ability to compete, is conditioned by a single pervasive cultural characteristic: trust. This level of trust is reflected in the nature of a culture's communal or group problem-solving activity, which varies considerably by country. He

suggests that although the United States had historically been a high-trust, group-oriented society, its art of association has changed over the past several decades as a result of a lack of shared values and community. Asians, on the other hand, maintain a strong, commonly held set of rules and values that permit a high level of trust and communal activity to persist. However, it is Hobfoll's (in press) view that we need to take care not to romanticize communal activity but to understand individual and communal activity on a continuum and to understand their strengths and weaknesses simultaneously.

3. *Characteristics of personal relationships.* A communal coping approach may require an assessment of the relationship one has with network members. Individuals may be more likely to engage in communal coping with those network members to whom they are closest. In Kahn & Antonucci's (1980) convoy theory, individuals place network members in different concentric circles. The innermost circle represents the individual and the next circle represents those who are closest to the individual. The further out network members are placed in the concentric circles, the less close they are to the individual. Communal coping may be affected by the placement of network members in these circles. Members who are closest to the individual may be more likely to be included in the communal coping process than members who are placed further out on the range of concentric circles. The distinction between direct and indirect effects may be less clear for closer network members, or the individual may feel less risk of rejection by including only the closest network members. However, one could argue the reverse. Individuals may feel less comfortable sharing their stress with those to whom they are closest because they are all too aware of the effects of the stressor on these close network members and do not want to burden them further.

Another issue to be considered in this factor is the synchrony of appraisal and impact between the individual and the network members; in other words, the extent to which the individual's and network's perceptions about the stressor are congruent. For instance, a person who is raped may perceive the stressor as 'our problem' whereas the network may perceive the stressor as the individual's problem, especially if the network believes that the individual is somehow responsible for the rape. This incongruency of perception about the stressor could lead to conflicts in coping strategies. The individual may be expecting the network to cope communally and will experience conflict when the network fails to deliver on this approach.

4. *Sex.* As alluded to earlier, sex will likely play a role in communal coping. Sex exerts substantive influence on coping and support processes (for a fuller discussion, see Gore & Colton, 1991; Thoits, 1991). Women and men may differ in the way they perceive stressors, the distribution of support roles, and actual emotional and instrumental support needs. Research has suggested that women are more likely to seek out support than men, and to perceive availability of support than men (Vaux, 1985).

Women also have been socialized to take the nurturant role in families and relationships, unlike men (Bem, 1993). Therefore, women may be

more likely than men to engage in communal coping, especially when a network member is the one with the stressor. Caring roles of all types have traditionally been the province of women. Gilligan (1982) used the term 'ethic of care' to suggest that taking care of others, ensuring the well-being of others, and defining one's self in relation to others have been central to the socialization and psychological development of women. As evidence, studies have found that women tend to report more network events as significantly affecting them than men (Gore et al., 1993; Kessler & McLeod, 1984).

But what about for their own stressors? Does theory provide any hints about whether men will be more or less likely than women to engage in communal coping for their own problems? According to theory, men have been socialized not to show any vulnerability or weakness (i.e. to be the protector, not the protected, Bem, 1993). Thus, when experiencing a stressor, men may be more likely to handle the problem on their own than to seek the support or help of the network. Women, on the other hand, traditionally have been responsible for relationship maintenance, and they seem to attach more importance to relationship quality. Therefore, if the well-being of women is more strongly based upon the perceived well-being of significant others (Gore & Colton, 1991; Gottlieb & Wagner, 1991; Gottman, 1991; Wheaton, 1990), coping may involve attending to how children, parents and partners are dealing with the illness vs focusing on their own welfare. Thus, even though women may be more likely than men to engage in communal coping for a network member's problem, their emphasis on maintaining relationships may actually *inhibit* them from engaging in communal coping when the stressor is their own, because they do not want to burden the family. In other words, theory suggests that both men *and* women have reasons to avoid using communal coping for their own problems.

As this brief discussion demonstrates, communal coping is not the simple sum of thinking of a stressor as a shared burden and the action of sharing support needs. Rather, communal coping is a complex intertwining of situational, contextual, intrapersonal and interpersonal factors. Finally, we have only touched upon a few factors that may affect whether a person is more or less likely to engage in communal coping; others include personality factors, such as self-esteem, optimism/pessimism and locus of control.

Research implications

The examination of coping has not substantively addressed the social trajectory of human response to life events. Although the analysis of coping resources and determinants has included personal relationships through the theme of social support, this work has focused largely on how social support affects personal well-being.

We have suggested that a purely individualistic approach to coping has

serious limitations for examining human response to stressful life events. Models of individual coping do not fully explain why people engage in behaviors, such as joining a support group, giving up a valued job to share in the care of a sick relative, sharing food needed for survival, constructing coping strategies together while being held captive, or saving beached whales.

