
TRANSLATION, ADAPTATION, AND VALIDATION ON ROMANIAN POPULATION OF COPE QUESTIONNAIRE FOR COPING MECHANISMS ANALYSIS

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ABSTRACT

The purpose of the present study was to validate the Romanian version of the 60-item COPE Questionnaire (Carver, Scheier, & Weintraub, 1989), which includes 15 coping strategies. The adaptation of COPE was conducted on a non-probabilistic, non-clinic, convenience sample of 1009 participants. A confirmatory factor analysis (CFA) was used to test the factorial structure of the COPE, on literature-based hypothesized models. The results support a solution with four correlated factors, as most appropriate to describe the structure of the Romanian version for the COPE. These four factors are: problem focused coping, emotion focused coping, social support focused coping, and avoidant coping. Supplementary, for both four-factor solutions, and the initial 15-scales internal consistency coefficients were computed. The internal consistency values range between .72 to .84 for the 4-factor solution, and between .48 and .92 for the 15 initial scales.

KEYWORDS: *coping, COPE, confirmatory factorial analysis, reliability, construct validity*

The introduction of the concept of coping in medicine and psychology is strongly related to stress (Lazarus, 1966; Selye, 1976; 1976a). The normal or pathological reaction to stress depends on the coping capacities of an individual, as a way to adapt to the stressful context. The interest for coping strategies has registered a

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continuous growth. For instance, the PsycInfo database has registered 3392 articles between 1990 and 1996 having coping as a descriptor (Ionescu, Jacquet, & Lhote, 2002). Despite the enormous number of studies on stress and coping in the last two decades, there is no unitary theoretical approach regarding coping. Firstly, coping is usually separated from coping resources (e.g., self-efficacy, optimism), which is very difficult to disentangle. Secondly, there is no unitary theoretical framework of coping, although there is a growing tendency to categorize specific coping dimensions into two main classes. These are seen either as instrumental (problem-based), coping and palliative (emotion-based) coping (Zeidner & Endler, 1996), or as engagement and disengagement coping strategies (Carver & Connor-Smith, 2010).

Due to the many existing attempts to conceptualize coping, there were a lot of coping instruments developed to measure this psychological construct. One such example is Folkman and Lazarus (1988) *Ways of Coping Questionnaire*, which consists in a series of affirmations, on how people handle problems in stressful situations, differentiating between two coping mechanisms (problem focused coping and emotions focused coping). Another measure is the Strategic Approach to Coping Scale (SACS) developed by Hobfoll, Dunahoo, Ben-Porath, & Monier, 1994; Hobfoll, Dunahoo, Monnier, Hulsizer, & Johnson, 1998), which has been recently validated on the Romanian population (Budău, Ciucă, Miclea, & Albu, 2011). Similarly, if we consider defense mechanisms as coping mechanisms, another existing instrument for measuring coping is the Defensive Style Questionnaire (DSQ-60), developed by Thygesen, Drapeau, Trijsburg, Lecours, and de Roten (2008), which also have been recently adapted on the Romanian population (Crașovan & Maricuțoiu, 2012).

In the present study, our aim was to contribute to the adaptation and validation process on the Romanian population of another coping instrument, the COPE, developed by Carver et al. (1989), as a 60-item questionnaire, destined to measure 15 different coping strategies. We selected to adapt the COPE questionnaire, firstly, because it is among the most often used coping scales (Hasking & Oei, 2002), and developed by one of the most important authors in the field (see the review on coping made by Carver and Connor-Smith, 2010). Secondly, despite its use on the Romanian population (e.g., Glăveanu, 2012), the COPE has a long history of problematic psychometric properties, mainly in terms of its difficult replicable factorial structure on various populations. Therefore, it was important to see which factorial pattern structure is most appropriate to describe the Romanian version of the instrument.

The questionnaire integrates the pattern of stress elaborated by Lazarus (Lazarus & Folkman, 1987), but the authors of the questionnaire think that the separation of the coping forms into two types (focused on emotion or focused on the problem) is too simple.

