

The Coping Strategy Indicator (CSI):

A Brief Overview

The Coping Strategy Indicator (CSI) is the only coping questionnaire that was wholly empirically derived. A long list of possible coping responses was administered to a large and variegated community sample, and respondents indicated which of these they used to deal with a recent stressor in their own lives. Exploratory and confirmatory factor analyses, performed on this and subsequent community-based data (final $n = 952$), identified three major strategies to characterize coping, and helped to eliminate extraneous items. The resulting CSI (Amirkhan, 1990) was 33 items long, with three scales of 11 items each.

The first scale assesses Problem Solving, an instrumental approach involving the planning and implementation of steps to remediate the problem (e.g., “Brainstormed all possible solutions before deciding what to do”). The Seeking Social Support scale measures attempts at human contact, not necessarily for help in resolving the problem, but simply for the comfort such contact provides (e.g., “Confided your fears and worries to a friend or relative”). The last scale, Avoidance, reflects tendencies to escape the problem, both by means of physical and psychological withdrawal (e.g., “Avoided being with people...” and “Buried yourself in a hobby...”). These scales tap the “common denominators of coping”, strategies common to a wide diversity of people dealing with a broad range of problems. Also, although they may seem mutually exclusive, the scales are in fact orthogonal—an asset in correlational analyses, for multicollinearity concerns are avoided.

Despite its brevity, the CSI is psychometrically superior to other coping questionnaires. Even in community samples, its scales are Internally consistent (with alphas ranging from .84 to .93), and yield stable scores (with test-retest correlations averaging .82 across 4 to 8 week spans). Convergent validity has been demonstrated, both in terms of convergence with existing measures of coping, personality, and pathology, and in terms of non-covariation with social desirability indices. Criterion validity is evidenced by the CSI’s ability to predict actual coping responses made in both laboratory simulations and real-world settings (Amirkhan, 1994a).

Research Using the CSI

The CSI has been translated into many languages (Spanish, French, Hebrew, Chinese, Korean, Czech, and others), and is cited in over 200 publications and dissertations.

Research by the CSI's author has focused mainly on identifying person-related factors that predict coping styles. In early work (Amirkhan, 1994b), the CSI was used in analyses identifying demographic predictors. Gender was found to predict Support-Seeking tendencies, while resources (such as income and education) predicted more problem-directed responses.

Personality characteristics have also shown utility in predicting coping responses, with the trait of extraversion proving a strong determinant of Seeking Social Support, for example (Amirkhan et al., 1995). Subsequent work focused on more cognitive variables, such as causal attributions (Amirkhan, 1998) and Sense of Coherence beliefs (Amirkhan, 2003). These studies also considered pathology, rather than just coping behavior, as outcome variables. Causal modeling revealed complex pathways, with cognitive factors impacting physical and psychiatric symptoms both directly, and indirectly by predisposing people to coping strategies of differing degrees of efficacy.

Recent work with the CSI examines variations in coping across various sub-populations. One project (Amirkhan & Auyeung, 2007) studied shifts in coping strategy across the lifespan, contrasting the coping of age groups ranging from pre-adolescents to the elderly. And NIMH-supported research (Amirkhan & Chun, 2006) is examining degree of acculturation among Korean immigrants as a predictor of both attributions for, and ways of coping with life stressors.

References

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