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Measuring Coping Effectiveness:

A Comparison of Problem-Focused and

Emotion-Focused Coping Efforts

Connie Boutet

University of Manitoba

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MEASURING COPING EFFECTIVENESS:

A COMPARISON OF PROBLEM-FOCUSED AND

EMOTION-FOCUSED COPING EFFORTS

by

Connie Boutet

A thesis submitted to the Faculty of Graduate Studies of
the University of Manitoba in partial fulfillment of the requirements
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ABSTRACT

Coping behavior is seen by several researchers as fulfilling two functions: (a) alteration of the stressful person-environment transaction (problem-focused coping), and (b) control of emotional distress (emotion-focused coping). Despite the designation of two distinct functions of coping behavior, a large number of the techniques that are currently being taught to individuals to help them cope with stress focus on only the latter function. This study investigates a model of coping behavior which suggests that a more appropriate approach to coping with stress incorporates the use of problem-focused coping strategies. Semi-structured interviews were conducted with 48 male and female community residents. Participants were asked to describe two recent moderately stressful family concerns that occurred within the past six months. For each of the problems described subjects completed (a) the Ways of Coping Checklist, in order to determine how subjects attempted to handle their problem, (b) a series of items measuring emotional distress, and (c) a problem resolution index. The latter two instruments were the main measures of coping effectiveness. Tests of the hypotheses resulted in relationships between variables which were opposite to those predicted by the model of coping behavior. Coping strategies involving greater use of problem-focused and

emotion-focused coping behavior, use of greater numbers of coping strategies within a particular situation, and greater use of different coping strategies across situations were all associated with high emotional distress. A possible explanation for these findings focuses on the association of a particular range of coping skills with effective coping, as well as the ability of a person to select effective coping behaviors from this range of skills.

Introduction

The research area of stress and coping has recently expanded to include the development of techniques and skills aimed at enabling individuals to cope effectively with stress. The majority of coping techniques that are currently being taught to people, including progressive relaxation, deep breathing, autogenics and guided imagery, focus on the alleviation of the emotional distress that typically results from stress but are not directed at the source of stress itself. This paper examines the advantages and disadvantages of the current approach to teaching coping skills as well as the efficacy of alternative approaches. It is suggested that a more effective approach to coping with stress incorporates the use of problem-focused coping techniques aimed at altering the source of stress, namely the stressful person-environment transaction.

Model of Stress

When one speaks of strategies for coping with stress, a basic understanding of the concept of stress is presupposed. However, the literature indicates that there has been a lack of consensus regarding the definition of stress. Stress has been described in terms of certain types of stimulus events which are disruptive or disturbing to an individual in some way (e.g. Holmes & Rahe, 1967).

Stress has also been defined as a response or pattern of responses which serve to indicate the individual is experiencing some sort of disturbance (e.g., Selye, 1976). Finally, stress has been viewed as a type of transaction between the person and his or her environment where environmental or internal demands, or both, tax or exceed the person's adaptive resources (Lazarus & Launier, 1978). These three approaches to conceptualizing stress are not mutually exclusive. For example, an attempt at understanding the pattern of responses assumed to be indicative of stress often provides the opportunity to examine the characteristics of the stimuli that elicited these responses (Cox, 1980).

The transactional model of stress is currently receiving much attention. This approach emphasizes the importance of an individual's cognitive appraisal of the demands made on him or her in conjunction with the person's appraisal of his or her adaptive resources to deal with these demands in determining whether a situation will be perceived as stressful or not. Lazarus and Launier (1978) discuss two main types of cognitive appraisal which are said to serve as mediating processes in an individual's transaction with the environment, primary appraisal and secondary appraisal. In primary appraisal an individual evaluates the transaction in terms of its significance for his or her well-being. The same transaction can be appraised as either irrelevant to one's well-being, benign-

positive, or stressful, the latter involving challenge, threat, harm or loss. Secondary appraisal is called into being when a transaction is appraised as stressful and involves deciding how to cope with the difficulty by evaluating one's coping resources and options. Stress will ensue when the demands emanating from a transaction perceived as relevant to one's well-being and stressful are appraised as exceeding the individual's coping resources.

The transactional model appears to be the most comprehensive model of stress available to date. Cox (1980) discusses major difficulties with the response-based and stimulus-based definitions of stress. For example, one of the weaknesses of response-based definitions is that any stimulus which produces the particular stress response under consideration must be viewed as a stressor. If an experimenter is measuring increased heart rate as an index of stress, conditions evoking intense fear, winning a lottery, exercising, or viewing pornographic pictures may all be viewed as stressors by definition as they all produce the stress response. However, classifying intense fear and the emotions accompanying winning a lottery in the same category may not meet with general consensus, as the first condition represents a negative state, while the latter condition has positive connotations. Response-based definitions of stress fail to recognize that situations which evoke similar responses such as increased heart rate are not equally "stressful." In other words, they are not

equally aversive or demanding because of factors such as differential implications for one's well-being.

One of the major difficulties with stimulus-based definitions of stress is the finding that there are individual differences among persons regarding what kinds of events, and the degree to which these events, are experienced as stressful. No single stimulus event is equally stressful for all people (Cox, 1980).

In general, Cox (1980) notes that there is great individual variation in both persons' experiences of stress and responses to stress. Neither stimulus-based or response-based definitions adequately account for this variation. The transactional model attempts to account for individual differences in experiences and responses to stress by examining differences in cognitive appraisals of environmental encounters. Lazarus (1981) states that individuals can construe the same input differently depending on their divergent motivational patterns, belief systems, and styles of thinking and adapting. Lazarus also contends that our emotional reactions to our environment are shaped by the way we appraise our environment. Thus, in theory, different appraisals of the same environmental stimulus will result in different emotional responses to the same stimulus, accounting for the observed variation in stress responses among individuals.

There is some research which tentatively supports Lazarus and Launier's (1978) cognitive theory of stress.

For example, Folkman and Lazarus (1980) demonstrated that situations appraised as having the potential for amelioration by action, or requiring more information, generated higher levels of coping efforts directed at dealing with the source of stress, relative to situations appraised as having to be accepted or requiring holding back from acting. In contrast, the latter situations generated higher levels of coping efforts directed at reducing one's emotional distress relative to situations appraised as requiring constructive action. This finding illustrates how one's appraisal of a situation can affect one's response to the situation. Thus, viewed as a model of stress that remains to be tested, the transactional model appears to be superior to the stimulus- and response-based conceptualizations of stress, as this model attempts to account for individual variation in reactions to stress. For this reason, the present study will approach the stress concept from a transactional framework. It is recognized that some conditions are experienced and responded to as stressful by virtually everyone (e.g., natural disasters), while other conditions serve as stressors for some people and not others. In general, whether a situation is threatening or gratifying depends to a large extent on how it is interpreted by a particular person, recognizing that two people may respond differently to the same situation.

Classifications of Coping Behavior

A model of stress that views stress as arising from the adaptational relationship between the person and the environment, as appraised by the person, has certain implications for coping efforts. It follows from this model that a person's efforts to cope with stress may be directed at the environment, the self, or both. Numerous classifications of coping behavior have been developed by researchers in an attempt to delineate the specific functions of coping behavior within a person-environment transaction. For example, Lazarus (1976) distinguishes between two main categories of coping behavior: (a) direct action, which refers to "any behavioral effort by the person to deal with harm, threat, or challenge by altering his or her troubled relationship with the environment" (p. 75), and (b) palliation, which is directed at "reducing, eliminating, or tolerating the distressing bodily, motor, or affective (subjective distress) features of a stress emotion once it has been aroused by troubled commerce with the environment" (p. 75). In other words, direct action involves efforts to handle stressful demands by taking some sort of action, while palliation focuses on moderating the distress which results from stressful demands. The two functions of coping efforts evident from this classification are to change the stressful person-environment relationship and to control the emotional distress arising from that relationship.

Folkman and Lazarus (1980) provide an elaboration of Lazarus's (1976) categories of coping behavior. "Problem-focused coping" refers to cognitive problem-solving efforts and behavioral strategies for dealing with the source of stress either by changing one's behavior, environmental conditions, or both. "Emotion-focused coping" refers to cognitive and behavioral efforts directed at reducing or tolerating emotional distress. These coping efforts are assumed to serve the same two functions postulated by Lazarus (1976), namely to manage or alter the person-environment relationship that is the source of stress and to regulate stress-related emotions.

Finally, Pearlin and Schooler (1978) discuss three major categories of coping responses according to the nature of their function: (a) responses that modify the situation out of which stress arises, (b) responses that control the meaning of the problem after it occurs (but before emotional distress develops) in a manner that reduces the threat associated with the problem, and (c) responses that manage emotional reactions once stress has occurred. The first category of coping responses is equivalent to Lazarus's (1976) direct action coping behavior and Folkman and Lazarus's (1980) problem-focused coping. Categories two and three both denote a palliative function or emotion-focused mode of coping. However, the emphasis in category two appears to be on the cognitive aspects of emotion-focused coping whereas category three seems to emphasize

behavioral approaches to stress management.

Present Status of Coping Techniques

Despite the designation of two distinct functions of coping behavior, a large number of the techniques that are currently being taught to individuals by mental health professionals, in order to help them cope with stress, focus on only one of these functions, namely the relief of symptoms resulting from exposure to stress (Davis, Eshelman, & McKay, 1982). Popular stress management techniques such as relaxation training, meditation, autogenics, biofeedback, and deep breathing are clearly subsumed under the classification of palliative or emotion-focused coping efforts, since these techniques do not involve any effort to change the stressful person-environment relationship. "Despite the variety, coping mechanisms of this type have in common their attempt to minimize the discomforts engendered by problems, but are not directed to the problems themselves" (Pearlin & Schooler, 1978, p. 7).

At present, the research emphasis is on discovering effective modes of coping by combining stress management techniques which focus on the alleviation of emotional distress and other stress-related symptoms. For example, Yorde and Witmer (1980) attempted to teach stress management skills to a general population with a wide range of stress symptoms using a combination of progressive relaxation and autogenic training, breathing exercises, guided imagery,

and cognitive restructuring. Siegel and Peterson (1980) taught coping skills consisting of body relaxation, deep breathing, pleasant imagery, and the use of calming self-talk to young dental patients. Sarason, Johnson, Berberich, and Siegel (1979) included instruction and practice in the self-monitoring of reactions to stressful situations, progressive relaxation training and the development of adaptive cognitive responses in teaching police officers to cope with stress. Fremouw and Zitter (1978) compared public speaking skills training with a cognitive restructuring-relaxation approach in the treatment of speech anxiety. Brown (1980) provided subjects with instructions and training in progressive relaxation, anxiety management, social skills, and self-reinforcement procedures within a coping skills training program. All of these studies sought to determine the most effective combination of stress management techniques in attenuating the stressful emotions experienced in response to various conditions. In some respects, research has progressed in this area. For example, investigators are recognizing that there is no single stress management technique which will be effective in reducing stress-related symptoms across all possible stressful transactions. Situational demands and constraints are too diverse to allow for one universally effective coping strategy. Thus, the research focus is on discovering combinations of these techniques. Also, it is noteworthy that investigators are including cognitive

restructuring techniques in their stress management programs, thereby recognizing the importance of an individual's cognitive appraisal in determining whether an event will be defined and experienced as stressful or not.

Both cognitive and behavioral stress management techniques are being developed and combined in an attempt to alleviate the emotional distress that typically results from stress. However, at present there is little research directed at developing coping techniques which take a problem-focused, direct action approach to dealing with the source of stress by changing the person's behavior, the conditions of the environment, or both, within a stressful person-environment transaction.

Effectiveness of Coping Strategies

A logical question emanating from present research efforts is whether the current approach to teaching coping skills in the form of stress management techniques is, or will be, most beneficial to an individual for coping with stress. Such a question recognizes the need for evaluation of the efficacy of various coping attempts. In discussing what criteria are appropriate for judging whether a given coping effort is effective, Menaghan (1982) states:

> Beyond reducing the feeling of
> distress for ourselves or involved
> others, we also ordinarily entertain
> the hope that coping with a problem
> or difficulty may actually alleviate
> or remove the stressful situation.
> (p. 221)

Again we return to the notion of coping efforts having two functions: the reduction or elimination of the stressful person-environment transaction and the management of emotional distress resulting from the stressful transaction. Thus, it appears that stress management procedures focusing on only one aspect of coping, namely the reduction of stress-related symptoms, are deficient by virtue of the fact that these procedures teach only one half of the range of skills that are necessary for maximum effectiveness.

An alternative to evaluating coping efficacy in terms of the reduction of emotional distress and the alleviation of stressful transactions is to examine the apparent advantages and disadvantages of emotion-focused coping efforts (palliation) compared to problem-focused coping efforts (direct action).

Stress management techniques, which fall under the rubric of palliative coping efforts, function to reduce or control the emotional distress resulting from stressful transactions. Because similar forms of emotional distress and other stress-related symptoms are manifested in response to diverse stressful conditions, techniques aimed at eliminating or controlling these responses to stress are applicable and generalizable to a wide variety of stressful transactions (Davis et al., 1982). Thus, a major advantage of emotion-focused coping techniques is that they can be effectively applied in response to virtually any stressful situation or condition which generates emotional distress

in an individual.

On the other hand, a major disadvantage of emotion-focused coping techniques is that they ignore the preventive potential of coping strategies. These techniques appear to be directed at the final stage of a stressful transaction between a person and his or her environment, when the individual has appraised the environmental demands as exceeding his or her adaptive resources and therefore experiences some stress-related emotions. Palliative coping techniques do not function to develop resources which would enable a person to handle stressful demands successfully. Instead, these techniques teach an individual how to cope with the emotional consequences of not being able to alter effectively a stressful person-environment relationship because of inadequate coping skills. A program that helps people maintain their health by teaching them to cope adequately with stressful demands is more effective than one that repairs damage, that is, relieves stress-related symptoms, when coping efforts fail (Benson, 1976).

In contrast to emotion-focused coping, the major advantage of direct action or problem-focused coping strategies is that they deal directly with the source of stress. Problem-focused coping behavior attempts to alter the troubled relationship between the person and the environment by changing either the person's behavior, the environmental conditions, or both. These direct efforts to change the source of stress may potentially reduce or

eliminate the stressful transaction.

A major disadvantage of direct action coping strategies is that successful problem-solving efforts in a particular stressful transaction may not generalize to other stressful encounters. By attempting to deal with a particular source of stress we may be developing problem-solving strategies which are specific to that single stressful transaction. Thus, we may end up teaching a set of skills which has a very limited application, in contrast to teaching palliative forms of coping which can be applied in various stressful transactions. This possibility, however, remains to be empirically tested.

In summary, two important factors arise in evaluating the efficacy of alternative approaches to teaching coping skills. The first factor is the generalizability of coping techniques. We want to be able to teach people a set of skills which will be effective for coping with stress. Skills that can be applied successfully in various stressful encounters are more valuable to an individual than are skills which are only effective in one type of stressful transaction. Palliative coping techniques are generaliz-able because they focus on stress-related emotions which occur in response to virtually all person-environment transactions appraised as stressful (Davis et al., 1982). In contrast, problem-focused coping can be directed at the specific stressful transaction encountered. If the transaction is transitory, the value of learning a set of

skills that deals specifically with this type of transaction is dubious. It would be more valuable to possess a set of skills that could be successfully applied in various stressful situations.

Research evidence evaluating the generalizability of problem-focused and emotion-focused coping is sparse. It is believed that palliative techniques such as progressive relaxation training can be applied effectively in diverse stressful transactions to reduce different forms of stress-related symptoms (Davis et al., 1982). It is not known, however, whether a certain set of problem-focused coping strategies which is effective in altering one type of stressful transaction is also effective in changing other types of stressful transactions. The issue of generalizability of effective coping strategies across various stressful transactions is important but has not been adequately addressed in the research literature.

The second important factor in evaluating the effectiveness of current approaches to teaching coping skills is the relative efficacy of emotion-focused and problem-focused coping strategies. This factor is confounded by the criteria which are chosen to indicate coping effectiveness. If the goal is to reduce or eliminate the actual source of stress, then problem-focused coping will be more appropriate. On the other hand, if coping effectiveness is evaluated solely on the basis of reduction of the emotional distress which results from a stressful transaction, both emotion-

focused and problem-focused coping may accomplish this goal. Reducing or eliminating the source of stress will result in a reduction of emotional distress, as the stressful transaction will have been alleviated (Lazarus, 1981). Therefore, problem-focused coping strategies may potentially accomplish both functions of coping behavior, namely changing the stressful person-environment transaction and controlling the emotional distress resulting from such a relationship, whereas emotion-focused coping strategies perform only the latter function. Based on this assertion it can be hypothesized that coping strategies which accomplish both functions of coping behavior will be superior to those coping strategies which deal with only one of these functions in any given stressful transaction. If this hypothesis is supported, it would suggest that our current approach to teaching coping skills in the form of stress management techniques is not the most valuable approach to take.

