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Are Gender Differences Status Differences?
Coping as a Model Case

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ABSTRACT

Are Gender Differences Status Differences? Coping as a Model Case

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Men generally hold higher status than do women, and status has been shown to affect both expectations for and actual behaviour. The present research investigated the hypothesis that many gender differences in social behaviour may actually be status differences. Coping, which encapsulates several social behaviours, was used as the domain in which to investigate the hypothesis. The overall hypothesis was that perceptions of the coping of high and low status individuals would correspond to perceptions of the coping of men and women (i.e., gender stereotypes) and to self-perceptions of coping (i.e., self-report coping). In Study 1, men and women completed a self-report measure of coping behaviour constructed to assess specific coping strategies of interest in the literature on gender differences in coping. Validation of the coping instrument was also established. Study 2 was a social perception study. Using a minimal instantiation of status, perceptions of the coping of high and low status individuals were assessed. Study 3 was another social perception study, this time with the perception of the coping of men and women as the variable of interest. Overall, there was a correspondence between perceptions of the coping of high and low status individuals, gender stereotypes of coping, and self-reported coping of men and women. The results have implications for the understanding of gender differences and for the effect of other status characteristics on behaviour.

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Introduction

Women and men differ on some aspects of social behaviour (Brody & Hall, 1993;

Maccoby & Jacklin, 1974; Russo & Green, 1993), although the magnitude and

importance of these differences is the subject of debate (Miller & Kirsch, 1987, Linn,

1986). Nevertheless, gender differences on psychological variables intrigue laypeople

and social scientists alike, and have been the subject of ongoing debates in the popular

press and scholarly journals. There are several perspectives on the origin of gender

differences, including essentialist arguments which appeal to the natural order of gender

differences; to wit popular statements including "boys will be boys" and notions that

women are natural caretakers. Such arguments posit that gender differences are the result

of genetic factors in interaction with the environment or with evolutionary pressures

(Buss, 1997; Kenrick & Trost, 1993). Although culture is given some credence in more

recent formulations, gender differences that are evident across cultures are assumed to

represent an underlying genetic basis. For example, the fact that men tend to be found in

positions of leadership cross-culturally is taken as evidence that dominance is not

culturally determined; rather men's leadership position is taken as evidence of men's

naturally dominant behaviour (Kenrick & Trost, 1993). Inherent, then, in essentialist

arguments is the notion that men's and women's social roles and status positions are, to a

certain extent, the natural outcome of biological differences. However, because men and

women do occupy different social environments, the presence of underlying genetic

differences that may be responsible for social behaviour differences is difficult to

substantiate. Gender differences in behaviour may, in fact, arise from men's and women's

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unequal status.

That women in general hold lower status positions than men is indicated by several markers. Women, compared with men, are at a disadvantage economically (Rhoodie, 1989), and women are overrepresented in careers that are of low prestige (Chatetz, 1991). Even when women are employed in similar positions to men, their wages are typically lower (Rhoodie, 1989). Women, especially single heads of households, are overrepresented among the poor (Albelda & Tilly, 1997; LeBourdais & Damaris, 1986). Homemaking, a social role that continues to be dominated by women, is accorded low status and no pay in Western society. When women in heterosexual relationships do work outside the home, they often work a "double shift" doing the greater part of housework and childcare (Beckwith, 1992), work that is accorded less prestige. A further and strong indication that women have less power than do men are incidences of interpersonal violence, including rape, sexual assault, and sexual harassment, in which men are most often the perpetrators and women most often the victims (Canadian Panel on Violence Against Women, 1993; United Nations Office, 1989). Indeed, violence against women may be one of the clearest indicators of women's lower status globally (de Bruyn, 1995).

Men, then, are more likely to hold higher status than women. In addition to gender, status may be based on characteristics including education, knowledge, age, physical attributes, race, or ethnicity. Status hierarchies, that is the differing levels of prestige and deference accorded to individuals (Mayer & Buckley, 1970), are inherent in social life (Lonner, 1980). Status is considered a unidimensional construct (Conway & Vartanian,

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2000) despite the fact that status judgments may be based on several factors.

In fact, status can be considered as closely related to potency, which is one of the basic

dimensions that underlie human judgments in both social and nonsocial domains

(Osgood, May, & Miron, 1975). Potency in turn is closely related to power. Higher

status individuals generally hold more power than do individuals of lower status (Lenski,

1966). Power refers to the greater control individuals have over their own outcomes, and

in addition is a process by which more powerful individuals or groups have the capacity

to impose their will on less powerful others (Lipman-Blumen, 1984). Those with more

power have greater access to resources, which may be institutional, political, or social

(Connell, 1987, Lipman-Blumen, 1984). As well, people who have more power are

usually attributed higher status (Ridgeway & Diekema, 1992). Several theorists contend

that it is the power differential between men and women that defines the culturally

constructed gender roles that are assigned to biological sex (cf. Connell, 1987; Lipman-

Blumen, 1984; Lips, 1991). Power, then, is closely linked with status, and men generally

have both higher status and more power than do women.

Status Characteristics Theory

That the status difference between men and women may underlie many of the

gender differences in social behaviour in interpersonal task situations is a premise of

status characteristics theory (see Berger, Wagner, & Zelditch, 1985; Wagner & Berger,

1997; Ridgeway, 1991; Ridgeway & Diekma, 1992 for reviews). Status characteristics

theory is a branch of expectation states theory, a group of theories which explicate the

ways in which people form expectations for their own and others' behaviour in small

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problem solving groups. The proponents of status characteristics theory suggest that many social behaviours on which men and women differ have traditionally been assumed to reflect underlying gender differences (i.e., dispositions). The status argument, in contrast, is that these behaviours reflect underlying status differences. As explicated below, status theory better explains behaviour in problem solving groups than do accounts that use gender as the sole unit of analysis. Simply put, if gender per se could account for behaviour, then the behaviour of men and women should be consistent transituationally. However, many gender differences, including some which are thought to be definitive of gender, are not consistent across situations. Consequently, it is necessary to consider factors other than gender that influence behaviour. Status characteristics theory suggests that an individual's status position can account for behaviour beyond that which can be accounted for by gender.

Within status characteristics theory, gender is considered as a diffuse status characteristic, as are some other demographic characteristics including race and ethnicity. As noted, men generally have higher status than women, and people generally assume that men are of higher status than are women. Status characteristics can be specific, as when an individual possesses expert knowledge or skill relevant to a task, or diffuse, as when an individual, by virtue of their membership in a high or low status group such as a male or female group, is evaluated in accordance with their status position. By virtue of holding membership in a high status group on the basis of a characteristic that acts as a diffuse status cue, an individual is assumed to be more generally competent than an individual belonging to a group of lower status, in the absence of specific information

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that informs others of their competence. In problem solving groups, diffuse status characteristics affect people's expectations of behaviour, regardless of the task to be undertaken in the situation. People expect that high status group members are more competent at the task because their high status is assumed to reflect general competence which translates to the specific task. This assumption of greater competence holds unless the status characteristic is specifically dissociated from performance, as would be the case if it were revealed that a lower status member had particular ability relevant to the task. The burden of proof is on disassociating the relevance of the diffuse status characteristic from the situation; without such proof an individual's membership in a category designated as high or low status is assumed to be relevant and to carry with it expectations for behaviour (Wagner & Berger, 1997).