A brief description of the COPE and previous attempts to analyze its factorial structure

Carver et al. (1989) have elaborated a multidimensional inventory for the coping strategies (the COPE Inventory) that assesses ways in which people handle stress, from a dispositional perspective. After employing an exploratory factorial analysis of individual scales of the COPE questionnaire, Carver et al. (1989) have identified four factors: (1) *coping focalized on the problem* (including the following coping strategies: affective approach, planning and deletion of concurrent activities); (2) *coping focalized on emotions* (positive interpretation and growth, abstention, acceptance and religious approach); (3) *coping focalized on search for social support* (use of the social-instrumental support, the social-emotional support and focalizing on expressing emotions) and (4) *avoidance coping, for the problem or the associated emotions* (denial, mental and behavioral deactivation). In this study performed by Carver, substance consumption and humor, two of the coping strategies included in the scale, were not included in the factor analysis: The Questionnaire has 60 items, each of the 15 coping strategies (see table 1) being evaluated through 4 items. The answer can be measured on a Likert scale from 1 to 4.

The items have been used in at least three versions. The first one is a dispositional or trait-like version in which respondents report the extent to which they usually do the things listed, when they are stressed. A second version is a time-limited version in which respondents indicate the degree to which they actually did have each response during a particular period of time in the past. The third version is a time-limited version in which respondents indicate the degree to which they have been having each response during a period up to the present. The formats differ in their verb forms: the dispositional format is present tense, the situational-past format is past tense, the third format is present tense progressive (I am ...) or present perfect (I have been ...).

Subsequently, Carver (1997) elaborates a COPE Brief, a short variant of the COPE Inventory, by reducing the number of items and coping strategies, but in this study we have focused on the full version 60-item COPE inventory. The majority of the next reported studies use the original version of the COPE Questionnaire.

Unfortunately, this initial solution proposed by Carver et al. (1989) has been replicated inconsistently in the subsequent studies that aimed to validate the COPE factorial structure. Among those studies which replicated the same structure of scale loadings within a four-factor solution are the ones conducted by Fountaine, Manstead, and Wagner (1993), or the one conducted by Phelps and Jarvis (1994). In addition, Connor and Connor (2003) identified the same four-factor solution with only one slight difference (the restraint scale loaded more on the problem based coping than on the emotion based coping). Yet, this study did not report any data regarding religious approach and humor.

Table 1.

The 15 coping directions (adapted from Carver, Scheier, & Weintraub, 1989).

Coping mechanism - description	Item sample	Factor
<i>Active approach</i> (concrete actions which follow the elimination of the stressor or the improvement of its effect)	I concentrate my efforts on doing something about it	Problem focused coping
<i>Planning</i> (the orientation of thinking towards steps and ways of acting)	I make a plan of action	
<i>Deletion of concurrent activities</i> (avoidance of distracting from the problematic situation in order to concentrate more on its solution)	I keep myself from getting distracted by other thoughts or activities	
<i>Positive interpretation and growth</i> (the tendency to extract benefit from an undesirable situation or with fatal consequences).	I try to grow as a person as a result of the experience	Emotion focused coping
<i>Restraint</i> (measures the opposite of the impulsive and premature tendencies of action, even if the situation does not allow it; it's a form of active coping in the sense of focusing on the stressor, but at the same time, it's a passive strategie, until the moment when circumstances will allow action).	I restrain myself from doing anything too quickly	
<i>Acceptance</i> (envisions one of the following situations: accepting the reality of the threatening factor in vue of acting on it and/or accepting the fact that there's nothing one can do in order to improve the situation).	I get used to the idea that it happened	
<i>Religious approach</i> (the measure in which the subject appeals, in uncertain moments, to help from the divinity).	I put my trust in God	Social support focused coping
<i>Use of social-instrumental support</i> (evaluates the tendency to ask for advice, information and help the necessary material for actions meant to improve the situation).	I try to get advice from someone about what to do	
<i>Use of social-emotional support</i> (asking for understanding, compassion or moral support from friends, relatives, colleagues in order to diminish stress).	I discuss my feelings with someone	
<i>Expressing the emotions</i> (reducing the stress level by expressing affects and negative emotions).	I get upset and let my emotions out	Avoidant coping
<i>Denial</i> (refusal to believe that the stressor really exists; actions which ignore stress, like it's not real).	I say to myself "this isn't real"	
<i>Mental deactivation</i> (strategy used for avoiding the confrontation with the problema by engaging in activities such as: watching movies or shows, visiting friends, etc.; it's the opposite tendency of suppressing any activities in order to focus on the problematic situation).	I turn to work or other substitute activities to take my mind off things	
<i>Behavioral deactivation</i> (the tendency to respond to stress by reducing the effort or even abandoning the implication in reaching the goal or removing the stressor which interferes with the purpose).	I admit to myself that I can't deal with it, and quit trying	Other coping scales not included in the EFA
<i>Substance consumption</i> (using anxiolytic medication or alcohol in order to eliminate discomfort or the confrontation with threatening situations).	I use alcohol or drugs to make myself feel better	
<i>Humor</i> (presenting the traumatic situations in an ironic manner).	I laugh about the situation	

