

## THERE'S MORE THAN RUGGED INDIVIDUALISM IN COPING. PART 1: EVEN THE LONE RANGER HAD TONTO

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A multiaxial model of coping and instrument were developed to explore communal aspects of coping and move beyond the current individualistic perspective. The model suggests that coping strategies differ on level of activity, prosocial and antisocial demeanor, and directness. Individualistic models of coping tend to ignore the social aspects of coping and neither see prosocial coping as healthy nor antisocial coping as unhealthy, despite a wealth of psychological theory that conceptualizes healthy functioning as both active and prosocial. Individualistic models also imply that direct action is preferred, whereas communal models emphasize that social coping may often be indirect. In a series of studies we found support for the multiaxial model among both student and inner-city samples. Women were found to be as active as men, but more prosocial in their coping. Men were more antisocial in their coping. Indirect coping, however, was either less well conceptualized or measured as the results regarding this dimension were more mixed.

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In this two-paper series we explore the role of coping behaviors in people's response to stressful circumstances (Endler and Parker,

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1990; Lazarus and Folkman, 1984; McCrae and Costa, 1986) in an attempt to consider communal models of coping. Despite much research on coping, its influence in the stress process is still not well understood and research has been depicted as generally atheoretical in nature (Carver *et al.*, 1989; Schwarzer and Schwarzer, 1996). In addition, current methods have been criticized as being tuned to an individualistic perspective (Riger, 1993; Sampson, 1983) that sociologically has been termed "rugged individualism". Rugged individualism pits man against the elements in a fight for survival, a viewpoint that esteems control and action and ignores social and communal aspects of coping (Riger, 1993). Important gender and ethnic differences in coping may have been missed by adopting this Lone Ranger, "man against the elements" perspective.

There has been nascent interest in the elements of the social dimensions of coping. Coyne and Smith (1991) have suggested that social interaction underlies coping and is a principal axis on which coping strategies are determined. Eckenrode (1991) proffered that the manner in which individuals respond to stress is influenced by their social environment, which may at the same time facilitate and constrain effective responding. Thoits (1991) adds that men's and women's coping principally differs by virtue of women's more social approach to problems. These theorists argue that current coping theory and instruments do not adequately address this social dimension.

## INDIVIDUALISM IN COPING RESEARCH

Esteeming individualism asserts two underlying assumptions that have typified coping research. As Riger (1993) writes:

A great deal of research in psychology rests on the assumption that the healthy individual is one who is self-contained, independent and self-reliant, capable of asserting himself and influencing his environment . . . (p. 280).

Coping research has to some extent promoted this perspective and more specifically has esteemed problem-focused coping and personal agency (Bandura, 1982). Indeed, the fact that problem-focused efforts may even be antisocial and negatively affect both others and

sabotage potential support has been generally ignored (Lane and Hobfoll, 1992). Rook (1984), for example, illustrated the negative impact of conflictual social interactions, but the negative behaviors she discusses have not been conceptualized as part of an aggressive coping strategy. At other times support seeking may be viewed as passive or dependent behavior. Endler and Parker (1990) categorized such items as "Visit a friend" and "Spend time with a special person" as types of avoidant coping, rather than active or linked to problem solving. It is instructive that their avoidant coping was related to negative outcomes for men, but unrelated to negative outcomes for women. Hence, although their factor analytic approach justifies their categorizing these social items with avoidance, the choice is less well supported for women.

Secondly, individualism de-emphasizes the influence of the social environment. As Sampson (1983) writes:

Effort is expended in developing precise ways to measure and assess individual psychological states and perceptions and to evaluate individual behavior outcomes. The social context within which these individual perceptions and activities take place is put off to the side, occasionally alluded to, but rarely if ever systematically addressed (p. 12).

Even where coping research has examined individuals' responses to environmental demands, coping theory frames the responses in individual terms. Most currently utilized coping scales do contain a social support seeking component (see Carver *et al.*, 1989; Endler and Parker, 1990). However, social dimensions of the environment, such as power constraints, the need to preserve social ties, the well-being of the group, or the sacrifice of personal needs for the good of the family or group are not included in coping conceptualizations.

Coping research suggests that the major alternatives to action are either avoidance or attempts to reduce discomforting emotions (Lazarus and Folkman, 1984), which are also individualistic, private responses, and ones that are stereotypically female. Carver *et al.* (1989) point out that cognitive coping, which again is individualistic in nature as it pertains to inner, mental processes, has tended to dominate the item pools of most coping instruments. The major finding from most coping research is that avoidance and emotional

coping are the most strongly related to psychological outcomes, with more avoidance and emotion-focused coping producing greater psychological distress (Endler and Parker, 1990; Freedy *et al.*, 1992).

Moreover, investigators have found that men are more likely to aim their coping efforts at actions designed to alter the problem, whereas women are more likely to direct coping efforts at managing their emotional responses to stress or to use avoidance (Billings and Moos, 1984; Endler and Parker, 1990; Stone and Neale, 1984). Some have suggested that these gender differences may be the result of the action demands that men experience versus the emotional demands that women experience because they occupy different role settings (Folkman and Lazarus, 1980; Roth and Cohen, 1989). It should also be emphasized that most studies find broad gender overlap on these dimensions, but as Eagly (1995) has recently illustrated the effect size of differences in gender differences has often been underestimated. However, on a more basic level, we would argue along with Riger (1993) that because the underlying models are based on individualism, that the positive things that women are more likely to do often go unmeasured.

