LETTERS TO THE EDITOR

infants, the second hypothesis has less ex­planatory value. Apart from these 2 the role of dream is also to be taken into account but it cannot be elaborated in the present state of knowledge.

The neonatal smile is the earliest mile­stone in developing human infant. It may be of clinical importance that a future men­tally retarded child may not have this mile­stone or develop it lately.

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The Coocept of Coping

Sir,

The term 'coping' is defined in various ways and we often use this term in the same contexts as sickrole and illness behaviour. This is used to describe the processes by which people attempt to manage to adjust to stress and is usually restricted to acute responses and to severe stress. In other words coping is the action directed at the resolution or mitigation of a problematic situation. It is seen as having two main constituents, intrapsychic mechanisms and behaviour. Lazarus has defined coping as the cognitive and behavioural efforts made to master, tolerate or reduce external and internal demands and conflicts among them (Cohen and Lazarus, 1979). There are a number of coping strategies and themes and are usually employed depending upon the terms of their defensiveness and the degree of attempted personal control which they imply. They comprise rejection, control, resignation, dependency, avoidance and minimization and these characterize the meaning or the qualitative style of the individual's response, rather than the formal characteristics of the strategies employed.

The strategies involved are need to be distinguished from some overlapping terms as adaptation, defenses and mastery. Adaptation includes the slower process of adjustment to chronic illness and to other continuing problems. Defences can be described in psychodynamic terms as intrapsychic mechanisms protecting the ego against conflict. Mastery is the successful adaptation to an event. However both defenses and coping can be adaptive or maladaptive and negative features of these defences will result in cognitive distortions and reality.

According to some writers, a comprehensive theory of psycholocal stress includes two main aspects. Appraisal, the cognitive process of evaluating an event and the available options and coping, the intrapsychic (defensive) and behavioural efforts (coping strategies) to master or otherwise deal with the event.

Coping is generally seen as a response to stress where this is defined in terms of objective and situational factors which are independent of the individual. Conversely, stress is seen as a possible outcome of coping and is a function of situational demands in relation to the resources the individual has available to meet these. The key con-
cept is that of an imbalance or discrepancy between the problem and the individual's capacity to assimilate or accommodate to this. The imbalance reflects a coping inadequacy, this in turn gives rise to a reorganization and development of structures and processes which foster coping. Thus again, coping may be regarded both as a factor influencing stress and as an outcome within the framework of the dynamic interplay between the individual and the situation.

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