On the other hand, Litman (2006) presented two independent analyses on two different samples. Whereas the results from the first study showed a preference for a four-factor solution, with a distribution of scales similar to the one described by Carver et al. (1989) (in addition having humor as an emotion focused coping, and substance consumption as an avoidant type of coping), the results from the second study identified a different factorial solution with only three main factors (besides the classical avoidance and social support types of coping, being a common coping factor that included problem and emotion based copings). This three-factor solution was previously also found by Stowell, Kiecolt-Glaser, and Glaser (2001). Based on these mixed results, Litman (2006) concluded that the COPE instrument evaluates autonomous and social styles of adaptation, which are relatively oriented on approach, with a negative style of adaptation through avoidance.

In a similar vein, Deisinger, Cassisi, and Whitaker (1996) identified a five-factor solution, replicating in addition to the four factors mentioned above, a fifth mixed factor composed from substance consumption and humor.

In another study performed by Lyne and Roger (2000), although a four-factor solution emerged, the scale differed from the initial solution in their loadings related to a particular factor. In this case, the four factors were: a common problem-emotion (approach) focused coping factor, avoidance coping, seeking social support factor, and a one-item religious coping factor (in the analysis humor and substance consumption were also excluded from the EFA). Rather similar results were obtained by Fortune, Richards, Griffiths, and Main (2002), who reported a four-factor solution, a common problem-emotion focused coping factor, the avoidance coping factor, the seeking social support factor, and a common mixed factor including religious approach and humor (mental deactivation and substance consumption were not included in the analysis).

Since all previous attempts to establish the factorial structure of the COPE are based on the English version of the scale, it would be of great interest to look at the results obtained in case of using various adaptations of the COPE Questionnaire on other languages / cultures. For instance, in the Italian version of the COPE (Sica, Novara, Dorz, & Sanavio, 1997), a five-factor solution emerged: (1) *coping focused on the problem* (active approach, planning and deletion of concurrent activities); (2) *avoidance coping (of the problem or associated emotions)* (denial, behavioral and mental deactivation, substance consumption and humor); (3) *coping focused on seeking social support* (social instrumental support, social emotional support and expressing emotions); (4) *coping focused on emotions* (positive interpretation and growth, restraint and acceptance) and (5) *religious approach*. On the other hand, the Estonian version (Kallasmaa & Pulver, 2000) identified three factors: (1) *coping focused on the problem and emotion (approach coping)* (active approach, planning, deletion of concurrent activities, positive interpretation and growth, and humor); (2) *avoidance coping (of the problem or associated emotions)* (denial, behavioral

and mental deactivation, restraint and acceptance) and (3) *coping focused on seeking social support* (social instrumental support, social emotional support and expressing emotions). This version did not include two types of coping (religious approach and substance consumption) in the analysis.

Therefore, the main purpose of this study is the adaptation and the factorial structure validation of the Romanian version of the COPE Questionnaire. Consequently, we analyzed our data by using a confirmatory factor analysis (CFA), taking into account different models that have been previously supported in the literature. In order to increase the relevance of our results we collected data from a rather big (N = 1009) and heterogenous sample (we included people with different levels of educational background, unlike most previous studies that focused on undergraduate students).