The individualistic accent has also limited the focus on ethnicity, class, and culture. Fine (1992) has suggested that individualism has guided psychology to mistakenly assume that the poor and disempowered will experience positive consequences of "taking-control" coping. Triandis *et al.* (1990) have also suggested that whereas individualism depicts a predominant social framework in Western culture, that collectivism or communalism is a predominant framework within many non-Western cultures. This more communal perspective is also true of Afrocentric worldview, that is a predominant perspective among African Americans (Jackson and Meadows, 1991) and is consistent with Latino-American cultures, as well. A communal perspective assumes that success will be gained through group action, yielding to group needs, and caring for others.

## THE MULTIAXIAL MODEL OF COPING

In an attempt to assess coping within a more balanced context that allows for an understanding of both individualistic and communal

orientations, we developed the, multiaxial model of coping. As a first step, we began with the dual-axis model of coping (Hobfoll *et al.*, 1994). The two axes were an active-passive dimension and a pro-social-antisocial dimension. A communal orientation would suggest that the active-prosocial orientation would be the most effective, especially when others are involved. As many of the high valence stress circumstances that people confront are interpersonal or have solutions that include involvement of others, communal actions are of clear importance (Coyne and Smith, 1991).

Investigating this model, we found in our earlier work that men and women did not differ in assertive action. However, when active, women tended to be more prosocial both in seeking social support and in social joining (e.g., building coalitions to address a problem). Men, in contrast, when active, often behaved aggressively and even anti-socially (e.g., attacking others to meet their goals). Further, active, prosocial coping was related to greater mastery and lower psychological distress when practiced by either men or women. These results were interpreted as illustrating that men tend to be more individualistic than women, sometimes at the potential expense of others in their environment. On the other hand, women tended to be more communal, potentially sacrificing some of their own goals given the known cost of caring (Hobfoll and London, 1986; Kessler *et al.*, 1985).

To further expand this model, we added another dimension, that of directness. A communal perspective suggests that even when being active, behavior may be either direct or indirect. For example, in Japanese culture it is socially inappropriate to embarrass your business opponent. Hence, it is common practice to manipulate the environment indirectly so that your company gains an advantage without the other company losing face (Weisz *et al.*, 1984). Such environmental manipulations demand great activity and a goal-directed posture, but they are performed indirectly and behind the scenes. Similarly, in African American society, people's actions may be aimed at altering settings to enhance others' well being, rather than directly aiming actions at the people themselves (Dressler, 1985). Hence, we added directness as a third dimension of the model.

Our revised formulation then was of a tri-axial model with pro-social-antisocial, active-passive, and direct-indirect as the three axes (see Fig. 1). Prior empirical evidence partially supported this model

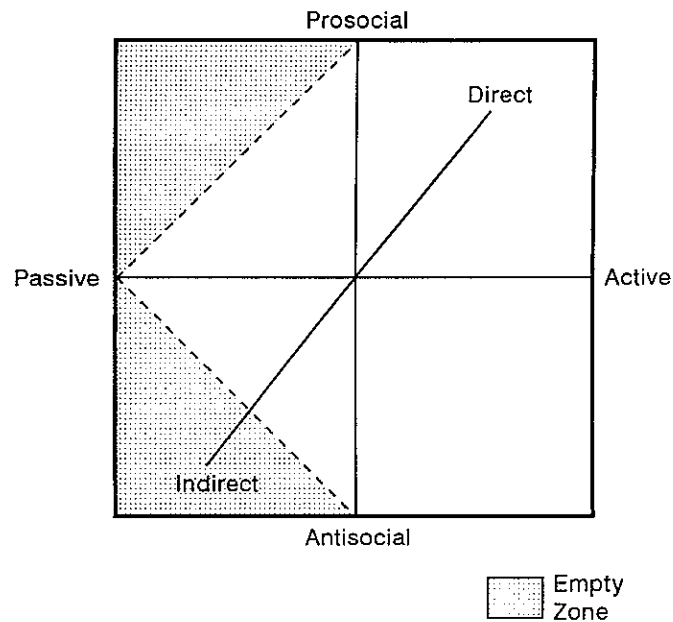


FIGURE 1 Theoretical structure of the multi-axial model of coping.

(Hobfoll *et al.*, 1994; Monnier and Hobfoll, 1997). Active versus passive coping was a valid dimension of coping. However, prosocial and antisocial coping loaded on separate factors. This suggests that people can cope in either, both, or neither these fashions, perhaps depending in part on the target goal of their coping. Hence, one could be prosocial toward an in-group (e.g., family), but antisocial toward an out-group (e.g., adversaries at work). The pro- and antisocial coping strategies are negatively correlated, as would be expected, but are independent enough to be conceptualized as separate dimensions. Indirectness, according to our revised thinking could modify either pro- or antisocial coping, such that these could be acted out in more or less direct fashions. For example, someone could be active and prosocial, but carry this out in an indirect manner by shaping available opportunities to enhance the likelihood of active prosocial problem-solving alternatives.

To address these concerns we conducted a number of studies using an instrument developed to assess the multi-axial model of coping.

The instrument has been named the Strategic Approach to Coping Scale (SACS). In study 1 we examined the fit of the multi-axial model of coping among a student sample and looked at expected gender differences. We also investigated whether our conceptualization of coping shed light on "hidden" communal aspects of coping in more traditional coping models. In the second study we examined whether the model could be generalized to an inner-city sample.

### STUDY 1: MODEL TESTING

Our first question is whether people's coping strategies actually reflect the multi-axial model of coping. We expected that active, prosocial subscales should load on a common factor and that active, antisocial subscales should load on a separate factor. We further predicted an active-passive factor. If indirectness can indeed occur in both pro- and antisocial contexts, indirectness should load on both active, prosocial and active, antisocial factors (see Fig. 2).

