Are Women Neurotic Copers?: Gender Differences in Coping Styles, and the Relationship of Coping to Depression

Caryl H. Rosen
Loyola University Chicago

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ARE WOMEN NEUROTIC COPERS?
GENDER DIFFERENCES IN COPING STYLES, AND THE
RELATIONSHIP OF COPING TO DEPRESSION

A THESIS SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
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DEPARTMENT OF COUNSELING
PSYCHOLOGY

BY
CARYL H. ROSEN

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 Despite the proliferation of research on coping since the early 1970s, there is still no clear consensus on gender differences in coping styles. While some researchers have found that men and women use different coping strategies (Hammen & Padesky, 1977; Pearlin & Schooler, 1978; Funabiki, Bologna, Pepping, & Fitzgerald, 1980; Billings & Moos, 1981, 1984; Cronkite & Moos, 1984; Stone & Neale, 1984; Endler & Parker, 1990; McDaniel & Richards, 1990), there is also considerable evidence that men and women do not differ in their coping styles (Andrews, Tennant, Hewson, & Vaillant, 1978; Krantz, 1983; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; DeLongis, Folkman, & Lazarus, 1988).

The stereotypical view of male and female behaviors under stress suggests that men and women may be expected to differ in the ways they cope. Men are the problem-solvers, and women get emotional. This approach moves beyond the stereotype into the world of science as the socialization hypothesis (Ptacek, Smith, & Zanas, 1992). It states that men and women are socialized to deal with stressful events in different ways. Even in similar stressful situations men will tend to favor problem-focused coping, whereas women will be more likely to prefer emotion-focused coping or seek out social support, not for instrumental reasons but for the alleviation of emotional distress (Mainiero, 1986; Pearlin & Schooler, 1978;
Rosario, Shinn, Morch, & Huckabee, 1988). Stokes and Wilson (1984) suggested that men and women are socialized in ways that encourage women to seek emotional support but discourage it in men. Much research has demonstrated that men use more problem-focused coping than women (Folkman & Lazarus, 1980; Stone & Neale, 1984). In addition, even though both men and women use emotion-focused coping, women do so more often (Billings & Moos, 1981, 1984; Pearlin & Schooler, 1978; Stone & Neale, 1984).

Despite considerable research evidence to support the socialization hypothesis, other researchers have failed to find the gender differences cited above. Carver, Scheier, and Weintraub (1989) and Tanck and Robbins (1979) found that under stress men more often resorted to drugs or alcohol, methods usually defined as emotion-focused because they relieve distress rather than change the situation. Billings and Moos (1981), Gass and Chang (1989), and Heppner, Reeder, and Larson (1983) all found that women used more problem-focused coping than men. Finally, several researchers have failed to find any gender differences in coping (Hamilton & Fagot, 1988; Keller, 1988).

Given the prevalence of the socialization hypothesis and the contradictory nature of research findings about whether men and women differ in their coping styles, the fact that certain emotion-focused coping styles have been associated with depressive symptoms and other types of psychopathology raises the question of whether women are to be considered "neurotic" copers. Emotion-focused coping has been related to elevations on the MMPI (Endler & Parker, 1990; Hovanitz,
1986). Also, in studies where females did not differ from males in their mean score on the emotion-centered coping style, the use of emotion-centered coping was related to greater dysfunction for females (Hovanitz, 1986). Vitaliano, Maiuro, Russo, and Becker (1985) found that for psychiatric patients, spouses of Alzheimer’s patients, and medical students, high Beck Depression Inventory (BDI; Beck, 1978) scores were positively correlated with the emotion-focused subscales of wishful thinking, avoidance, and self-blame, and negatively correlated with problem-focused coping for medical students.

In addition to the evidence that depressed people use more emotion-focused coping and the implication, given the socialization hypothesis, that women’s greater use of emotion-focused coping looks suspiciously neurotic, the idea that emotion-focused coping is less adaptive than problem-solving coping is supported by the studies done to provide construct validity for some coping measures (Endler & Parker, 1990). In developing construct validity for the Coping Inventory for Stressful Situations (CISS, 1990) Endler and Parker first correlated the CISS scales with the Ways of Coping Questionnaire (WCQ; Folkman & Lazarus, 1985, 1988). They found that the two measures converged and diverged in theoretically predicted ways. They then gave the CISS and measures of psychopathology such as the Basic Personality Inventory (BPI; Jackson, 1989), the BDI, MMPI, and the Eysenck Personality Inventory (EPI; Eysenck & Eysenck, 1968) to various sample groups. In all cases for both genders emotion-focused coping significantly correlated with psychopathology.
One problem with past research on coping differences has been the tendency of researchers to lump all emotion-focused coping behaviors under one umbrella, when in fact some types of emotion-focused coping behavior are very adaptive, such as positive reappraisal and seeking social support, and other types are not, such as self-blame and isolation (Folkman, personal communication). Another problem has been the failure to identify whether subjects appraise a situation as controllable. Several studies have expanded Folkman’s (1984) premise that appraisals of situational control are important to an understanding of the coping choices available to the individual. In situations where a person cannot change the situation or outcome, emotion-focused coping may indeed be the more adaptive coping style (Folkman, 1984; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986). Theoretically there is a strong argument to be made for looking at coping behavior within specific contextual demands (Lazarus & Folkman, 1984; Folkman & Lazarus, 1986; Folkman, 1984). Evidence suggests that when people have little control over outcomes, emotion-focused coping may be the more adaptive behavior for men as well as women. A study of differences in coping strategies used by fathers of adolescents with disabilities and fathers of adolescents without disabilities, found that fathers of adolescents with mental retardation used more emotion-focused coping strategies than fathers of non-retarded adolescents (Houser & Seligman, 1991). It may be that early research on coping did not assess either the environmental demands or individual self-efficacy beliefs about their ability to control outcomes, and could perhaps be one way of understanding the wide range of
diverse gender findings in the coping literature. There is also some evidence that the age of females used in coping research may be a factor, given research demonstrating that older women feel greater sense of interpersonal power than younger women (Todd, Friedman, & Kariuki, 1990). Although Folkman and Lazarus (1980) used middle aged females, much of the coping research has not considered age of the respondent as a variable.

The goal of this thesis is to summarize the findings of past research on coping styles to ascertain whether there is a difference in the literature between the way men and women cope with stressful situations, and under what conditions men and women differ in the coping behaviors they choose. This discussion will look at the link between emotion-focused coping and depressive symptoms to explore how gender is implicated in this relationship. It may be that men demonstrate more depressive symptoms than women when they use certain coping styles that for women prove to be adaptive behaviors, as in the case of Seeking Social Support. This thesis will assess three areas that may contribute to the contradictory nature of past research findings on gender differences in coping: 1) failure to divide emotion-focused coping into areas that differentiate between seeking social support and positive reappraisal on the one hand, and self-blame and escape/avoidance on the other, 2) failure to evaluate the contexts in which people experience different types of stressors and appraise them as controllable or exceeding their coping resources, and 3) the age of the respondents. After first reviewing the development of coping theory in general, several seminal studies will be explored in detail to understand
possible gender differences in coping and the reasons for differences in the findings on men’s and women’s coping styles.
CHAPTER 2

METHODS

To prepare this review, the primary sources of information on gender differences in coping styles were PsychLIT and PsycINFO. Using PsychLIT, computer searches were done on coping and gender differences; self-efficacy and gender differences; self-efficacy and coping style; and controllability, gender differences, and coping style, resulting in a total of 73 articles and books (49, 16, 5, and 3 respectively) from the period from January, 1987 to December, 1992. PsychINFO searches with the keywords coping and gender differences, and power and gender differences resulted in 220 articles and books (117 and 103, respectively) from 1984 to the present. Articles were selected for use by reviewing each abstract and choosing those articles that had relevance to the topic of gender differences in coping, coping theory, self-efficacy theory, and the impact of controllability or outcome expectations on coping behaviors.