Empirical Evaluation of Coping Effectiveness

Several studies indicate that direct action is a more effective coping strategy than palliative techniques for reducing stress. Boyd, Yeager and McMillan (1973) compared those persons making good post-operative adjustment to major surgery with those individuals having more difficulty adjusting to surgery, based on the promptness with which subjects returned to work and normal life. They found that the good adjusters coped with surgery by attacking problems

directly, making direct attempts to cope with the situation, and actively seeking information and cooperating with their doctor. In contrast, the poor adjusters were described as tending to avoid directly confronting stress, denying or avoiding numerous aspects of the stressful event and remaining cooperative but passive in their overall approach to coping with stress. It appears that the good adjusters assumed a direct action approach to adjusting to surgery. Poor adjusters often used defense mechanisms such as denial as a palliative technique, involving the reduction of threat in the mind of the individual but not in reality (Lazarus, 1976). This study indicates that the use of direct action coping strategies is a positive predictor of effective coping.

Bazeley and Viney (1974) interviewed female householders in Australia regarding the type of crises experienced and the manner in which the women coped with these crises. The finding most relevant to this discussion is that women who had poor mental health, measured by a psycho-neurotic symptom checklist, tended to prefer "passive personal coping" which was characterized by the use of defense mechanisms such as denial and avoidance, passivity and acceptance, and prayer. In contrast, women with relatively good mental health preferred the use of "active personal coping" which involved strategies such as talking to the person involved and efforts directed toward resolution of the conflict, as well as some palliative techniques

including physical activity oriented toward goals other than dealing with the source of stress. These findings suggest that the use of palliative coping strategies alone may actually be associated with a deleterious effect on mental health, attesting to the importance of direct action coping efforts in achieving or maintaining good mental health. It should be noted, however, that the cause and effect relationship between mental health and the type of coping strategy employed is obscure. It may be that persons of good mental health tend to use direct action coping strategies, or alternatively, that the use of direct action coping techniques results in good mental health.

Weisman and Worden (1976-77) studied patients newly admitted to hospital with a diagnosis of cancer. The patients were interviewed regarding general areas of concern in their lives. When a problem was indicated, the patients were then asked what they were doing about the problem and how the problem was working out (a measure of coping effectiveness). Finally, each participant was rated on 13 indices of emotional and psychosocial distress to arrive at an index of vulnerability. The good copers (patients with high resolution of problems, low vulnerability, and low total mood disturbance) were found to use coping strategies that involved accepting the problem but finding something favorable about it (redefinition), seeking direction from an authority and complying (compliance), and taking firm action based on present understanding (confrontation). In contrast,

poor copers used suppression (trying to forget it and put it out of mind), fatalism (submit to and accept the inevitable), and a variety of tension-reducing mechanisms such as drinking and taking drugs. Good copers appeared to face their problems more directly and actively attempt to deal with them (problem-focused coping), while poor copers seemed to avoid confronting their difficulties and instead concentrated on reducing their emotional distress (emotion-focused coping). Thus, problem-focused coping appears to be more effective than emotion-focused coping when effectiveness is measured using indices of problem resolution, psychological vulnerability, and degree of mood disturbance.

Billings and Moos (1981) contacted a number of families and had both partners complete measures of negative life change events, coping responses, and three mood-symptom dimensions (depression, anxiety, and physical symptoms). Using regression analysis, the authors found that "avoidance" coping was more highly related to indices of depression, anxiety, and physical symptoms than were "active cognitive" or "active behavioral" coping responses. Avoidance coping consisted solely of emotion-focused stress management techniques, such as trying to reduce tension by eating or smoking more, keeping one's feelings to oneself, and attempting to prepare for the worst. The active cognitive and active behavioral categories contained a combination of both emotion-focused and problem-focused

coping strategies, e.g., trying to see the positive side, considering several alternatives for handling the problem, taking some positive action, and exercising more. The use of emotion-focused coping strategies alone does not appear to alleviate the emotional distress associated with stressful person-environment transactions. This finding suggests the necessity of problem-focused coping efforts in attenuating the relationship between stress and the emotional consequences of a stressful transaction.

Anderson (1976, 1977) examined the relationship between type of coping behavior and performance level for businessmen who had recently suffered extensive damage to their businesses due to flooding. In this study, performance referred to the relative condition of the business as a result of recovery efforts. The author found that the use of problem-solving behaviors aimed at dealing with the objective situation, for example, obtaining resources to counter the initial loss, was related to relatively high performance. Coping responses aimed at dealing with emotional reactions to the stimulus situation, such as withdrawal from the situation, were associated with lower levels of performance.

Finally, Parker and Brown (1982) examined a series of coping behaviors thought to mediate between life events and depressive disorders. Questionnaires were distributed requiring respondents to think of a time when they faced either the break-up of an important relationship, someone

important to them becoming increasingly critical of them, or both. Respondents were then asked to report the degree to which they would increase, decrease, or not change certain behaviors in response to the situation. They were also required to rate the effectiveness of engaging in the behaviors, in other words, to indicate whether engaging in the behavior improved, worsened, or had no effect on the situation. Of the ten behaviors perceived as most effective for improving the situation, four of these behaviors consisted of problem-solving efforts such as thinking through the problem and trying to discuss the problem with the person involved. An additional four behaviors consisted of efforts to distract oneself from one's difficulties, while the final two behaviors involved socializing and attempts at self-consolation. These findings suggest that subjects perceive problem-solving behaviors as among the most effective strategies for improving a stressful situation which typically results in depression. However, no attempt was made to discover whether coping behaviors perceived as more effective were, in fact, more effective in attenuating the relationship between certain life events and depression.

The results of the aforementioned studies indicate that direct action, problem-focused coping strategies are generally superior to palliative, emotion-focused coping strategies and are among those coping strategies subject-ively perceived as more effective than other coping

behaviors. These findings cast doubt on the current practice of focusing on stress management techniques when teaching coping skills, and suggest that it may be of more benefit to individuals to teach them problem-focused coping strategies for dealing with stress. However, the research evidence also suggests that there are a number of confounding variables which make it difficult to state in absolute terms that problem-focused coping strategies are more effective than emotion-focused coping strategies. Among these confounding variables is the type of stressful transaction involved. The same kind of coping mechanism may not be equally effective in different stressful transactions. Another confounding variable is the criteria selected to indicate coping efficacy. When we make the statement that direct action is more effective than palliation, we must specify the criteria being considered, as the criteria selected to indicate coping efficacy will influence the results (Menaghan, 1982).

Type of Stressful Transaction and Criteria of Coping Efficacy

Pearlin and Schooler (1978) illustrate the importance of specifying the type of stressful transaction when evaluating coping efficacy. They examined life strains, coping responses, and emotional distress experienced by persons within four major role areas of life: marriage, parenting, household economics, and occupation. These

authors define coping efficacy in terms of "the extent to which a coping response attenuates the relationship between the life strains people experience and the emotional stresses they feel" (p. 8). It was discovered that certain coping responses were more effective than others in each of the role areas. "Self-reliance" was found to be the most effective coping strategy in the role area of marriage. "Positive comparisons" was the most efficacious coping mechanism for dealing with parenting concerns. The "devaluation of money" was found to be the most effective coping strategy for dealing with household economics. No single coping response was found to be most effective in the occupational area.

Most of the coping responses found to be particularly effective function to control the meaning of the problem and thereby reduce emotional distress, and are not directed at the actual source of the strain itself. This finding appears to contradict the previous discussion indicating the general superiority of problem-focused coping strategies relative to emotion-focused coping strategies. However, this study does not adequately address the issue of which category of coping behavior is more effective. For instance, it is not clear whether some of the categories of coping behavior (e.g., "self-reliance" in marriage) denote a palliative function or an attempt to confront and solve the source of the problem directly. In addition, the authors note that coping responses that modify the

situation were not frequently mentioned by the participants in their study. Thus, a limited range of problem-focused coping strategies was examined, a condition which precludes the evaluation of the relative efficacy of problem-focused and emotion-focused coping mechanisms. The important point demonstrated is that the coping strategies examined in this study varied in their efficacy across the four role areas of marriage, parenting, economics, and occupation. No single coping mechanism was effective across all role areas of life. This finding supports the contention that the evaluated efficacy of a coping strategy may depend on the role area under consideration.

Ilfeld (1980b) illustrates the importance of specifying the criteria selected to indicate coping efficacy. Ilfeld infers coping effectiveness from the amount of variation explained by different coping styles in the following variables: stressor level, feelings of distress, psychiatric symptomatology, and self-efficacy. In the role area of marriage it was found that the coping style of "optimistic action," which involves a recognition of the problem at hand and a direct effort at resolution of the problem, was predictive of low marital stressor levels, low levels of feelings of distress, and high self-efficacy, but not the level of psychiatric symptomatology; seeking outside help was most predictive of symptomatology. These findings indicate that a given coping strategy may vary in its apparent effectiveness according to which criteria are

used to measure coping efficacy.

Results having similar implications to those found in the role area of marriage were also obtained in the areas of parenting and finance. In parenting, the use of punitive action as a coping behavior was predictive of parental stressors and feelings of distress. Seeking outside help was again predictive of symptomatology while accepting the circumstances of a problem rather than changing them was associated with low self-efficacy. These results also suggest that the effectiveness of different coping strategies varies with different criteria of effectiveness.

Finally, in the area of finance, taking action to resolve the problem was predictive of financial stressors and feelings of distress while acceptance of the problem was associated with psychiatric symptomatology and low self-efficacy. Neither rationalization or taking action to solve the problem was a strong predictor of the efficacy criteria in the area of occupation.

Ilfeld's study generally suggests that taking action to resolve the problem at hand had a significant impact on certain criteria of coping effectiveness. However, the impact action had on measures of coping efficacy was not always in a positive direction. For example, optimistic action was predictive of low marital stressors but taking action was also predictive of high financial stressors possibly because some stressors are best handled by non-

problem-solving and non-action methods particularly those stressors arising in areas of life over which individuals have less control (Ilfeld, 1980b). Thus, Ilfeld illustrates how the effectiveness of a particular coping strategy may depend on the role area under consideration. In addition, Ilfeld demonstrates how the impact of a coping strategy on measures of stress may vary when different criteria are used to indicate coping efficacy.

Menaghan (1982) examined four major coping factors in a single role area, marriage. She assessed the same coping efforts using two different criteria of effectiveness: the extent to which these coping efforts reduced role problems over time and the extent to which they reduced feelings of distress. She found that coping efforts consisting of selective inattention to unpleasant aspects of the situation, paired with increased attention to the positive features of the situation and a resignation to the situation manifested by suppression of feelings and withdrawal from interaction, actually exacerbated feelings of distress while having little direct impact on later problem levels. In contrast, attempts at negotiation and discussion, the only coping effort focused on direct alteration of the problem situation, was insignificant in influencing ongoing distress but was important in eventually reducing problem levels. The optimistic comparison of one's situation relative to the past and to one's peers was the only coping strategy that was significant in

reducing both feelings of distress and later problem levels.

This study also illustrates the influence the criteria chosen to indicate coping effectiveness can have on the results. Within one role area, marriage, based on four categories of coping behaviors, it was found that neither direct action (negotiation), perceptual/interpretive strategies (e.g., selective ignoring), or feeling management (resignation) were consistently effective using two criteria of coping effectiveness. Menaghan's findings emphasize that one's conclusions regarding coping effectiveness may depend on how effectiveness is measured.

To summarize, Pearlin and Schooler (1978) found that coping strategies were differentially effective in attenuating the relationship between life strains and emotional distress depending on the specific role area involved. In general, those responses functioning to control the meaning of the problem appeared to be most effective. However, an adequate representation of problem-focused modes of coping was not provided and therefore precludes a comparative evaluation of emotion-focused and problem-focused coping efforts. Ilfeld (1980b) found that different coping strategies were effective in different role areas according to the criterion of coping efficacy employed and the particular role area under consideration. Taking direct action had a significant impact on a number of criteria of coping effectiveness. However, this impact

was both positive and negative depending on the role area being considered. Finally, Menaghan (1982) found that within one role area, marriage, four coping efforts differed in efficacy according to which criterion of coping effectiveness was used. One coping response, making optimistic comparisons which functioned to alter the perception and interpretation of stress, was effective based on both criteria of coping efficacy. However, examination of just four coping strategies, with only one of these strategies from the direct action coping mode, rules out a conclusion that all emotion-focused coping strategies are superior to all problem-focused coping strategies in the role area of marriage.

The purpose of the preceding discussion was to illustrate some of the confounding variables that come into play when one attempts to evaluate comparatively the effectiveness of problem-focused and emotion-focused coping. Research findings indicate that an evaluation of coping efficacy must take the type of stressful transaction as well as the criteria used to indicate coping effectiveness into consideration. Regarding the type of stressful transaction, it is possible that certain constraints inherent in a transaction may render one form of coping more effective than another because of limited opportunities to engage in alternative coping behaviors. The issue of situational constraints thus has implications for evaluating coping effectiveness. Coping effectiveness

must be assessed within the constraints of a situation, taking availability of coping behaviors and coping options into account. For example, a given coping strategy may be generally more effective than other coping behaviors, but may be less available as an option in a particular situation. Labeling a person who fails to use this unavailable coping behavior in the situation as someone who copes ineffectively would, therefore, not accurately reflect this person's coping skills.

Because of the potential importance of moderator variables such as situational constraints in determining coping effectiveness, it is first necessary to examine the factors which contribute to an individual's selection of coping behavior before an analysis of the effectiveness of certain coping strategies relative to others can be made.

The Selection of Coping Strategies

There are two basic approaches to the delineation of factors determining the type of coping strategies used in response to a situation appraised as stressful: the coping disposition view and the situation-specific view. The coping disposition view states that people are characterized by dispositions to think and act in certain ways that are independent of the situation (Lazarus, 1976). Coping is assumed to be determined primarily by enduring personality characteristics (i.e., traits). Therefore, individuals' coping patterns should be consistent across

stressful transactions. In contrast, the situation-specific view claims that situational or state variables shape coping responses. Therefore, variability in individuals' coping responses can be expected from situation to situation (Lazarus, Averill, & Opton, 1974).

Although the coping disposition view can only be tested definitively in the absence of situational constraints, numerous researchers have attempted to test the coping disposition view versus the situation-specific view by examining behavioral consistency of coping responses across situations. Ilfeld (1980a) looked at the use of two prominent coping patterns, action and rationalization/avoidance, across four distinct role areas. He found that the majority of the sample did not consistently use the same coping style across role areas, suggesting that the respondents varied their strategies according to the environmental context. Ilfeld interprets this finding as indicating that coping styles are tied more to the situation than to manifestations of a specific personality type, thereby supporting the situation-specific view of coping patterns.

Folkman and Lazarus (1980) examined the consistency of coping patterns in a sample of 100 community residents. "Coping pattern" referred to the combination of either a low, medium, or high problem-focused coping score with a low, medium, or high emotion-focused coping score depending on the number of problem- and emotion-focused coping

strategies used in a specific stressful episode relative
to the total number of problem- and emotion-focused coping
strategies included in their coping checklist. They found
that although a small number of their subjects were highly
consistent in their use of coping patterns across stress-
ful episodes, the majority of persons were more variable
than consistent, supporting the situation-specific view of
coping strategies.

Thus, research evidence indicates that people are more
variable than consistent in their use of coping strategies
across stressful transactions, suggesting the influence of
situational cues on the selection of appropriate coping
responses in a stressful transaction. Illustrative of
this point is Folkman and Lazarus's (1980) finding that
work difficulties were associated with higher levels of
problem-focused coping while problems with health were
associated with increased emotion-focused coping. This
differential selection of coping strategies may be due to
the different demands each of these sets of problems
generates for an individual. Bazeley and Viney (1974)
state:

> The selection of means of coping,
> then, was associated with the type
> of crisis experienced . . . Passive
> personal coping seemed more likely
> to occur with bereavement, and family
> conflict and illness; but it was less
> likely to be associated with develop-
> mental and financial crises. Active
> personal coping was more frequent in
> separation and developmental crises,

but less often used in bereavement
and family illness. (p. 326)

Again, it appears that situational demands and constraints

influence the selection of coping behaviors.