In particular, we were interested in three main factorial structures: the initial four-factor structure (problem based, emotion based, social support based and avoidance based coping), a three-factor structure (approach focused that includes both problem and emotional; social support based and avoidance based coping), and a two-factor model (approach and avoidance coping, this solution being most closely related to the theoretical distinction of coping types into engagement and disengagement coping).

METHOD

Participants

The study implied the application of COPE Questionnaire (60 items version) on a number of 1200 subjects. Out of the total number of 1200 applied questionnaires, only 1009 sets of answers were filled in completely or had a maximum of three missing answers, to be introduced in subsequent CFA analysis. For the situations where a maximum of three answers were missing, we used the average value of the respective item to fill in the missing data.

The demographic characteristics of the participants were: 35,6% men and 64,6% women; an average age of 29,9 years (ranging from 18 to 71); most of them having high-school as highest educational level (43,5%) or a bachelor degree (41,3%). Other 8,9% of the participants had less than a high school degree, while the rest of the participants had a graduate degree (master or doctoral).

Method and procedure

The adaptation of COPE Questionnaire (60 items version – which includes 15 coping strategies) in Romania was made in a time period of 2 years, starting January 2009, until March 2011. The cultural adaptation of the COPE

Questionnaire was made in accordance with ITC (Hambleton, 2001) rules and regulations of cultural adaptation.

Thus, we translated into Romanian the 60-item COPE Questionnaire (Carver et al.1989), followed by a back-translation. The items were translated from English into Romanian by highly specialized translators (university English teachers), working under the rigors of the double-blind procedure. Initially, a person translated the items from English into Romanian, and after that, another translator was contracted to provide the English translation of the Romanian items. The items in English obtained in this particular step of the process were compared to the items of the original version. On the basis of the identified correspondences, the Romanian translation was considered to be an adequate version of the original instrument.

RESULTS

In order to reach the aim of this paper we employed a CFA for the COPE Questionnaire, using the COPE scale scores as input in the analysis (Sava, 2004). The statistical analysis was performed on the sample of 1009 participants. Several alternative patterns were tested, using measurement models. Each of these patterns was tested using AMOS 18 (Arbuckle, Wothke, 1999). The method of *maximum likelihood* approach was used for estimating fit indices and we took into account the most robust indicators selected among those which are less influenced by the size of the sample of subjects (*the root-mean-square error of approximation – RMSEA*) or the method of estimation used (*goodness of fit index – GFI*); and *the adjusted goodness of fit index – AGFI*). Likewise, two more indicators were taken into consideration: *the comparative fit index – CFI* and the Hoelter Indicator for the situation in which the patterns have a χ^2 significant test (Fan, Thompson, & Wang, 1999). It was worth noticing that we concentrated our analysis on 12 out of the 15 scales, excluding humor, substance consumption, and religious approach from the analysis, since these scales seemed to be rather heterogeneous and independent ways of coping, that are not related to a specific latent common factor.

A number of six possible ways of structuring the items was tested (see table 2), the tested patterns being the following:

- 1) a pattern of scales loading into two uncorrelated factors: approach and avoidant copings;
- 2) a pattern of scales loading into two uncorrelated factors: approach and avoidant copings;
- 3) a pattern with three uncorrelated factors: approach, avoidant and social-support coping;
- 4) a pattern with three correlated factors: approach, avoidant coping, social-support coping;

- 5) a pattern with four uncorrelated factors: problem – focused, emotion – focused, social – support and avoidant coping;
- 6) a pattern with four correlated factors: problem – focused, emotion – focused, social – support and avoidant coping.

Table 2.
Fit index for the patterns tested on COPE (N = 1009)

Pattern	Hi square	df	p	GFI	AGFI	CFI	RMSEA	low	high	Hoelter .05
Two-factor UC	500.04	53	0.00	0.865	0.801	0.537	0.091	0.084	0.099	144
Two-factor C	256.05	47	0.00	0.931	0.885	0.784	0.066	0.059	0.075	252
Three-factor UC	410.76	53	0.00	0.889	0.837	0.630	0.082	0.075	0.089	175
Three-factor C	231.03	47	0.00	0.938	0.897	0.809	0.062	0.054	0.070	280
Four-factor UC	401.38	48	0.00	0.892	0.824	0.634	0.085	0.078	0.093	164
Four-factor C	197.51	42	0.00	0.947	0.901	0.839	0.061	0.052	0.691	297

UC – uncorrelated factors; C – correlated factors

Subsequently, the recommendations of Sava (2004), Schreiber, Nora, Stage, Barlow, and King (2006), and Garson (2008) were taken in order to interpret the fit index. The following AMOS indicators were examined: χ^2 , GFI, AGFI, CFI, RMSEA and Hoelter .50.

