

Coping with Stress: A Pragmatic and Actionable Plan of Action

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Received: 21 April 2025; Accepted: 15 July 2025



ABSTRACT

Stress is a part of life. Stress impacts persons living with chronic disease and those who care for them. Thus, coping with stress becomes an integral part of diabetes self-management education. This opinion piece describes useful ways of coping with stress. It uses a simple 4×3 model, designed in an alliterative manner. Four trigonal pillars, or the four As—approach/attitude, analysis, activity, and adjuvant methods—determine the efficacy of coping with stress. Each of these domains includes various attitudes, behaviors, and choices (ABC), which are described in a pleasing manner as 12 Ps. This list reinforces strategies, styles, and systems that can be used to ensure positive, productive coping.

Journal of The Association of Physicians of India (2025): 10.59556/japi.73.1246

INTRODUCTION

Stress is a part and parcel of life. This is especially true for persons living with chronic disease, as well as the healthcare professionals who treat them.^{1,2} This opinion piece describes useful ways of coping with stress. It uses a simple 4×3 model, designed in an easy-to-understand, easy-to-explain, and easy-to-remember manner. Four As—approach/attitude, analysis, activity, and adjuvant methods—determine the efficacy of coping with stress. Each of these domains includes various attitudes, behaviors, and choices (ABC), which are listed in a pleasing manner below (Table 1).

ATTITUDE AND ANALYSIS

Approach or attitude of an individual defines their response to various situations. One must view every challenge with positivity, keeping a wide perspective, while fostering perseverance. Positivity implies optimism and cheer, a conviction that we shall overcome. Putting in perspective means that one should be able to view the situation in a panoramic view rather than a tubular manner. While efforts should be and must be made to resolve the situation, this should not detract one from experiencing and enjoying the totality of life. At the same time, perseverance, persistence, and patience are hallmarks of resilience and success (Table 2).³

Practice makes perfect, and continuous work is required to promote and polish these positive attitudes. This process fosters an action-oriented analysis of coping with the

challenges and demands posed by life. It includes planning for the future (exploring the course of action), prioritization (deciding the order of action), and finding positive spin-offs (searching for opportunity among obstacles and finding cause for dynamism in despair).⁴

ACTION AND ADJUVANT SUPPORT

Attitude/approach and analysis represent the first two As of the 4A model. These pillars, similar to theoretical wisdom, must be buttressed by action or practical skills. These activities include pleasant actions, along with pleasant thoughts, a placid, professional work with passion control, and finding productive partnerships and support.⁴

Our description of activities overlaps with that of the attitudes that we list. This is true, because it is one's thoughts that action—pleasant activities, designed to distress the mind, choosing placid and passion-controlled responses, and building partnerships—can be buttressed by supportive self-therapy. These include regular exercise or music (play), spiritual support (prayer), and self-restraint (the palatoglossal maneuver), all of which enhance resilience and responsiveness in the face of stress.^{5–8}

UTILITY OF THE MODEL

The four-pillared model of coping that we propose lends itself to ease of understanding, ease of explanation, and ease of use. Each pillar—attitude, analysis,

activity, and adjuvant support—is a tripodal structure, brief yet impactful, descriptors chosen list coping styles and strategies that can be applied to virtually every challenge. This is true both for persons living with chronic disease and for the healthcare professionals who serve them. The model, as described in this opinion piece, can be used in conjunction with existing guidelines on psychosocial management of diabetes⁹ and can help strengthen objective tools of measuring coping mechanisms.¹⁰ A structured action plan has been depicted in Figure 1.

SUMMARY

The model provides a robust framework, which can be used to analyze as well as enhance one's coping skills. It can be used in conjunction with earlier rubrics of stress management and can also work as a self-sufficient, stand-alone system of support. The table serves as a theranostic tool—it simultaneously assists one in self-diagnosis of dysfunctional coping and in self-therapeutic improvement.

AUTHENTICITY

The work is entirely our own and original. It has not been submitted elsewhere, and all sources have been properly acknowledged according to academic standards.

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How to cite this article: Kalra S, Singh A, Verma SK, *et al.* Coping with Stress: A Pragmatic and Actionable Plan of Action. *J Assoc Physicians India* 2025;73(11):e10–e11.