One logical means to support our claim that communal coping would improve the predictive power of coping would be to examine communal coping overall within the full range of coping strategies used to address life stress. However, there is a serious constraint to extracting communal-type coping strategies from traditional studies of coping. Studies of coping and of social support do not normally inquire about communal coping strategies. Researchers have usually directed respondents to recall individual or personal coping actions used to relieve their emotional distress. They have not included strategies that address a broader range of motives such as the well-being of others and the social unit, and long-term outcomes such as relationship maintenance. Correspondingly, because respondents in studies of coping have been asked about their *individual* coping strategies (i.e. what is stressful for *you* and how do *you* handle it?), we may have missed relevant social coping processes played out in couples, families, work and community.

Recently, several researchers (e.g. Coyne & Smith, 1991; Gottlieb & Wagner, 1991; Hobfoll et al., 1994), have used coping frameworks and methods to elicit a broader range of coping strategies and intended outcomes. A ground-breaking contribution to initiate the examination of communal coping in the context of coping has been the conceptualization of social coping processes in the development of the Dual Axis Model of Coping (Hobfoll et al., 1994) which distinguishes coping into active/passive and anti-social/pro-social dimensions. These authors have also developed a companion measure, the Preliminary Strategic Approach to Coping Scale (P-SACS), which includes a subscale called social joining. Such approaches to coping are relatively new.

Studies of coping have focused primarily on the details of domestic and individual events, not on the full continuum of stressful situations, and may have missed circumstances where communal coping processes (of both men and women) may be prevalent, such as wars and natural disasters. Thus, we argue that the question of how people cope must accommodate a fuller range of individual and communal strategies.

Coping research must not only attend to those outcomes that match a specific motive but to outcomes that may be serendipitous or indirect (e.g. what were the outcomes of cooperative coping for addressing the stressor and for the relationship?). From a relationship perspective, we need to understand more about how relationship systems function under stress, and the effect of coping strategies on the social unit and its members. Relationship research on communal coping might include its impact on attraction, relationship development, maintenance and deterioration. Compelling topics might include examination of the determinants of

successes and failures of communal coping, and analysis of factors such as size and composition of group and history of cooperation.

Historically, individuals banded together to deal with stressors and threats to their welfare that they could not address on their own. In western society, governmental structures and taxes were established to cope with many issues traditionally dealt with communally. With a social structure that values individual performance, buffered by the provision of state resources, socialization in communal coping has decreased. However, with governments' decreasing resources for problems such as illness and unemployment, families and communities are being left with greater responsibilities for these stressors. Therefore, we need to examine which forms of communal coping are being employed in present-day society and which are the most efficacious for individuals and groups.

Processes of communal coping are as interesting as the outcomes; for instance, the initiation of communal coping. Is communal coping typically initiated by the same family member(s)? Are there social rules/responsibilities for shared coping in social units, and if so, how do these differ among cultures/families, etc.? What are the processes inherent in communal coping, including communication, conflicts, leadership, and power issues? Is there a hierarchy of network membership that relates to communal coping? Are one's 'close relationships' those with whom communal coping most generally occurs?

As suggested earlier, one research direction for communal coping is the congruency of the individual's and the network's perception of the stressor as my responsibility, your responsibility, or our responsibility. The extent to which the network's and the individual's perceptions are congruent are likely to have a major influence on coping and support processes.

Communal coping as an intervention

Can communal coping be utilized to develop intervention programs aimed at enhancing coping resources and relationships? If perceiving a stressor in a communal light is beneficial for individuals, can people be taught how to share their burdens with their network? If so, what implications does this have for compliance? Consider the case of individuals with coronary heart disease (CHD). One perceives the CHD as a burden to be shared by the network, and the other perceives it as an individual issue. For the first individual, the network and individual together are responsible for dealing with the disease. Network members are aware of times when medicine should be taken, the foods that should or should not be eaten, and the exercise that needs to be done. Additionally, the whole family may change its diet or start an exercise routine. On the other hand, the second individual is not sharing information about treatment, medication, diet and exercise. Therefore, the network is less able to influence the person's health behaviors or compliance with treatment.

In conclusion, what is required for a full understanding of coping, is a conceptualization of coping that includes both individual and communal coping strategies. We see evidence of communal coping across cultures and

across many species. The concept of communal coping can help us develop a broader perspective of the nature of altruism and role expectations within relationships, and may be a heuristic for fostering a more critical evaluation of the inadequacies of individualistic models of distress and coping. In addition, the notion of communal coping may contribute to the development of methodologies that more adequately assess the dimensions of behavior that determine relationship preservation and emotional well-being of those individuals and networks facing life adversity.

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