In addition, several articles appearing before 1984 were selected as significant to the body of literature on coping in view of their frequent citation in more recently published articles.
CHAPTER 3

DEVELOPMENT OF COPING THEORY AND MEASUREMENT

Early approaches to coping conceptualized it as a stable, relatively enduring characteristic or trait, and evolved from early psychoanalytic formulations of ego defense mechanisms (Andrew, 1970). Through intrapsychic processes, the individual's emotional functioning is protected from external and intrapsychic threats. Both Haan (1977) and Vaillant (1977) classified people according to their defensive style and the maturity of their coping. Haan's model classifies responses to stress as indicating either ego defense, ego failure, or ego coping. The ego style utilized is viewed as representing the person's level of developmental maturity, and the primary motivation for coping behavior is theorized to be tension reduction. They found the less mature person uses less adaptive coping styles such as denial and projection, and the more mature individual uses sublimation, suppression, and humor. Coping was measured by interviews and by personality tests created in the tradition of trait assessment. In this view, coping styles are thought to represent individuals' characteristically preferred methods of dealing with stress or anxiety (DeLong, 1970), and persist across situations while undergoing developmental changes. Conceptualizing coping as an enduring and stable trait still generates much interest, and a theory-based, rationally derived trait coping questionnaire with strong psychometric properties was recently developed by Carver, Scheier, and

Critics of the psychodynamic approach have noted that it is difficult to make reliable inferences about ego defense mechanisms and that trait measures are often inadequate predictors of actual behavior (Billings & Moos, 1981). This approach also limits the concept of coping to the maintenance of psychic or emotional balance. It does not consider overt attempts to use problem-solving behavior to change the stressor or to engage in other active attempts to avoid it.

Another approach to coping has been to broaden the conceptualization of coping to include cognitive and behavioral responses attempting to deal with the stressor in a direct way, as well as behavioral responses that serve to avoid the problem. Much of the coping literature can be understood in terms of this active/avoidance model. Active approaches can be behavioral or cognitive, and attempt to deal directly with the stressor, while avoidance strategies involve attempts to avoid confronting the problem.

Lazarus (1966) proposed a cognitive theory of coping which follows the action/avoidance model that conceptualizes coping as a shifting or transactional process in which a person must at certain times rely more heavily on one form of coping, and change to some other form as the situation changes. The critical difference between Lazarus’ coping model and trait approaches is the significance given to the psychological and environmental context in which coping takes place. In the trait-oriented approach, coping is understood as an innate quality of the person, stable to a large degree over time and situations. The process-oriented
approach, however, conceptualizes coping as a person’s responses to environmental and psychological demands. Coping is not seen as an enduring personality style, but rather as certain cognitions and behaviors that are performed in response to specific stressful situations. Coping is regarded as a dynamic process which changes over time in response to objective demands and subjective appraisals of the situation.

The transactional or process-oriented approach to coping focuses on two broad categories of coping style, problem-focused (or active) and emotion-focused (or avoidance) coping. Problem-focused coping acts to change the situation or problem, and emotion-focused coping attempts to regulate emotions or distress. Seeking social support is a third class of coping that can be used for emotional or instrumental reasons (Ptacek et al., 1992). It is sometimes considered emotional coping because it acts to reduce the emotional consequences of the stressor as in the WCQ (Folkman & Lazarus, 1985, 1988), and in other measures is considered avoidant or social diversion coping as in the CISS (Endler & Parker, 1990).

In Lararus’ (1966) transactional model, the behaviors one demonstrates are determined by the cognitive appraisal process the person engages in when confronted by environmental demands. Cognitive appraisals ascribe meaning to an event, and define the importance of that event to the person (Folkman, 1984). There are two major forms of appraisal: primary appraisal, in which the person evaluates the significance of a specific transaction in terms of the threat it presents for his or her well-being, and secondary appraisal, through which a person evaluates
coping resources and options. The process of evaluating threat and coping options determines and shapes the meaning of an encounter.

The concept of control is central to Folkman’s (1984) model of coping. The degree to which a person appraises a situation as meeting or exceeding their resources is related to the type of coping they use and the amount of stress they experience. This is similar to Bandura’s (1977, 1982) concepts of outcome expectancy, or one’s belief that a certain strategy will lead to an expected outcome, and self-efficacy, or the belief that one can bring about a desired outcome. Self-efficacy beliefs have been shown to be an important factor in academic settings where high self-efficacy beliefs have been associated with academic performance and persistence (Multon, Brown, & Lent, 1991). Self-efficacy beliefs have been hypothesized to influence not only effort and persistence at a task, but also the behaviors in which a person will choose to engage. Low self-efficacy beliefs will be associated with less persistence and effort and also avoidance of certain tasks and behaviors. Coping styles would seem to be impacted by past experiences as appraisals of control shift as an encounter unfolds, with self-efficacy increasing or decreasing as the event is mastered or not.

Folkman and Lazarus (1980) have shown that both emotion-focused and problem-focused coping are used in most stressful encounters and that the relative proportions of each form vary according to how the encounter is appraised in terms of the person’s belief that they can master the problem (high self-efficacy) or that the problem exceeds their resources (low self-efficacy). The degree to which a
person feels they have control over the situation or outcome effects the type of coping response selected. In their study of 100 middle-aged men and women, problem-focused forms of coping increased in situations that were appraised as changeable, and emotion-focused forms of coping increased in situations not perceived as controllable (Folkman & Lazarus, 1980).

If problem-solving coping styles increase in situations perceived as controllable, then an additional factor to consider in assessing coping behaviors is the degree to which people possess a sense of interpersonal power, or put more simply, the ability to get one’s way. Todd, Friedman, and Kariuki (1990) suggest that there is a shift in interpersonal power, or the social control an individual has over others, that seems to take place in the second half of life for women. Their study of sixty U. S. and sixty Kenyan women found that in the higher status Anglo group, women experienced a shift in perceived power as they aged (Todd et al., 1990). They also cite several studies that show an increase in the perceived strength, confidence, and interpersonal power of women relative to men from middle age. In a series of cross-cultural studies using the Thematic Apperception Test (TAT), Gutmann (1987) found that both older women and older men tell stories in which the female character is as strong or stronger than the male character, as compared to the stories of younger men and women, who see the female as relatively powerless. In a series of studies in Israel, Friedman (1987) found a shift in the balance of power between spouses over the lifespan, with women becoming less dependent on their husbands and older men becoming more
dependent on their wives. These studies would suggest that the age of the subjects is an important factor that may contribute to the findings of past research.