The results show a significant improvement for the fit indices in the case of solutions that hypothesized the existence of correlations among factors, regardless of their number. Yet, among these three remaining competitive solutions, a slight better fit have been found for the four-factor solution, that differentiates between problem based, emotion based, social support based and avoidance based types of coping, that are intercorrelated to eachother (the solution is depicted in figure 1).

The GFI Index has a value of .94, which indicates a good pattern and AGFI has a value of .90, indicating the same thing (following the benchmarks Sava established in 2004). CFI index has a value of .83, an acceptable value. RMSEA indicator is .06, being situated in a span of \leq .06 until .08, according to Schreiber et al. (2006). Hoeltd Index is .05, which indicates that the degree of adequacy of the size of the participants' number is a good value, 297 (considering a minimum value of 75, according to Garson, 2008). Similarly, the value of the report χ^2/df (χ^2 relative) is 4.7, which is considered to be adequate for this pattern (Schreiber et al., 2006). Thus, the pattern which implied the existence of four correlated factors is the most adequate regarding the obtained data. The degree of saturation for the items in factors can be observed in Table 3.

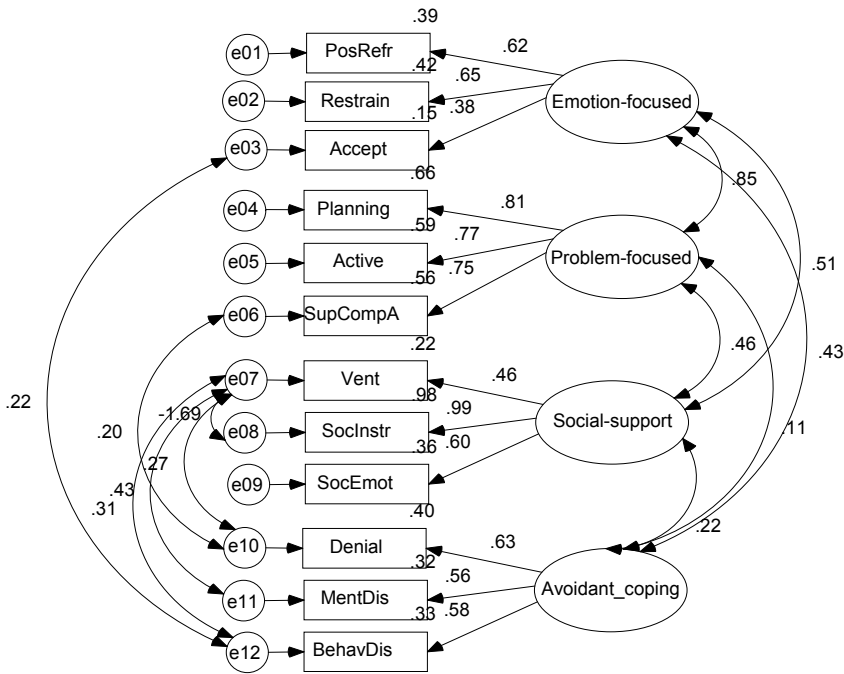


Figure 1. The Romanian version of the COPE four correlated factors.

