

# SECONDARY COPING

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## Introduction to Secondary Coping

Secondary coping, often referred to synonymously as **secondary control coping**, represents a fundamental mechanism within psychological adaptation, particularly relevant when individuals encounter stressors that are immutable or beyond their immediate capacity for direct alteration. This coping strategy is defined by the process through which an individual attempts to adjust internal psychological processes, perceptions, goals, or expectations in order to accommodate an external reality that cannot be changed. Instead of modifying the environment, the focus shifts inward, allowing the self to conform or harmonize with the prevailing circumstances. The underlying principle of secondary coping is the conservation of psychological resources and the maintenance of emotional equilibrium when external manipulation is either impossible, impractical, or ineffective. This approach contrasts sharply with proactive attempts to solve problems or alter external conditions, establishing it as a crucial component of resilience and long-term psychological well-being, especially in chronic stress situations or dealing with inevitable life transitions such as aging, illness, or loss.

The necessity of secondary coping arises from the human experience of limited control. While individuals often strive for mastery over their surroundings, countless situations--ranging from global economic shifts to genetic predispositions or the actions of others--fall outside the boundary of personal primary influence. When faced with such limitations, a sustained effort to exert primary control becomes maladaptive, leading to frustration, learned helplessness, and increased distress. Therefore, secondary coping serves as a psychological failsafe, allowing the individual to redefine success, reframe the meaning of the situation, or simply accept the reality as presented. This internal adjustment minimizes the perceived threat or dissonance created by the stressor, thus reducing the accompanying negative emotional load, such as anxiety, anger, or despair. Stress and anxiety may trigger secondary coping mechanisms as the body and mind recognize the futility of continued external struggle.

Historically rooted in control theory and stress-coping paradigms, the concept of secondary coping highlights the dual nature of adaptive behavior. It acknowledges that effective coping is not solely about fighting external battles but also about achieving internal peace regarding unavoidable constraints. The successful employment of secondary coping involves a high degree of metacognitive awareness, requiring the individual to accurately assess the limits of primary influence and then willingly engage in the difficult work of self-modification. This might involve lowering previously held, unattainable standards, re-evaluating the importance of certain goals, or cultivating a perspective of gratitude or acceptance for what remains within the individual's life, even amidst significant adversity.

## Theoretical Foundations and the Lazarus & Folkman Model

The conceptualization of secondary coping is deeply embedded within the transactional model of stress and coping developed by Richard Lazarus and Susan Folkman in the 1980s. While their model famously categorized coping into two primary functions--problem-focused coping (aimed at changing the stressor) and emotion-focused coping (aimed at managing the emotions associated with the stressor)--the construct of secondary control provides a more nuanced framework, particularly when integrated with dual-process models of control, such as those proposed by Rothbaum, Weisz, and Snyder, which explicitly differentiate between **primary control** and **secondary control**. In this integrated view, primary coping aligns closely with problem-focused strategies, whereas secondary coping encompasses the emotion regulation techniques aimed at internal accommodation rather than external change.

Lazarus and Folkman's work emphasizes the role of cognitive appraisal in determining the choice of coping strategy. When an individual performs a secondary appraisal and determines that the stressor is benign, irrelevant, or, critically, uncontrollable, the psychological impetus shifts away from action-oriented problem-solving and toward internal management. Secondary coping, therefore, is heavily reliant on cognitive restructuring. This involves consciously altering the way a threat is perceived, perhaps transforming a perceived failure into a learning opportunity, or reinterpreting a loss as a natural element of life. The theoretical utility of secondary coping lies in explaining how individuals maintain motivation and self-worth even when repeatedly confronted with setbacks that cannot be overcome through sheer effort.

Furthermore, theories of self-regulation and goal pursuit underscore the importance of secondary coping in minimizing motivational disengagement. When a valued goal is blocked immutably, secondary coping mechanisms facilitate the disengagement from that specific, unattainable goal and the subsequent re-engagement with new, achievable goals. This process is essential for preventing the cumulative effects of chronic failure, which can erode self-efficacy and lead to clinical depression. By adjusting the internal compass, secondary coping allows the individual to redirect energy effectively, ensuring that psychological effort is invested in areas where adaptation and growth are still possible, rather than perpetually wasted on futile attempts at primary control.