The finding that people are sensitive to situational

cues and demands when selecting coping behaviors has

implications for the efficacy of problem- and emotion-

focused coping. It follows from this finding that an

evaluation of coping efficacy must take situational

demands and constraints into consideration. For example,

it is possible that certain situational constraints may

render emotion-focused coping more appropriate and

effective in a given stressful transaction despite the

literature indicating the relative superiority of a direct

action approach to coping with stress. Several research

studies support this assertion. For example, Sanders and

Kardinal (1977) discuss the adaptive coping mechanisms of

adult leukemia patients in remission. They state that

patients' coping efforts are directed primarily at reducing

the fear and anxiety which results from the uncertainty

regarding the outcome of their illness. At this stage of

their illness very little can be done to alter success-

fully the stressful person-environment transaction,

therefore, patients focus on reducing emotional distress.

Similarly, Wolff, Friedman, Hofer, and Mason (1964) discuss

the value of psychological defenses used by parents of

fatally ill children. Because there is no opportunity to

modify the outcome of the situation, coping efforts must focus on controlling emotional distress.

These studies suggest that palliation is important when attempts at direct action to alter a stressful transaction are not possible due to situational constraints. Lazarus (1976) similarly supports the value of palliative techniques such as intrapsychic defenses when nothing constructive can be done to alter the transaction. However, when a defense gets in the way of direct action that could improve the situation, Lazarus states that the defense then becomes maladaptive. This discussion emphasizes an important point that has previously been referred to several times, namely that it is not possible to make an absolute evaluation of the relative effectiveness of problem-focused and emotion-focused coping behaviors. The demands and constraints of the particular situation under consideration must be taken into account when evaluating the effectiveness of coping efforts.

In addition to the influence of situational demands on the selection of coping strategies, individual factors such as personality traits and skill level also come into play. Several authors including Lazarus (1976) and Cox (1980) discuss research findings demonstrating great individual variation in reactions to the same stress situation. If the selection of coping behavior was based solely on responses to situational cues, we would expect all individuals to react in a similar manner to a single

stressful transaction. However, the finding that individuals differ in their responses to the same stressful transaction suggests that other factors besides situational demands are important in determining coping behavior.

Lazarus et al. (1974) present a model of how people come to cope as they do. They delineate three sources of variance in coping behavior: (a) the variety of coping responses available to an individual, (b) stimulus or situational demands, and (c) personality disposition. The variety of coping responses available to an individual refers to the individual's coping skills. In any given stressful transaction, a person's selection of coping behavior will necessarily be limited to those behaviors presently available in the person's repertoire of coping skills. Within this limitation we would further expect that coping strategies will be selected on the basis of their familiarity and previous history of success in reducing stress.

Lazarus et al. also acknowledge the importance of situational variables in determining coping behavior, stating that different situational constraints create divergent forms of coping sensitive to such constraints. Thus, to the extent that situational variables shape coping, inconsistency in individuals' coping behavior can be expected across stressful situations.

The final source of variance in Lazarus's model of coping behavior is due to personality disposition, which is

conceptualized in terms of tendencies to react in particular ways to situational demands. It is assumed that individuals differ in their disposition to employ one or another coping behavior when exposed to conditions of threat such that there is consistency of coping responses over various situations.

Lazarus et al.'s (1974) model represents a combination of the coping disposition view and the situation-specific view of the selection of coping behavior. It is assumed that the interaction of coping skills, situational demands and constraints, and personality variables determine an individual's selection of coping behavior.

Returning to the question of whether problem-focused coping behaviors are generally more effective than emotion-focused coping behaviors, it is evident that before one can ask which coping behaviors are most effective, we must first ask why people select the coping strategies they use. For example, it would be irrelevant to ask whether problem-focused coping is more effective than emotion-focused coping when situational constraints restrict the use of direct action coping efforts or when the goal of coping efforts is not to change the stressful transaction but to tolerate it. Thus, an important issue is what factors specifically contribute to the selection of either problem-focused or emotion-focused coping strategies over the other. Pearlin and Schooler (1978) discuss several reasons why individuals may fail to engage in problem-

focused coping. First, people are not always able to recognize the source of their difficulty, which is a necessary precondition for modification of their problem. Second, individuals may lack the necessary knowledge or experience to modify or eliminate their source of stress. Third, actions that modify one stressful situation may create further undesirable circumstances, a situation which may inhibit engaging in ameliorative action. Finally, some stressful transactions are impervious to problem-focused interventions, thus discouraging this type of coping effort.

In summary, this section has discussed the importance of situational and individual variables in determining the selection of coping behavior. Of particular interest is the influence of these variables on the selection of either problem-focused or emotion-focused coping strategies over the other in a stressful transaction. It was suggested that evaluation of the relative effectiveness of problem-focused and emotion-focused coping must take situational and individual factors into consideration. However, evaluation of coping efficacy ultimately depends on the criteria selected to indicate coping effectiveness. In other words, which coping behaviors are most effective may depend on how coping efficacy is measured.

Measuring Coping Effectiveness

Research studies have employed various measures of

coping effectiveness, including the following: reduction of self-reported stress (Gray-Toft, 1980); increased self-esteem (Brown, 1980); various physiological measures such as pulse rate and skin resistance (e.g., Bloom, Houston, Holmes, & Burish, 1977); degree of disruption of functioning (e.g., Boyd et al., 1973); reduction of physical symptoms (Billings & Moos, 1981); performance level (e.g., Sarason et al., 1979); reduction of affective distress (e.g., Pearlin & Schooler, 1978), and reduction of problems over time (e.g., Menaghan, 1982).

Based on this brief review of criteria indicating coping effectiveness, it appears that researchers have designated many different functions to coping efforts. Throughout this paper I have referred to Folkman and Lazarus's twofold classification of coping behaviors, problem-focused and emotion-focused coping. These two types of coping behavior function to change the person-environment relationship that is the source of stress, and to regulate the emotional distress arising from that relationship, respectively. Several authors support Folkman and Lazarus's contention regarding the functions of coping behavior and have measured coping effectiveness accordingly. For example, Menaghan (1982) believes that coping behavior should function to reduce feelings of distress and alleviate or remove the stressful situation. Thus, she assesses coping efforts using two criteria of effectiveness: the extent to which these efforts reduce

distress and the extent to which they reduce problems over time. Similarly, Ilfeld (1980b) asserts that coping efforts are aimed at both reducing life stressors as well as personal distress resulting from these stressors. He assesses coping effectiveness in terms of the extent to which a coping style is predictive of a given criterion such as stressor level. Weisman and Worden (1976-77) also allude to the function of coping efforts by selecting an index of problem resolution to indicate coping effectiveness. Their choice of this particular criterion of coping efficacy suggests that these authors also recognize the importance of changing a stressful situation by engaging in coping behavior.

Folkman and Lazarus (1980) criticize studies designed to identify coping strategies that mediate adaptational outcome in unusual situations, stating that the findings from such studies tend not to be generalizable to other contexts. An example of such a study is Boyd et al. (1973) who examined patients' coping mechanisms during post-operative adjustment to surgery. A relatively unique index of adaptation was employed, namely the promptness with which patients returned to work and normal life. The findings from this study have limited generalizability to other contexts, since the stressful situation is a relatively unusual one and the measure of coping effectiveness selected is also uncommon relative to other studies investigating adaptational outcome.

In contrast, Folkman and Lazarus's (1980) delineation of coping functions was based on the examination of stressful events of daily life for 100 community residents. Menaghan (1982) and Ilfeld (1980b), who also recognize Folkman and Lazarus's conception of coping functions, examined community residents' stressors in common role areas of life as well (e.g., marriage). Thus, it is believed that these authors' conceptualization of coping functions has the greatest potential generalizability to various situations and contexts. For this reason, my formulation of coping effectiveness is based on the two functions of coping behavior delimited by Folkman and Lazarus (1980) and others: the alteration of the stressful person-environment transaction and the reduction or control of emotional distress. In order to assess these two functions of coping behavior, it is necessary to evaluate both the level of emotional distress and degree of problem resolution as indices of coping effectiveness.

This formulation of coping effectiveness has implications for the major question addressed by this paper, namely are mental health professionals teaching their clients the most beneficial coping techniques? It was previously stated that a large number of techniques currently being taught to individuals to help them cope with stress focus on the management of emotional distress which is only one of the functions of coping behavior. In contrast, problem-focused coping strategies, which are

receiving less attention by health educators, may potentially accomplish both functions of coping behavior, as alleviating or eliminating the actual source of stress may result in a reduction in emotional distress as well. For this reason, the current approach to teaching coping skills is inadequate. There is a need for the development of coping techniques that teach skills in directly altering the stressful person-environment transaction in order to fulfill both functions of coping efforts, which is the operational definition of effective coping presented in this paper.

Approach to Studying Coping Effectiveness

In my previous discussion of factors influencing the selection of coping behavior, research evidence was presented which supports the situation-specific view of coping patterns. People are more variable than consistent in their use of coping strategies across stressful trans-actions, suggesting the importance of situational cues and constraints in shaping coping responses. A further issue emanating from this research is the question of whether it is in fact more adaptive to be behaviorally consistent across situations or flexible in one's approach to coping with stress, where "flexible" refers to the ability to adjust to change and respond to specific situational cues.

A number of authors suggest that flexibility of coping style is a key factor in coping efficacy and successful

adaptation to stress. Lazarus (1981) states, "I am convinced that coping must be flexible" (p. 197). In other words, people must respond to the demands and constraints of a situation. For example, if direct action to change the actual person-environment relationship is not possible, palliative modes of coping should be used to relieve emotional distress. Similarly, Haan (1965) states that coping is flexible, purposive, reality-oriented, and differentiated. Caplan (1964) identifies a set of characteristics which he believes are crucial components of effective coping behavior. One key characteristic is flexibility and a willingness to change. Antonovsky (1974) discusses the concept of "resistance resources" which are said to facilitate coping with stress. One of the measures of generalized resistance resources is homeostatic flexibility, which refers to the ability to perceive the availability of alternatives and accept these alternatives. The alternatives occur in the context of social roles (the more roles one is able to see oneself in, the more flexible one is), values (a high capacity to accept alternative values as legitimate facilitates flexibility), and personal behaviors (flexibility is inferred from the capacity to recover from stressful events). Again, flexibility is assumed to be facilitative in coping with stress.

A number of authors propose that flexibility of approach to coping with stress is an important determinant of effectiveness in alleviating stress. However, fewer

researchers have provided evidence in support of this proposition. Pearlin and Schooler (1978) found that no single coping mechanism was exceptionally effective in reducing the relationship between strains and stresses across four different role areas. This finding led them to hypothesize that it may be more efficacious to have a variety of coping responses available in one's behavioral repertoire (which suggests the capacity to be flexible), than to have any single particular coping response available for use. This hypothesis was supported. In each of three role areas, the relationship between role-related life strains and stresses was weakest for those individuals who used a variety of coping responses (suggesting an extended coping repertoire) and strongest for those individuals who appeared to have a limited coping repertoire (used only one or two coping responses). This tendency was not found in the area of occupation, possibly because areas of life over which we have less personal control, such as occupation, are generally less amenable to coping efforts (Pearlin & Schooler, 1978). In general, employing a greater variety and number of coping responses in a stressful situation or role was found to be more effective in reducing the relationship between strain and stress than a more rigid coping style employing only a few coping responses.

Boyd et al. (1973) also supported the efficacy of flexibility in coping styles when they compared individuals'

postoperative adjustment to surgery. They characterized
good adjustors as being more flexible in their personality
style and demonstrating greater variability and more
sophisticated patterns of adjustment than those indivi-
duals making poor post-operative adjustment. In a similar
vein, Weisman and Sobel (1979) studied the coping
behaviors of cancer patients and outlined some key factors
contributing to good coping. One of the factors character-
izing good coping was flexibility, referring to the
absence of a tendency to insist on a rigid approach to any
problem. Thus, research evidence tentatively supports the
value of being flexible in one's approach to coping with
stress.

Although several researchers propose that flexibility
of approach to coping with stress contributes to effective
coping, few authors address the issue of why flexibility
should be more effective. One of the reasons why
behavioral flexibility may be more efficacious than
behavioral rigidity stems from the notion that stress
occurs in numerous different contexts. As was previously
discussed, stressful transactions involve various
situational cues, demands, and constraints. Because of the
various factors differentiating one stressful transaction
from another, it would appear that the consistent use of
one coping strategy over different stressful transactions
would be ineffective, since the individual would be failing
to respond to the nuances of the particular transaction

under consideration. It seems that we need to be flexible
in our selection of coping behavior in order to deal
adequately with the different demands and constraints
generated by different stressful encounters. However,
this theoretical explanation of why it is efficacious to be
flexible remains to be empirically addressed.

The evidence cited above has certain implications for
the general study of coping effectiveness. It may be more
efficient to look for patterns of coping behavior which are
effective in certain situations rather than to look for
adaptive characteristics of persons, since most people are
variable in their use of coping strategies. However, it
is likely that person variables and situational variables
interact to determine coping efficacy (Lazarus, 1976;
Lazarus et al., 1974). Conceivably, a person could cope
effectively with job difficulties but not with family
difficulties, suggesting the importance of situational
variables in determining coping efficacy. On the other
hand, it is also possible that one person may cope effect-
ively in a given situation while a second person experi-
ences severe distress in the same situation, suggesting the
importance of personality variables in determining coping
efficacy.

Despite the literature indicating that people are
more variable that consistent in their use of coping
behavior, and also that a flexible approach to coping with
stress is more adaptive than a rigid approach, we cannot

ignore the potential influence of person variables in determining coping responses. Future research should examine both person and situational factors as contributing to the features and effectiveness of coping responses.

Present Research

Methodological Considerations

The present research addressed the question of whether the current procedure for teaching coping skills in the form of emotion-focused coping techniques is the most effective approach for dealing with stress. More specifically, it was hypothesized that the use of palliation alone as a coping strategy is not as effective as the use of problem-focused coping efforts alone or a combination of direct action and palliation. In order to evaluate the efficacy of alternative approaches to coping with stress, a number of factors had to be considered.

The first factor of importance was control of the level of stress of the stimulus or event with which persons are coping. Control of the level of stress was necessary because it is not known whether coping strategies vary in their efficacy depending on the amount of stress a particular transaction generates for an individual. In other words, coping strategies that are effective at low levels of stress may not be as effective at high levels of stress, a possibility which confounds the issue of coping efficacy. There is some evidence that individuals vary

their use of coping behaviors according to the level of per-
ceived stress. For example, Lazarus and Launier (1978) state
that as the degree of appraised threat increases, more despe-
rate and primitive forms of coping are used such as escape
and avoidance. It is also possible that certain constraints
inherent in situations of different stress levels may render
some forms of coping more effective than others. For
example, problem-focused coping strategies may be ineffective
at high levels of stress, as the individual may be too upset
to think clearly and rationally. The issue of whether
coping strategies vary in their effectiveness according to
the perceived stress level of the situation, although impor-
tant, was not one of the major concerns of the present study.
Therefore, in this study, subjects were asked to describe
situations which generated moderate stress for them in order
to ensure that the opportunities to engage in coping efforts
were comparable from person to person. Situations of
moderate stress were selected, as it was thought that these
types of situations would provoke coping responses from
most people, and are devoid of many of the constraints which
restrict the use of certain coping mechanisms. In
contrast, in situations of low stress, great individual
variation in reactions to stress is apparent (Lazarus, 1976),
suggesting the absence of coping constraints. However, at
the same time, situations of low stress may also be of low
salience, thus prompting individuals to ignore the situation
or do nothing about it. At the other extreme, situations of

high stress are more uniform in their capacity to produce
threat in most people relative to situations of lower
stress (Lazarus, 1976), suggesting that these situations
are likely to provoke coping responses from most people.
However, high stress situations may also restrict the
range of coping responses available to a person because of
possible constraints associated with the extreme nature of
the stimulus.