As a diffuse status cue, an individual's gender does guide expectations of competence, and these expectations for greater competence for men as high status individuals tend to be of a general nature. However, in addition to situations in which status characteristics are specifically disassociated from performance, there is another caveat under which expectations for greater competence will not be weighted toward men as high status individuals. For tasks that are gender typed, the expectation for greater competence will be placed upon the individual whose gender matches the typing of the task. In situations where the task is feminine-typed, such as many domestic tasks are, women will be assumed to have greater competence than men despite their lower status position. For example, in discussions of female-typed tasks, women were found to display more non-verbal cues related to status advantage; on male- and neutral-typed

tasks, it was men who displayed more of these cues (Dovidio, Brown, Heltmann, Ellyson, & Keating, 1988). Similarly, women are more likely to emerge as group leaders when social leadership, often considered a feminine domain, is measured, and men are more likely to emerge as group leaders when task leadership, considered a masculine domain, is measured (Eagly & Karau, 1991). This ability for other cues (e.g., specific task competencies) to override the influence of gender as a diffuse status cue does highlight, as Wagner and Berger (1997) indicate, the fact that gender, although a powerful diffuse status cue, is not a master status. As such, it is not the only or even the main status cue in all interactions. In many contexts, gender may be only one of several status cues, and its importance as a status cue depends on the unique properties of the situation and the individuals involved in the interaction. In an occupational setting, a woman's status in the organization may be more salient than her status as a woman if, for example, she is a high status manager interacting with an unskilled low status male employee. In such situations, the effects of gender as a status cue may be minimized. If other status information is consistent with the gender information (i.e., a woman in a low status job interacting with a male in a high status job), then expectations for competence and status consistent behaviour may be stronger than that which would be expected on the basis of a single status cue (Wagner & Berger, 1997). Other status cues can interact with gender by either attenuating or increasing the effects of gender as a diffuse status cue. For example, if a woman of high economic status interacts with a male of low socioeconomic status in a situation in which economic status is more salient than gender, then the effect of gender as a diffuse status cue will be attenuated. The ability of other status cues to produce

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behavioural effects often associated with masculinity or femininity suggests that status variables may have similar effect sizes as gender in explaining some aspects of behaviour.

Status characteristics theory makes predictions beyond those of people's expectations for and perceptions of competence based on status. Indeed, in order for status to provide a tenable account of gender differences, it must be demonstrated that status has the potential for not just affecting expectations for behaviour, but actual behaviour as well. Status characteristics theory, as a branch of expectation states theory, is based on expectancy confirmation - that is, individuals will often act in accordance with expectations placed on them by others, and also in accordance with internalizations of these expectations. If gender, as suggested, operates as a diffuse status characteristic, then the implication is that in mixed sex groups men will behave in accordance with a high status or superordinate position, and women will behave in accordance with a low status or subordinate position. An early review of research on behaviour in mixed sex task groups indicated just this. Men were more active than women, in that they initiated more verbal acts, and were more successful in influencing others, in that women were more likely to voice agreement with a man's opinion than vice versa. As well, men were more often the initiators of task oriented behaviours than women. Women were also more likely to agree with or praise the performance of others (Lockheed & Hall, 1976). Men, then, are more directive and task focused, and women are more likely to behave in a deferential manner. These results are consistent with a status account of gender differences. However, they are also consistent with socialization accounts of gender differences (Bussey & Bandura, 1999) which posit that boys are socialized to be

instrumental and dominant, and girls are socialized to be deferential and submissive. Lockheed and Hall (1976) investigated this possibility by having mixed sex groups and same sex groups work on goal directed tasks. If status provides a better account for behaviour of men and women than does socialization, then one would expect that, given equal competence (e.g., intelligence, prior relevant experience) men would be more directive and influential in mixed sex groups. In same sex groups, however, gender should be less salient and less likely to emerge as a relevant status cue. If this were true, then the behaviour of men and women should be more similar in same sex groups than it is in mixed sex groups; note that a socialization hypothesis would predict that gender differences would hold across situations regardless of the gender composition of groups. The studies reported by Lockheed and Hall supported the status hypothesis, and not a socialization account. In mixed sex groups, men initiated more actions and were more task oriented than women, and were more likely to emerge as leaders than women; however, comparing the activity of men and women in same sex groups indicated that men and women did not differ in terms of activity level or task orientation.

Other research lends support for the closer similarity of men's and women's behaviour when placed in similar positions of power and authority, concepts closely linked to status, and for the difference in behaviour between individuals in high status positions and those in low status positions, regardless of gender. Men and women placed in manager positions in a mock company were more verbal and more verbally directive than both male and female subordinates (Johnson, 1993). Further, both men and women in subordinate positions complimented males in manager positions more than they did

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females in manager positions, indicating that the gender of the manager operated as a diffuse status cue, albeit a weaker one in the face of the specific role based status information. Other research indicates that men and women in same sex task-oriented groups behave more similarly than men and women in mixed sex groups, and that status can account for other aspects of interpersonal behaviour (Meeker & Weitzel-O'Neill, 1977; Riordan, 1983; Walker, Ilardi, McMahon, & Fennell, 1996), including cross-sex role behaviour and non-verbal behaviour in interaction (Balkwell & Berger, 1996; Feinman, 1981, 1984), better than can socialization theory.

Results of a meta-analysis of the emergence of leaders in groups (Eagly & Karau, 1991) are also consistent with status characteristics theory, although the authors interpret the results within a gender role account. Men, more often than women, emerged as general or task leaders in groups, and women tended to emerge as social leaders more often than men. Eagly and Karau interpreted the results as indicating that men are more task oriented within the groups, and women are more interpersonally oriented. This greater focus of men on task concerns and of women on social concerns results in men more often emerging as task leaders, and women more often as social leaders. Further, Eagly and Karau suggested that group members assign more importance to task related behaviour than they do to interpersonally oriented behaviours, and this valuation of behaviours accounts for men more often emerging as group leaders. The alternative account from expectation states theory can account for the meta-analytic findings and in fact it may fit the data better than a gender role account. For example, the meta-analytic finding that the longer the group interaction, the weaker the tendency was for men to

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emerge as task leaders, fits well with a status characteristics explanation but less well with a gender role account. Initially, men's gender acts as a diffuse status cue, prompting both men and women to expect more competent task behaviour from men. Over time, women's specific task competencies may become evident, as they have some opportunity to prove that they are competent (Meeker & Weitzel-O'Neill, 1977), opening the possibility for a woman to emerge as task leader, and weakening the relation between men and task leadership.