## Mechanisms of Internal Adjustment

The execution of secondary coping involves several distinct psychological mechanisms, all centered on achieving internal congruence with external reality. One primary mechanism is **acceptance**, which is not passive resignation but rather an active, conscious acknowledgment of a situation's reality without ongoing resistance or denial. This acceptance often involves mourning the loss of the desired outcome and reducing the emotional intensity associated with the gap between expectation and reality. For instance, an individual dealing with a chronic illness might

accept the limitations imposed by their condition, thereby ceasing to struggle against what is inevitable and instead focusing energy on maximizing well-being within those parameters.

Another critical mechanism is **meaning-making** or cognitive reframing. This involves reinterpreting the stressful event in a way that imbues it with positive significance or places it within a larger, tolerable context. A tragedy might be reframed as an opportunity for spiritual growth or the development of profound empathy. By attaching new, adaptive meaning to an adverse event, the individual transforms the perceived nature of the stressor from a purely destructive force into something that, while painful, contributes to a broader life narrative or philosophical outlook. This cognitive work helps to neutralize the threat component of the stressor, making the circumstances less psychologically toxic.

Furthermore, secondary coping often utilizes **downward social comparison** and the management of expectations. Downward social comparison involves comparing one's current difficulties to those of others who are perceived to be in worse circumstances, which can enhance feelings of gratitude and reduce the perceived severity of one's own situation. The adjustment of expectations is equally vital; this means willingly abandoning unrealistic ideals or impossible demands placed upon oneself or the situation. By systematically reducing the discrepancy between the desired state and the current state through internal modification, secondary coping effectively lowers emotional reactivity and promotes a sense of inner peace, even if the external problem remains unsolved.

### Distinction from Primary Coping

The differentiation between primary and secondary coping is crucial for understanding adaptive behavior. **Primary coping**, or primary control, is defined by efforts directed toward altering the objective environment or the external stressor itself. This is the classic "fight" response, involving proactive problem-solving, negotiation, seeking external resources, or direct behavioral confrontation with the source of the stress. Primary coping seeks to maximize the fit between the self and the environment by changing the environment to suit the self's needs and goals. Examples include studying harder to improve a test score, lobbying for policy changes, or actively seeking medical treatment to cure a disease.

In contrast, secondary coping focuses exclusively on internal changes when external change is impossible or highly improbable. Where primary coping is outward-bound and action-oriented, secondary coping is inward-bound and cognitively or emotionally oriented. The objective of secondary coping is to maximize the fit between the self and the environment by changing the self to suit the environment's unchangeable constraints. The effectiveness of the overall coping process often depends on the accurate assessment of controllability. Misapplication of primary coping (e.g., continually fighting a terminal illness when palliative care is appropriate) can lead to exhaustion and emotional burnout, whereas timely switching to secondary coping allows for the

conservation of energy and psychological integration of the adverse reality.

The interplay between these two forms of coping is dynamic and regulatory. Highly adaptive individuals demonstrate **coping flexibility**--the ability to switch strategies based on the demands of the situation and the perceived level of control. If initial attempts at primary control fail, or if the stressor is immediately appraised as uncontrollable (e.g., the death of a loved one or a natural disaster), the psychological system should ideally pivot toward secondary control mechanisms rapidly. This fluid transition prevents prolonged periods of ineffective struggle and facilitates necessary emotional processing and subsequent restructuring of life goals.

## Psychological Benefits and Adaptation

The successful deployment of secondary coping yields significant psychological benefits that contribute directly to long-term adaptation and mental health. By facilitating acceptance of uncontrollable situations, secondary coping significantly reduces chronic emotional distress, particularly anxiety and hostility, which are often fueled by resistance to reality. When an individual stops fighting an immutable condition, they free up substantial cognitive and emotional resources that were previously consumed by futile resistance, allowing this energy to be redirected toward constructive efforts or simply restored through rest and recovery. This resource conservation is crucial for preventing burnout and maintaining generalized psychological resilience.

Furthermore, secondary coping plays a pivotal role in maintaining **self-esteem and self-efficacy** in the face of failure. If an individual attributes a setback to external, uncontrollable factors and adjusts their personal goals accordingly (a secondary control mechanism), they protect their belief in their own capabilities in controllable domains. Conversely, an individual who stubbornly persists in primary control attempts against insurmountable odds risks attributing inevitable failure to personal inadequacy, leading to diminished self-worth. By adjusting internal standards, secondary coping allows the individual to perceive themselves as competent and successful within the redefined scope of possibility.