Further, we predicted that women would use more active, prosocial coping than men, men would use more active, antisocial coping than women, and that men and women would not differ on active and passive coping *per se*. We also wished to assess the potential hidden aspects of pro- and antisocial coping in the problem versus emotion-focused approach generally employed in coping research. To do this, we wanted to compare the SACS with a well-validated, strongly theoretically driven coping approach and scale which incorporated problem-focused and emotion-focused dimensions of coping. Based on our review of the literature and the assessment of other reviewers (Schwarzer and Schwarzer, 1996) we chose the Carver *et al.* (1989) COPE.

### METHOD: STUDY 1

#### Participants

*Sample 1:* The participants in sample 1 were undergraduate students attending a predominantly white, midwestern university

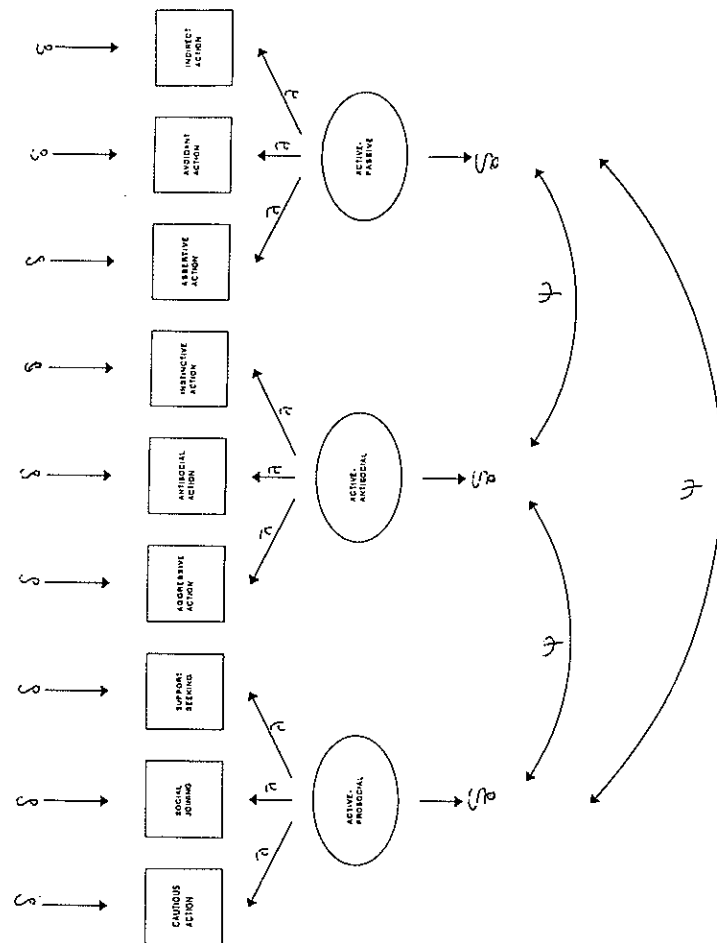


FIGURE 2 Structure of the SACS subscales.

( $n = 205$ ). The majority of this sample were between 17 and 21 years of age (92.7%). Women comprised 59% and men 41% of the sample. Participants were enrolled in an introductory psychology course and received experimental credit for their confidential, voluntary participation in this study.

*Sample 2:* The participants in sample 2 were 100 undergraduate students from a midwestern university, 92% of whom were retained at follow-up. The majority of the sample were between the ages of 17 and 21 (86%). Women comprised 80% and men 20% of the sample. Participants were enrolled in an introductory psychology course and received experimental credit for their confidential, voluntary participation.

### Procedure

*Sample 1:* Participants were asked to complete a questionnaire packet in groups of approximately 10–15 people, after providing informed consent. The questionnaire took approximately one hour to complete.

*Sample 2:* Participants were asked to complete a questionnaire packet in groups of approximately 10–15 people, after providing informed consent. The questionnaire took approximately one hour to complete. Two weeks later, participants were mailed a second questionnaire with a self addressed, stamped envelope to complete and return and were prompted with a phone call. This sample was used to examine test–retest reliability only.

### Instruments

Participants responded to basic demographic questions and the SACS-D (Dispositional). Participants also completed the COPE (Carver *et al.*, 1989).

### Strategic Approach to Coping Scale – Dispositional (SACS-D)

The questionnaire of main focus in this study was developed by Hobfoll *et al.* (1993). The scale originally had eight subscales (Hobfoll *et al.*, 1994). A new subscale was added to measure indirect action. Items were added and deleted based on prior research to

increase reliability. Currently the scale has nine subscales: assertive action, social joining, seeking social support, cautious action, indirect action, avoidance, instinctive action, antisocial action and aggressive action. The 49 items on the SACS-D are answered on a five-point Likert scale from "not at all what I would do" to "very much what I would do." The scale is presented in Appendix A of Part 2 of this two-article series.

Means and standard deviations for the study variables are presented in Table I for student sample-1. Internal reliabilities for the subscales were calculated. Cronbach's  $\alpha$ 's were found ranging from 0.54 to 0.88. All but one  $\alpha$  was above 0.62.