In sum, research on interpersonal behaviour in small groups suggests that individuals of higher status (e.g., men) are treated as if they are more competent than lower status individuals (e.g., women) and are deferred to more. The proponents of status characteristics theory suggest that both high and low status individuals act in accordance with their hierarchical position in task oriented groups, and summarize the actions of high and low status individuals as follows: High status individuals will initiate more actions, whereas low status individuals will allow the high status individuals more opportunity to perform. In addition, low status individuals will communicate more positive reactions about the high status individual's performance, and low status individuals are more likely to be influenced by high status individuals than are high status individuals by low status individuals. This tendency for deference and for assumptions of greater competence indicates that high status individuals are more powerful than are low status individuals (Berger et al., 1985).

Expectation states theory is confined to explaining the development of status hierarchies in groups and expectations for competency. Research also suggests that status

will influence socio-emotional behaviours. Individuals who are perceived as more competent in small groups are more likely to enact negative socioemotional behaviours (e.g., hostility, expressed anger, and criticism) and somewhat less likely to express positive socioemotional behaviours (e.g., smiling and giving of encouragement, help, and compliments) (Wood & Karten. 1986). On this basis. Ridgeway and Johnson (1990) argue that the negative emotions experienced by individuals in groups is tied to their status position. High status members expect competent behaviour from themselves and less competent behaviour from others. In the face of disagreements or disapproval over a task behaviour with a low status other, they attribute the source of the disagreement to the other and are more likely to experience anger and express disapproval. Low status members, in turn, have lower expectations of competency for themselves and higher expectations for high status members. When low status individuals experience a disagreement within the group, they will be more likely to attribute it to their own personal failing, and they would be likely to feel depression or shame. Low status individuals' expression of negative affect towards others, then, is unlikely. Low status individuals are the primary recipients of negative emotions, and are likely to experience the criticisms or expressions of anger as punishment. Low status individuals are not likely to express their negative emotions, which are in any case primarily intropunitive. This tendency for high status individuals to express punitive emotions, and for low status individuals to feel intropunitive emotions and suppress any negative feelings they may have towards others reinforces the status hierarchy within the group. Positive socioemotional behaviour expressed by low status members toward high status

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individuals, similarly, serves to placate higher status members, especially when the group is experiencing disagreements, and signals their deference to high status members.

There is additional evidence that status affects perceptions of individuals in a broader sense than that empirically investigated in research guided by status characteristics theory. Status affects perceptions of communality and agency, with lower status individuals perceived as being more communal and thus as having a more emotional, interpersonal orientation, and higher status individuals perceived as having a more agentic, instrumental orientation (Argyle, 1994; Conway, Pizzamiglio, & Mount, 1996; Dittmar, Mannetti, & Semin, 1989). Inasmuch as communality characterizes women, and agency characterizes men (Bakan, 1966; Spence & Helmreich, 1980), the implication is that status differences between men and women may underlie perceptions of women as communal and men as agentic. People also perceive both men and women in high status positions as instrumental and dominant, whereas both men and women in low status positions are perceived as emotional, dependent, and submissive (Geis, Brown, Jennings, & Corrado-Taylor, 1984; Gerber, 1996); in other words, it has been demonstrated that it is status, and not gender per se, that is associated with these characteristics. Further, perceptions of high and low status individuals differ along emotional dimensions, such that high status individuals are seen as expressing more anger and disgust than low status individuals, despite the fact that low status individuals are perceived as experiencing more anger and disgust, in addition to more sadness and fear (Conway, DiFazio, & Mayman, 1999); these findings concur with stereotypes of women as expressing less anger, and more sadness and fear than men (Brody & Hall, 1993).

Conway et al. (1999) also report that low status individuals are perceived as more emotional than high status individuals; this perception concurs with stereotypes of women as being more emotional than men (Brody & Hall, 1993). Furthermore, there is other evidence of parallels between perceptions of high status individuals and men, and low status individuals and women. High status roles are associated with dominance, rationality, objectivity, and leadership (Secord, 1982), characteristics by which men are stereotyped (Rosenkrantz, Vogel, Bee, Broverman, & Broverman, 1968; Williams & Best, 1990). Conversely, low status roles are associated with dependence, sensitivity, and deference (Secord, 1982), characteristics by which women are stereotyped (Rosenkrantz et al., 1968; Williams & Best, 1990).

In sum, status can be linked to some broad concepts that are characteristic of the way in which gender has often been conceptualized. These concepts include communality, agency, competence, and emotionality. Most of this theoretical and empirical work has focused on how people come to perceive others based on the others' status positions; there is, in addition, an implication that status affects self-perceptions.

Self-Perceptions

Research in support of status characteristics theory does suggest that status influences self-perceptions of competency; that is, people, based on their status position within the group, come to expect certain levels of competency from both others and themselves. For status theory to account for actual gender differences, and not just social perceptions, it must be demonstrated that people's self-perceptions are dependent to some extent on their status positions. There is some evidence that indicates this may be true.

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For example, men's and women's self-perceptions generally accord with gender stereotypes (Twenge, 1997), although actual gender differences generally tend to be of lesser magnitude than stereotypes (Williams & Best, 1990). Beyond expectations for competency and the correspondence of gender stereotypes and self-perceptions, however, there is little direct evidence that an individual's status position may affect their self-perception. Nevertheless, there is a body of research on self-fulfilling prophecies and interpersonal expectations (Darley & Oleson, 1993, Hall & Briton, 1993; Kunda, 1999) which, if applied to status, suggests there is reason to expect that the experience of being placed in positions of high or low status on an ongoing basis, as is the case with men and women respectively, will have an impact on their self-perceptions. Often placed in a situation which compels them to behave submissively or dominantly, people may begin to view themselves as possessing these characteristics. Wagner and Berger (1997) suggest that the behavioural profiling based on status differences results in stereotyping of individuals; "actors attribute *traits* to themselves and others on the basis of their interaction with occupants of different status positions" and "Men and women become defined by the roles their statuses permit them to play" (p. 10).