Table 3. The degree of saturation for the items on factors

Coping Mechanism	Factor 1 emotion focused	Factor 2 problem focused	Factor 3 social support focused	Factor 4 avoidant coping
1) positive interpretation and growth	.62			
2) restraint	.65			
3) acceptance	.38			
4) planning		.81		
5) active approach		.77		
6) deletion of concurrent activities		.75		
7) social-instrumental			.99	
8) social-emotional			.60	
9) expression of feelings			.46	
10) denial				.63
11) mental deactivation				.56
12) behavioral deactivation				.58
Matrix of correlation among latent factors				
Emotion focused coping	<i>.72</i>			
Problem focused coping	.85	<i>.84</i>		
Social support coping	.51	.46	<i>.82</i>	
Avoidant coping	.43	.11	.22	<i>.73</i>

Internal consistencies for the four factors are presented on the main diagonal with italics

As concerning the internal consistency of each scale included as input the CFA related to the structure of the Romanian version of COPE Questionnaire, alfa Cronbach coefficient ranges from an unsatisfactory value of .48 (restraint) to an excellent value of .92 (substance consumption). The average value of the alpha coefficient for the 15 subscales is .70.

Descriptive data for each of the scales included in the CFA analysis are presented in table 4 (N = 1009).

Table 4.
Descriptive data for the COPE Strategies: mean, standard deviation and alpha Cronbach coefficient for 12 coping mechanisms.

Factors	Coping mechanism (n = 12)	m	σ	α
Factor 1 <i>(emotion focused)</i>	Positive interpretation and growth	3.15	0.80	.58
	Restraint	2.63	0.91	.48
	Acceptance	2.73	0.93	.74
Factor 2 <i>(problem focused)</i>	Planning	3.16	0.83	.76
	Active approach	3.04	0.85	.61
Factor 3 <i>(social support)</i>	Deletion of concurrent activities	2.77	0.88	.65
	Social instrumental	2.99	0.89	.74
Factor 4 <i>(avoidant coping)</i>	Social emotional	2.72	0.99	.78
	Expression of emotions	2.39	0.94	.71
	Denial	1.90	0.90	.64
	Mental deactivation	2.40	1.02	.54
	Behavioral deactivation	1.91	0.86	.63

DISCUSSION

The purpose of this study was the adaptation of the COPE Questionnaire (Carver et al., 1989) on the Romanian population. As it can be noticed, the initial solution proposed by the above mentioned authors seems to replicate quite well in this new cultural context. Yet, the very high correlation, particularly between the first two factors (emotion-based and problem-based copings), and the slight difference in terms of fit indices between solutions that hypothesize covariances among the extracted factors, could also provide some support for a three correlated factors solution. Further validation data, based on convergent and divergent strategy, can provide further proofs in support to differentiating between problem focused coping and emotional focused coping.

The four correlated factors result obtained based on CFA conducted on the Romanian population is similar not only to the results obtained by the authors of the scale (Carver et al., 1989), but also by Fontaine et al. (1993), Litman (2006, the first study), or Phelps and Jarvis (1994).

In the patterns for the Romanian population, the first factor, defined as *problem-focused coping*, includes the planning, active approach and deletion of concurrent activities, having an identical structure with the one obtained by Carver et al. (1989); Fontaine et al. (1993); Sica et al. (1997), and Litman (2006), and a relatively similar one to those obtained by Phelps and Jarvis (1994), Deisinger et al. (1996), Connor and Connor (2003).

The second factor, defined as *emotion-focused coping*, includes the positive interpretation and growth, restraint and acceptance, the structure of this factor being identical to the one obtained by Fontaine et al. (1993), and Sica et al. (1997), and relatively similar to the one obtained by Phelps and Jarvis (1994).

The third factor, defined as *social-support coping*, includes the use of the social-instrumental support, the use of the social-emotional support and the expression of feelings, the structure of this factor being identical to the structures obtained by Carver et al. (1989), Fontaine et al. (1993), Deisinger et al. (1996), Sica et al. (1997), Kallasmaa and Pulver (2000), Stowell et al. (2001), Fortune et al. (2002), Connor and Connor (2003), and Litman (2006).

The fourth factor, defined as *avoidant coping*, includes denial, mental and behavioral deactivation, having an identical structure with the one obtained by Carver et al. (1989) and Stowell et al. (2001), and a relatively similar one to the one obtained by Litman (2006).