A second concern regarding evaluation of the effect-
iveness of emotion-focused and problem-focused coping was
whether the efficacy of either of these two categories of
coping responses depends on the type of stressful trans-
action being examined. Previously, research was discussed
which suggests that coping behaviors are differentially
effective depending on the life area being considered
(Ilfeld, 1980b; Menaghan, 1982; Pearlin & Schooler,
1978). In addition, studies documenting the importance of
emotion-focused coping in situations where problem-focused
coping is not feasible have been discussed (Sanders &
Kardinal, 1977; Wolff et al., 1964). These studies suggest
that in order to evaluate the relative efficacy of emotion-
focused and problem-focused coping, both alone and in
combination, it is necessary to study a stressful trans-
action which permits the use of both types of coping
strategies. Folkman and Lazarus (1980) provide examples of
situations which satisfy this criterion. They found that
subjects in a community sample used both problem- and

emotion-focused coping in virtually every stressful encounter reported in the life areas of work, family, and health. However, the proportion of problem- and emotion-focused coping used varied according to the situational context. Work-related difficulties were associated with higher levels of problem-focused coping, while health-related difficulties were associated with higher levels of emotion-focused coping. Neither problem- or emotion-focused coping was used to a greater extent with family concerns. Although Folkman and Lazarus (1980) demonstrated that people use problem- and emotion-focused coping in most situations, it is not clear whether both types of coping are possible in various situations. In other words, the subjective perception of one's ability to use both problem- and emotion-focused coping in a given situation may not be consistent with what is realistically possible in that situation. However, it is difficult to evaluate the possibilities for coping behavior in any situation. Therefore, the best available measure of whether problem- and emotion-focused coping are possible in a situation is individuals' subjective perceptions of that situation. In this study, participants were asked to indicate whether they perceived a situation as amenable to change or having to be accepted as it is.

Based on Folkman and Lazarus's (1980) discussion of life areas which permit both problem- and emotion-focused coping, the present study focused on family concerns. The

selection of this life area was based on the assumption that virtually everyone experiences family difficulties from time to time, while many people are unemployed and therefore fail to experience work-related difficulties. Also, a high proportion of relatively healthy people are not overly concerned with health-related matters. Thus, it was believed that family-related difficulties, relative to other difficulties, is an area of concern which affects a great number of people. In this study, family concerns included, but were not limited to, marital and parenting concerns. Pearlin and Schooler (1978) note that the most effective coping responses in marriage and parenting are similar, and involve the eschewal of avoidance and withdrawal. The authors state:

> . . . problems arising in the close
> interpersonal relations of family are
> least likely to result in stress when
> people remain committed to and
> involved in those relationships.
> (p. 11)

This statement suggests that Pearlin and Schooler perceive marital and parenting problems as similar due to their interpersonal nature. In addition, the finding that the most effective coping responses in marriage and parenting are similar also suggests that these two life areas involve similar concerns, and supports classification of marriage and parenthood problems under the common heading of "family" difficulties. Thus, "family concerns" were defined as those events or conditions which cause upset or

disruption of the interpersonal relationship between at least two family members living in the same household. It was thought that problems occurring among family members in one's own household may be of a different nature or have a different impact on a person relative to those difficulties occurring among family members who do not live in close proximity to the target person. Therefore, rather than examine the total range of family problems that may be experienced, the family concerns of interest in this study were limited to those problems occurring among family household members. It should also be noted that this definition excluded individual concerns that do not affect other family members.

A further issue in evaluating coping effectiveness was the criteria selected to indicate coping efficacy. As previously discussed, measures of coping effectiveness typically vary according to the functions researchers believe coping efforts serve. Following Folkman and Lazarus's (1980) analysis of coping functions, coping effectiveness was evaluated using two criteria in this study: (a) level of emotional distress, and (b) degree of problem resolution. Pearlin and Schooler (1978) conceptualize stress in terms of the reported experience of emotional upset. They assume that emotional stress is specific to problematic areas of life rather than being a global and diffuse emotional condition. Consistent with this view, the authors examined individuals' feelings of

distress related to each of four distinct role areas, including marriage and parenting. The present study adopted Pearlin and Schooler's method of measuring emotional distress related to marital and parenting problems, since one of the present author's objectives was to assess feelings of distress in response to particular stressful situations rather than to arrive at a global measure of emotional distress. However, instead of requiring subjects to indicate their feelings of distress related to their marriage and parenthood as a whole, which is Pearlin and Schooler's approach to measuring marital and parenting distress, individuals were asked to indicate how upset, worried, frustrated, etc. they were in response to specific family-related problem situations they described. Regarding the degree of problem resolution, Weisman and Worden (1976-77) state that one way to assess the effectiveness of what a person is doing in order to cope with a problem is to ask the person how the problem is working out. In their index of problem resolution a low score indicates that the coping strategy being used is bringing the individual little or no relief, while a high score indicates that the person's coping efforts have been very effective. This view of coping effectiveness is consistent with the present author's position that one of the critical factors in coping efficacy is the alleviation or resolution of the problem situation. Thus, subjects were asked to indicate to what extent their coping strategies have resulted in a

resolution of the particular difficulty being considered.

Based on these criteria of coping effectiveness, maximally effective copers were operationally defined as those persons demonstrating both a relatively low degree of emotional distress and a relatively high degree of problem resolution. Less effective copers were operationally defined as those persons demonstrating either a relatively high degree of problem resolution or a relatively low degree of emotional distress, but not both. Ineffective copers were operationally defined as those persons demonstrating both a relatively high degree of emotional distress and a relatively low degree of problem resolution.

Once subjects describe situations which generate moderate stress for them, it becomes necessary to select an appropriate means of assessing how individuals cope in the specified situation. Schafer, Benner, Cohen, Folkman, Kanner, Lazarus, and Wrubel (1980) have developed a coping checklist (The Ways of Coping) which has been specifically constructed to measure problem-focused and emotion-focused coping strategies. Thus, this measure of coping behavior was particularly suited for the purposes of this study and was used to indicate how individuals coped with family-related difficulties.

Related to the issue of measuring coping behavior is Folkman and Lazarus's (1980) finding that subjects used both problem-focused and emotion-focused coping in

virtually every stressful episode reported. Based on this finding, it was expected that few people would use either problem-focused or emotion-focused coping alone in response to a stressful transaction. For this reason, the present analysis examines the relationship between different proportions of problem-focused and emotion-focused coping behaviors used, and indices of coping effectiveness.

Finally, several studies have demonstrated that individuals are more variable than consistent in their use of coping strategies across different stressful trans-actions. In addition, numerous authors have proposed that flexibility in coping style is a key factor in successful adaptation to stress. The present study also sought to investigate the value of being flexible in one's approach to coping with stress by examining the relationship between measures of coping effectiveness and the number of different coping strategies used in a particular situation (flexibility within a situation), as well as the relation-ship between indices of coping effectiveness and changes in the types of coping strategies used across situations (flexibility across situations).
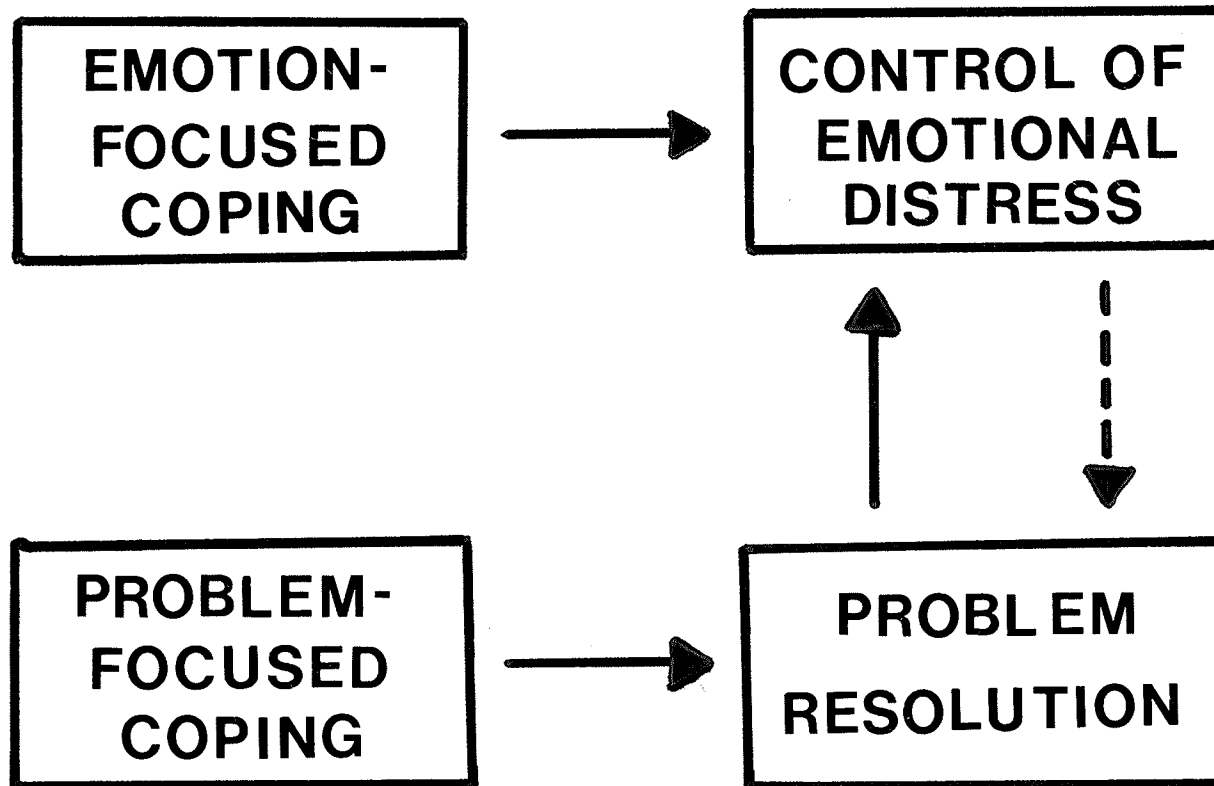
Model of Coping Behaviors

It was previously hypothesized that the use of palli-ation alone as a coping strategy for dealing with stress is not as effective as the use of problem-focused coping efforts alone or a combination of direct action and palliation. This hypothesis was based on a formulation of

coping effectiveness which views coping behaviors as having two functions: alteration of the stressful person-environment transaction and reduction or control of emotional distress. It is believed that coping behaviors must accomplish both functions in order to be maximally effective.

Figure 1 illustrates the model of coping behaviors investigated in this study. This model conceptualizes emotion-focused coping as directly fulfilling only one of the functions of effective coping, namely the reduction of emotional distress. In contrast, problem-focused coping behaviors are directed toward resolution of the stressful situation and may further result in a reduction in emotional distress, as the source of stress will have been alleviated. Thus, problem-focused coping may potentially fulfill both functions of coping behavior, thereby meeting the criteria for effective coping. However, Folkman and Lazarus (1980) and Lazarus (1981) argue that effective copers must engage in problem-focused and palliative coping strategies in order to fulfill the two functions of coping behavior. In other words, use of both types of coping strategies in dealing with a particular stressful trans-action should be superior to the use of either emotion-focused coping or problem-focused coping alone, both for reducing emotional distress and resolving the problem situation. Engaging in problem-focused and emotion-focused coping provides alternative ways of reducing emotional

FIGURE 1 : MODEL OF COPING BEHAVIORS.

distress, that is, either by directly focusing on the emotional distress, or by resolving the difficulty that initially resulted in the emotional distress. The provision of two mechanisms for reducing distress more adequately ensures that this function will be accomplished. The use of emotion-focused coping strategies may also indirectly contribute to the problem resolution function of coping behavior (denoted by the broken line in Figure 1). High levels of emotional arousal may interfere with problem solving efforts as the person may be too upset to think clearly and rationally. Therefore, the use of both problem- and emotion-focused coping strategies may be superior to the use of problem-focused coping strategies alone for resolving the problem situation, since employing emotion-focused coping techniques may facilitate the individual's ability to problem-solve by reducing the individual's level of emotional distress.

Hypotheses

Based on the previous discussion and the present model of coping behavior, the following hypotheses were formulated:

1. Greater use of problem-focused coping behavior will be associated with higher degrees of problem resolution and lower degrees of emotional distress.

2. Greater use of emotion-focused coping behavior will be associated with lower degrees of emotional

distress.

3. Greater use of problem-focused coping behavior in conjunction with greater use of emotion-focused coping behavior will be associated with higher degrees of problem resolution and lower degrees of emotional distress relative to the use of problem-focused coping behavior alone.

4. Greater use of problem-focused coping behavior in conjunction with greater use of emotion-focused coping behavior will be associated with lower degrees of emotional distress relative to the use of emotion-focused coping behavior alone.

5. Greater numbers of coping strategies used in a particular situation will be associated with higher degrees of problem resolution and lower degrees of emotional distress.

6. Greater numbers of different coping strategies used across situations will be associated with higher degrees of problem resolution and lower degrees of emotional distress.

In order to test these hypotheses, a sample of community residents, who are currently residing with a spouse, children, other family members, or some combination of the above, was studied in order to determine their family-related difficulties, coping efforts used to handle these difficulties, and their effectiveness in coping with their familial problems.

Method

Sample

The 1971 census tract data on major occupation groups for the city of Winnipeg were used in conjunction with

Blishen and McRoberts' (1976) Socioeconomic Index for Occupations in Canada in order to select "middle class" areas of Winnipeg from which a sample of subjects was drawn.[1] Blishen and McRoberts' Index assigns socio-economic scores to various occupations which enables these occupations to be classified into one of six class intervals denoting the range of socioeconomic status.

After census tracts denoting middle class areas of Winnipeg were identified, a random sample of approximately ten streets or avenues from each city area was selected. The 1983 edition of the Henderson Directory, which lists persons' names according to the street they reside on, was then used to select approximately five subjects from each street or avenue according to the following rules: (1) every 20th name from each street was selected; (2) listings referring to places of business as well as residences labeled "no return" or "vacant" were excluded from the selection of every 20th listing; (3) in the event the 20th listing did not provide a full first name (which made it impossible to determine the gender of the person listed), or did not provide a telephone number, additional counts of 20 listings were made until a listing occurred which met the above criteria, and (4) if the last selection for a particular street or avenue did not result in a person of

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1. Appendices 1 and 2 provide the rationale for selection of a middle class sample of subjects and further details on the sampling procedure, respectively.

the desired gender in order to maintain equal numbers of men and women, an additional count of 20 was made until the sex criterion was met. It should be noted that the final rule for selecting persons of the desired gender was not based on totally random procedures.

In the event a street or avenue which had been selected for sampling was found to have few or no persons living on that street, a second street or avenue was substituted in its place. If it was impossible to select the desired number of females or males from a particular street or avenue because of an absence of listings corresponding to the desired sex, selection of additional females or males was made when the next street or avenue was being considered in order to maintain equal numbers of men and women.

The initial sample of listings selected from the Henderson Directory consisted of 130 names of persons living in three census tract areas of Winnipeg generally referred to as Fort Garry, St. James, and Fort Rouge. Equal numbers of men and women were selected from each area. Letters describing the nature of the study were mailed to the selected subjects (Appendix 3). Telephone calls were subsequently made to determine each subject's suitability for the study, i.e., whether they currently reside with family members, as well as their willingness to participate.

Only eight of the 130 people approached agreed to participate in the study, yielding a response rate of

approximately 6 %. Interviews were arranged with those
persons who indicated they were willing to participate.

A second mailing of 50 letters to subjects selected
from three additional census tract areas meeting the
criteria of middle socioeconomic status was conducted.
The response rate of subjects living on randomly selected
streets in the Westwood, Fort Richmond, and St. Vital areas
of Winnipeg was 24 % (12 persons out of 50), with the
highest response being in the Westwood area (7 persons out
of 12, or 58 % of the respondents). It was subsequently
decided to conduct a third, and eventually, a fourth
mailing to the Westwood area, exclusively, as this area
demonstrated the highest rate of persons willing to parti-
cipate in the study to this point. The response rates for
the third and fourth mailings were approximately 23 % (7
persons out of 30) and 7 % (2 persons out of 30),
respectively.

Considering the low response rate using the census
tract method of obtaining subjects (29 persons out of a
total of 240 letters mailed, or, approximately 12 %), as
well as the limited resources available, alternative means
of obtaining subjects were sought. Upon examining the data
collected from the 29 subjects, a trend was evident which
brought into question the representativeness of the sample
obtained. Approximately 88 % of the women sampled using
census tract data and the Henderson Directory were single,
separated, widowed, or divorced, leaving only 12 % who were

married. It appeared that in most households consisting
of both partners, the male typically listed his name in the
directory, while women living without partners listed their
names in the directory. Thus, a disproportionate number
of the women sampled were either divorced or widowed
relative to what would be expected in the general
population.[2] Approximately 92 % of the men sampled were
married, which appears to underrepresent the number of
single, separated, widowed, or divorced men in the general
population. Thus, given the apparent nonrepresentativeness
of the obtained sample, as well as the difficulty obtaining
subjects using census tracts, it was decided that a
"convenience" method of sampling would be used, whereby
virtually anyone in the community who was willing to
participate and met the criterion of currently living with
a family member could be included. This approach to
sampling was taken in order to reach the proposed sample
size of 50 which would enable some meaningful statistical
analyses to be performed on the data.