In sum, status seems to provide a plausible account of many gender differences in social behaviour (Ridgeway & Diekma, 1992). Indeed, status theory can encompass other social theories of gender differences, including structural theories (e.g., Ptacek, Smith, & Zanas, 1992) which posit that gender differences are the result of the different life experiences of women and men. Different situations that men and women encounter require different behaviours. For example, women may experience more stress that arises

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from their relationships with others, perhaps within the family, and men may experience

more stress that arises within work situations. Dealing with these problems requires

behaviours specific to the situation. Status positions, by definition, affect an individual's

life context and thus status theory subsumes a structural perspective, inasmuch as status is

a key feature in regard to the impact of social structure on coping (which indeed seems to

be the case in structuralist accounts). Status may also encompass socialization theories

(e.g., Rosario, Shinn, Morche, & Huckabee, 1988), which posit that gender differences

are a result of the differential socialization of men and women. For example, girls may

be taught, both implicitly and explictly, to be emotionally expressive and nurturant, and

boys may be taught instrumental behaviours and to inhibit their emotions (Bussey &

Bandura, 1999). In other words, individuals will learn, and be taught, what is acceptable

behaviour for each gender. Status theory considers that people are encouraged to behave

in accordance with their status position, including the general status positions of being a

man or a woman. Thus status theory can provide a broader perspective than either

socialization or structural theories.

Status theory does overlap in many respects with gender role theory (Eagly, 1987;

Eagly, Wood, & Diekman, 2000). Gender role theory posits that men's and women's

differential behaviour is largely a result of the differential placement of men and women

into roles (e.g., homemaker or breadwinner) that require different qualities. Women's

roles more often require communal qualities, as women are most often placed in the role

of caretaker, and, even when employed, perform more domestic or nurturing duties than

do men. Men's roles, occurring primarily outside of the domestic sphere, require agentic

qualities more than they require communal qualities. Based on these differential role assignments, men are more likely to be agentic, and women are more likely to be communal. Recently, Eagly and her colleagues have acknowledged that men's and women's roles often differ in the status accorded to them; however, the primary emphasis in Eagly's theory remains on the communal and agentic qualities of gender roles (2000). Status theory, in contrast, considers gender as only one of several social categories that are determined by status hierarchies, and as such status theory has the potential of accounting for a broader array of interpersonal behaviours than does gender role theory. Status theory can encompass more phenomena than implicated by structural, socialization, and gender role theories, even while acknowledging that other factors including gender roles likely affect the characteristics of men and women. In addition, by placing the cause for gender differences in situations of inequality, a status account removes the focus from individual differences and places it on power dynamics (Ridgeway & Diekma, 1992).

Extending Status Characteristics Theory

The mechanisms that are operating in small groups, as explicated by expectation states theory, may operate in other contexts as well. By extending status beyond the group perspective advanced in expectation states theory, the notion of gender as largely socially constructed (e.g., Bohan, 1997) is not dismissed. Rather, it is acknowledged that situations of higher status and power for men compared with women are ubiquitous, such that behaviour in line with status comes to seem to be dispositionally based. If status can account for perceptions of broad concepts that are central to one's understanding of

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gender, including competency, instrumental behaviours, agency, communality, and emotionality, then it may account for perceptions of other aspects of behaviour that are linked to gender, both in self- and social-perception.

The present research examined how status may affect perceptions of coping and addresses this in regard to gender. Coping has been defined in terms of cognitive and behavioural efforts to deal with intrapsychic or external demands that are appraised by individuals as challenging or exceeding their resources (Lazarus & Folkman, 1984). Research has identified different categories of coping strategies, such as problem-focused or instrumental behaviours, behaviours focused on the management of emotions, and social support seeking (e.g, Amirkhan, 1990; Billings & Moos, 1981, 1984; Folkman & Lazarus, 1980, 1985; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; Holahan & Moos, 1987; Ptacek et al., 1992), all of which have been the focus of gender research both within and outside of a coping paradigm. Coping behaviour thus encompasses several dimensions of social and emotional behaviour, including aspects of communality and agency, and the tendency to internalize or externalize reactions to the environment (Bakan, 1966). Research on these coping dimensions has demonstrated gender differences, and a conceptual analysis suggests that status differences can be expected. The link between high status and perceived competence implies that high status individuals (e.g., men) are more likely to attend to problems directly. Both status and gender have been linked to emotionality, suggesting, for example, that when faced with problem situations, low status individuals (e.g., women) may focus more on the experiencing of negative emotions, especially intropunitive emotions. In contrast, high

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status individuals (i.e., men) may tend to express their displeasure with others, or blame others, more than will low status individuals (i.e., women). In other words, when faced with difficult or problem situations, high status individuals may cope differently than low status individuals, as men may cope differently than women.

In addition to using a general theory of status differences as a lens through which to view gender differences in coping, the present research will add clarity to the debate in the coping literature on gender differences in coping. Current theories of gender differences in coping, most notably socialization and structural theories, appear to be inadequate (cf. Ptacek et al., 1992; Rosario, Shinn, Morch, & Huckabee, 1988). As a more general theory, status theory can increase understanding of gender differences in coping by virtue of its ability to encompass socialization and structural theories of coping. Coping theory is considered in more detail below.

The Present Research

Three studies were conducted to test the general hypothesis that status can account for gender differences in coping. In the first study, perceptions of the coping of high and low status individuals, where status is uncorrelated with gender, are investigated. Generally, it is expected that perceptions of status differences in coping will fall along the dimensions outlined earlier: that is, high status individuals will be seen as more agentic in their coping than low status individuals, and low status individuals will, in accordance with a communal orientation, be seen to seek more emotional support, and to generally focus more on negative emotions than high status individuals. In the second study, individuals' perceptions of the coping of men and women are assessed. It was expected

that these perceptions, or gender stereotypes, will accord with perceptions of the coping

of high and low status individuals, as the contention is that gender stereotypes are, at least

in part, based on status and that people internalize these stereotypes in such a way as to

influence their own self-perceptions. In the third study, individuals provide self-

perceptions of their own coping behaviour. It was expected that individuals' reports of

their own coping will correspond with gender stereotypes; further, men's self-reported

coping is expected to be similar to perceptions of the coping of high status individuals in

the first study, and women's self-reported coping is expected to be similar to perceptions

of the coping of low status individuals. The overall hypothesis is that there will exist a

common pattern of findings across studies. A fourth study examines perceptions of the

desirability of coping behaviours for men and women, in order to ascertain that

individuals are not attributing more positive or desirable methods of coping to men, and

less positive coping behaviours to women.