The internal consistency of the COPE Questionnaire on Romanian population can be appreciated through comparison with the *original values of the COPE Questionnaire*, for which the alpha Cronbach coefficient for the 15 scales is situated between .21 (mental deactivation) and .93 (seeking emotional support); the average value of this coefficient is .74 (Carver et al., 1989). Such heterogeneity in internal consistency results obtained both in our study and in its original study (Carver et al., 1989), cautions on the using of the scale scores as independent variables. The COPE scale seems to more appropriate to be used to express scores for a higher, factorial, level, by providing appropriate internal consistencies for the four derived factors. At this level of analysis, our work supports other previous findings that seem to alternate between a four correlated factors solution and a solution with only three correlated factors that merge the items from problem focused and emotion focused domains into a single type of coping that can be related to the theoretical proposed engagement style of coping.

An important limit of our research is the exclusion of other available concurrent measures of coping such as the Strategic Approach to Coping Scale (SACS) developed by Hobfoll et al. (1994), which has already been validated on the Romanian population by Budău et al. (2011). Yet, our focus was on testing the degree of data fit for various factorial structures of the COPE, since this was an important issue in the literature related to this scale. Another limitation deals with the non-probabilistic type of selecting the sample participants. Despite of its considerable size, the sample obtained from the general population can not be

regarded as representative, since the participants were based on a convenience sample that can be noticed through the high numbers of female participants and of people who possess an university degree if we compared with data obtained from the official census.

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APPENDIX

The Romanian version of the COPE

Instructaj: Ne interesează cum reacționează oamenii când se confruntă cu evenimente dificile și stresante în viață. Există multe modalități de a încerca să faci față stresului. Acest chestionar vă solicită să indicați ce faceți și simțiți, în general, când trăiți experiența unor evenimente stresante. Evident, diferitele evenimente duc la reacții diferite, dar gândiți-vă la ce faceți de obicei când sunteți sub stres deosebit. Apoi răspundeți la fiecare din itemii următori, încercuind un număr pe formularul de răspuns pentru fiecare afirmație, folosind posibilitățile de alegere enunțate mai jos. Încercați, vă rugăm, să răspundeți la fiecare item, separat de oricare altul. Alegeți-vă răspunsurile cu grijă, și faceți răspunsurile dumneavoastră cât mai reale/adevărate. Vă rugăm să răspundeți la fiecare item. Nu există răspunsuri „corecte” sau „greșite”, așa că alegeți cel mai exact răspuns pentru dumneavoastră, nu ceea ce credeți că „majoritatea oamenilor” ar spune sau ar face. Indicați ce faceți dumneavoastră de obicei când trăiți experiența unui eveniment stresant, având următoarele modalități de răspuns:

1. De obicei nu fac asta deloc,
2. De obicei fac asta în mică măsură,
3. De obicei fac asta în măsură medie,
4. De obicei fac asta în mare măsură.

Cotarea. Se însumează scorul de la fiecare cei câte 4 itemi ce corespund fiecăruia din cele 15 mecanisme de coping. De exemplu, pentru mecanismul de coping Interpretare pozitivă și creștere se însumează răspunsurile de la itemii 1, 29, 38, 59, itemi ce corespund acestui mecanism de coping (nu există itemi cu scorare inversă).

Nr.	Item	Scală dezacord-acord			
		1	2	3	4
01	Încerc să mă dezvolt ca persoană ca rezultat al experienței mele de viață.	1	2	3	4
02	Mă apuc de lucru sau de alte activități înlocuitoare pentru a-mi lua gândurile de la anumite lucruri.	1	2	3	4
03	Mă supăr și-mi dau frâu liber emoțiilor.	1	2	3	4