In order to obtain a convenience sample, the executive
director of the Young Women's Christian Association
(Y.W.C.A.) of Winnipeg was contacted with a request for
names of persons, whom she might know through the Y.W.C.A.,

2. According to the 1981 statistics on marital status for
    the city of Winnipeg, approximately 30% of the popul-
    ation over 15 years of age is single, widowed, or
    divorced, while 49% of the population is married, or
    separated but still married (Statistics Canada,
    1981).

who might be interested in this study. A list of names was provided of 12 community residents currently enrolled in group therapy with the director of the Y.W.C.A. and an additional co-leader. The group these persons are involved in consists of a small group setting with approximately 12 to 16 members at any one time, which meets one night a week and two continuous weeks during the summer. The purposes and goals of the group are described as follows: to achieve insight about (a) personal coping skills; (b) relationship skills; (c) the impact of one's behavior on others; and (d) the handling of one's feelings. Letters describing the nature of the study were sent to the group members. Seven persons from the list of 12 names provided agreed to participate, while four persons could not be contacted and one person was not currently living with a family member.

In order to obtain an additional 12 subjects, friends and relatives were contacted for names of persons they know who might be interested in participating in this study. The only provisions for participants were (a) that they were currently living with a family member, and (b) that the present author did not know them personally. It was particularly important to ensure confidentiality of information with these subjects.

The final sample of subjects consisted of 48 participants: 29 persons randomly selected from middle class areas of Winnipeg, 12 friends of family members, and 7

members of a therapy group led by the current director of the Y.W.C.A.

The first subgroup consisted of 13 men and 16 women, aged 26 to 60 years (mean = 43.0). The majority of parti- cipants were married (48.3 %), while 44.8 % were separated, divorced, or widowed. Most respondents were parents in households comprised of both parents and one to three children (41.3 %), or single-parent households with one or two children (27.5 %). Of those persons living with children, 41.3 % had children whose mean age was between 5 and 15 years, while 37.9 % had children whose mean age was between 16 and 25 years. The highest level of education attained by 37.9 % of respondents was the completion of at least some high school, while 44.8 % had completed some university or received a university degree. The socio- economic status of this subgroup can be described as "middle class," with 89.7 % of respondents falling into socioeconomic class intervals 2 to 4 (mean = 3.03).[3]

The second subgroup consisted of 3 men and 9 women, aged 26 to 54 years (mean = 41.0). The majority of parti- cipants were married (91.7 %), and lived in households comprised of both parents and one to three children (83.3 %). Of those persons living with children, 33.4 % had children whose mean age was between 5 and 15 years, while 50.0 % had children whose mean age was between 16 and

3. Appendix 4 describes the procedure used in determining subjects' socioeconomic status.

20 years. The highest level of education attained by 50.0 % of respondents was the completion of some high school, while 33.3 % were high school graduates. The mean socio-economic class interval for this subgroup was 4.00, with 80.0 % of subjects falling into intervals 3 to 5, again denoting a middle class sample of subjects.

The final subgroup consisted of 1 man and 6 women, aged 32 to 53 years (mean = 42.6). Of the respondents, 4 were married (57.1 %), 2 were separated (28.6 %) and 1 was divorced (14.3 %). the majority of participants lived with their spouse and two or more children (42.9 %), or without their spouse and two or three children (42.9 %). One person lived with her spouse only. Of the six persons living with children, three (42.9 %) had children with a mean age between 5 and 10 years, one person's mean child age was between 11 and 15 years, and two persons reported mean children's ages between 16 and 20 years. With regard to level of education, two persons had completed some high school, while one person had some technical training. Also, two persons had completed some university, while the final two subjects had some graduate training. The socio-economic status of this subgroup ranged from class interval 3 to 5 (mean = 3.71), thereby denoting a middle class sample of subjects.

The most obvious differences between the three sub-groups are in sex composition and marital status. Table 1 summarizes these differences. In addition, there appears

to be other trends, with the census tract subgroup and the therapy group members generally having a higher level of education than the "friends" subgroup, and the census tract subgroup demonstrating a higher socioeconomic status than the friends subgroup.

Because the data from these three subgroups were analysed as an aggregate (due to small subgroup sample sizes), it may be beneficial to describe demographic trends in the sample as a whole.

The total sample consisted of 48 participants (17 men and 31 women), aged 26 to 60 years (mean = 42.4). The majority of respondents were married (60.4 %), while 35.4 % described themselves as either separated, divorced, or widowed. Most participants were parents in households comprised of both partners and one to three children (50.0 %), or single-parent households with two children (14.6 %). Of those persons living with children 41.6 % had children whose mean age was between 5 and 15 years, while 41.7 % had children whose mean age was between 16 and 25 years. The highest level of education attained by 47.9 % of respondents was the completion of some high school, while 33.3 % had completed some university or received a university degree. The majority of respondents (93.5 %) were included in socioeconomic class intervals 2 to 5 (mean = 3.35), thereby denoting a generally middle class sample of subjects.

A total of 51 subjects were interviewed. Three of

Table 1

Subgroup Differences for Sex Composition

and Marital Status

Sex x Marital Status	Census Tract	Friends	Group Therapy	Total
Women				
Married	2	8	4	14
Single Divorced Separated Widowed	14	1	2	17
Men				
Married	12	3	0	15
Single Divorced Separated Widowed	1	0	1	2
Total:	29	12	7	48

these persons (all men) could not think of any moderately stressful family concerns which had occurred in the past six months and were, therefore, dropped from the study. In addition, 11 participants could only recount one moderately stressful situation. These subjects were retained in the study although, consequently, the data base for testing the flexibility across situations hypotheses was limited ($\underline{N}$ = 37).

Procedure

Semi-structured interviews were conducted with participants. Questions regarding the study were addressed at this time, and demographic and background information was obtained from each subject (Appendix 5). Respondents were then provided with a definition of family concerns and stress, as well as examples of low, moderate and high stress family-related situations. Subjects were then instructed to use these examples as guidelines for describing two recent family-related problems that occurred within the past six months, which the respondent perceived as generating moderate stress for him or her (Appendix 6). The selection of six months as the time period of interest was based on the assumption that subjects' recall of how they coped with a difficulty as well as their estimates of the degree of problem resolution achieved may be more reliable for this period of time relative to a longer time period. Also, it was thought that a six-month period was

sufficiently extensive to permit identification of a problem situation even though the subject may not be currently experiencing a moderate stress difficulty. For each of the problems described, participants were required to complete a series of paper and pencil instruments including (a) the Ways of Coping Checklist (Appendix 7) in order to determine how subjects attempted to handle the problem, (b) a series of items measuring emotional distress (Appendix 8), (c) a problem resolution index (Appendix 9), and (d) a single item designed to measure subjects' satisfaction with the problem resolution they have achieved (Appendix 9). The emotional distress items and problem resolution index were the main measures of coping effectiveness. A final instrument was administered to 10 randomly selected persons from the group therapy subgroup and the subgroup made up of friends of family members: the Marlowe-Crowne Social Desirability Scale (Appendix 10). There was some concern that it may be socially desirable to cope with stress by employing problem-focused coping strategies. If this assertion is true, subjects who have a strong need for approval may report more problem-focused coping strategies than they are actually using. The Marlowe-Crowne Social Desirability Scale was employed to measure subjects' need for approval.

If a participant was unable to recount any moderately stressful family concerns, the interview was terminated and another subject substituted in his or her place. If,

however, a subject was only able to describe one moderately
stressful situation, his or her data were retained, since
the data obtained for the first problem situations
described by subjects constituted the primary test of the
hypotheses.

Instruments

Coping mechanisms. The "Ways of Coping" (Schafer et
al., 1980) is a checklist of 68 items describing behavioral
and cognitive coping strategies that an individual might
use to deal with a specific stressful episode. In
addition, four questions designed to elicit information
about how the episode was appraised are included at the end
of the checklist. Scales have been developed from the
checklist to measure problem- and emotion-focused coping.
The problem-focused coping scale (P-scale) consists of 24
items while the emotion-focused coping scale (E-scale)
consists of 40 items. The internal consistency (alpha) of
the P- and E-scales is estimated at .80 and .81, respect-
ively. The correlation between the P- and E-scales is
approximately .44, suggesting that both problem- and
emotion-focused coping are used in the normal coping
process. However, enough variance is unique to each scale
to support their independent use. These figures are based
on data from 52 female and 48 male community residents,
aged 45-64 years, who reported an average of 13.3 stress-
ful episodes over a 12-month period of study (Folkman &

Lazarus, 1980).

In order to score the Ways of Coping Checklist, the "yes" responses are summed for each scale, yielding two coping scores. The total number of coping mechanisms used in a particular stressful episode is the summation of the number of "yes" responses. The Ways of Coping Checklist was used in this study to indicate how subjects coped with their reported family-related difficulties, as well as to gain insight into how subjects appraised these difficulties, i.e., whether the difficulties were seen as events in which something could be done, which had to be accepted, where more information was needed, or where it was necessary to hold back.

Coping effectiveness. Two measures of coping efficacy were employed: (a) Pearlin and Schooler's (1978) emotional distress items for the role areas of marriage and parenting, and (b) Weisman and Worden's (1976-77) index of problem resolution.

Pearlin and Schooler (1978) developed a measure of stress for each of four role areas examined in their study, based on adjective checklists. For example, for the role area of marriage, subjects were asked to think of the pleasures and problems of their life with their spouse and indicate how unhappy, tense, bored, etc. they are when they think about their marriage. Pearlin and Schooler provided four intensity categories from which subjects chose their response to each adjective. The responses were then

factor analyzed. The adjectives "unhappy" (.83), "bothered or upset" (.81), "frustrated" (.80), "tense" (.80), "worried" (.76), "neglected" (.72), "relaxed" (-.70), "bored" (.68), and "contented" (-.66) were included in the measure of stress for the role area of marriage.[4] For the role area of parenting, the adjectives "frustrated" (.84), "tense" (.82), "worried" (.77), "bothered or upset" (.76), "unhappy" (.71), "emotionally worn out" (.69), and "unsure of yourself" (.69) were included in the measure of stress. These figures are based on data from scheduled interviews with 2,300 people, both men and women, between the ages of 18 and 65 years. There are no data available on the reliability and validity of this scale.

Weisman and Worden (1976-77) investigated how patients cope with cancer. The participants in their study consisted of 120 men and women, all over 18 years of age, with an expected survival rate of at least three months. During semi-structured interviews, patients described problems and indicated what they did or were doing about the problem. In order to evaluate the effectiveness of what the patient was doing to handle his or her problem, a four-point problem resolution scale was developed ranging from "no solution at all" to a "specific, conclusive, definite resolution." Resolution scores were

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4. The figures in brackets refer to the factor loadings for each adjective.

averaged for several different problems and coping strategies reported by subjects in order to arrive at a sense of overall coping effectiveness. There are no data on the reliability or validity of this scale. Weisman and Worden's (1978) problem resolution index was used in this study to indicate to what extent the coping strategies selected on the Ways of Coping Checklist (Schafer et al., 1980) have resulted in a resolution of the difficulty being considered.

Need for approval. The Marlowe-Crowne Social Desirability Scale (M-C SDS) is a checklist of 33 true and false items measuring the need of subjects to obtain approval by responding in a culturally appropriate and acceptable manner (Crowne & Marlowe, 1960). The population from which the items were drawn is defined by behaviors which are culturally accepted and approved which, at the same time, are relatively unlikely to occur, e.g., "I have never deliberately said something that hurt someone's feelings." A test-retest correlation of .89 was obtained with a sample of 31 undergraduate abnormal psychology students. The M-C SDS has also been shown to correlate significantly with the Edwards Social Desirability Scale (r = .35, p = .01). The internal consistency of the scale is relatively high, .88. Thus, rather than administering the total scale to subjects, 10 items were selected at random by the present investigator to construct the form used in this study. A shortened version of the

scale was devised in order to avoid increasing the amount of time required to complete the Family Difficulties Interview by any significant amount.

In order to score the M-C SDS, one point is awarded for each item the subject answers in a socially desirable way. The total score can then be correlated with other measures to determine whether these measures are associated with socially desirable responding.

Results

Subgroup Differences

Since the total sample consisted of three subgroups, it was necessary to compare subgroups on variables involved in subsequent analyses in order to become aware of any differences between the subgroups which would affect interpretation of the results. The first step towards performing these comparisons was to examine differences between data collected for the first family problem situation and data collected for the second family problem situation. Significant differences between the corresponding variables for the two family situations would indicate that subgroup comparisons must be made on all variables for situation one and situation two. Alternatively, if no significant differences exist between the situation one and situation two data, subgroup comparisons can be made on one set of data only. Student's t-tests were performed comparing the means of all of the

independent and dependent variables for situation one with the corresponding means for situation two. Of 13 sets of variables examined, only one set demonstrated a significant difference. The amount of emotional support received from friends in the first family problem situation was significantly greater than the amount of support received from friends in the second family situation for the sample as a whole, t (36) = -2.03, p = .05. Thus, subgroup comparisons were performed on all variables for situation one and the friend support variable for situation two.

There were no significant differences between the census tract subgroup and the subgroup consisting of friends of family members on any of the independent or dependent variables for problem situation one and situation two. In contrast, a comparison of the census tract subgroup and group therapy members yielded three significant differences. Group therapy members reported more emotional support from their friends in problem situation one (t (34) = 4.74, p < .001), more emotional distress (t (34) = -2.69, p < .05), and less problem resolution (t (34) = 3.07, p < .01). Group therapy members also reported more emotional support from their friends in situation one than the subgroup composed of friends of family members, t (12.41) = 3.82, p < .01, and also demonstrated less flexibility of coping strategies across situations relative to the friends subgroup, t (13) = 2.49, p < .05.[5] Based on these comparisons, it appears that the

subgroup comprised of group therapy members constitutes an unusual sample relative to the other two subgroups. Because of this finding, subsequent analyses were performed excluding the group therapy member ($\underline{N}$ = 41).

Test of Underlying Concepts

A number of basic assumptions about the nature of some of the variables being examined have been formulated. Violation of any of these assumptions would question the validity of handling the data as proposed.

One of the basic theoretical tenets underlying this study is that people may be experiencing stressful situations or conditions (i.e., situations which involve threat, challenge, harm, or loss), but at the same time may be coping effectively, and thus do not experience severe emotional distress or a low degree of problem resolution. In other words, it is believed that stressful situations do not necessarily predict emotional distress or problem resolution; what one does about the stressful situation serves as a mediating factor in this relationship. Failure to confirm this assumption would bring into question the validity of treating amount of emotional distress reported as a construct independent of amount of stress reported, as was done in this study. In order to test this

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5. The degrees of freedom corresponding to the t-value associated with the test of the amount of emotional support received from friends in situation one is based on a separate variance estimate ($\underline{df}$ = 12.41) versus a pooled variance estimate ($\underline{df}$ = 17).

assumption, Pearson Product Moment correlations were
calculated for measures of stress and indices of coping
effectiveness. The correlation between amount of stress
reported and emotional distress was significant at the .001
level (r (41) = .55, p < .001), and indicated that stress
and emotional distress are moderately associated. Thus, it
appears that these two constructs are not totally indepen-
dent as was previously believed. However, the absence of
a perfect correlation between emotional distress and stress
suggests that other factors may be influencing these
variables as well, such as type of coping behavior
employed. The correlation between amount of reported
stress and degree of problem resolution failed to reach
statistical significance, confirming the assumption that
these two indices are not linearly related.

A second important conceptual issue concerned the
relationship between measures of satisfaction with one's
degree of problem resolution and indices of coping effect-
iveness. It was believed that problem satisfaction may
serve as an additional index of coping effectiveness,
independent of degree of problem resolution, since one may
resolve a problem situation but still be unhappy with the
outcome (e.g., a person who is dissatisfied with his job
is subsequently fired). The correlation between degree of
problem resolution and problem satisfaction indicated that
these two variables are moderately associated (r (38) =
.55, p < .001) with persons reporting a high degree of

problem resolution tending to report a high degree of problem satisfaction as well. The correlation between problem satisfaction and emotional distress indicates that persons reporting low emotional distress also tended to report high problem satisfaction, r (38) = -.39, p < .01. Thus, it appears that problem satisfaction is low to moderately associated with the two measures of coping effectiveness and may not be an independent construct as was previously believed.