Two-week test-retest reliabilities for the subscales were examined for the second student sample only. Test-retest reliabilities ranged from 0.46 to 0.68 (see Table I), with most above 0.50. Looking at both student samples, reliability evidence for the SACS compares favorably to that found for other coping scales. One subscale was below 0.62, on internal reliability, but reliabilities in this range are common for brief scales throughout the coping literature and should be adequate for research purposes. Test-retest reliabilities were also of adequate magnitude and similar to those found for other coping

TABLE I Means, standard deviations, Cronbach's alpha reliability, and test-retest reliability for the dispositional SACS

SACS subscales	Student sample			Test-retest	Inner-city sample		
	<i>M</i> ( <i>n</i> = 205)	<i>SD</i> ( <i>n</i> = 205)	$\alpha$ ( <i>n</i> = 205)	<i>r</i> ( <i>n</i> = 91)	<i>M</i> ( <i>n</i> = 105)	<i>SD</i> ( <i>n</i> = 105)	$\alpha$ ( <i>n</i> = 105)
Assertive action	22.61	3.19	0.54	0.50	22.73	3.70	0.51
Social joining	16.33	3.59	0.71	0.57	18.12	3.52	0.74
Aggressive action	14.59	3.56	0.71	0.46	16.02	4.04	0.71
Seeking social support	24.51	6.34	0.88	0.65	23.62	5.98	0.85
Cautious action	17.10	3.11	0.62	0.56	19.15	3.54	0.72
Avoidance	14.57	3.96	0.72	0.49	15.10	4.46	0.73
Antisocial action	12.33	3.86	0.76	0.68	12.38	4.46	0.76
Instinctive action	19.15	3.96	0.73	0.51	21.29	4.89	0.80
Indirect action	11.02	2.98	0.63	0.46	12.47	3.42	0.65

measures. However, stability of coping is clearly below the levels expected of personality traits (Boyle *et al.*, 1995), which is a mixed picture that others have also found (Compas *et al.*, 1988).

### COPE

The COPE (Carver *et al.*, 1989) examines the different ways in which people deal with stress. The COPE contains thirteen scales, only five scales will be examined here – those that pertain particularly to active versus passive coping. These five scales included active coping, planning, suppression of competing activities, denial, and behavioral disengagement. The COPE is a fifty-two item inventory with a four-point Likert scale ranging from "I usually don't do this at all" to "I usually do this a lot". Some examples of the items are "I make a plan of action" and "I refuse to believe that it has happened". The scale has been cited as one of the most methodologically and theoretically sound (Schwarzer and Schwarzer, 1996). The range of standardized alphas for the COPE was 0.40–0.78, below that of the SACS.

### RESULTS: STUDY 1

We analyzed scale scores using principal components factor analysis<sup>†</sup> with varimax rotation for ratings of sample one. Three significant factors emerged with eigenvalues greater than 1.0, accounting for 66.6% of the variance (see Table II). The first factor, accounting for 26.5% of the variance, could be described as an active-antisocial factor. Aggressive action, antisocial action, and instinctive action loaded on this factor. The second factor, accounting for 21.6% of the variance could be described as a prosocial-judicious<sup>‡</sup> factor. It contained social joining, support seeking, and cautious action. The third factor accounted for 18.5% of the variance. It might be described as an active-passive factor, given that significant loadings

<sup>†</sup> In prior research we assessed the factor structure on the item level (Hobfoll *et al.*, 1994). Examining the factor structures of the subscales allows for investigation of the overall theoretical structure.

<sup>‡</sup> It is relevant that the synonyms of "cautious" are framed to imply weakness (e.g., non-committal, non-adventurous, unenterprising); judicious was an exception to this pattern.

TABLE II Second-order factor analysis loadings

SACS subscales	Active-antisocial factor	Active-prosocial factor	Active-passive factor
Assertive action	0.04	0.08	0.89*
Social joining	-0.14	0.83*	-0.11
Aggressive action	0.73*	-0.01	0.35
Seeking social support	-0.28	0.73*	0.05
Cautious action	0.34	0.69*	0.22
Avoidance	-0.07	-0.00	-0.82*
Antisocial action	0.83*	-0.22	-0.18
Instinctive action	0.64*	-0.14	0.24
Indirect action	0.62*	0.37	-0.30
Eigenvalue	2.38	1.95	1.67
Variance accounted for	26.5	21.6	18.5

\* Loading of 0.40 or better.

were found for assertive action (positive) and avoidance (negative). Indirect action loaded on active-antisocial coping, but also had a borderline (0.37) loading on the active, prosocial factor. Analysis of the scree plot indicated a marked difference between the three significant factors and the remaining six factors, indicating that the three factor cut-off was appropriate.

We hypothesized that men would be more antisocial and women more prosocial. As predicted (see Table III), women employed social joining and support seeking more than men. Also as predicted, men used more aggressive action and antisocial action than women. We theorized that men and women would not differ on the active-passive dimension. In fact, no differences were noted for assertive action or avoidance, the two principle active-passive dimensions of coping in the model.

We examined the correlations between a number of the active-passive components of the Carver *et al.* (1989) COPE scale with our principle active (assertive action) and prosocial (cautious action, social joining, and support seeking) strategies and our two principle active, antisocial strategies (aggressive and antisocial action) subscales. The results of these analyses are presented in Table IV.

COPE active coping was significantly positively related to SACS assertive action, aggressive action, cautious action, antisocial action, and indirect action, and significantly negatively correlated with SACS avoidance. COPE planning was significantly positively related

TABLE III Correlations among the dispositional SACS and gender ( $n = 205$ )

SACS subscales	SACS-D subscales									Gender
	1	2	3	4	5	6	7	8	9	
1 Assertive action	—	-0.04	0.28**	0.04	0.23**	-0.58**	-0.16**	0.21**	-0.12*	-0.00
2 Social joining		—	-0.06	0.54**	0.34**	0.07	-0.25**	-0.22**	0.18**	0.25**
3 Aggressive action			—	-0.11	0.20**	-0.27**	0.56**	0.43**	0.19**	-0.20**
4 Seeking social support				—	0.28**	0.02	-0.30**	-0.14*	-0.05	0.35**
5 Cautious action					—	-0.15*	0.04	0.14*	0.34**	0.10
6 Avoidance						—	0.02	0.10	0.07	-0.05
7 Antisocial action							—	0.39**	0.16*	-0.39**
8 Instinctive action								—	0.16*	-0.07
9 Indirect action									—	-0.16**

\* $p < 0.05$ , one-tailed. \*\* $p < 0.01$ , one-tailed.