04	Încerc să obțin sfaturi de la cineva în legătură cu ceea ce trebuie să fac.	1	2	3	4
05	Îmi concentrez eforturile pentru a face ceva în legătură cu situația stresantă.	1	2	3	4
06	Îmi zic: „nu-i adevărat!”.	1	2	3	4
07	Îmi plasez încrederea în Dumnezeu în această situație.	1	2	3	4
08	Râd de situația respectivă/stresantă.	1	2	3	4
09	Recunosc în mine că nu pot face față situației și nu mai încerc.	1	2	3	4
10	Mă abțin de la a face ceva prea repede.	1	2	3	4
11	Discut ceea ce simt cu cineva.	1	2	3	4
12	Folosesc alcool sau droguri pentru a mă simți mai bine.	1	2	3	4
13	Mă obișnuiesc cu ideea că s-a întâmplat.	1	2	3	4
14	Discut cu cineva pentru a afla lucruri în plus despre situația stresantă.	1	2	3	4
15	Mă feresc să fiu distras de alte gânduri sau activități.	1	2	3	4
16	Visez cu ochii deschiși la alte lucruri.	1	2	3	4
17	Mă supăr și sunt realmente conștient de asta.	1	2	3	4
18	Caut ajutor la Dumnezeu.	1	2	3	4
19	Îmi fac un plan de acțiune pentru situația stresantă.	1	2	3	4
20	Glumesc pe seama situației.	1	2	3	4
21	Accept că s-a întâmplat și că nu se poate schimba nimic.	1	2	3	4
22	Amân a face ceva în legătură cu problema până situația o permite.	1	2	3	4
23	Încerc să obțin sprijin emoțional de la prieteni sau rude.	1	2	3	4
24	Pur și simplu renunț la atingerea scopului.	1	2	3	4
25	Încerc acțiuni suplimentare pentru a scăpa de problemă.	1	2	3	4
26	Încerc să uit de mine pentru un timp consumând alcool sau luând droguri.	1	2	3	4
27	Refuz să cred că s-a întâmplat.	1	2	3	4
28	Îmi dau frâu liber simțămintelor.	1	2	3	4
29	Încerc să văd problema în lumină diferită, pentru a o face să pară mai pozitivă.	1	2	3	4
30	Vorbesc cu cineva care ar putea face ceva concret în legătură cu problema stresantă.	1	2	3	4
31	Dorm mai mult ca de obicei.	1	2	3	4
32	Încerc să-mi fac o strategie legată de ceea ce este de făcut.	1	2	3	4
33	Mă concentrez pe abordarea problemei și, dacă este necesar, las alte lucruri deoparte, un timp.	1	2	3	4
34	Obțin compasiune și înțelegere de la cineva.	1	2	3	4
35	Beau alcool sau iau droguri, pentru a mă gândi mai puțin la problemă.	1	2	3	4
36	Glumesc despre problemă.	1	2	3	4
37	Renunț la încercarea de a obține ce doresc.	1	2	3	4
38	Caut ceva bun în ceea ce se întâmplă.	1	2	3	4
39	Mă gândesc cum aș putea aborda problema cel mai bine.	1	2	3	4

40	Mă prefac că problema stresantă nu există în realitate.	1	2	3	4
41	Mă asigur că nu fac problema mai dificilă acționând prea repede.	1	2	3	4
42	Încerc din rășputeri să nu las alte lucruri să interfereze cu eforturile mele în timp ce mă ocup de problemă.	1	2	3	4
43	Merg la film sau urmăresc programe la televizor pentru a mă gândi mai puțin la problemă.	1	2	3	4
44	Accept realitatea faptului că s-a întâmplat.	1	2	3	4
45	Întreb oamenii care au avut experiențe similare ce au făcut.	1	2	3	4
46	Simt mult disconfort emoțional și mă trezesc exprimându-mi aceste sentimente în mare măsură.	1	2	3	4
47	Acționez direct pentru a controla problema stresantă.	1	2	3	4
48	Îmi caut consolare în religia mea.	1	2	3	4
49	Mă oblig să aștept momentul propice pentru a face ceva.	1	2	3	4
50	Râd de situație.	1	2	3	4
51	Reduc cantitatea de efort consacrată rezolvării problemei.	1	2	3	4
52	Îi spun cuiva despre cum mă simt.	1	2	3	4
53	Consum alcool sau droguri pentru a mă ajuta să trec prin situație.	1	2	3	4
54	Învăț să trăiesc cu situația stresantă.	1	2	3	4
55	Las la o parte alte activități pentru a mă concentra asupra problemei stresante.	1	2	3	4
56	Mă gândesc mult la ce pași să fac în această situație.	1	2	3	4
57	Acționez de parcă situația stresantă nu există.	1	2	3	4
58	Fac ceea ce e de făcut, pas cu pas.	1	2	3	4
59	Învăț ceva din această experiență.	1	2	3	4
60	Mă rog mai mult ca de obicei în această situație stresantă.	1	2	3	4