A final assumption was that persons were equally willing to report using problem-focused coping strategies as emotion-focused coping strategies, such that an honest account of what techniques were actually used in a given situation would be provided. Violation of this assumption would suggest that any relationships obtained between patterns of coping and coping effectiveness would likely be erroneous. Correlations between Marlowe-Crown Social Desirability Scale scores and variables which were regarded as being potentially influenced by subjects' need to obtain approval were performed. For example, the correlation between amount of emotional distress reported and M-C SDS scores was examined based on the assumption that persons who wanted to portray themselves in a socially desirable manner may be less willing to admit to experiences of high emotional distress. Of the nine correlations examined, only one reached statistical significance. There was a relatively high correlation between M-C SDS scores and the

amount of stress reported, r (8) = -.64, p < .05, with subjects scoring high on the M-C SDS tending to report less stress than subjects scoring low on the scale. This finding suggests that respondents' subjective reports of the amount of stress experienced may be contaminated by subjects' need to obtain approval.

Test of Hypotheses

A brief description of the types of family concerns discussed by participants may be helpful in conceptualizing the tests of the hypotheses.[6]

Looking at the sample of census tract respondents and friends of family members, 70.7 % described problems which involved their children only, while 12.2 % described a difficulty with their spouse for the first family problem situation. These family problems generated a stress rating of 3 or 4 (low to moderate stress) for 36.6 % of respondents, a rating of 5 (moderate stress) for 17.1 % of respondents, and a rating of 6 or 7 (moderate to high stress) for 43.9 % of subjects (mean = 5.29). Most participants (48.7 %) reported either high or moderate emotional support from their friends with regard to their difficulty, while 48.8 % of subjects reported high or

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6. Since all analyses are based on the sample excluding group therapy members, descriptive trends are presented for this sample (N = 41) rather than the sample in total (N = 48).

moderate support from their family and 17.1 % said they received no support from their family. Reports of concrete help from friends and family differed somewhat from the trends evident in amount of support received, with 39.1 % of respondents indicating high or moderate help from their friends and 29.3 % reporting no help from their friends. While 12.2 % of subjects said they had received a lot of help from their family, 31.7 % reported receiving no help at all. For the most part, subjects appraised their family experiences as having to be accepted or gotten used to (52.5 %), while 30.0 % indicated they thought they could change or do something about the situation. With regard to resolution of their difficulty, 53.7 % of subjects stated they had achieved a definite resolution, 19.5 % indicated a qualified, ambiguous resolution had been obtained, and 22.0 % of subjects reported achieving an uncertain, doubtful resolution. The majority of participants were either completely satisfied or somewhat satisfied with the resolution they achieved (79.0 %). The trends for the second family problem situation described were not significantly different from the trends evident in situation one.

Table 2 presents the mean, standard deviation, and range for variables included in the tests of the hypotheses.[7] Only the data for problem situation one are

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7. Appendix 11 describes the scoring of each variable.

presented, since it was previously found that there were no significant differences between corresponding variables for situation one and situation two.

Simple bivariate and multiple regression were used to identify the independent and combined effects of the coping strategy variables on measures of coping effectiveness. Tables 3 and 4 present the findings when emotional distress was predicted with subjects' problem-focused coping scores and emotion-focused coping scores.

The first and second hypotheses stated that greater use of problem-focused coping behavior or greater use of emotion-focused coping behavior would predict lower degrees of emotional distress. Table 3 indicates that problem-focused coping accounts for a greater proportion of the variance in emotional distress relative to emotion-focused coping (R^2 = .162). However, the low Beta weights and confidence intervals associated with the unstandardized regression coefficients (which contain zero) indicate that problem-focused coping scores and emotion-focused coping scores did not significantly predict emotional distress.

The third and fourth hypotheses stated that greater use of problem-focused coping behavior in conjunction with greater use of emotion-focused coping behavior would be associated with lower degrees of emotional distress relative to the use of either problem-focused coping or emotion-focused coping alone. The test of the overall regression equation indicated that problem-focused coping

Table 2

Mean, Standard Deviation, and Range

of Variables for Situation One

Variable	Mean	SD	Range
Problem-focused coping	11.71	4.07	5.00-22.00
Emotion-focused coping	15.71	6.69	3.00-36.00
Total number of coping mechanisms used in situation one	28.32	10.13	8.00-61.00
Flexibility across situations	20.30	4.47	8.00-25.00
Problem resolution	3.22	0.96	1.00-4.00
Emotional distress	25.29	6.47	13.00-38.00
Problem satisfaction	2.00	0.96	1.00-5.00

Table 3

Predicting Emotional Distress with

Problem-Focused Coping and Emotion-Focused Coping

Predictor	R Square	Beta	Confidence Intervals for B*
Problem-focused coping	.162	.257	$-.183 \leq B \leq .985$
Emotion-focused coping	.204	.250	$-.117 \leq B \leq .588$

*$\underline{p}$ = .95

Table 4

Analysis of Variance for Problem-

Focused Coping and Emotion-Focused Coping

Source	df	SS	MS	F
regression	2	315.690	157.845	4.475*
residual	35	1234.521	35.272	

*$p < .05$

scores in combination with emotion-focused coping scores were predictive of emotional distress (F (2,35) = 4.48, p < .05). However, greater use of problem-focused coping behavior and greater use of emotion-focused coping behavior was associated with higher degrees of emotional distress relative to the use of either mode of coping alone, a finding which runs counter to the predicted relationship between these variables.

A similar trend to that of the combined effect of problem-focused coping and emotion-focused coping on emotional distress was evident when emotional distress was predicted with the total number of coping mechanisms used in situation one (Tables 5 and 6). Hypothesis 5 stated that greater numbers of coping strategies used in a particular situation would be associated with lower degrees of emotional distress. However, the analyses indicated that the total number of coping strategies used in situation one was positively predictive of emotional distress, F (1, 36) = 10.96, p < .01. In other words, greater numbers of coping mechanisms used in a particular situation were associated with higher degrees of emotional distress relative to the use of fewer numbers of coping strategies in situation one.

None of the hypotheses were supported regarding the association between problem resolution and problem-focused coping, emotion-focused coping, or the total number of coping mechanisms used. In addition, hypothesis 6, which

Table 5

Predicting Emotional Distress with

the Total Number of Coping Mechanisms Used

Predictor	R Square	Beta	Confidence Intervals for B
Total number of coping mechanisms used in situation one	.233	.483	$.117 \leq B \leq .482*$

*$\underline{p} = .95$

Table 6

Analysis of Variance for the

Total Number of Coping Mechanisms Used

Source	df	SS	MS	F
regression	1	361.808	361.808	10.960*
residual	36	1188.403	33.011	

*$p < .01$

stated that greater numbers of different coping strategies
used across situations (i.e., greater flexibility) would
be associated with higher degrees of problem resolution
and lower degrees of emotional distress, was not supported.

Recall that subjects were required to discuss two
moderately stressful family concerns. It was previously
proposed that the data from situation one would constitute
the primary test of the hypotheses, while the situation
two data would be used to confirm or disconfirm the trends
evident in the first set of analyses. Despite the finding
that there were no significant differences between means
of pairs of corresponding variables for situation one and
two when $N = 41$, the results from tests of the hypotheses
for situation two are not identical to situation one. The
first difference was that problem-focused coping in
combination with emotion-focused coping was not signifi-
cantly predictive of emotional distress in situation two,
although the relationship between the total number of
coping mechanisms used in situation two and emotional
distress was similar to that found in situation one (see
Tables 7 and 8). In addition, the association between
degree of flexibility and emotional distress was signifi-
cant for situation two (Tables 9 and 10). However, the
relationship was opposite to the hypothesized direction,
with greater numbers of different coping strategies used
across situations associated with higher degrees of
emotional distress. Table 11 summarizes the differences in

Table 7

Predicting Emotional Distress with the Total

Number of Coping Mechanisms Used for Situation Two

Predictor	R Square	Beta	Confidence Intervals for B
Total number of coping mechanisms used	.147	.383	$.003 \leq B \leq .340$*

*$\underline{p}$ = .95

Table 8

Analysis of Variance for the Total Number
of Coping Mechanisms Used in Situation Two

Source	$\underline{df}$	$\underline{SS}$	$\underline{MS}$	$\underline{F}$
regression	1	96.765	96.765	4.310*
residual	25	561.235	22.449	

*$\underline{p} < .05$

Table 9

Predicting Emotional Distress with

Degree of Flexibility for Situation Two

Predictor	R Square	Beta	Confidence Intervals for B
Number of different coping strategies used across situations	.193	.439	$.103 \leq B \leq .883*$

*p = .95

Table 10

Analysis of Variance for

Flexibility in Situation Two

Source	df	SS	MS	F
regression	1	140.455	140.455	6.686*
residual	28	588.212	21.008	

*$p < .05$

hypothesis testing for situation one and situation two.

Additional Analyses

Sex differences. Males and females were compared on a number of variables. Three differences reached statistical significance. Women tended to rate their family difficulties as more stressful than men, t (39) = 2.04, p < .05. Women also tended to report more emotional distress (t (39) = -2.21, p < .05), and less satisfaction with the degree of problem resolution they had achieved than men (t (36) = -2.21, p < .05).

Table 12 presents the zero order correlations for sex, stress, and emotional distress. All three variables are low to moderately inter-correlated. Partial correlations were performed in an attempt to determine which of the three variables were of major importance in the sex differences. The correlation between sex and emotional distress was insignificant when the effects of reported level of stress were controlled (r (38) = .21, p > .10), which suggested that level of stress was the potent variable in sex differences. However, the correlation between sex and level of stress was also insignificant when the effects of emotional distress were controlled for (r (38) = .16, p > .10). Thus, there appears to be a third unidentified variable, apart from level of stress and reported experience of distress, which accounts for the significant sex differences.

Table 11

Summary of Differences in Analyses for

Situation One and Situation Two

Criterion Variable	Predictor Variable(s)	Situation One	Situation Two
Emotional Distress	Problem-focused Coping Emotion-focused Coping	F = 4.475*	n.s.
Emotional Distress	Total Number of Coping Mechanisms Used	F = 10.96**	F = 4.310*
Emotional Distress	Flexibility	n.s.	F = 6.686 *

<u>Note</u>. n.s. = not significant

*$p < .05$

**$\underline{p} < .01$

Table 12

Zero Order Correlations for

the Sex Difference Variables

Variable	Sex	Stress	Emotional Distress
Sex	1.00	.31*	.33*
Stress		1.00	.55**
Emotional Distress			1.00

*p < .05

**p < .001

Marital Status. A further attempt was made to explain the sex differences previously reported by subgrouping males and females according to their marital status. Again, three differences reached statistical significance. Married women tended to rate their family difficulties as more stressful than married men, t (27) = -2.52, $p < .05$. Married women also tended to report more emotional distress than married men, t (27) = -2.04, $p = .05$. Finally, the subgroup of divorced, separated and widowed women tended to report more resolution of their problems than married women, t (28) = -2.76, $p < .01$. There were no significant differences between married men and the subgroup of divorced, separated, and widowed women. Thus, the sex differences in reported level of stress and experience of emotional distress are partially attributable to differences in marital status of respondents. However, the sex difference for the problem satisfaction variable was not explained by marital status differences.

Education. There has been some speculation and support for the notion that the more educated one is, the better able one is to cope with various difficulties. Consistent with this assumption, level of education was found to be negatively correlated with reported experience of emotional distress (r (41) = -.31, $p < .05$), and positively correlated with degree of problem resolution (r (41) = .29, $p < .05$). In other words, there was a relatively weak tendency for the more highly educated

participants to report less emotional distress with regard to their family difficulties, and more resolution of their family difficulties than less educated respondents.

Social support and help. A well-documented finding is the moderating effect of social resources on life stress. People who have access to adequate amounts of social support and behavioral assistance are thought to experience less stress or cope with stress more effectively. Correlations between measures of support and help received from friends and family and indices of coping effectiveness were performed. The only correlation that reached statistical significance was the correlation between the amount of help received from family and emotional distress, r (41) = .39, p < .01. The correlation indicates that there was a low to moderate tendency for high levels of help received from family to be associated with high levels of emotional distress. This finding appears to run counter to that which would be expected based on previous research on social support.

Discussion

The hypothesized relationships between certain coping strategies and indices of coping effectiveness were based on a specific model of coping behavior. Two issues become important when considering the results of this investigation. The first issue is whether empirical support was provided for the model of coping behavior presented in

this study. A second, more global issue, is whether the model was adequately tested by the procedures employed in this study.

It appears that none of the hypothesized relationships between the coping strategy variables and measures of coping effectiveness were supported. In fact, the relationships which did achieve statistical significance ran counter to what was predicted by the model. The coping strategy which involved greater use of problem-focused coping behavior in conjunction with greater use of emotion-focused coping behavior was associated with higher degrees of emotional distress relative to the use of either mode of coping alone. Similarly, use of greater numbers of coping strategies within a particular situation was associated with higher degrees of emotional distress relative to use of fewer coping behaviors, rather than lower degrees of distress as was predicted by the coping behavior model and results from previous research. Finally, the coping strategy involving greater use of different coping strategies across situations was also found to be associated with higher degrees of emotional distress relative to use of similar coping strategies across situations, again running counter to the predicted associations.

A possible explanation for why these relationships were opposite to the hypothesized associations involves a particular conceptualization of effective coping. It may be that people who most effectively cope with stress, i.e.,

people who are faced with stressful situations but do not experience high emotional distress, are those persons who have a well-defined plan of action for coping. This plan of action appears to involve a particular range of coping skills, as well as the ability of the person to select from his or her range of skills those behaviors which have been effective in alleviating stress in the past. People who use fewer than this ideal range of coping behaviors may be ineffective at coping with stress because of a lack of coping skills from which to select or call on. In other words, these persons may have a limited range of skills available to them. Alternatively, their minimal use of coping behaviors may indicate that they are unable to recognize effective coping strategies and therefore, engage in few coping behaviors, or inaction. Thus, these people may cope ineffectively with stress because of a lack of ability to select appropriate coping techniques and formulate a specific plan of action rather than because of a limited range of skills available to them. In contrast, persons whose range of coping behaviors exceeds the ideal range may also be ineffective at coping with stress because they too are unable to recognize effective coping techniques and formulate a specific plan of action. However, their ineffectiveness is manifested by excessive action, rather than inaction. The search for effective coping techniques may involve trying anything and every-thing in an attempt to determine which techniques work

best for alleviating the difficulty. The problem for these persons is not a limited range of skills, but rather difficulty in selecting appropriate coping techniques from their range of skills.

An obvious question concerns the availability of any empirical indication of what the range of skills associated with coping effectiveness might be. Pearlin and Schooler (1978) found that the relationship between role-related life strains and stresses was strongest for those persons using zero or one coping response and weakest for those persons using five or six coping responses. Thus, the use of zero or one coping response may indicate a person has a limited range of coping skills or is unable to identify effective coping techniques from the range of skills available to him or her and, therefore, fails to take action. Use of five or six coping responses may denote the ideal range of coping behaviors where people have identified a plan of action. It is possible that the present study tapped the range of coping behavior representing a specific plan of action (five or six coping responses), as well as the range exceeding the ideal range of skills which denotes ineffective coping by way of excessive action. This possibility would explain why people who used coping strategies involving (a) greater use of both problem-focused and emotion-focused coping behavior, (b) use of greater numbers of coping strategies within a particular situation, and (c) greater use of different coping

strategies across situations reported higher degrees of
emotional distress.

An issue of interest related to the test of the hypo-
theses was the differences found when data from the first
situation versus the second situation were considered.
This finding was surprising given that comparisons of means
of corresponding variables for situation one and two
yielded no significant differences. However, the lack of
significant differences in means of corresponding vari-
ables for situation one and two does not indicate that the
variables were distributed similarly. For example,
although the average amount of emotional distress reported
in situation one (mean = 25.23) did not differ signifi-
cantly from the average amount of emotional distress
reported in situation two (mean = 24.68), the standard
deviation for these variables was not identical (S.D. =
6.99 and 4.93 for problem situation one and two,
respectively). Differences in variances and other
distribution characteristics may account for the differ-
ences obtained when hypotheses were tested using situation
one and situation two data.

In general, the model of coping behavior presented in
this study did not receive empirical support. However,
before one decides to discard a model on the basis of lack
of empirical support, inquiries must first be made into
whether the model was tested adequately. A number of
weaknesses in the present investigation render questionable

validity of various constructs important in the study as well as procedures used to investigate these constructs.

The first obvious weakness in the present investigation was the sampling procedure. The extremely low response rate for subjects selected through the census tract method of sampling, as well as the disproportionate number of widowed, divorced, and separated women and married men, makes it impossible to state that a representative sample of the general population was obtained. In addition, there was some indication that persons selected using census tract methods did not constitute a random sample of the general population. For example, several respondents who agreed to participate indicated that they had children at home who were university students and could, therefore, appreciate what the investigator was attempting to do. Thus, there was evidence that the sample of subjects obtained using methods which closely approximated "random" sampling was not totally random or representative of the general population. The other two subgroups obtained using alternative methods of sampling may have been more representative of the general population relative to the census tract subgroup, but were similarly not randomly selected samples.