Given Folkman’s (1984) position that coping takes place within a context that is appraised as changeable or not, and that the type of coping varies in different situations and appraisals, and the suggestion by Todd et al. (1990) that women develop more interpersonal power with age, it would seem that the age of female respondents is a significant factor in coping behaviors. If emotion-focused coping is used more in situations appraised as not amenable to change, then perhaps the findings that women use more emotion-focused coping than men is moderated by age. No studies on gender differences in coping have looked at age or the shifts in personal power suggested by other researchers. Folkman and Lazarus (1980) suggest that even though their study of a middle-aged sample found no relationship between age and coping, their negative findings could be due to the restricted range of their sample. Subjects in their study were from forty-five to sixty years old, and had the sample included a wider age distribution, extended at the upper and lower ends, there may have been age effects. However, they attribute possible changes in coping as people age to changes in the types of stressor, not shifts in interpersonal power. This may well be the case. In a study of male and female coping behaviors using a sample of undergraduates with a mean age of eighteen, Hamilton and Fagot (1988) found no difference in the type of stressful events each gender reported, and no difference in coping styles. Given the inconclusive nature of the research, Bandura’s (1977) theory on self-efficacy beliefs which are a type of personal power,
and the work done by Todd et al. (1990), there would seem to be a theoretical rationale for considering the age of women as a factor in their coping styles.

Finally, coping is a shifting process where people must use a variety of strategies as the stressful encounter unfolds. It is important to consider coping behaviors over time. Studies that do not explore coping as multiple behaviors that may initially include one type of coping but may shift to other forms of coping as the situation or the person’s resources change may be too simplistic, and may give a distorted view of the coping process. Suls and Fletcher (1985) did a meta-analysis of coping literature to assess the efficacy or effectiveness of avoidant versus nonavoidant coping strategies. They found that in the short term (three to seven days) avoidant strategies were associated with better outcomes than attention strategies, but that over the long-term (two weeks to six months) the pattern reversed with attention strategies performing better than avoidant. This would suggest that the point in time at which one records a coping strategy is crucial. It also suggests that some people may use avoidant strategies initially when experiencing events that are overwhelming, and shift to attention strategies as their appraisals change. This information suggests that perhaps there are complicated phases to the coping process we have not yet identified.

Coping Measurement Development

Ways of Coping

Two of the most widely used measures, the Ways of Coping Checklist (WCC) and the Ways of Coping Questionnaire (WCQ), were developed by Folkman
and Lazarus through the 1980s. The WCQ was developed from the WCC and was revised in 1985, becoming the Ways of Coping Scale (WCS). The WCC (Folkman & Lazarus, 1980) consists of 68 items that tap into a variety of behavioral and cognitive coping strategies. The items were derived from the cognitive-transactional theoretical framework suggested by Lazarus (1966) and from the coping literature (Folkman & Lazarus, 1980). The original measure (WCC) is a checklist with a yes/no dichotomous format and is answered with a specific event in mind. It included items from defensive coping, information-seeking, problem-solving, palliation, inhibition of action, direct action, and magical thinking.

They used three methods to establish the factor structure of the measure. The first was a rational separation of the items into problem or emotion-focused categories. One of the few areas of agreement in coping research is on the division of coping behaviors into two areas, problem-focused and emotion-focused coping (Billings & Moos, 1981; McCrae, 1984; Folkman & Lazarus, 1980). The problem-focused category included strategies that aimed to alter or manage the source of the problem. Examples include "Got the person responsible to change his or her mind", "Made a plan of action and followed it", and "Stood your ground and fought for what you wanted". The emotion-focused category included strategies that were directed at reducing or managing emotional distress. Examples include "Looked for the silver lining, so to speak; tried to look on the bright side of things", "Accepted sympathy and understanding from someone", and "Tried to forget the whole thing".

The second method used to establish the factor structure of the measure was
to ask a group of judges to rate the items. The judges consisted of 10 people familiar with the research project and its theory, including undergraduate students, graduate students, and faculty members. The interrater agreement was 91%. Of the 68 items, 27 were classified as problem-focused and 41 as emotion-focused.

The third method was a principal components factor analysis of the data. Of the 27 rationally-categorized problem-focused items, 21 loaded on the first factor. Of the 41 emotion-focused items, 28 loaded on the second factor. Folkman and Lazarus (1980) reported internal consistency reliabilities of .80 for the problem-focused scale, and .81 for the emotion-focused scale.

They tested the intercorrelation of the two scales by administering the checklist to three groups of people, unidentified except that they were not the same people used in the scale revision process. The correlations between the two scales for each administration were .35 (N=81), .52 (N=63), and .44 (N=83), with a mean correlation of .44. Folkman and Lazarus (1980) defended the relatively high intercorrelation between the scales as predictable given that both scales measure processes believed to be used together in normal coping, and that since the mean $r^2$ was .19 there was enough variance not shared by the two scales to support their independent use, given the theoretical and rational reasons for doing so.

Subsequent research revealed some problems with the intercorrelation of the two scales. Aldwin, Folkman, Shaefer, Coyne, and Lazarus (1980) factor analyzed the WCC in a study with male and female adults. They found seven interpretable factors, one problem-focused and six emotion-focused. The scales derived from the
factor analysis and their corresponding alphas were 1) problem-focused coping ($\alpha = .89$), 2) wishful thinking ($\alpha = .91$), 3) help seeking/avoidance ($\alpha = .83$), 4) growth ($\alpha = .90$), 5) minimizing threat ($\alpha = .83$), 6) emotional support ($\alpha = .79$), and 7) self blame ($\alpha = .77$). Although these figures provide good support for the internal consistency reliability of the scales, there was still a problem with the intercorrelation among the subscales. Not only were the subscales within the emotion-focused coping scale highly intercorrelated, but also the correlation between emotion-focused and problem-focused coping was problematically high. One might expect the emotion-focused subscale intercorrelation to be somewhat high since each one taps into a similar dimension of coping behavior, but the two main scales are attempting to measure different coping categories, Folkman and Lazarus' (1980) rationale notwithstanding.

Further use of the measure in research has also challenged the interpretation of the factor structure. In a study with 425 medical students Vitaliano, Russo, Carr, Maiuro, and Becker (1985) factor analyzed the WCC and found six factors from which they created five interpretable coping scales. The scales were Problem-Focused, Seeking Social Support, Blamed-Self, and Wishful Thinking, but were created using a pattern of items different from the scales with these names that were identified by Folkman and Lazarus (1980) and Aldwin et al. (1980). In addition, Vitaliano et al. (1985) also found moderate to high intercorrelations among the subscales, from .24 to .95. Revenson (1981) found five clusters of coping strategies in a study with 128 young adults who were asked to rate their coping strategies
when they were the most lonely. The five clusters were one problem-focused strategy (taking action) and four emotion-focused strategies (optimistic thinking, minimization, wishfulfilling fantasy, and affiliation for emotional support). Internal consistency alpha coefficients for these factors ranged from .73 to .84.

Folkman and Lazarus (1985) revised the WCC by rewriting, dropping, and adding new items. The revised measure had 66 items. They changed the dichotomous yes/no answer format to a four-point scale. The new measure was given to 108 undergraduates on three separate occasions: two days before a midterm exam, five days after the exam, and two days before grades were announced. A factor analysis of the 324 completed questionnaires yielded a six-factor solution. Because one of these factors contained three sub-groups of emotion-focused items, these three groups were assigned to three separate factors producing a total of eight scales. The scales derived from the factor analysis and their corresponding alphas were problem-focused coping ($\alpha = .86$), detachment ($\alpha = .74$), seeking social support ($\alpha = .82$), and focusing on the positive ($\alpha = .70$). The rationally derived scales include self-blame ($\alpha = .76$), tension reduction ($\alpha = .59$), and keep to self ($\alpha = .65$).