TABLE IV Pearson correlations between subscales of the COPE and the dispositional SACS

COPE subscales	SACS subscales								
	Assertive action	Social joining	Aggressive action	Seeking social support	Cautious action	Avoidance	Antisocial action	Instinctive action	Indirect action
Active coping	0.34**	0.08	0.33**	0.07	0.33**	-0.32**	0.15*	0.27**	0.17**
Planning	0.37**	0.19**	0.21**	0.20**	0.47**	-0.31**	0.03	0.09	0.18**
Suppression of competing activities	0.16**	0.13*	0.25**	0.04	0.23**	-0.15*	0.15*	0.09	0.09
Denial	-0.46**	-0.01	-0.02	-0.10	-0.25**	0.41**	0.16*	-0.11	0.04
Behavioral disengagement	-0.29**	0.09	0.01	0.08	0.00	0.36**	0.20**	-0.10	0.17**

\* $p < 0.05$ . \*\* $p < 0.01$ , one-tailed.

to SACS assertive action, social joining, support seeking, aggressive action, cautious action, and indirect action, and significantly negatively correlated with SACS avoidance. COPE suppression of competing activities was significantly positively associated with SACS assertive action, cautious action, social joining, aggressive action, and antisocial action, and significantly negatively associated with SACS avoidance. COPE denial and behavioral disengagement were significantly negatively related to the SACS-D assertive action strategy and significantly positively associated with SACS avoidance, as would be expected. However, both of these "avoidant" strategies were also significantly positively associated with SACS antisocial action.

## DISCUSSION

As predicted, an active, antisocial factor and an active-passive factor were found. An active, prosocial factor did not clearly emerge from the data, inasmuch as did a cautious or judicious-prosocial factor. Contrary to our hypothesis, indirectness was more closely associated with antisocial coping. It was also more likely to be carried out by men than women.

These findings are generally consistent with the theoretical model proposed. It would appear that the antisocial strategies are more active than the prosocial strategies, which are more cautious. This would be consistent with the theoretical notion that communal behavior requires a more judicious approach to behavior, because you must consider others' needs (Triandis *et al.*, 1990; Weisz *et al.*, 1984). Contrary to our expectations indirectness does not appear to be a style that is associated with prosocial coping. However, indirectness was related to active, antisocial coping, clearly indicating that indirectness is distinguishable from avoidance and is not a sign of passivity.

Findings for gender were consistent with our predictions. Women coped more prosocially than men through seeking support and by social joining to meet stressors. Men employed antisocial coping strategies more than did women. No gender differences were found on the more purely active-passive coping strategies (i.e., assertiveness, avoidance). This combination of findings provides further evidence



for an underlying, albeit inadvertent, byproduct of individualistic coping models to depict men as merely being more active and action oriented than women. Rather, our results suggest that both men and women are often active in the face of stressors, but that men are more likely to act in a way that may be hostile to others, whereas women are more likely to act in a way that includes or depends upon others as a means of problem-solving. The general magnitude of the gender differences is in a range from medium to large effect sizes, which is notable as well (Eagly, 1995).

One unexpected finding was a failure to show assertive action to be associated with social joining and support seeking. If assertive action is active and prosocial it should be related to both. We had added assertive items to this scale to increase its reliability over that previously reported for an earlier version of the scale (Hobfoll *et al.*, 1994) and may have made it more purely active in so doing. Alternatively, assertive action may be associated with an active-prosocial kind of coping, even if it is not on the same factor. This might be illustrated by an association between the subscales when actual action was taken. For example, if when acting to solve a problem, people who tended to be assertive also tended to behave more prosocially than antisocially. This might be illustrated by examined correlations between subscales in a situational version of the SACS, and we examined this question later in Part 2 of this two-part publication.

As we predicted, both active and passive components of the well-validated COPE scale had hidden social components that had not previously been assumed. Carver *et al.* (1989) clearly depicted active coping as a healthy coping response, however it may not affect others in the copier's social environment so positively because it is associated with aggressive and antisocial coping as well. The COPE's suppression of competing activities may sound passive, or at least socially neutral, but it appears to be associated with both aggressive and antisocial action. Denial and behavioral disengagement were certainly assumed to be passive aspects of coping. Our findings instead suggest that people may turn from active coping with the target problem and become aggressive and antisocial toward others instead. This would mean that they are not passive, but that they may be directing their frustrations away from the problem and toward others in their social environment. It is also of interest that

COPE planning and active coping were positively associated with SACS indirectness. This again suggests that indirectness is inconsistent with passivity and can be proactive as well (see Weisz *et al.*, 1984).

We examined subscales from the Carver *et al.* COPE instrument, but the same should apply with other coping scales. Nor do we see these differences as making our approach quantitatively better than traditional approaches. Rather, we see them as having an important qualitative difference that may affect findings for men versus women and perhaps for different cultural groups.