One obvious question is why the response rate for this study was so low. Several letters were returned, indicating the person had moved. A number of persons could not be contacted by telephone despite several attempts to

do so. A few interested, willing participants were living alone and, therefore, did not meet the criterion of inclusion for this study. But, by far, the most common reason people gave for not participating was lack of interest. Further discussion of this issue with some people revealed reasons such as lack of time, children moved and only the spouse left at home, etc. Whatever the reason for non-participation, the fact remains that the final sample of subjects was not representative of the general population. Because the model of coping behavior presented in this study was based on a conceptualization of effective coping in the general population, the non-representativeness of the current sample suggests that the present model of coping behavior was not tested adequately. In addition, the non-randomness of the sample suggests that the results which were obtained are not generalizable to the general population.

A second validity issue of the current study concerns the type of stressful transaction investigated. Participants were asked to discuss moderately stressful family concerns. Most persons were able to conceptualize the idea of "moderate" stress using the examples provided, as well as comparisons with events that had previously occurred in their families. However, the range of ratings between 1 and 10 which were accepted as denoting "moderate" stress was 3 to 7. There is some question whether moderately stressful situations rated "3" provide

comparable opportunities for coping as situations rated "7." Future research in this area should further restrict the range of experience accepted as denoting moderate stress, or be prepared to investigate differences in coping strategies for situations rated differently on a continuum of stressful experience.

Another difficulty associated with the type of stressful transaction investigated was the broad definition of "family concerns" provided. Several different types of family problems could be included in the definition of family concerns. Although the life area of "family" was selected for study because it was found to permit the use of both problem-focused and emotion-focused coping, it is doubtful that all family problems meet this criterion. Family problems may vary according to the type of coping possible in a given situation as well as what type of coping behavior is effective in that situation. For example, which behaviors are possible and which are effective may vary when coping with the interpersonal conflict over a spouse's sexual inadequacies versus conflict over a child's behavioral problem, both of which can be classified as family concerns. Attempts to eliminate some of this variance in future research could involve limiting the definition of family concerns to parenting or marital difficulties, although some of the same sorts of problems regarding coping behavior would probably still arise.

A third confound evident in this investigation

seriously questions whether the hypotheses were tested in an appropriate context. It was previously noted that the majority of subjects appraised the family concerns they described as situations that must be accepted or gotten used to. Previous research indicated that people vary their coping strategies according to how a situation is appraised, with situations appraised as having to be accepted generating higher levels of emotion-focused coping than those situations appraised as amenable to change. Given the effect of appraisal on the type of coping behavior used, it may be anticipated that coping effectiveness may also vary according to how a situation is appraised. For example, problem-focused coping may have been found to be more effective than emotion-focused coping if all situations described by subjects had been appraised as ones they could change or do something about. The current data was not large enough to permit analyses of the coping strategy variables and coping effectiveness variables according to the type of appraisal made. Future attempts at measuring coping effectiveness must take appraisal into consideration and permit analyses of data according to types of appraisal. Which coping behaviors are effective in situations appraised as having to be accepted may not be the same types of strategies which are effective in situations appraised as amenable to change.

A further observation related to appraisal is the finding that people's appraisals of stressful situations

may not be consistent with what is possible in reality.

For example, one subject claimed she had to accept and get

used to her child disrupting her studying time. Other

persons may have perceived this situation as one in which

something could have been done to alter the daughter's

behavior. Subjective appraisals are not always an accurate

reflection of reality. One way of overcoming this in

future research would be to gather normative data on given

stressful transactions regarding possibilities for coping

behavior in those situations, and compare persons' actual

coping behavior with what is normatively perceived as

possible. However, the importance of subjective appraisal

and subjective stress must not be understated. Even though

certain behaviors may be possible in a given transaction,

individuals who fail to perceive these behavioral options

must be distinguished from individuals who recognoze these

options but fail to employ them, as there may be differ-

ences between these individuals in coping efficacy.

There were several difficulties associated with the

criteria selected to indicate coping effectiveness. One

problem with emotional distress as a measure of coping

efficacy was that some people tend to equate stress with

distress. If you ask one of these persons to describe a

moderately stressful situation they will describe a

situation which was moderately upsetting for them. As

conceptualized in this study, distress is independent of

level of stress; one does not necessarily predict the

other. The results indicate there is a moderate corre-
lation between these two measures, but other factors may be
influencing these variables as well, such as type of coping
behavior employed. Special efforts must be made to
distinguish between stress and distress for subjects if
reported level of stress and experience of emotional
distress are to be treated as independent concepts in
future research.

A surprising finding was that none of the hypotheses
regarding coping strategies and problem resolution were
supported. One reason for the lack of support of the hypo-
theses regarding problem resolution may be that the concept
of problem resolution was not clearly explained in this
study and thus, did not represent a good measure of coping
effectiveness. For most subjects, degree of problem
resolution appeared to be more a function of time than of
personal coping efforts. In other words, whereas the
present study was interested in whether the situation was
working out for the better as a consequence of coping
efforts, it appeared that most subjects interpreted problem
resolution to mean whether the situation was over or not.
Thus, ratings of problem resolution may have had little to
do with personal coping effectiveness, and instead,
represented a variable over which subjects often perceived
themselves as having little control. Further research
efforts using problem resolution as an index of coping
effectiveness must be sure to clarify what is meant by

problem resolution.

It was previously noted that the hypotheses regarding flexibility within situations and across situations were supported in a direction opposite to that which was predicted by previous research. Two possibilities arise in attempting to account for these relationships. It may be that the measures of flexibility used in this study were valid and the hypotheses were truly not supported, or alternatively, that the measures of flexibility may not have been valid. Although there has been quite a bit written on the relationship between being flexible in one's approach to coping with stress and coping effectiveness, measures of the concept of flexibility have been crude to this point. Studies using the total number of coping strategies employed in a given transaction as a measure of flexibility have supported some of the predicted relationships between flexibility and coping effectiveness. In this study, an attempt was also made to construct a measure of flexibility in coping across situations based on comparisons of subjects' rank orderings of the five most important coping behaviors for dealing with situation one and two. It was previously believed that subjects would typically report using about 10 to 20 coping behaviors in a given stressful transaction. Thus, rank ordering of the five most important coping behaviors was thought to be an adequate index of flexibility in coping across situations. However, it turned out that the average number of coping

behaviors reported by subjects was 28 while the range was from 8 to 61 coping behaviors. Thus, predicted relationships between flexibility across situations and coping effectiveness may not have been supported due to a limited measure of the flexibility concept. Further research into the flexibility of peoples' coping behavior requires preliminary investigation into ways of measuring this concept.

Another validity issue evident in the present study was whether subjects were honestly and accurately describing their coping processes on the Ways of Coping Checklist. Apart from the issues of whether subjects are able to articulate this process, and whether the Ways of Coping Checklist accurately measures this process, there are concerns that certain factors may have been operating to systematically influence subjects' responding on the Ways of Coping Checklist. This possibility was investigated by having randomly selected subjects complete a measure of need to obtain approval by responding in a socially desirable way. The finding that the correlation between M-C SDS scores and stress was significant when the group therapy members were excluded from the sample suggests that the subgroup of therapy members may have been more honest and less systematically biased by a need to present oneself in a socially desirable manner relative to the rest of the sample. Future research must be sensitive to factors which can influence subjective report measures, such as subjects'

need for approval.

A final validity issue related to whether the hypotheses and model of coping behavior were adequately tested was the power of the hypothesis tests. The limited sample size of the present investigation brings into question whether it was possible to detect significant relationships among variables.

The non-representativeness of the final sample, various difficulties with the constructs and procedures for measuring these constructs, and the possible low power of the tests of the hypotheses all support the notion that the model of coping behavior presented in this study may not have been adequately tested in the present investigation. Given this possibility, what conclusions can be made?

Aside from the tests of the hypotheses, some other interesting trends in the data were evident which may have been less affected by the validity issues previously discussed. There was some evidence of sex differences in the present study, with women tending to rate their family experiences as more stressful than men, as well as reporting more emotional distress and less satisfaction with the resolution of their family difficulties. However, part of the sex difference on these variables was due to differences in marital status of respondents. Although the group of divorced, separated, and widowed women did not differ significantly from married men on any of the tested

dimensions, married women continued to report more stress and more emotional distress than married men.

One possible explanation for the finding that married women subjectively report more stress than married men may be that they are objectively experiencing more stress than married men. The majority of married women in the sample were employed either full or part-time in addition to having children and a spouse at home to care for (71.4 % of married women were employed, while 96.7 % had children at home). It is possible that the dual role of homemaker and wage earner provides additional stress for these women relative to married men who assume the primary role of provider in the family. Working women typically have to fulfill their household responsibilities in addition to their work-related responsibilities outside of the home, while married men's household responsibilities may be somewhat more limited relative to married women.

If it were only employment status and number of children at home that contributed to women's reports of higher stress relative to men, we would expect the group of divorced, separated, and widowed women to similarly report more stress than married men, as all of these women were employed full-time or part-time and had children at home. However, the finding that divorced, separated, and widowed women reported somewhat less stress than married women suggests that the responsibilities associated with a marital relationship may also contribute to married women's

reports of higher stress. Thus, married women may be somewhat more burdened with responsibility relative to separated, divorced, and widowed women which may account for the tendency of married women to report less resolution of their difficulties than separated, divorced, and widowed women.

Alternatively, the sex by marital status difference in amount of reported stress may be a perceptual phenomenon, with married women generally defining events as more stressful than their male counterparts. The same possibility holds for explanations of higher reports of emotional distress for married women. Married women may report more emotional distress because they are objectively experiencing more stress. Alternatively, higher reports of emotional distress may be associated with inferior ability to cope with family difficulties relative to men or divorced women, or again, the difference may be due to perceptual differences; women may be more sensitive to their emotional experiences than men. A fourth possibility is that married women may be more willing to report their experiences of emotional distress than men, it being more culturally acceptable for women to admit to these kinds of experiences (Nathanson, 1975).

There was no indication that the sex by marital status interaction was a perceptual phenomenon. Men and women did not differ in how they appraised situations, e.g., having to be accepted versus having the potential for

change. Any of the other explanations, or an explanation
not previously mentioned, may account for the sex by
marital status differences.

Another interesting trend in the data was the associ-
ation between level of education and measures of coping
effectiveness. There was no significant association
between level of education and amount of stress reported.
Therefore, it appears that highly educated persons are
experiencing the same amount of stress as everyone else but
are coping with it more effectively relative to others.

A final trend in the data was the relationship between
amount of help received from family and emotional distress.
One interpretation of this finding is that people who seek
help from their family subsequently experience more
emotional distress. A more likely interpretation is that
while friends' help is generally available for most kinds
of situations, people may turn to their family for help in
situations which are particularly distressing. This
latter interpretation is more consistent with the research
on social support.

An important question was posed in the present
investigation: is the current approach to teaching coping
skills in the form of stress management techniques the most
effective approach for dealing with stress? Hypotheses
were formulated based on a model of coping behavior which
views coping behavior as having two functions: alteration
of the stressful person-environment transaction and

reduction or control of emotional distress. It was believed that coping behavior must accomplish both functions in order to be maximally effective. Stress management techniques do not fulfill the first function. Therefore, it was postulated that a more effective approach to coping with stress incorporates the use of problem-focused coping techniques aimed at altering the source of stress.

The results of the present investigation do not support the current approach to teaching coping skills or the alternative approach suggested in this study. Greater use of problem-focused coping did not predict effective coping nor did greater use of emotion-focused coping. In fact, there were few trends evident in the data suggesting which coping strategies may be most effective for handling family difficulties. Part of this finding may be due to procedural and conceptual weaknesses in the present investigation. However, the lack of trends denoting effective coping may also be due to a significant influence of individual factors in the present investigation. In other words, coping strategies which seem to work for one person may not work for a second or third person. A model of selection of coping behavior was discussed in this study which postulated the significance of situational factors and personality factors in determining coping behavior. The present study focused mainly on situational variables, i.e., family concerns. In addition to the several suggestions for improvement of future studies in the area of stress and

coping already made, future research should also consider the influence of personality variables on coping.

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APPENDIX 1

The rationale for selecting a middle class sample of subjects is based on Pearlin and Schooler's (1978) findings that persons who are better educated and more affluent cope more effectively than persons in less privileged positions in society. Most persons of high socioeconomic status appear to cope effectively because of their ready access to valuable resources such as money (Pearlin & Schooler, 1978). In contrast, most persons of low socioeconomic status may cope ineffectively because of their lack of these valuable resources. Thus, persons from a middle class background may demonstrate a broader range of coping effectiveness relative to persons from either high or low socioeconomic backgrounds. However, Pearlin and Schooler (1978) also state that the association between affluence and coping efficacy is particularly apparent in economic and occupational roles, but not as prominent in marital and parental roles. This finding suggests that coping effectiveness related to family concerns may be less affected by the social class variable relative to other role areas. Thus, the results from a middle class sample of people, regarding coping with family problems, may be generalizable to persons of other socioeconomic statuses as well.

APPENDIX 2

Blishen and McRoberts (1976) assigned socioeconomic
scores to approximately 480 occupations based on three
aspects of an individual's occupation: income level,
educational status, and prestige ranking. A final step in
constructing their socioeconomic index was the determinat-
ion of six class intervals within which the socioeconomic
scores fall. The class intervals subsuming occupations
with the highest possible socioeconomic scores (class
interval 1) and the lowest possible socioeconomic scores
(class interval 6) appear to denote high and low socio-
economic status, respectively. However, it is not clear
which of the remaining four class intervals denote middle
socioeconomic status which was the focus of this study.
Because of Blishen and McRoberts' (1976) failure to
characterize their class intervals, a decision was made to
exclude occupations in the two extreme class intervals
from the analysis of "middle class" occupations.
Therefore, any occupation falling into class intervals 2 to
5 was considered to denote middle socioeconomic status.

The occupations included in the occupation major groups
from the 1971 census tract data were examined in order to
determine which socioeconomic class interval was denoted by
each major group according to Blishen and McRoberts' (1976)
index. It was found that the individual occupations

included in each major group fell into various class intervals making it difficult to describe any occupation major group by a single socioeconomic interval value. It was necessary, therefore, to estimate a mean value corresponding to the class interval the majority of occupations included in a single major group fell into. Those major groups which included a majority of occupations falling into class interval 1, 2 to 5, and 6, according to Blishen and McRoberts (1976), were considered to represent "high" socioeconomic status, "middle" socioeconomic status, and "low" socioeconomic status, respectively.

The data on males' occupation major groups for specific census tract areas of Winnipeg, which were anticipated to represent middle class areas of the city, were examined.[1] The census tract figures denoting the number of men employed in each occupation major group were divided by the total number of working males in a specific census tract area to determine the percentage of males employed in each occupation major group. Most of the occupation major groups contained either 0 % to 5 % of the working male population, or 9 % to 15 %. Thus, it was decided that any occupation major group which contained 9 % or more of the working male population in that area would be considered to represent a majority of the population. City areas, in which all of the occupation major groups containing a majority of the working male population fell into the category of middle socioeconomic status, were defined as

middle class areas of Winnipeg and were selected for

sampling.

---

1. This study only examined the data on males' occupation
    major groups consistent with Blishen and McRoberts'
    (1976) socioeconomic index which is based on occup-
    ations of the male labor force only. It may be
    anticipated, however, that women's occupations, and
    therefore their socioeconomic status, will be similar
    to that of men residing in the same city area.

APPENDIX 3

Dear

Allow me to introduce myself. I am a Master's student in clinical psychology at the University of Manitoba. One of my interests is in the problem solving or coping skills people use within the context of the family. I am currently involved in a research project which examines the ways men and women deal with family concerns and difficulties. The project should provide valuable information about the types of coping mechanisms people are using to handle family problems, as well as which coping behaviors appear to be most effective in dealing with these problems. For example, we may find that talking to someone about a difficulty is a more effective way of handling a problem than trying to forget about it.

I am approaching you in order to request your voluntary participation in this study. I am interested in interviewing people in your area of the city about their family experiences and how they have attempted to handle difficulties which have arisen. Your name was selected at random from the Henderson Directory which lists persons' names according to the street they live on, thereby making it possible to identify people living in a particular area of Winnipeg. By "family experiences" I am referring to those events that involve yourself and any family member living in your household including your spouse, your children, your parents, etc. The only people that are excluded from this study are those persons living alone or with non-family members. We all experience family concerns and problems from time to time as a natural part of daily living. Therefore, your participation will in no way indicate that you are experiencing more family difficulties than anyone else.