In another study, seventy-five married couples were asked to complete the checklist based on the most stressful encounter of the past week (Folkman et al., 1986). Three separate factor analyses were completed, one based on all 750 observations and two on randomly drawn samples of 150 observations. The three analyses produced similar factor patterns, but the eight scales were different from
those reported by Folkman and Lazarus (1985). In fact, several investigators have found different factor structures with different samples, and Tennen and Herzberger (1985) suggest that researchers using this measure conduct their own factor analyses and use these results to determine subscales for the coping items. Folkman and Lazarus encourage potential users of the measure to make changes in the items (1988). One would question the methodological acceptability of this approach to the use of a measure. Despite the problems in establishment of a consistent factor structure for the measure, it would seem that there is considerable overlap in the factor solutions being suggested by the various researchers using the WCC.

Much of the research using the WCC has not found consistent significant gender differences in coping styles (Folkman & Lazarus, 1980; Folkman, Lazarus, Gruen, & DeLongis, 1986; DeLongis, Folkman, & Lazarus, 1988), and will be discussed in greater detail in the next chapter. In general, Folkman and Lazarus (1980) found that women reported more health and family related episodes, and men reported more work related episodes. Given that different contexts have been found to elicit different coping behaviors (Pearlin & Schooler, 1978), they did T-tests to compare males and females with respect to problem- and emotion-focused coping within each situational factor. The results offer little confirmation for the socialization hypothesis. Men did use more problem-focused coping than women, but only at work and in situations appraised as requiring acceptance and more information. There were no differences in the use of emotion-focused coping, contrary to stereotypic beliefs. In addition, Folkman and Lazarus (1980) note that
gender differences in problem-focused coping in the work context may reflect a pattern of employment in which women hold lower-level jobs where there are few opportunities for problem-solving behaviors.

Coping Inventory for Stressful Situations

A new measure of coping, the Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1990) expands the conceptualization of coping from two basic dimensions of problem-focused and emotion-focused coping to three dimensions, task-oriented, emotion-oriented, and avoidance-oriented coping. Their rationale was that problem-focused coping has a task focus and emotion-focused coping has a person orientation. The person strategy includes emotional responses, self-preoccupation, and fantasizing reactions. They propose a third strategy, avoidance coping, that includes both task and person orientations. For example, an individual can avoid a particular stressful situation by seeking out other people (seeking social support, or as Endler and Parker call it, social diversion) or by engaging in another task rather than the task at hand, such as watching television (distraction) rather than study for an exam. Both would be avoidance coping. After first describing the development and reliability of the measure, I will explore the implications of the construct validity studies done by Endler and Parker (1990) in terms of the conclusions it may be possible to draw about the question at hand, gender differences in coping behaviors and the role of gender in the link between coping styles and depression.

Work on the CISS (Endler & Parker, 1990) began in 1986. The test
developers asked psychologists and graduate students to generate lists of coping items both from their own experience and from a review of existing coping inventories and published research on coping strategies. The resulting 70-item inventory was administered to 559 undergraduates. Factor analysis yielded three factors which were labeled task-oriented, emotion-oriented, and avoidance-oriented. The avoidance-oriented scale was divided into two subscales, social diversion and distraction.

Internal consistency coefficient alpha reliabilities are presented in the manual for the inventory, separated by gender for each normative group (Endler & Parker, 1990). Overall the alpha coefficients on the task scale range from .87 for the female adults to .92 for the male early adolescents. The alphas for the emotion scale range from .82 for male psychiatric patients to .90 for adult males. On the avoidance scale, the alphas range from .85 for male undergraduates to .76 for female psychiatric patients. The alpha ranges for the distraction subscale were from .79 for female undergraduates to .69 for female psychiatric patients. Finally, the social diversion subscale alphas ranged from .84 for late adolescent males to .74 for adult males.

Data presented in the test manual also suggest that there is evidence for the multidimensionality of the CISS scales. Non-significant or significant but low correlations were found when comparing the task, emotion, and avoidance scales, with intercorrelations ranging from .00 to .37. The correlations between the two avoidance subscales tended to be slightly higher across the various normative groups.
(adults, undergraduates, psychiatric patients, early adolescents, and late adolescents), and ranged from .22 to .46.

The convergent validity studies done by Endler and Parker (1990) shed light on how this measure relates to the WCC, the most widely used measure of coping to this point. In one of their first studies, a group of 157 undergraduates were given both the WCQ (Folkman & Lazarus, 1985) and the CISS. The WCQ has a single Problem-Focused scale and a single Seeking Social Support scale. There are six emotion-focused scales: Wishful Thinking, Distancing, Emphasizing the Positive, Self-Blame, Tension-Reduction, and Self-Isolation. The CISS has three scales, Task, Emotion, and Avoidance, with the Avoidance scale divided into two subscales, Distraction and Social Diversion. Overall, the pattern of correlations between the CISS and WCQ converged and diverged in theoretically meaningful ways. For males, the CISS Task scale correlated moderately with the WCQ Problem-Focused scale (r = .42, p ≤ .05), and the other WCQ scales were negatively correlated with the Task scale. For females, the CISS Task scale also correlated with the WCQ Problem-Focused scale (r = .49, p ≤ .01), and correlated low to moderately with the Seeking Social Support (r = .34, p ≤ .01) and the Emphasizing the Positive (r = .39, p ≤ .01) scales. The overlap for females with the two WCQ emotion-focused subscales would suggest some unidimensionality of this coping style for women. Perhaps women more than men use more than one coping strategy, and for women, turning to friends or cognitively trying to look for the best in a situation are used hand-in-hand with goal-oriented
problem-focused coping strategies. The additional fact that Seeking Social Support is showing some overlap with the Task scale points to the problem researchers have had with this coping style. Endler and Parker consider it avoidant coping, Folkman and Lazarus place it in the emotion-focused category, and Ursino (1988), considering the instrumentality of seeking social support as a coping style, constructs a "relative" coping score by adding social support to problem solving coping. This is a significant disagreement in the coping literature, and must be considered when looking at gender differences in coping styles.

The correlations between the remaining scales provided further support for the convergent validity of the CISS. The CISS Emotion scale correlated moderately to high with most of the six WCQ emotion-focused subscales for both males and females. Several of the WCQ emotion-focused scales for both males and females also correlated low to moderately with the CISS Avoidance scale, and the WCQ Seeking Social Support scale correlated strongly with the CISS Social Diversion scale for both males and females.
CHAPTER 4
GENDER DIFFERENCES IN COPING AND DEPRESSION

The stress and coping paradigm would lead one to expect significant relationships between coping and depression. In fact, in studies of community samples, the use of active and problem-focused coping responses has been associated with less depression, whereas the use of responses that serve to avoid actively confronting a problem or to indirectly reduce tension have been associated with more depression (Billings & Moos, 1981; Pearlin & Schooler, 1978). Gender differences found in the incidence of depression and in the use of treatment suggests some difference in the role of stress and the use of resources for men and women. There is some evidence that in comparison with men, women are more exposed to environmental stressors and use less effective coping patterns than men (Billings & Moos, 1981; Pearlin & Schooler, 1978).