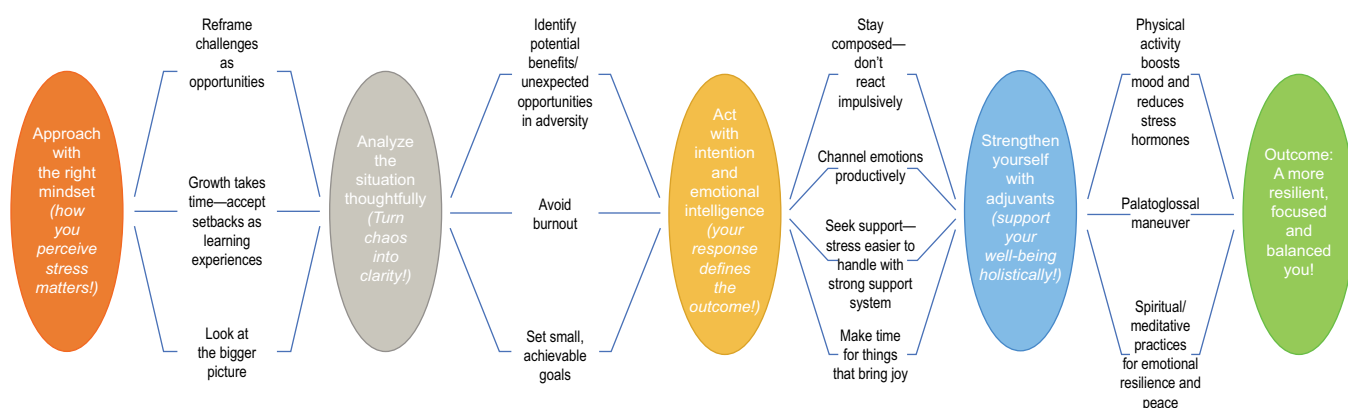


Fig. 1: Coping with stress—a structured action plan

Table 1: The 4A × 3P approach to coping

Attitude
Positivity
Put in perspective
Perseverance/patience/persistence
Analysis
Positive spin-offs
Prioritization
Plan for future
Activity
Pleasant activities
Placid professional response with passion control
Partnership
Adjuvants
Play/exercise
Palatoglossal maneuver
Prayer

Table 2: Approach, analyze, and act

- Approach with positivity, perseverance/patience, keeping wider perspective in mind
- Analyze priorities, plan for future, focus on positive spin-offs from current situation
- Act in placid, professional manner with passion control; with strong partnerships; with pleasant thoughts
- Adjuvant activities—please yourself, (play), pray (spiritual support), palatoglossal maneuver

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REFERENCES

1. Van Wilder L, Pype P, Mertens F, et al. Living with a chronic disease: insights from patients with a low socioeconomic status. *BMC Fam Pract* 2021;22:233.
2. Verma M, Sidana S, Kumar P, et al. Distress and coping mechanisms among people with diabetes: cross-sectional assessment from an NCD screening clinic of a tertiary care hospital in North India. *Diabetol Metab Syndr* 2025;17(1):34.
3. Kalra B, Joshi A, Kalra S, et al. Coping with illness: insight from the Bhagavad Gita. *Indian J Endocrinol Metab* 2018;22(4):560–564.
4. Kalra S, Kalra B, Agrawal N, et al. Coping strategies in diabetes. *Internet J Geriatr Gerontol* 2009;5(2).
5. DeLongis A, Holtzman S. Coping in context: the role of stress, social support, and personality in coping. *J Pers* 2005;73(6):1633–1656.
6. Koh H, Ha J. A meta-analysis on the effectiveness of sand play therapy in adults. *J Sym Sand Therapy* 2022;13(2):117–156.
7. de Witte M, da Silva Pinho A, Stams GJ, et al. Music therapy for stress reduction: a systematic review and meta-analysis. *Health Psychol Rev* 2022;16(1):134–159.
8. Kalra S, Kalra B, Verma M. Obesity care: inspiration from the Upanishads. *Asian J Obes* 2024;1(2):7–8.
9. Kalra S, Sridhar GR, Balhara YPS, et al. National recommendations: psychosocial management of diabetes in India. *Indian J Endocrinol Metab* 2013;17(3):376–395.
10. Kalra S, Balhara YPS, Verma K, et al. The GlucoCoper—a tool for the assessment of coping mechanisms. *Eur Endocrinol* 2018;14(1):52–55.