I will telephone you in a few days to see whether or not you agree to participate. Participation involves meeting with myself or one of my assistants for approximately 60 minutes, at which time we will discuss some things with you and ask you some questions. The information you provide will be regarded as strictly confidential. All persons who agree to be interviewed will receive a summary of the results when the research is completed. Hopefully, the results will suggest alternative ways in which family problems can be handled, as well as indicate what kinds of coping strategies seem to be most effective. If you agree to be interviewed, arrangements will be made

to meet you in your home or any other convenient place.
If you have any questions about the study feel free to
contact me by leaving a message at the Psychology General
Office (474-9338) and I will return your call.

Your help would be greatly appreciated!

Sincerely,

Connie Boutet, B.A. (Hons.)

Bruce Tefft, Ph.D.
Faculty Supervisor.

APPENDIX 4

The socioeconomic status of participants was determined by assigning socioeconomic scores (Blishen & McRoberts, 1976) based on subjects' reported occupations (or spouse's occupation if the respondent was a housewife). These socioeconomic scores fell into one of six class intervals denoting high socioeconomic status to low socioeconomic status, making it possible to assign each participant to a socioeconomic class interval. The reader is referred to Appendix 2 for the rationale in designating class intervals 2 to 5 as middle class intervals.

APPENDIX 5

Demographic and Background Information

Date of interview: _____

1. Gender: Male   [ ] 1
                Female [ ] 2

2. Who else, besides yourself, lives in your household, and
    what is their relationship to you?

    _____

    _____

    _____

    If there are children, what are the ages of your
    children?

3. What is your current marital status?

    Married   [ ] 1
    Separated   [ ] 2
    Divorced   [ ] 3
    Widowed   [ ] 4
    Living as married [ ] 5
    Never married   [ ] 6

4. What is your age? _____

5. What is the highest level of education you have
    attained?

    Grades 1-9   [ ] 1
    Some high school   [ ] 2
    High school graduate   [ ] 3
    Technical training   [ ] 4
    (i.e. community college)
    Some university   [ ] 5
    University degree   [ ] 6
    Graduate school   [ ] 7

6. What is your current occupation? _____

    _____

APPENDIX 6

Family Difficulties Interview

The next thing I'd like to do is to define some terms for you. When I talk about "family concerns" I'm referring to those events or occurrences which in some way disrupt or upset your relationship with one or more of the family members living in your household. It's something that happens between you and a family member who lives with you.

Now, I want to define the term "stress" for you. You've probably heard this word used before but many people use it in different ways so I'm going to give you a specific definition of it. When I refer to "stress" I'm talking about those kinds of situations which are difficult or troubling to you in some way. Either they require effort on your part to deal with them, or they make demands on you. Stress is something you have to cope with or handle, that is not always easy for you. But situations can vary in how stressful they are. We experience things that are slightly difficult to handle, and call them low stress situations, and other things that are very diffi-cult and require a great deal of effort to handle. We can call these high stress situations. Of course, moderately stressful situations fall in between high and low stress situations.

Let me give you some examples. An example of a low

stress family problem may be your spouse being late for dinner. This would require a little bit of effort on your part, to keep things warm, and it may also disrupt your relationship for awhile. You may be slightly annoyed that he/she came home late.

In contrast, an example of a moderate stress situation may be taking your child to the doctor. Your child may be upset with you and you may be upset with your child, or it may require some effort to get the child to the doctor. So it's more stressful than your spouse being late for dinner. It could be more important, or more demanding, than a situation that's of low stressfulness.

Finally, examples of situations of high stress could be one of your family members being hospitalized or arrested. It's likely that this kind of situation is a lot more difficult to deal with than taking your child to the doctor for a check-up or your spouse being late for dinner.

Do you think you have an idea of the difference between low, moderate, and high stress situations? The examples I gave you were just possible examples. What I want you to do is think of two of the most recent family-related problems (family concerns) that have occured to you within the past six months which you see as being of moderate stress for you. It could be something that's going on right now between you and someone in your house-hold, or something that happened sometime in the past 6 months. I want you to describe the situation to me--tell

me who was involved, what happened, when it happened, and
what made it stressful for you. Try to think of one
moderate family problem situation now.

Problem #1   (Who, what, when, why stressful)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

On a scale of 1 to 10, with 1 meaning not stressful at all,
and 10 meaning very stressful, how stressful would you say
this problem is/was for you?

_____
  1   2   3   4   5   6   7   8   9   10
not   moderately   highly
stressful   stressful   stressful
at all

Now I want to ask you whether you received any emotional
support from your friends while you were having this
problem. By "emotional support" I mean friends who
listened to you and tried to understand your problem, and
maybe offered advice; friends who tried to show they cared
about what you were going through and how you felt. Would

you say you received a

High level of support	☐ 1
Moderate level of support	☐ 2
Low level of support	☐ 3
No support at all	☐ 4
Not applicable	☐ 5

Comment: _____

_____

What about other family members besides those involved in the situation you've described to me. Did you receive any emotional support from them while you were having this problem? How much?

High level of support	☐ 1
Moderate level of support	☐ 2
Low level of support	☐ 3
No support at all	☐ 4
Not applicable	☐ 5

Comment: _____

_____

Now I want to ask you about concrete help. By concrete help I mean (provide relevant example). Did any of your friends give you concrete help with this problem? How much would you say you received?

A lot	☐ 1
A moderate amount	☐ 2
Not very much	☐ 3
None at all	☐ 4
Not applicable	☐ 5

Comment: _____

_____

What about family members besides those involved in the situation you described to me. How much concrete help did you receive from them?

A lot	1
A moderate amount	2
Not very much	3
None at all	4
Not applicable	5

Comment: _____

I have some questions I want you to answer on your own about the situation you just described to me. The first set of questions looks at what you did to handle the problem you described. Read each item and check either "yes" or "no" depending on whether you used the particular strategy described when dealing with the problem. Do you have any questions?

(Administer Ways of Coping)

This second set of questions looks at how you felt when you were experiencing your problem. Put a check mark in the box that best describes your feelings while you were coping with the situation you described to me. Any questions?

(Administer Emotional Distress Items)

This final set of questions looks at how your problem situation turned out. Put a check mark beside the sentence that best describes how the situation turned out for you. Circle the number corresponding to how satisfied you were with your problem resolution. Any questions?

(Administer Problem Resolution Index)

Good. Now I want you to think of a second family concern that you experienced between you and some family

member you live with, that occurred in the past six months,

that was moderately stressful for you.

Problem #2   (Who, what, when, why stressful)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

On a scale of 1 to 10, with 1 meaning not stressful at all,

and 10 meaning very stressful, how stressful would you say

this problem is/was for you?

1	2	3	4	5	6	7	8	9	10

Not stress-   Moderately   Highly
ful at all   Stressful   Stressful

Now I want to ask you whether you received any emotional

support from your friends while you were having this

problem. Would you say you received a

High level of support	1
Moderate level of support	2
Low level of support	3
No support at all	4
Not applicable	5

Comment _____

_____

What about family members besides those involved in the
situation you've described to me. Did you receive any
emotional support from them while you were having this
problem? How much?

High level of support		1
Moderate level of support		2
Low level of support		3
No support at all		4
Not applicable		5

Comment _____

_____

Now I want to ask you about concrete help. Did any of your
friends give you concrete help with this problem? How much
would you say you received?

A lot		1
A moderate amount		2
Not very much		3
None at all		4
Not applicable		5

Comment _____

_____

What about family members besides those involved in the
situation you described to me. How much concrete help did
you receive from them?

A lot		1
A moderate amount		2
Not very much		3
None at all		4
Not applicable		5

Comment _____

_____

These are the same set of questions as before. Answer
them about the second situation you described to me.

(Administer Ways of Coping, Emotional Distress
Items and the Problem Resolution Index)

(Thank subject and answer any questions.)

APPENDIX 7

The Ways of Coping Checklist

Thinking about one of the situations you have just described, put a check in the "Yes" or "No" column for each item, depending on whether that item applies to you.

(To help keep the situation in mind): I am talking about the situation in which _____

_____

_____

		Yes	No
1.	Just concentrated on what you had to do next--the next step.	___	___
2.	You went over the problem again and again in your mind to try to understand it.	___	___
3.	Turned to work or substitute activity to take your mind off things.	___	___
4.	You felt that time would make a difference, the only thing to do was to wait.	___	___
5.	Bargained or compromised to get something positive from the situation.	___	___
6.	Did something which you thought wouldn't work, but at least you were doing something.	___	___
7.	Got the person responsible to change his or her mind.	___	___
8.	Talked to someone to find out more about the situation.	___	___
9.	Blamed yourself.	___	___

10. Concentrated on something good that could come out of the whole thing. ___ ___ ___

11. Criticized or lectured yourself. ___ ___ ___

12. Tried not to burn bridges behind you, but leave things open somewhat. ___ ___ ___

13. Hoped a miracle would happen. ___ ___ ___

14. Went along with fate; sometimes you just have bad luck. ___ ___ ___

15. Went on as if nothing had happened. ___ ___ ___

16. Felt bad that you couldn't avoid the problem. ___ ___ ___

17. Kept your feelings to yourself. ___ ___ ___

18. Looked for the "silver lining," so to speak; tried to look on the bright side of things. ___ ___ ___

19. Slept more than usual. ___ ___ ___

20. Got mad at the people or things that caused the problem. ___ ___ ___

21. Accepted sympathy and understanding from someone. ___ ___ ___

22. Told yourself things that helped you to feel better. ___ ___ ___

23. You were inspired to do something creative. ___ ___ ___

24. Tried to forget the whole thing. ___ ___ ___

25. Got professional help and did what they recommended. ___ ___ ___

26. Changed or grew as a person in a good way. ___ ___ ___

27. Waited to see what would happen. ___ ___ ___

28. Did something totally new that you never would have done if this hadn't happened. ___ ___ ___

29. Tried to make up to someone for the bad thing that happened. ___ ___ ___

30. Made a plan of action and followed it. ___ ___ ___

31. Accepted the next best thing to what you wanted. ___ ___ ___

32. Let your feelings out somehow. ___ ___ ___

33. Realized you brought the problem on yourself. ___ ___ ___

34. You came out of the experience better than when you went in. ___ ___ ___

35. Talked to someone who could do something concrete about the problem. ___ ___ ___

36. Got away from it for awhile; tried to rest or take a vacation. ___ ___ ___

37. Tried to make yourself feel better by eating, drinking, smoking, taking medication, etc. ___ ___ ___

38. Took a big chance or did something very risky. ___ ___ ___

39. Found new faith or some important truth about life. ___ ___ ___

40. Tried not to act too hastily or follow your first hunch. ___ ___ ___

41. Joked about it. ___ ___ ___

42. Maintained your pride and kept a stiff upper lip. ___ ___ ___

43. Rediscovered what is important in life. ___ ___ ___

44. Changed something so things would turn out all right. ___ ___ ___

45. Avoided being with people in general. ___ ___ ___

46. Didn't let it get to you; refused to think too much about it. ___ ___ ___

47. Asked someone you respected for advice and followed it. ___ ___ ___

48. Kept others from knowing how bad things were.　　— — —

49. Made light of the situation; refused to get too serious about it.　　— — —

50. Talked to someone about how you were feeling.　　— — —

51. Stood your ground and fought for what you wanted.　　— — —

52. Took it out on other people.　　— — —

53. Drew on your past experiences; you were in a similar situation before.　　— — —

54. Just took things one step at a time.　　— — —

55. You knew what had to be done, so you doubled your efforts and tried harder to make things work.　　— — —

56. Refused to believe that it had happened.　　— — —

57. Made a promise to yourself that things would be different next time.　　— — —

58. Came up with a couple of different solutions to the problem.　　— — —

59. Accepted it, since nothing could be done.　　— — —

60. Wished you were a stronger person-- more optimistic and forceful.　　— — —

61. Accepted your strong feelings, but didn't let them interfere with other things too much.　　— — —

62. Wished that you could change what had happened.　　— — —

63. Wished that you could change the way you felt.　　— — —

64. Changed something about yourself so that you could deal with the situation better.　　— — —

65. Daydreamed or imagined a better time or place than the one you were in. ___ ___ ___

66. Had fantasies or wishes about how things might turn out. ___ ___ ___

67. Thought about fantastic or unreal things (like the perfect revenge or finding a million dollars) that made you feel better. ___ ___ ___

68. Wished that the situation would go away or somehow be over with. ___ ___ ___

69. Did something different from any of the above. ___ ___ ___

_____

_____

_____

In general, is this situation one

                                                    Yes   No

a. that you could change or do something about? ___ ___

b. that must be accepted or gotten used to? ___ ___

c. that you needed to know more about before you could act? ___ ___

d. in which you had to hold yourself back from doing what you wanted to do? ___ ___

If you checked "Yes" more than once, underline the statement which best describes the situation.

**Please go back and rank order the five coping strategies that you feel are/were most important in helping you handle the situation. Number these strategies 1 to 5 in the third space provided on the checklist.

APPENDIX 8

Emotional Distress Items

I want you to think of all of the positive and negative features of the situation you have just described. When you think of these things, how

	Not at all	A little	Quite a bit	Extre-mely
a) contented				
b) neglected				
c) worried				
d) bothered or upset				
e) relaxed				
f) frustrated				
g) tense				
h) emotionally worn out				
i) bored				
j) unhappy				
k) unsure of yourself				

do/did you feel when you are/were attempting to cope with this situation?

APPENDIX 9

Problem Resolution Index

I want you to think of the strategies you used to cope with the situation you have described (you may review the Ways of Coping Checklist if you wish). When you think of how you attempted to cope with the situation, how would you say the problem worked (or is working) out?

_____ No resolution at all.

_____ Uncertain, indefinite, doubtful resolution.

_____ Qualified and ambiguous resolution.

_____ Specific, conclusive, definite resolution.

If you arrived at some degree of problem resolution, how satisfied would you say you are with your resolution?

1. Completely satisfied

2. Somewhat satisfied

3. Neither satisfied or dissatisfied

4. Somewhat dissatisfied

5. Completely dissatisfied.

APPENDIX 10

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is TRUE or FALSE as it pertains to you personally.

True   False

_____   _____   1. I have never intensely disliked anyone.

_____   _____   2. I am always careful about my manner of dress.

_____   _____   3. On a few occasions, I have given up doing something because I thought too little of my ability.

_____   _____   4. No matter who I'm talking to, I'm always a good listener.

_____   _____   5. I'm always willing to admit it when I make a mistake.

_____   _____   6. I don't find it particularly difficult to get along with loud mouthed, obnoxious people.

_____   _____   7. There have been occasions when I felt like smashing things.

_____   _____   8. I never resent being asked to return a favor.

_____   _____   9. I have never been irked when people express ideas very different from my own.

_____   _____   10. I sometimes think when people have a misfortune they only got what they deserved.

APPENDIX 11

A problem-focused coping score and an emotion-focused
coping score were derived for each subject based on the
summation of "yes" responses from the P- and E-scales of the
Ways of Coping Checklist, respectively. Almost twice as
many E-scale items are included as P-scale items on the
Ways of Coping Checklist. Therefore, raw P-scale and E-
scale scores were converted to standardized scores to make
the P- and E-scales more comparable. The number of coping
strategies used in a particular situation was determined by
the summation of the total number of "yes" responses on the
Ways of Coping Checklist for that situation. A "flexibility
across situation" score was calculated for each subject
based on differences in subjects' rank orderings of the five
most important coping mechanisms for dealing with the
situation across the two family-related problem situations
described. A coping mechanism ranked among the top five in
the first situation but absent from the ranking in the
second situation received a score of 5. A coping mechanism
which was included in the top five rankings in both situ-
ations received a score based on the change in its position
in the ranking. For example, a mechanism ranked as first in
importance in the first situation but subsequently ranked
as third in importance in the second situation received a
score of 2. Thus, the flexibility scores ranged from 0,

denoting minimum flexibility, to a score of 25, denoting
maximum flexibility across situations. Subjects also
received problem resolution scores ranging from 1 to 4 with
1 denoting the lowest degree of problem resolution and
problem satisfaction scores ranging from 1 to 5, i.e.,
completely satisfied to completely dissatisfied, respect-
ively. Finally, emotional distress scores were also
calculated, ranging from 11 to 44 with a score of 11
denoting the lowest degree of emotional distress.