One of the difficulties in exploring the different ways depressed men and women cope, and whether the link between emotion-focused coping and depression varies by gender, is that few studies have looked specifically at comparing men and women who are both depressed and not depressed. For example, Coyne, Aldwin, and Lazarus (1981) and Folkman and Lazarus (1986) compared the coping styles of depressed and nondepressed people. The gender of the subjects is not discussed or
revealed. In a study by Folkman, Lazarus, Gruen, and DeLongis (1986) where gender was considered as a variable, no differences were found. Thus, the data was pooled for all the subsequent analyses.

One recent study using the WCC used a sample of dysphoric subjects and performed across and within group comparisons (Moeller, Richards, Hooker, & Ursino, 1992). The study by Moeller et al. (1992) looked for gender differences across the depressed and nondepressed groups, and found no significant differences. Because of their concern to avoid Type I errors, they used a Bonferroni adjustment to set the significance level for these tests at alpha=0.0071, reducing the power of their study. For women, nondepressed subjects scored higher on the problem-focused and seeking social support scales of the WCC than depressed women. For men, there were no significant differences between depressed and nondepressed groups. It is interesting to note that in this sample both groups of men (depressed and nondepressed) indicated greater reliance on emotion-focused versus problem-focused coping. For women, the nondepressed group scored significantly higher than depressed women on problem-focused and seeking social support coping, and they scored higher than depressed women on an overall "relative" score which compares problem-focused and seeking social support behaviors with wishful thinking, avoidance, and self-blame. This summary score was introduced by Ursino (1988) as a way of comparing use of problem-focused and emotion-focused coping. There are equal numbers of items on each side of the equation, enabling one to readily assess whether a subject used more problem-focused coping or emotion-
focused coping by checking if the score is above or below zero. This is one of the only studies which chose to include seeking social support in the problem-focused camp since the majority of the items on the subscale relate to using social support for instrumental rather than emotional reasons.

Pooling men and women and looking just at differences between depressed and nondepressed groups, they found that emotion-focused coping and correlated with higher depression scores on the BDI, and problem-focused coping correlated with lower scores. When they ran this test for each gender separately, they had the same results, suggesting that men and women do not use significantly different appraisal and coping techniques in response to depression. Additionally, there were basic similarities between sexes. For both sexes, it seemed that problem-focused coping was associated with less depression, and emotion-focused coping was associated with more.

These findings are consistent with Hamilton and Fagot (1988) who failed to support the hypothesis that women tend to use emotion-focused coping, and men tend to use problem-focused coping in response to stress. This study (Moeller et al., 1992) is also in agreement with Ursino (1988) who found that emotion-focused strategies were associated with higher levels of distress and problem-focused strategies were associated with lower levels of distress in relatives of schizophrenic patients.

The question of whether certain coping styles correlate more strongly with psychopathology, and whether women then may be considered neurotic copers can
be teased out with the further construct validity studies done by Endler and Parker (1990) for the CISS. I am making the assumption that, given the moderate correlation between the WCQ and the CISS, the information provided by the CISS studies has some applicability to the WCQ. Keep in mind that the WCQ Seeking Social Support emotion-focused subscale correlates with the CISS Social Diversion subscale, making the pattern of behavior that seems to differentiate men from women, relying on friends for help in stressful situations, an avoidant rather than an emotion-focused strategy in this discussion.

To examine the relationship between psychopathology and the CISS, 328 undergraduates completed the CISS and the Basic Personality Inventory (BPI; Jackson, 1989). The BPI is a 240-item self-report measure designed to assess twelve facets of personality and psychopathology both for normal populations and populations experiencing distress. The Emotion scale was consistently and positively related to various dimensions of psychopathology in both males and females. Of interest is that in two of the three BPI scales, the correlation was stronger for men than for women. For psychiatric symptomatology, the correlation was .60 for men and .53 for women (p ≤ .05), and for social symptomology the correlation was .41 for men and .24 for women (p ≤ .01).

Using the data presented by the authors, it was possible to do further analyses to assess the significance of the difference between the male and female correlations. A Z-test for the difference between two correlations (McCall, 1970) shows that the male and female correlations for social symptomology are
significantly different and the correlations for psychiatric symptomology are showing a trend towards a significant difference. Social diversion (seeking social support in the WCQ) showed almost no correlation with the psychiatric symptomology and social symptomology BPI psychopathology scales.

In general, the avoidance-oriented scale was unrelated to the three BPI scales, although the two subscales of Distraction and Social Diversion showed important differential relationships. Low to moderate positive correlations were found between the avoidance subscale of distraction and psychiatric symptomology in males and females (males were .29, females .24, p ≤ .01). Low to moderate negative correlations were found between the avoidance subscale of social diversion and depression in males and females (males were -.21, females -.31, p ≤ .01). This analysis suggests that the distraction component of the avoidance scale is positively related to psychopathology, and more so for men than for women. Men who avoid stress by window shopping, sleeping, eating, watching T.V. or a movie, and taking time off to get away from the situation may be more depressed than women using those behaviors. The social diversion component of the avoidance scale was negatively related to depression (i.e., the more one seeks social support or diverts from the problem by looking to others for support, the less depressed one is), again more so for women than men. The items that make up this factor are "Try to be with other people", "Visit a friend", "Spend time with a special person", "Talk to someone whose advice I value", and "Phone a friend".

Endler and Parker (1990) investigated the relationship between the CISS
subscales and depression by giving 705 undergraduates (229 males and 476 females) the CISS and the Beck Depression Inventory (BDI; Beck, 1978). Their findings support the hypothesis that depressed people use more emotion-related coping behaviors than nondepressed individuals. They found a relatively high positive correlation between the CISS Emotion scale and the BDI for both males and females, and a negative relationship between the CISS Task scale and the BDI for both males and females. In general, the Avoidance scales were unrelated to depression. Although these findings are in accordance with several studies which present empirical evidence for a relationship between emotion-focused coping and depression (Billings, Cronkite, & Moos, 1983; Billings & Moos, 1984; Mitchell, Cronkite, & Moos, 1983), a Z test of significance for the difference between the male and female correlations was nonsignificant for all five subscales of the CISS: Depressed people may tend to use more emotion-focused coping than nondepressed people, but whether depressed women use more emotion-focused coping than depressed men is harder to tease out. The evidence would suggest not.