## STUDY 2: GENERALIZABILITY TO AN INNER-CITY SAMPLE

We investigated many of the same issues covered in study 1 with a sample of inner-city residents. This, we hoped, would allow us to judge whether the multiaxial model of coping and the SACS were generalizable from student populations in these studies and middle class community samples in prior studies (Hobfoll *et al.*, 1994) to low income individuals and African Americans. Generalizability would be evidenced by acceptable levels of internal reliability of the subscales and a factor pattern similar to that found for others. We predicted that the theoretical structure found in study 1 would be replicable for the inner-city sample.

## METHOD: STUDY 2

### Participants

Participants in study 2 were identified as significant others by pregnant women enrolled for obstetric care at a large, midwestern urban medical center ( $n=105$ ). The mean age for the participants was 32 (range 14–62 years). Forty three percent of the participants were women and 57% were men, 39% were African American and 61% European American. African Americans and European Americans did not differ on age, education, or economic factors.

Pregnant women (18–39 years of age) who presented for obstetric treatment, free of otherwise serious medical conditions, were

approached. Women were approached between 15 and 24 weeks of gestation, the nature of the study was described, and they were assured that their choice regarding participation would not affect the quality of their care. They were also assured that their and their significant others' involvement would be confidential. They were offered financial compensation for their participation.

Those consenting to participate were asked to provide the name of a significant other, defined as that individual whom the woman felt closest to and whom she saw at least once per week. These women and their significant others were participants in a larger investigation aimed at the contributing to the development of stress resistance theory. The existing data set was considered appropriate for the present investigation because pregnancy is a normative, stressful event that affects significant others as well as the pregnant woman. In addition, it provided the opportunity to secure the participation of both men and women in an inner-city sample, something which is generally difficult to do. Only those aspects of the investigation that were relevant to the present study will be presented here.

### Procedure

Questionnaires were administered in a semi-structured interview format because of wide variability of reading level. Interviewers were advanced clinical psychology graduate students chosen for their comfort and experience working in multicultural settings. Interviews were standardized and the interviewers were supervised weekly. The interviewers were blind to other aspects of the investigation. Participants were compensated for their voluntary, confidential participation.

### Instruments

*Demographic Questionnaire* The demographic questionnaire consisted of sixteen questions developed to gather information regarding age, gender, ethnicity, partner status, religious affiliation, employment status, educational and income levels.

*SACS-D* The version of the SACS-D used in this study is identical to the version used in study 1.

*Beck Depression Inventory (BDI)* The BDI (Beck *et al.*, 1961) consists of twenty-one groups of items describing how people may feel. Participants were asked to choose the one item from each group that best described how they felt over the previous week. The standardized item  $\alpha$  for the BDI was 0.82.

## RESULTS: STUDY 2

Means, standard deviations, and  $\alpha$ 's for this sample are presented in Table I. For the inner-city sample, Cronbach's  $\alpha$ 's were 0.51–0.85, with only one subscale below .65. This pattern of reliability is similar to that reported for the student samples and prior community samples.

We conducted a confirmatory factor analysis of the structure of the SACS using LISREL VIII (Joreskog and Sorbom, 1995). The nine subscales of the SACS were the observed variables that served as indicators of three latent structural variables. The structure was estimated for both samples using stacked group analysis. The covariance matrices for each sample, study 1, student sample ( $n=205$ ) and the inner-city sample ( $n=105$ ), were specified to have the same pattern of measurement and structural relationships, although the actual values were not constrained to be equal. In other words, the structure of coping responses and the indicators of coping were assumed to be similar, but not identical across the two samples.

### Measurement Model

Each latent construct has three indicators. Active–antisocial coping is indicated by antisocial action, aggressive action, and instinctive action. Active–prosocial coping is indicated by social joining, seeking social support, and cautious action. Active–passive coping is indicated by assertive action (negatively), avoidance, and indirect action. We placed indirect action with the active–passive dimensions because preliminary analyses indicated that when gender was controlled the previously noted factor loadings for this subscale with antisocial and prosocial action fell out and its best association was with the active–passive dimension. The model is presented in Fig. 1 and the results of the LISREL analysis are presented in Table V.

TABLE V Factor loadings (lambdas) and correlations among latent variables for inner-city ( $n = 105$ ) and student samples ( $n = 205$ )

SACS subscales	Maximum likelihood			T-values			Standardized solution		
	Inner-city sample	Student sample	Inner-city sample	Inner-city sample	Student sample	Inner-city sample	Inner-city sample	Student sample	
<i>Active-antisocial</i>									
Aggressive action	4.1	3.0				1.00	1.00	0.84	
Antisocial action	3.3	2.5	10.8	9.1	9.1	0.72	0.72	0.66	
Instinctive action	3.2	2.0	9.0	7.6	7.6	0.65	0.65	0.51	
<i>Active-prosocial</i>									
Social joining	3.2	3.1				0.88	0.88	0.85	
Support seeking	3.6	3.9	5.7	8.0	8.0	0.60	0.60	0.62	
Cautious action	2.0	1.4	5.4	6.3	6.3	0.57	0.57	0.46	
<i>Active-passive</i>									
Assertive action	3.4	3.3				0.92	0.92	1.00	
Avoidance	2.6	2.3	5.5	10.5	10.5	0.58	0.58	0.59	
Indirect action	1.1	0.32	3.3	1.6	1.6	0.32	0.32	0.11	
Correlations (T-values) among latent variables for the inner-city sample									
Active-antisocial	<i>Active-antisocial</i>								
Active-prosocial	-0.023 (-0.22)								
Active-passive	0.239 (2.29)								
Correlations (T-values) among latent variables for the student sample									
Active-antisocial	<i>Active-antisocial</i>								
Active-prosocial	-0.093 (-1.04)								
Active-passive	-0.331 (-4.54)								
Note: Critical T-value for significance is 1.96.									