Coping Theory

Historically, coping was considered within a psychoanalytic framework and was

conceptualized as defenses operating on intrapsychic conflicts. In this tradition the

external environment was given little weight; rather, styles of coping were understood as

manifestations of an individual's personality (Folkman, 1991; McCrae, 1984). In more

recent models of coping, emphasis is placed on the characteristics of external stressors

and the extent to which coping responses are determined by the situation or some

interaction between the situation and the individual facing it. According to Lazarus and

his colleagues (Lazarus & Folkman, 1984; Folkman & Lazarus, 1985b; Folkman et al.,

1986) coping is a process, an interaction between the person and the environment which changes over time as the stressful situation evolves. Individuals choose modes of coping according to their appraisal of the situation and their resources, both intrapsychic and external. The emphasis, then, is on the process that involves an interaction between the individual and the environment. Indeed, Lazarus (1993) suggests that the essence of coping is process and change, and in order for coping to be effective it must change, not only over time, but over circumstance as well. Coping, then, is seen as largely situationally determined and not closely linked to personality dispositions. Lazarus and Folkman (1984) suggest that trait measures are poor predictors of coping processes. Further, it is argued that people tend to use most of the basic strategies (i.e., problem- or emotion-focused) to differing degrees in all stressful situations they encounter. Although other researchers have found that dispositional characteristics bear some relation to the strategies that people choose, correlations between dispositions and particular coping strategies tend to be low or moderate (Carver, Scheier, & Weintraub, 1989). In terms of specific strategies, research has found that work related problems tend to evoke more problem-solving strategies (Folkman & Lazarus, 1986), whereas health related problems and stressors that are beyond the individual's control tend to evoke emotion focused strategies including avoidance and distraction (Billings & Moos, 1981; Folkman et al., 1986). Thus, although it appears that some of the variation in the use of coping strategies can be related to personality variables, the emphasis in current theories is on contextual factors. This emphasis on coping as largely contextual fits well with the notion of status as being largely situational in its effects. Gender, as a diffuse status cue, can be expected

to operate across a wide range of situations.

Coping Measurement

With the shift in focus from personality based models of coping to contextual

models, the measurement of coping moved away from the study of defenses to self-report

multidimensional behavioural checklists which survey a number of behaviours people

may engage in when faced with a stressful situation [e.g., Ways of Coping (WOC); see

Folkman & Lazarus, 1985a]. Although empirically based, this method is not without its

difficulties, both methodologically and conceptually (cf. de Ridder, 1997). One key

problem is the conceptual confusion about the function of coping strategies; that is, with

the most commonly used scales, the underlying function of individual coping behaviours

is ambiguous and the behaviours may be interpreted by different individuals to represent

different functions (cf. Stone & Neale, 1984). Multidimensional coping instruments

typically include several items on each subscale, with the assumption that individual

items reflect the same function. This is the case whether the subscales are derived

theoretically, or empirically through factor analyses. This aggregation of items is

particularly pronounced when coping checklist items are categorized into broad

dimensions of emotion- or problem-focused coping. For example, emotion-focused

coping may include behaviours as varied as sleeping more, turning one's attention to other

activities, or expressing one's feelings. The underlying function of emotion-focused

strategies is the management of emotions arising from encounters with a stressor;

however, since facing any stressor, by definition, evokes an emotional reaction, a broad

category that attempts to capture all forms of emotional based coping is quite diluted in

terms of meaning. Indeed, the single category may encompass strategies that seem at odds with each other. With regards to gender differences in coping, using a broad coping category such as emotion-focused coping may be inadequate (Porter & Stone, 1995) as it may either overestimate or underestimate gender differences. Unfortunately, this category approach has been common in the research, and it is used to describe gender differences in coping. Although women may, overall, engage in more emotion-focused coping, some specific emotion-focused strategies may be utilized more by men (e.g., Aldwin & Revenson, 1987). The practise of subsuming different strategies within subscales makes it difficult to pinpoint where the gender differences and similarities in coping lie.

There is other coping research that avoids categorizing coping into the broad categories of emotion- or problem-focused coping. This research, using several specific multi-item subscales, however, does not fare much better along empirical or conceptual lines. One indication of the confusion underlying coping categories, even those based on finer distinctions (e.g., avoidance, reappraisal, distraction) than the broad category type, is the changing nature of the factor structure of common coping measures from one study to another (cf. de Ridder, 1997). Another problem in the coping literature, which makes drawing conclusions about the coping literature in general difficult, is the tendency for researchers to categorize very different behaviours as representing the same coping function. What is avoidant behaviour to one researcher may represent social support to another.

The present research adopts a definitional approach to the measurement of coping.

A definitional approach uses a single item to represent a domain of coping. This approach differs from the multi-item approach in that one definitional item may represent an entire subscale on a multi-item scale such as the WOC. The use of a single item to represent a coping function or dimension has practical implications, in that multi-item scales are typically quite long, in some cases upwards of sixty items. and thus may be cumbersome for the respondent. The definitional approach was adopted by researchers to address some of the methodological difficulties inherent with multi-item scales (Stone & Neale, 1984). One such difficulty is apparent. For example, respondents who endorse only one item on a multi-item subscale would receive a low score on that scale. even though they used the strategy implicated in the subscale: one person may avoid by sleeping. another may avoid by withdrawing from other people, and yet another may use both strategies, in addition to others. It does not necessarily follow that an individual who uses one strategy to a great extent, compared with another individual who uses several strategies on a sporadic basis, is engaging in less avoidance. On multi-item scales. it is difficult to distinguish the individual who uses one avoidance strategy heavily from those who use several avoidance items minimally. The definitional approach circumvents this difficulty by specifying the function of the strategy in the item. and allowing the person to decide whether they, for example, avoided the stressful situation. The function of definitional items is more evident than for items on multi-item scales. Further, there are several coping behaviours for which the underlying function may differ between individuals. By simply describing the behaviour, and not assuming the function of the behaviour by grouping several strategies in a subscale, the definitional approach avoids

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making broad assumptions as to the functions of the behaviour for the user. This distinction is clarified further below.

Coping Strategies Addressed in the Present Research

A coping scale of thirteen strategies (the Definitional Coping Scale; DCS) was constructed for the present research. Items were developed to address coping strategies that were either directly or indirectly linked to gender differenced in coping in prior research. Some items were designed to be sensitive to what may be gender differences in coping (Endler & Parker, 1990a; Heppner, Reeder, & Larson, 1983; Hobfoll, Dunahoo, Ben-Porath, & Monnier, 1994; Miller & Kirsch, 1987; Porter & Stone, 1995; Ptacek et al., 1992; Tanck & Robbins, 1979; Vingerhoets & Van Heck, 1990), even though prior research may not have directly assessed these differences. For example, few coping studies distinguish between the use of social support for instrumental or for emotional support purposes; the present research specifies each of these purposes in a separate item.

Some items on the DCS are function based, and others are behaviourally based. For behaviourally based items, there is no intention that the item represents a particular function. The following example will illustrate the difference between behaviourally based and functionally based items. The concept of avoidant coping is common in the literature. Avoidance scales typically include a myriad of items that are assumed to represent avoidance. One avoidance subscale, for example, may contain items on sleeping behaviour, avoiding being in the presence of other people, and engaging in some social activity. The underlying function of these differing behaviours is assumed to be avoidance of the problem. The approach taken in the present research is to not assume

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the function of specific behaviours (see Stone, Greenberg, Kennedy-Moore, & Newman, 1992). Thus, to assess the *function* of avoidance, the item is simply worded "I engaged in efforts to avoid the problem...". Some items that would typically be included in an avoidance scale, specifically those concerning drug and alcohol use, and eating, were retained as separate items with no attempt made to assume why individuals may have used them; in other words, these items are behaviourally based. All thirteen coping items used in the present research are presented in Table 1.