Past research (Moeller et al., 1992; Endler & Parker, 1990) suggests that men and women who are depressed tend to use more emotion-focused coping strategies than do people who are not depressed. It would also seem that among people who are depressed, men and women do not differ in their use of emotion-focused coping strategies in any meaningful way. This needs to be explored much more in future research, given the sparseness of available research on this topic.
CHAPTER 5
GENDER DIFFERENCES IN COPING

Although there is not much research comparing depressed men and women and their coping strategies, there is a substantial body of work looking at the coping behaviors of normal populations. Unfortunately, the findings on gender differences tend to be quite contradictory. It may be worthwhile to examine this research to further explore the conditions under which men and women differ in their coping styles, and whether there is support for the socialization hypothesis (Ptacek et al., 1992). Research on coping strategies where gender differences have been found indicates that in general, men prefer instrumental or problem-focused coping while women prefer emotion-focused coping, and that women tend to engage in a wider repertoire of coping options than do men (Pearlin & Schooler, 1978; Billings & Moos, 1981; Stone & Neale, 1984; Endler & Parker, 1990). Several important theory and research-based themes emerge when looking at gender differences in the coping literature. First, it would seem to be important to include an assessment of the coping context in a study of gender differences in coping. Different contexts are associated with different coping styles, and differences in gender may in fact be attributable to context and not gender. Second, both theory (Lazarus, 1966) and research (Folkman & Lazarus, 1980; Stone & Neale, 1984) suggest that appraisal of the situation is a critical determinant of coping behavior, and needs to also be
included in coping research. Finally, coping is a complex process that changes as appraisals change. Changes in the way situations are appraised may occur over time as subjects age, and in the changes in the situation. Research that considers coping in terms of single episodes associated with single coping behaviors does not capture the complexity of coping behaviors. Several key studies of gender differences in coping will be summarized and compared to identify possible reasons for the differences in findings, based on the above points.

One of the earliest studies on coping was done by Pearlin and Schooler (1978). They were interested in the enduring and widely experienced life strains that emerge from social roles defined as the four domains of marriage, parenting, household economics, and occupation, and examined the relationships among stress, personal resources, and coping responses. Personal resources were defined as personality characteristics which help people to withstand environmental threats and resist the stressful effects of life events. The three personal resources included in this study were low self-denigration, high mastery, and high self-esteem. Coping responses were defined as "the behaviors, cognitions, and perceptions in which people engage when actually contending with their life-problems" (p.5). Three types of coping responses were identified: (1) responses that modify the situation (e.g., direct action, negotiation, advice seeking); (2) responses that function to control the meaning of the problem (e.g., positive comparisons, selective ignoring); and (3) responses that function to control stress after it has occurred (e.g., avoiding confrontation, relaxation, denial, withdrawal, hopefulness).
Pearlin and Schooler (1978) found that there is a relationship between the type of coping response people use and the degree to which stressors are associated with emotional distress. Effective coping responses seem to prevent environmental threats from resulting in emotional distress. This relationship between type of coping and reduced stress is particularly strong in the marriage domain, and to lesser degrees in the domains of parenting and household economics. Coping responses seem to make no difference in the occupational domain. Pearlin and Schooler conclude that the type of coping response makes little difference in terms of distress in areas in which people have little control (such as their jobs) and in areas in which the environment is more impersonal (such as work setting). The authors suggest that the choice of coping response would be most critical in influencing distress in the interpersonal domains (marriage and parenting) where individuals presumably have more control.

Pearlin and Schooler examined each general coping response for more specific patterns. Looking first at coping responses that modify the situation, self-reliance (e.g., reflective probing of problems, exerting influence over one's children) was found to be a more effective coping strategy for reducing stress than was the seeking of help and support from others in the two domains of marriage and parenthood. Next, among coping responses that function to control the meaning of the problem, the most effective coping strategies involved changing values and goals (e.g., devaluing the importance of money) and were useful in the occupational and economic domains. The authors concluded that given the lack of control that people
often have over their work place and income, it is useful to change the meaning of
the stressful encounter (e.g., the value of money or the occupational goal). In
contrast, stressors arising in close interpersonal relationships were least likely to
result in distress when people used strategies to alter the stressful circumstances.

When comparing the relative value of coping responses and personal
resources in minimizing stress, Pearlin and Schooler (1978) found that it was better
to have high levels of both than either alone. However, regression coefficients
revealed differences in these relative values across the four domains. In the
marriage domain, the type of coping response was much more important than
possession of personal resources. In parenting, the two were of equal importance,
and in household finances, personal resouces were somewhat more important than
coping response in reducing stress. In the occupational domain, personal resources
were much more important than the type of coping response. The hypothesis by
Folkman (1984) that situational control will impact coping choices appears to be
supported by the research of Pearlin and Schooler (1978), because in the impersonal
domains of finances and occupation where situational control may be difficult,
stressors seemed less affected by the type of coping response selected. In the
personal domain of marriage, however, where one might be expected to have more
control, the type of coping made a difference. In most domains (except in the
occupational sphere), the more coping responses people used and the more resources
they had, the less likely it was that stressors resulted in emotional distress (Pearlin
Analyses of gender differences among the eight coping responses in the different domains, Pearlin and Schooler found that women used more selective ignoring than men in the domains of marriage, parenting, and occupation. This is a coping response that serves to control the meaning of the problem, and was a coping choice that actually exacerbated stress in the domains of marriage and parenting. Men more often than women used coping responses that reduced stress in the interpersonal spheres, and in the instances where women used a response more than men, the coping response they chose increased stress. In this study it seems that women used less adaptive coping responses than men.

Unlike Pearlin and Schooler (1978) who looked at how people react to relatively enduring sources of stress, Billings and Moos (1981) looked at cognitive and behavioral reactions individuals report in response to stressful events which had occurred recently in their lives (within the past 12 months). They identified three types of coping: active-cognitive coping (attempts to manage one’s perceptions or appraisal of the problem), active-behavioral coping (overt attempts to deal directly with the problem), and avoidance coping (avoidance of the problem). They also examined whether the focus of coping was on modifying behavior (problem-focused coping) or on maintaining emotional stability (emotion-focused coping).

Variations in coping responses were evaluated according to the type of event and the gender of the individual. Billings and Moos (1981) categorized events into six categories, illness, death in the family, economic, children, other interpersonal events, and other noninterpersonal events. There was a significant gender
difference in the distribution of events in these categories. Men were more likely to select events in the economic category, whereas women were more likely to select events in the illness and children categories. In addition, there was a significant difference in the type of coping. Men were more likely than women to use active-cognitive coping and problem-focused coping, whereas women reported greater use of active-behavioral, avoidance, and emotion-focused coping. Women's greater use of avoidance coping was associated with greater impairment in functioning. This parallels the results of Pearlin and Schooler (1978), who found women more likely to use a passive strategy (e.g., selective ignoring) which resulted in greater distress.

Billings and Moos (1981) entered the type of coping as well as social resources into a regression equation. For women, coping and social support were equally helpful in reducing the impact of negative life events on stress. The quality of women's social support was more important than the number of social relationships. For men, coping responses were somewhat more helpful than was social support in reducing the harmful effects of negative life events.

Finally, Billings and Moos (1981) argue that the context of coping must be evaluated when looking at coping responses and gender differences in coping. They did a two-way analysis of variance (gender x type of event) for each coping measure, and, as reported above, found that gender differences were significant albeit small. They also found that certain events elicited certain coping responses, with illness events (which women selected more often as a stressor) resulting in more active-behavioral and problem-focused coping than did most other categories.
Death-related events elicited the least amount of these coping strategies.

Although Billings and Moos (1981) found gender differences in coping responses and in the types of stressors reported, they were not able to assess the temporal variations in the coping process. They used a yes/no response format which did not allow for evaluating either the intensity, frequency, or variation in coping responses that may occur over time. When women use selectively ignoring as a coping strategy, the data do not allow us to assess changes in coping responses over time. Do women move to another strategy, and if so, at what point?