### Active-Antisocial Coping

The variance of the construct is fixed to the aggressive action scale. In both samples, the other two scales are found to be highly significant indicators of antisocial coping. In addition, the standardized factor loadings are all substantively very large, suggesting that the scales are reliable indicators. An examination of the unstandardized maximum likelihood (ML) coefficients reveals that loadings are consistently larger in the inner-city sample compared to the student sample, but they have the same size of loading relative to the other indicators (in respective order, according to size, aggressive, antisocial, and instinctive coping). The larger loadings suggest that the items on the scales might be more valid indicators of coping style than smaller loadings, meaning they are more valid for the inner-city sample compared to the student sample.

### Active-Prosocial Coping

The variance of the construct is fixed to the scale of social joining. In both samples the other two scales are found to be highly significant indicators of active-prosocial coping. Here too, the standardized factor loadings are substantively large enough to suggest these are reliable indicators of active-prosocial coping, although cautious action is only marginally so and can be considered substantively weaker, especially in the student sample. The unstandardized ML coefficients suggest that the validity of social joining and seeking social support are very nearly equal in both samples, but that cautious action is relatively smaller in both samples and much smaller in the student sample compared to the inner-city sample.

### Active-Passive Coping

The variance of the construct is fixed to the scale of assertive action (reverse coded). In the inner-city sample, the other two scales are found to be significant indicators of passive coping, although indirect action is only marginally so. In the student sample, avoidance is a significant indicator of passive coping, but indirect action is not significant here. The standardized factor loadings suggest that assertive action is a much stronger indicator than avoidance here for both samples, but that avoidance is also substantively large. The

unstandardized coefficients also suggest the same relative size of factor loadings for these two indicators which are nearly equal across samples. The indicator of indirect action, however, is expectedly much smaller in the student sample compared to the inner-city sample. Indirect action is also very much smaller than the other indicators.

### *Fit Indicators*

In addition to the significance levels, we can examine the fit of the measurement model by considering the pattern or correlated errors among the indicators. In the inner-city sample, 6 correlated error terms were specified in order to fit the covariance matrix (the data) to the specified factor structure (the model). In the student sample, it was necessary to specify 14 correlated error terms in order to fit the data to the model. Clearly then, the model is better suited to the inner-city sample than the student sample. We suspect, however, that these patterns of effects that indicate poorer measurement properties in the student sample for the structure of coping may be methodological artifacts. Specifically, data for the student sample was collected by self-administered questionnaires, whereas the community sample was collected via trained interviewers. The self-administration method is more open to method artifacts such as acquiescent sets, occasional random or haphazard responding, and misunderstanding items.

### **Structural Model**

With the possible exception of indirect action, the structural model appears very similar across samples and in some instances almost identical ( $\chi^2 = 46.81$ ,  $p = 0.130$ ,  $df = 37$ , goodness of fit = 0.980). The pattern of relationships in the confirmatory model give evidence of good validity and reliability for the dimensions specified in the multi-axial model of coping. The pattern of structural coefficients, however, suggest both similar and different experiences of coping styles for the two groups. In both samples, active-prosocial coping is unrelated to other coping styles. In the community sample, active-antisocial coping is positively related to passive coping (of the

active-passive dimension), whereas in the student sample it is related to active coping (of the active-passive dimension).

### **Correlational Patterns**

We conducted partial correlations between ethnicity and the SACS-D subscales, controlling for gender (see Table VI). African Americans and European Americans only differed from each other on indirect action. African Americans were significantly more indirect, which is consistent with their perceiving the need to act more indirectly to achieve their goals. No other significant ethnic differences were noted.

We conducted partial correlations between gender and SACS-D subscales, controlling for ethnicity (see Table VI). Women were significantly less likely to report using aggressive or antisocial action than were men. Women were also significantly less likely than men to use avoidance and indirect action. No gender differences were noted on active-prosocial coping.

We also examined the relationships between coping strategies and depression (see Table VI). Those who used assertive action ( $r = -0.18$ ,  $p < 0.05$ ) and social joining ( $r = -0.21$ ,  $p < 0.05$ ) reported significantly lower depression.

### **DISCUSSION: STUDY 2**

The theoretically specified three dimensional model of coping was confirmed in both the student sample and the inner-city samples. It has slightly better measurement properties in the inner-city sample compared to the student sample. Seventeen of the eighteen factor loadings from the two structural equation models were significant, as specified and all but three were substantively large. Thus, there is good construct validity derived from the multiple indicators of the three latent variables, and most of the indicators appear reliable across samples.

Only in the case of indirect action in the student sample did an indicator fail to meet the necessary criteria for inclusion in the theoretical model. However, because the construct of active-passive

TABLE VI Partial correlations between gender, ethnicity<sup>1</sup>, and the SACS-D and zero order correlations between SACS-D and depression for the inner-city sample

	SACS-D subscales								
	Assertive action	Social joining	Aggressive action	Seeking social support	Cautious action	Avoidance	Antisocial action	Instinctive action	Indirect action
Ethnicity (controlling for gender)	0.07	0.00	-0.06	0.10	-0.08	-0.02	-0.11	-0.10	-0.17*
Gender (controlling for ethnicity)	-0.05	-0.04	-0.26**	0.13	-0.11	-0.19*	-0.42**	-0.10	-0.36**
Depression	-0.18*	-0.21*	0.11	-0.15	-0.04	0.13	0.15	-0.02	0.04

\* $p < 0.05$ . \*\* $p < 0.01$ , one-tailed.