Ultimately, secondary coping is integral to achieving a robust sense of subjective well-being and life satisfaction, particularly among populations facing chronic adversity, such as caregivers, individuals with disabilities, or those living in poverty. It promotes psychological maturity by fostering a realistic understanding of personal limitations and the nature of external constraints. This realization moves the individual beyond naive optimism toward a more grounded, sustainable form of hope that is based not on changing the world to fit desires, but on finding peace and meaning within the world as it exists.

## Contextual Factors and Effectiveness

The effectiveness and preferred use of secondary coping are heavily influenced by contextual,

cultural, and developmental factors. Culturally, secondary control mechanisms often align more closely with collectivist societies or philosophical traditions that emphasize harmony, fate, or spiritual surrender, such as certain Eastern philosophies. In contrast, highly individualistic, Western cultures often prioritize primary coping and aggressive problem-solving, sometimes leading to pathological resistance to secondary coping even when it is appropriate. The social context dictates whether acceptance is viewed as wise adaptation or as weakness or capitulation.

Developmentally, the capacity for sophisticated secondary coping increases with age. Children typically rely heavily on primary control strategies (e.g., crying, demanding changes) because their ability for complex cognitive reframing and emotional regulation is still nascent. Adolescence and adulthood bring the cognitive capacity to understand long-term implications and the limits of personal agency, making secondary control strategies more accessible and effective. Research suggests that older adults, who face increasing health limitations and losses, often show a robust and adaptive shift toward secondary coping, prioritizing emotional regulation and acceptance over external modification, contributing to the paradox of higher life satisfaction despite age-related decline.

However, it is crucial to note that secondary coping must be differentiated from avoidant coping or genuine denial. While both involve internal psychological maneuvers, secondary coping is a proactive, reality-based adjustment, whereas denial is an active distortion of reality. If secondary coping is misused to avoid necessary primary action (e.g., accepting a treatable condition as fate), it becomes maladaptive. Its effectiveness is maximized when it is applied selectively to situations that are genuinely assessed as uncontrollable, or when used temporarily to manage emotional distress while preparing for subsequent primary action.

## Related Concepts and Terminology

The framework of secondary coping overlaps significantly with several related psychological constructs that describe the process of internal adjustment and self-regulation. The concept of **learned helplessness** provides a cautionary counterpoint; while learned helplessness involves the realization that control is absent, it typically leads to passive resignation and depression. Secondary coping, conversely, is an active cognitive response to lack of control that preserves motivation and emotional health through internal restructuring.

Furthermore, secondary coping is central to the concept of **goal adjustment**, particularly the distinction between goal disengagement (letting go of unattainable goals) and goal re-engagement (finding new, meaningful goals). Both elements are essential components of effective secondary control, ensuring that the energy released from the failed primary goal is channeled constructively rather than leading to stagnation. This process allows for continuous psychological growth despite objective setbacks. Key related concepts include:

**Acceptance:** The active recognition of reality, free from judgment or resistance.

**Cognitive Restructuring:** Changing the way thoughts or beliefs about a situation are framed.

**Emotion Regulation:** Efforts to manage or change the intensity or duration of emotional responses to stress.

**Meaning-Making:** The process of finding significance or purpose in adverse events.

## Clinical Applications of Secondary Coping

In clinical psychology, developing and strengthening secondary coping skills is a core objective in treating various conditions, particularly those involving chronic pain, terminal illness, or persistent anxiety disorders where the triggers are difficult to eliminate. Therapies focused on emotional regulation and cognitive restructuring, such as Cognitive Behavioral Therapy (CBT), often guide patients through identifying situations where primary control attempts are counterproductive and teaching them techniques for effective secondary control. This includes skills training in realistic self-appraisal, expectation management, and compassionate self-talk.

For patients struggling with grief or traumatic loss, secondary coping is indispensable. The process of grieving inherently involves recognizing the finality and irrevocability of the loss (an uncontrollable stressor). Therapeutic interventions facilitate acceptance of this new reality, allowing the individual to integrate the loss into their life narrative (meaning-making) rather than remaining paralyzed by resistance. The clinical goal is to move the patient from a state of emotional resistance to a state of internal accommodation, which facilitates healing and the eventual resumption of meaningful life activities.

The distinction between adaptive and maladaptive secondary coping is critical in treatment. Clinicians must ensure that the patient is not using secondary coping as a rationalization for passivity in situations where primary control is still possible. Effective clinical application involves rigorous assessment of controllability and teaching the patient the critical timing necessary to pivot between the two coping styles, ensuring that stress and anxiety, which may initially trigger automatic and potentially defensive coping mechanisms, ultimately lead to thoughtful, adaptive adjustment of the self.