Folkman and Lazarus (1980) looked at coping patterns that were specific to certain situations, as did Pearlin and Schooler (1978). They found that although some coping patterns were specific to certain contexts, both problem-solving and emotion-focused coping were used in almost every reported stressful encounter. Of the 1,332 coping episodes analyzed, there were less than 2% in which only one type of coping was used. Their finding illustrates the complexity and multidimensionality of the coping process, and research that looks at single episodes associated with single coping behaviors is overly simplistic. They also were able to do intraindividual analyses, and found that coping behaviors were quite consistent across situations. Folkman and Lazarus point out that even general patterns in coping consistency do not give a detailed enough analysis of coping behaviors because within each coping category there are many more specific coping strategies.

For example, trying to see humor in the situation, avoidance, detachment, assignment of blame (to self or others), fatalism, projection, and fantasy are all
considered emotion-focused coping behaviors. Their data also do not allow an exploration of whether the consistency is due to personality factors, or because people experienced the same stressors over and over again.

Folkman and Lazarus (1980) found that how an event was appraised was the most powerful situational factor in accounting for coping variability. Their theoretical perspective was that in threatening or harmful situations that were appraised as holding few possibilities for change, a person would use more emotion-focused coping behaviors. When a situation was appraised as changeable through action, the person would use problem-focused coping. Their findings gave support to their theory. In situations where something constructive could be done and in which more information was needed, problem-focused coping was reported. In situations that had to be accepted and in which a person had to hold back from acting, more emotion-focused coping was used.

Given these interesting findings and support for the theory of cognitive appraisal as a determinant of coping, studies that do not look at how situations are appraised may be missing important information about factors which determine coping behavior. Billings and Moos (1981) and Pearlin and Schooler (1978) both found gender differences in coping but did not look at situational appraisal. Folkman and Lazarus (1980) found relatively few gender differences, but did look at appraisal as a coping determinant. In their study, women reported more stressful episodes having to do with health (61% reported by women, 39% reported by men) and with family (68% by women, 32% by men), while men reported more work-
related episodes than women (69.5% for men, 30.5% for women). A chi-square analysis of these differences indicated they were significant. Although men and women reported different areas as stressful, they did not differ in their appraisal of those situations as permitting something to be done to alter it.

Folkman and Lazarus (1980) compared males and females with respect to problem- and emotion-focused coping within each situational factor (who was involved, what was the context, and how was it appraised), and found little support for the conventional wisdom of the socialization hypothesis (Ptacek et al., 1992) that men are taught to emphasize instrumental, analytic, problem-solving skills, and that women are socialized to be more emotionally sensitive than men. While men did use more problem-solving coping styles at work, the differences between men and women were not significant in the areas of health and family. Also, there were no gender differences in the use of emotion-focused coping. Women reported more health-related concerns, which were associated with more emotion-focused coping, but of the men who reported health issues, there were no gender differences in emotion-focused coping. Folkman and Lazarus (1980) emphasize the importance of looking at the differences in the sources of stress when looking at gender differences in coping. If one only looked at coping, it would appear that there was a difference due to gender in emotion-focused coping, differences that were actually attributable to sources of stress rather than gender. Women and men did not differ in their use of emotion-focused coping within similar contexts, but did differ in the contexts in which stressful episodes would occur. This theme was consistent in all three studies.
Where previous research had been interested in coping behaviors that occurred over periods ranging from a month (Folkman & Lazarus, 1980), a year (Billings & Moos, 1981), to enduring over time (Pearlin & Schooler, 1978), Stone and Neale (1984) were interested in developing a coping measure that could be used on a daily basis, given the theoretical argument that coping changes as appraisals change (Coyne & Lazarus, 1981). They asked sixty married couples to complete a daily booklet on the most bothersome event of the day and how they handled it, for a period of twenty-one days. Their coping measure included ten coping modes that broadly paralleled Folkman and Lazarus (1980) concepts of problem- and emotion-focused coping. They were direct action, distraction, situation redefinition, acceptance, catharsis, religion, relaxation, and seeking social support. Analyses of gender differences in ways of coping with a variety of daily stressors revealed that men were significantly more likely than women to use direct action, whereas women were significantly more likely than men to use distraction, catharsis, seeking social support, relaxation, and religion in response to daily stressor. There was a significant sex effect in the number of coping styles reported, with women reporting slightly more styles (2.05) than men did (1.73). A problem with this apparent support for the socialization hypothesis is that the study did not look at context as did Pearlin and Schooler (1978), Folkman and Lazarus (1980), and Billings and Moos (1981).

Of interest in this study was the emphasis on the relationships between
problem appraisal and reported coping. Having control over the occurrence of the problem was associated with less reporting of catharsis and acceptance. Surprisingly, control over the problem did not influence whether direct action was used to cope with the problem. The authors explain this by noting that the wording of the question referred to control over the occurrence of the problem, not the resolution of the problem ("How much control did you have over its occurrence?" Stone & Neale, 1984, p. 879).

Although the results of this study are partly consistent with those of Folkman and Lazarus (1980), where men were more likely than women to use problem-focused coping in response to occupational stress, the study is limited in its comparability to other studies because it did not include the type of stressors involved in different coping behaviors. However, including appraisals of the controllability of the occurrence of stressful episodes gave support to Lazarus’ (1966) theory of the critical nature of the way in which appraisal determines coping choices. A further value of this study is that the researchers allowed respondents to indicate as many coping styles per episode as desired and were able to determine the frequency of use of different coping styles, finding that women reported using a wider repertoire of coping behaviors than did men.

Stone and Neale’s (1984) finding that women may demonstrate a wider range of coping behaviors than men is supported by a review of gender differences in vulnerability to different kinds of health problems done by Eisler and Blalock (1991). They suggest that masculine cognitive frameworks, shaped by psychosocial
and cultural forces, may result in gender-determined ways of appraising the environment and coping with perceived stress. Reliance on culturally approved masculine schemata hamper the individual man in his objective appraisal of the situation and permit him a limited range of gender-approved coping strategies to deal with stress, especially in the area of emotional inexpressiveness. The social restrictions on emotional expression results in men's frequent appraisal of certain types of interpersonal situations as stressful, restricts the range of coping behaviors available to them, and consequently impairs the success of their relationships (Eisler & Blalock, 1991). They suggest that dysfunctional behavior may result from inflexible adherence to masculine schemata (Eisler & Blalock, 1991).

Ptacek, Smith, and Zanas (1992) did a study of gender differences in coping using a sample of forty-two male and 110 female traditional age undergraduates who recorded information of the most stressful event of the day for a period of twenty-one days. This study built substantially on previous research by including daily events, the context within which the stressor occurred, an appraisal of how controllable subjects perceived a stressor as being when it occurred, the effectiveness of the method, and the temporal order in which methods were applied. As noted earlier, several researchers using older samples reported gender differences in the life areas where stress occurred (Pearlin & Schooler, 1978; Folkman & Lazarus, 1980; Billings & Moos, 1981). Ptacek et al. (1992) found that unlike older samples where women reported more health- and family-related stressors and men reported more work- and finance-related stressors, the men and
women in the college sample did not differ significantly in the broad classes of life areas within which stressful events occurred. Both men and women reported using problem-focused coping more than any other coping category, and women reported seeking social support and self-blame more than men.