Status and Coping Hypotheses

As reviewed above, high status individuals are perceived as having an agentic orientation, and low status individuals are perceived as having a communal orientation. In addition, high status individuals are perceived as expressing more anger than low status individuals (Conway et al., 1999), and as less likely to experience other negative emotions such as sadness and fear than low status individuals. In a disagreement, Ridgeway and Johnson (1990) suggest that low status individuals are more likely to experience intropunitive emotions such as depression and shame, and other research suggests that low status individuals are generally seen as more emotional than high status individuals (Conway et al., 1999). However, high status individuals are more likely to express punitive negative emotions such as anger and hostility (Ridgeway & Johnson, 1990) and are perceived as doing so (Conway et al., 1999).

The low status as reactor and high status as performer distinction described by Wagner and Berger (1997) provides a structure for considering status differences in coping and is similar to conceptualizing coping behaviours along passive and active

Table 1

Definitional Coping Scale (DCS) Strategies and Items

Strategy	Scale Item
Avoidance	I engaged in efforts to avoid the problem or pretended it did not exist.
Emotional Support	I sought emotional support from loved ones, friends, or professionals.
Direct Action	I generated solutions to the problem or actually did something to change the situation.
Emotional Control	I kept my feelings to myself or tried to control my emotions.
Wishful Thinking	I engaged in fantasies or wished that things had turned out differently.
Reappraisal	I tried to see the problem in a different light or found something positive about it.
Self-Blame	I became self-critical or engaged in self-blame.
Emotional Focus and Expression	I focused my attention on my feelings and may also have expressed my feelings.
Distraction	I turned to other activities or engaged in efforts to keep busy.
Blamed Others	I blamed or criticized others.
Instrumental Support	I sought from loved ones, friends, or professionals information or advice to remedy the situation.
Drug/Alcohol Use	I used drugs or alcohol more than usual.
Emotional Eating	I ate more than usual or turned to "comfort" foods.

dimensions. Differences in emotionality can be conceived along the reactor and performer positions adopted by low and high status individuals, respectively, in small groups. Low status individuals adopt a more passive stance - that is, they are reacting to the behaviour of high status individuals by internalizing, for example, criticisms, and high status individuals adopt a more active stance by focussing more on task or performance concerns. For coping mechanisms, it can be hypothesized that low status individuals will be perceived as using passive coping strategies, including self-blame, avoidance, wishful thinking, and emotional eating more than high status individuals. All of these strategies are focused on dealing with negative emotions in a palliative fashion. In addition, this group of passive strategies is more often used when individuals feel they have less control over a situation (Billings & Moos, 1984). This finding fits well with the expectation that lower status individuals, who have less material resources and less power to control their outcomes, will be perceived as using passive coping more than will high status individuals. It is also expected that low status individuals will be perceived as using the strategy of reappraisal more than high status individuals, as reappraisal involves accepting situations that one cannot change (i.e., has little control over) rather than with changing the situation. And, consistent with the perception that low status individuals are more emotional than high status individuals (Conway et al., 1999) it can be expected that low status individuals will be perceived as using the strategy of emotional focus and expression more than will high status individuals.

As low status individuals are perceived as having a more communal orientation than high status individuals, it can be expected that this will be reflected in coping that is

interpersonal in nature. It can be expected that low status individuals will be perceived as using emotional support seeking more than high status individuals. The status expectation for instrumental support seeking is less clear. On the one hand, instrumental support seeking may be seen as a more interpersonally oriented strategy, and thus the expectation of use may be greater for lower status individuals. On the other hand, instrumental support seeking can also be considered as an active coping strategy, as the function is to seek information that will aid one in solving a problem; considered as such, people may expect that high status individuals engage in more instrumental support seeking. Given then, that both high and low status individuals may be equally likely to employ this strategy, it is hypothesized that there will be no status difference.

It is hypothesized that high status individuals will be perceived as adopting more active coping strategies, including direct action, and distraction, which is often considered as activity substitution rather than a passive avoidance of stressful situations, especially when the situation is one that is not amenable to change through the respondent's actions. In regard to blaming others, as high status individuals are perceived as expressing more anger (Conway et al., 1999; Ridgeway & Johnson, 1990) it can be expected that they will be perceived as blaming others more for their difficulties than will low status individuals. As stated above, low status individuals are perceived as being more emotional (Conway et al., 1999); the converse of this is that highs are likely perceived as controlling their emotions more than low status individuals. As expression or acknowledgment of intropunitive emotions such as sadness, fear, or anxiety, may be considered a sign of weakness, if high status individuals do experience these emotions, they are likely to

expend effort controlling them. It is expected that high status individuals will be seen as using the coping strategy of controlling emotions more than low status individuals.

Finally, the strategy of drug/alcohol use is expected to be perceived as being used more by high status individuals than low status individuals. Although drug or alcohol use may be considered a passive coping strategy, and thus associated with use by low status individuals, there is evidence that alcohol use is correlated with higher economic status (Parker, Weaver, & Calhoun, 1995). As such, it seems to be a coping strategy favoured by high status individuals. In addition, alcohol use is associated with emotional suppression (Goldsmith, 1993; Khantzian, 1993); as stated, high status individuals are more likely to control negative emotions (with the exception of anger).

In terms of status hypotheses for coping behaviour, most expectations are clear, and some are less so. The status perception study will address perceptions of coping behaviour based on individuals' status.

Gender Differences in Coping

The goal of the self-report study is to describe gender differences, with the additional goal of examining gender differences in a strategy specific rather than categorical fashion. These self-perceptions of coping will then be compared with the perceptions of the coping of high and low status individuals, and with gender stereotypes of coping behaviour. In light of the considerable body of research that exists on coping, and that which specifically examines gender differences in coping, describing gender differences in coping is not a straightforward task. As noted below, conclusions drawn in the literature about the existence of gender differences in coping are based on the results

of a very few selected studies, and conflicting findings are common. As of yet, no meta-analysis of gender differences in coping has been published, however, there is an unpublished paper (Luckow, Reifman, & McIntosh, 2000) reporting a meta-analysis which covers a few of the strategies used in the present research: social support; general problem-focused; escape-avoidance; general emotion-focused; and positive reappraisal. Given the available literature, and the goal of adding clarity to the gender coping literature, an extensive review of the coping literature seemed warranted. Results of the meta-analysis will be incorporated in the discussion of specific strategies.

Psych lit abstracts were searched from 1978 to 2000 using the key words *sex differences* or *gender differences* and *coping*. Articles were included in the review if (a) coping was studied within the contextual paradigm described by Lazarus and his colleagues (b) strategies reported conformed to coping checklists commonly used within this framework (c) results of analyses on main effects of gender were reported. Articles that examined the coping behaviour of children were excluded, with the exception of one large community study which included subjects ranging in age from 10 to senior adulthood. As many of the gender differences in social behaviour emerge in adolescence, articles reporting on adolescent coping were included if they met the three criteria. Table 2 lists the articles included in the literature review. Results of the literature review are reported for each strategy included in the present research; presentation of strategies follows the order of items as listed in Table 1.