<sup>1</sup>Ethnicity is coded: 1 = African American, 2 = European American.

copied still has two valid and reliable indicators in both samples, this is not a significant challenge to the theoretical integrity or practicality of the model. This may be a measurement problem with that single indicator. Alternatively, it may reflect that either our theoretical depiction of the role of indirect action or how we measure it is faulty. Moreover, indirect action was assumed theoretically to be different than simple passivity, and this finding may also be seen as supportive in this limited way of the original model, which distinguishes between the active-passive and the direct-indirect dimensions. Specifically, in both samples directness of action tends to be more difficult than the other subscales to fit neatly with any of the three specified latent constructs.

The relative lack of ethnic differences also indicates that the instrument is relatively culture fair. The one significant difference on ethnicity was in the predicted direction, but was not strong. Furthermore, as for the student sample, active, prosocial coping strategies were associated with lower levels of depression. Because coping and depression were measured simultaneously we cannot, however, judge the causal nature of these relationships, other than to say the relationships are generally consistent with the multi-axial model of coping.

We might have expected greater ethnic differences with African Americans being more communal than European Americans given the emphasis of collectivism in Afrocentric culture (Jackson and Meadows, 1991). However, these differences may have been attenuated by examining people from the same social class and by virtue of the fact that many African Americans are not themselves Afrocentric. Differences may have occurred between Blacks and Whites on the level of complex interactions, but we did not have the sample size to dependably test complex interactions involving ethnicity. Overall, establishing some positive evidence for the reliability and validity of a coping instrument for inner-city residents and African Americans is, we believe, a step in the right direction (Graham, 1992), even if more research clearly needs to be done. Given the small sample size, generalizability as to ethnicity should be viewed circumspectly in any event, and a better case can be made for generalizability to a mixed ethnicity inner-city sample.

Gender differences were also in the predicted direction. Women used less active-antisocial coping than men. Men were also somewhat

more passive and indirect in their coping efforts than women. Expected differences on active-prosocial coping were not found. Nevertheless, consistent with our central thesis, the multiaxial model does not show women to be the passive copers that prior models have suggested. We feel that this is a likely byproduct of constructing a theoretical model and test instrument that better describes the communal aspects of coping (pro- and antisocial), and therefore allows women to better describe their coping behavior. The lack of differences on active-prosocial coping may possibly have resulted from the fact that the selected men in this sample were elected by virtue of being confidants to the pregnant women we were studying. However, this is clearly speculative, and further study of larger inner-city samples is warranted.

## GENERAL DISCUSSION

Based on our previous research we had revised the dual-axial model of coping (Hobfoll *et al.*, 1994) and offered the new, multiaxial model. The model depicts social aspects of coping and the active-passive dimension of coping as distinguishable, and this conceptualization was supported by the data. A major goal for us was to develop a model that revealed differences between men and women's coping that did not necessarily, or at least not *a priori*, favor one gender. In particular, we thought that adding more communal aspects of coping to the model and scale would aid us in achieving this objective. Women were found to be more prosocial than men and men more antisocial than women. However, we also find that women are not less active in their coping than men. Combined, these results seem to fit better with repeated gender differences found distinguishing men's and women's coping as differing more on social dimensions than activity dimensions. As Western culture so strongly assumes that to be an active problem solver is healthy, this translates to a less gender biased instrument and reveals the potential bias of other approaches that begin with an asocial assumption that emphasizes only one's *self*-regulation and not combined social goals.

The difference in the multiaxial and other models of coping are highlighted by our finding that active and emotional coping as

measured by the COPE (Carver *et al.*, 1989), contains unassumed pro- and antisocial dimensions. Revealing these hidden social aspects of active coping causes us to evaluate the meaning of active and emotional coping differently, as what is assumed to be positive, active coping takes on a different hue when we know it may be antisocial. Likewise, when we learn that emotional coping may be prosocial, we may better understand why this course was adopted in certain cases, even if it has potential negative consequences for the individual doing the coping.

Our model generally held for student and inner-city samples and for European and African Americans. The multiaxial model of coping also suggests that indirect action is a means of coping that can be tied with both active-passive and pro-antisocial means of coping. Our factor analysis findings tended not to support this proposition. Confirmatory factor analyses distinguished indirect action from simply being another form of the active-passive dimension, but did not depict indirectness as a modifier of prosocial coping strategies. Rather, indirectness was associated with active-antisocial coping. We believe that the outcome of such actions will be highly situation dependent, as there are some situations when indirectness will be a wiser course and other circumstances where being direct will bring the best results. We hope to explore these possibilities in future research.

Consistent with communal-collectivist theory, prosocial action may be more cautious than antisocial action, because it takes others into account (Triandis *et al.*, 1990). When people act on behalf of their own goals there is less need to compromise or consider others' needs. If we fail to make this distinction, we may inadvertently esteem an individualistic action orientation as unqualifyingly positive, and by so doing ignore its potential social ramifications.

Finally, in studying more collectivist notions, we should also be careful not to idealize them. Collectivism has historically been linked with both positive social movements such as worker's rights, as well negative social movements such as fascism and fanatical statehood. On the meso-social level, collectivism both may help protect the social fabric and create strong in-group versus out-group behaviors that lead to racism, antisemitism, and xenophobia. Individualism, on the other hand, may both threaten the social fabric, but help sustain

achievement and growth on both individual and broader social levels. Our goal, rather, is to highlight some of the differences between individual and communal approaches to coping and underscores the different meanings and results that follow once one set of assumptions or another is adopted. In the next article, we examine the influence of communal coping, as measured by the SACS, during stressful circumstances and its emotional consequences.

## AUTHOR NOTES

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