Where men and women differed was in appraisal. Women reported experiencing significantly more stress than men, and men reported a higher expectancy the event would occur, more perceived control over the outcome, and greater overall effectiveness in coping. Like Stone and Neale (1984) who found that women reported a wider range of coping behaviors than men, and Eisler and Blalock (1991) who found that men demonstrated fewer coping resources than women which puts them at risk for health problems, Ptacek et al. (1992) found that although both men and women typically used more than one coping method per event, women reported using more of the coping categories per event than the men. Both men and women reported using problem-solving coping more often than any other category, and no gender difference was found in the mean number of occasions problem-solving coping was used. Women more often reported seeking social support and self-blame. Two other emotion-focused categories, wishful thinking and avoidance, showed gender differences not in the number of times they were used but in the extensiveness of the use of the strategy when it was employed, with women reporting more extensive use.

Folkman and Lazarus (1980) suggested that coping is a complex, multidimensional pattern of behaviors that changes over time as appraisals of the
situation changes. The study by Ptacek et al. (1992) defined coping as a sequence of behaviors, and found that men reported that they used problem-solving coping as their initial strategy 56% of the time, compared with a mean of 44% for the women. Social support was used first 30% of the time by both men and women, and none of the emotion-focused categories exhibited gender differences. Given the fact that men reported greater overall success in dealing with their stressful experiences, the narrower range of coping styles men demonstrate (Stone & Neale, 1984; Eisler & Blalock, 1991) could be due to the effectiveness of their initial coping strategy.
Coping has been considered in two ways, as intrapsychic functioning and from a cognitive behavioral model based on an active/avoidance dichotomy. The former sees coping as an enduring personality style, and the latter considers the environmental context to be inseparable from the coping style. Cognitive appraisals of the stressor and one's available resources to manage the problem conceptualize coping as a process that values context. The cognitive behavioral model this thesis explored proposes that the individual evaluates what's at stake, what resources are available, and how much control can the individual exert over the stressor. Lazarus' action/avoidance model suggests that the more control a person feels they have over the stressor, the more likely they are to use problem-focused rather than emotion-focused coping behaviors.

The emerging picture of gender differences in patterns of coping is complex. To say that men are problem solvers and women are emotional copers is to miss the subtleties of the coping process that the research presents. It would seem that there are some clear trends. First, it seems that each gender reports experiencing stress in different contexts, with men encountering stress in the areas of money and occupation and women reporting stress in the areas of marriage, parenthood, and illness (Pearlin & Schooler, 1978; Billings & Moos 1981; Folkman & Lazarus,
Given that some of this research was done more than ten years ago, it would be interesting to know whether the areas in which each gender is reporting stress are becoming more similar as women move into the workplace and men are perhaps taking a greater role in family life. The study done by Ptacek et al. (1992) suggests that when men and women are in similar life circumstances (university life) they report similar categories of stress, and use essentially the same types of coping strategies.

A second major area to be considered when looking at gender differences in coping is the appraisal process suggested by Folkman (1984). This thesis has suggested that appraisal of one's ability to meet the demands of a stressor cannot be separated from a sense of personal efficacy, defined as self-efficacy beliefs and the interpersonal effectiveness that would seem to increase with age for women. Coping choices have been demonstrated to vary with appraisals of one's ability to change the situation. When no possibility exists for enacting problem-solving skills, as in the area of health, emotion-focused coping is the more adaptive style. Not only must coping research assess the areas in which stress is experienced, it must also look at how effective people believe they can be in the situation.

A third factor that has not been considered in most of the coping research is the question of how coping may change over time. When researchers find that women use emotion-focused coping styles, they are not asking when those strategies are being engaged, and whether there is a time differential at work. The meta-analytic work done by Suls and Fletcher (1985) is an important step towards an
understanding of the significance of viewing coping not only as a contextually embedded process, but also as one that evolves over time.

Overall, it would seem that men and women do not differ in their use of problem-focused strategies, but may differ in their use of social support. This raises conceptual and measurement issues. Because Seeking Social Support alleviates the emotional discomfort of stress, it is considered an emotion-focused coping style by some researchers, and an instrumental emotion-focused coping style by others, and an avoidant style by a third group. Ursino (1988) has developed a useful approach to the social support issue by calculating a relative coping score which considers seeking social support to be an adaptive coping style. Another possibility would be to place nonadaptive emotion-focused coping strategies such as self-blame and selectively ignoring in one category, and adaptive emotion-focused coping such as seeking social support, finding the silver lining, and tried to look on the bright side of things in another category. The theoretical and measurement issues around conceptually placing Seeking Social Support strategies in emotion-focused coping scales would indicate that this is an important area of disagreement among coping researchers, and needs to be considered when selecting and analyzing coping measures.

The question of whether women use more emotion-focused coping and are therefore "neurotic" in their coping styles misses the complexity of the coping process, and the various situations which impact coping choices. There is a link between some emotion-focused coping behaviors and depression. Because of the
limits of the designs of past research, it is not possible to say whether this link is moderated by gender. Future research needs to focus on gender differences in this area.

Within these contexts, it does seem as though women are more likely than men to use passive strategies. Women used more avoidant strategies such as selectively ignoring and self blame which tend to be less adaptive coping styles, and men used more active-cognitive strategies (Pearlin & Schooler, 1978). However, women demonstrate a wider range of coping styles than do men. They also place greater emphasis on social support as a coping style. It is important to differentiate between emotion-focused coping behaviors when one says that women tend to be more emotion-focused in their coping, given that several emotion-focused coping styles are not effective and are associated with depressive symptoms for both men and women.

Finally, a study designed to look at coping across the lifespan would be a challenging longitudinal project, but one that would shed light on the changes that may occur in coping behaviors as social roles and interpersonal dynamics change. As counseling psychologists our philosophical focus is to emphasize the wholeness of the person, and viewing coping behaviors as complex and dynamic processes is congruent with that holistic approach. It may be that coping research has reached the point where qualitative methods are needed to fully grasp the phenomenological experience of men and women and their coping processes.
REFERENCES


VITA

The author, Caryl Rosen, was born in Pietermaritzburg, South Africa, on February 6, 1953. She emigrated to the United States in 1961, returning to Cape Town in 1970 to attend university. After earning a B.A. degree in anthropology, she returned to the United States and worked for Trans World Airlines.

In 1989 Ms. Rosen returned to academic life, earning B.S. from Loyola University of Chicago in 1991, and entered the M.A. program in Community Counseling the following year. She was admitted as a doctoral student in Counseling Psychology in 1994.

Ms. Rosen’s research interests include children’s stress and coping, therapist sexual abuse of clients, and the factors complicating therapist decisions to report child abuse when they encounter it in clinical practice. Her present research activities are focused on issues of academic adjustment and college persistence intentions for minority students.
THESIS APPROVAL SHEET

The thesis submitted by Caryl H. Rosen has been read and approved by the following committee:

V. Scott Solberg, Ph.D., Director
Assistant Professor, Counseling Psychology
Loyola University Chicago

Gloria Lewis, Ph.D.
Professor Emeritus, Counseling Psychology
Loyola University Chicago

James Sinacore, Ph.D.
Adjunct Professor, Psychology
Loyola University Chicago

The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the committee with reference to content and form.

The thesis is, therefore, accepted in partial fulfillment of the requirements for the degree of Master of Arts.

11/30/94
Date

[Signature]
Director's Signature