Avoidance. Of all the coping strategies included in multi-dimensional inventories, avoidance is the least understood. Conceptually, avoidance can be considered to be

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Table 2

Articles Used in the Literature Review of Gender Differences in Coping

Authors	Coping Measure	Population	Context
Amirkhan, 1990	Coping Strategy Indicator	Community sample $\underline{n}$ = 954	Subject defined stressor. past 6 months
Archer, Keever, Gordon, & Archer, 1991	Ways of Coping	Medical residents $\underline{n}$ = 165 $\underline{M}$ age = 31	Medical training
Arthur, 1998	COPE	Students in 2 year college program n = 94 age 18-24	Current most demanding stressor
Ben-Zur & Zeidner, 1996	COPE	Israeli residents $\underline{n}$ = 1422	During and 3 months post- Gulf War crisis
Billings & Moos. 1981	Health and Daily Living Form	Community sample $\underline{n}$ = 388 $\underline{M}$ age = 44	Recent stressful event
Borden & Berlin, 1990	Ways of Coping	Spousal caregivers of older adults with chronic dementia $\underline{n}$ = 61 $\underline{M}$ age = 70	Spouse's illness
Bouchard, Lussier, Wright, & Richer, 1998	Ways of Coping	French Canadian couples $\underline{n}$ = 1012 $\underline{M}$ age = 36.5	General coping
Brems & Johnson, 1988	FIRO-Cope	Undergraduates $\underline{n}$ = 138 $\underline{M}$ age = 23	General coping

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Carver, Scheir, & Weintraub, 1989	COPE	Undergraduates $\underline{n} = 978$	General coping
Chan, 1994	Chinese Ways of Coping	Hong Kong secondary school students ($\underline{n}$ =242; age 15-20) Teachers ($\underline{n}$ = 415; age 21-61)	Daily living
Chan, 1995	Chinese Ways of Coping	Hong Kong secondary school students $\underline{n} = 161$ $\underline{M}$ age = 16	General coping
Chan & Hui, 1995	Chinese Ways of Coping	Hong Kong secondary school teachers $\underline{n} = 415$ $\underline{M}$ age = 31	Work and everyday life
Chapman & Mullis, 1999	A-COPE	Middle and high school students $\underline{n} = 361$ $\underline{M}$ age = 15.5	General coping
Chatters & Taylor, 1989	Interview	Afro-Americans age 55 and over	Most significant life problem, past month
Cooper et al., 1991	Health and Daily Living Form	Random adult community sample	Life events, past year
Curle & Williams, 1996	KidCope	Children who had been involved in a bus accident $\underline{n} = 25$ $\underline{M}$ age = 15	During 2 years post-accident
Cushway, 1992	Health and Daily Living Form	Clinical psychology trainees $\underline{n} = 37$ age 22-42	Clinical training

Deisinger, Cassisi, & Whitaker, 1996	COPE	Community sample $\underline{n} = 168$ $\underline{M} = 34$	General coping
DeVries, Hamilton, & Lovett, 1997	Health and Daily Living Form	Caregivers for elderly adults $\underline{n} = 170$ $\underline{M} = 59$	Demands of caregiving
Dunkel-Schetter, Feinstein, Taylor, & Falke, 1992	Ways of Coping	Cancer patients $\underline{n} = 668$ age 21-88	Coping with specific aspect of cancer
Eagan & Walsh, 1995	Ways of Coping	Introductory Psychology students $\underline{n} = 226$ $\underline{M}$ age = 19	General coping
Endler & Parker, 1990a	Multidimensional Coping Inventory	Undergraduates $\underline{n} = 559$	Stressful situations
Endler & Parker, 1990b	Multidimensional Coping Inventory	Undergraduates $\underline{n} = 210$ $\underline{M}$ age = 21	Stressful situations
Fleishman & Fogel, 1994	Items from various coping scales	AIDS patients $\underline{n} = 1031$	Month following AIDS diagnosis
Folkman, Lazarus, Pimley, & Novacek, 1987	Ways of Coping	Random community sample	Subject defined stressor, past month
Folkman & Lazarus, 1980	Ways of Coping	Subset of community sample Age 45-64	Subject defined stressors, past month; 7 interviews at 4 week intervals
Fondacaro & Moos, 1987	Health and Daily Living Form	Depressed persons $\underline{n} = 424$ $>$ age 18	Recent stressor

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Frydenberg & Lewis, 1991	Ways of Coping	Australian high school students age 16-18	Present most important concern
Frydenberg & Lewis, 1993	Adolescent Coping Scale	Australian secondary school students $n = 673$ age 12-17	General coping
Funabiki, Bologna, Pepping, & Fitzgerald, 1980	Non-standardized measure	Introductory Psychology students $n = 588$	When depressed
Gass & Chang, 1989	Ways of Coping	Widows and widowers $n = 159$ M age = 71	Bereavement
Gerdes & Ping, 1993	Chinese Ways of Coping	University students from People's Republic of China, $n = 132$; University students from U.S.A., $n = 141$	General coping, past year
Gilbert & Hollohan, 1982	Non-standardized measure	Mature university students M age = 36	Demands of student life
Gomez, Holmberg, Bounds, Fullarton, & Gomez, 1999	Coping Across Situations Questionnaire	Australian secondary schools students $n = 268$ age 12-13	General coping
Greenglass, 1988	Coping Inventory	Supervisors in government social services $n = 114$	Work stress

Greenglass, Burke, & Ondrack, 1990	Coping Inventory	School board employees n = 473 M age = 44	General coping
Gryl, Stith, & Bird, 1991	Ways of Coping	Undergraduates n = 280	After argument with dating partner
Hamilton & Fagot, 1988	Interview	Undergraduates n = 99 M age = 18	Subject defined current stressors
Hanninen & Hillevi, 1996	Ways of Coping (adapted)	Finnish adults n = 1656	Recent stressors
Hastings, Anderson, & Kelley, 1996	A-COPE	Conduct-disordered and non conduct-disordered adolescents n = 136 M age = 15	General coping
Heppner, Cook, Strozier, & Heppner, 1991	Ways of Coping	Farmers in career transition M age = 40	Work changes, past month
Heppner, Reeder, & Larson, 1983	Ways of Coping	Introductory Psychology students n = 52 M age = 19	Subject defined stressor, past month
Horner, 1998	Ways of Coping	Introductory Psychology students n = 284 M age = 20	General coping
Houtman, 1990	Utrecht Coping List	Dutch student teachers n = 77 M age = 25	General coping
Hovanitz & Kozora, 1989	Coping Strategy Inventory	Undergraduates	Subject defined stressor, past three months

Jung, 1995	Coping Strategy Indicator	Introductory Psychology Students $\underline{n}$ = 553 age 18-20	Subject defined recent stressor
Kemp & Neimeyer, 1999	Ways of Coping	Introductory Psychology students $\underline{n}$ = 193 $\underline{M}$ age = 18.7	Subject defined recent stressor
Kleinke, Staneski, & Mason, 1982	Depression Coping Questionnaire	Undergraduates $\underline{n}$ = 400 age 17-50	When depressed
Klimes-Dougan & Bolger, 1998	Self-Reported Coping Scale, modified	Children of mothers with mood disorders $\underline{n}$ = 178 age 12-19	When mother is depressed
Kolt, Kirkby, & Lindner, 1995	Ways of Coping	Australian competitive gymnasts $\underline{n}$ = 115 age 18-58	Performance difficulties
Labouvie-Vief, Hakim-Larson, & Hobart, 1987	Ways of Coping	Community sample age 10-77	Recent stressor
Lee & Larson, 1996	Coping Reactions Inventory	Korean 12th graders $\underline{n}$ = 358	University entrance examination stress and non-exam related stress, past 6 months
Long, 1990	Ways of Coping	Managers $\underline{n}$ = 132 age 23-65	Work stress, past two weeks
Lund, Caserta, & Dimond, 1986	Non-standardized measure	Bereaved adults $\underline{n}$ = 192 age 50 and older	Bereavement process over 2 years

Lutzky & Knight, 1994	Ways of Coping	Spousal primary caregivers of persons with dementia $n = 92$ M age = 70	Typical caregiving problem
McDonald & Korabik, 1991	Ways of Coping	Managers $n = 39$	Specific and general work stress
McGown & Fraser, 1995	Coping Strategy Questionnaire	Adults with physical or sensory disabilities $n = 120$ age 18-58	Daily hassles
Meery & Reed, 1996	Coping Reactions Inventory	Korean high school seniors $n = 358$	Exam stress and most stressful event, past 6 months
Nezu & Nezu, 1987	Coping Reactions Inventory	University students $n = 211$ M age = 25	Five most stressful events in past year
Pearlin, Schooler, & Schooler, 1978	Structured interview	Community sample $n = 2300$ age 18-65	Current subject defined stressor
Parker, 1993	Non-standardized measure	Teacher's training students re-assessed at 5 years	When depressed
Perosa & Perosa, 1993	A-COPE	Undergraduates $n = 182$	Current life stressor
Porter & Stone, 1995	Daily Coping Inventory	Married community sample $n = 156$ M age = 41	Daily coping
Ptacek, Smith, & Zanas, 1992	Definitional items	Undergraduates $n = 152$ age 18-46	Daily coping over 21 days

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Ptacek, Smith, & Dodge, 1994	Definitional items	Undergraduate psychology students $n = 114$ $\underline{M}$ age = 20	Giving a lecture as part of study participation
Range & Stringer, 1996	COPE	Adults recruited from churches and retirement groups $\underline{n} = 79$	General coping
Rim, 1991	Plutchnik scale for the measurement of coping styles	Industrial engineering and management studnets $\underline{n} = 106$ Age 19-35	General coping
Rim, 1988	Plutchnik scale for the measurement of coping styles	Undergraduate and graduate students from an Israeli institute of technology $\underline{n} = 106$ $\underline{M}$ age = 29	General coping
Rosario, Shinn, Morch, & Huckabee, 1988	Categorized interview responses	Child care workers $\underline{n} = 82$ age 21-62	Work stressors
Sahu & Misra, 1995	Ways of Coping	Teachers $\underline{n} = 240$ age 27-54	General coping
Scheier, Weintraub, & Carver, 1986 (Study 1)	Ways of Coping (modified)	Undergraduates $\underline{n} = 291$	Most stressful situation, past 2 months
Schill & Beyler, 1992	COPE	Introductory Psychology students $\underline{n} = 117$ age 18-30	General coping

Shek, 1992	Chinese Coping Scale	Working parents of children attending daycare <u>n</u> = 1000	Marital, family-related, interpersonal, and occupational stress
Stark, Spirito, Williams, & Guevremont, 1989	KidCope	Adolescents <u>n</u> = 611 age 14-17	Subject defined problem, past month
Stone & Neale, 1984	Daily Coping Inventory	Subsample of community sample; 60 married couples	Daily coping over 21 days
Strauss, Muday, McNall, & Wong, 1997	Items based on Nolen-Hoeksema's definition of rumination vs. distraction	Undergraduates <u>n</u> = 79	When depressed
Tanck & Robbins, 1979	Non-standardized measure	Undergraduate psychology students <u>n</u> = 133	When tense
Thoits, 1991a	Open-ended questions	Undergraduates	Subject defined negative emotional experiences
Trocki & Orioli, 1994	StressMap	Employees of several companies <u>n</u> = 914 age 18-65	General coping
Unruh, Ritchie, & Merskey, 1999	Pain Coping Questionnaire	Randomly contacted sample of adults reporting pain n = 309 Age 18-65	Coping with pain in the previous 2 weeks
Viney & Westbrook, 1982	Non-standardized measure	Chronically ill individuals <u>n</u> = 89 <u>M</u> age = 57	General coping

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Vingerhoets & Van Heck, 1990	Ways of Coping, Dutch version	Netherlands Community sample n = 997 age 25-50	General coping
Vitaliano, Russo, Carr, Maruro, & Becker, 1985	Ways of Coping	Outpatients at a community mental health centre, n = 62; spouses of dementia patients, n = 62; 2nd year medical students, n = 425	Current serious stressor
Weist, Freedman, Paskewitz, Proescher, & Flaherty, 1994	Child and Adolescent Coping Scales	9th graders n = 164 M age = 16	Recent stressor
Zappert & Weinstein, 1985	Non-standardized measure	Business school graduates n = 130 M age = 29	Work-related stress

efforts that have the goal of protecting the individual from aversive negative feelings (Houston, 1987; Krohne, 1993) by turning away from the stressor in some fashion. Individuals may use avoidant strategies when they judge their resources, either personal or environmental, as inadequate, or when the stressor is one which must eventually be accepted as unchangeable, as in the case of illness or death (Holahan & Moos, 1987). The kinds of behaviours and cognitions that are considered as avoidance by researchers are more diverse than those of other coping strategies, and as such it may not be useful to consider avoidant strategies as consisting of a unitary class of behaviours (Carver et al., 1989). A survey of items included in various coping measures indicates that behaviours thought to indicate avoidance include sleeping, use of drugs or alcohol, turning away from others, taking out one's frustrations on others, wishing the stressor would go away, and efforts to pretend nothing has happened. Some theorists have suggested that avoidance includes both covert and overt behaviours, with covert behaviours including responses like focussing on more pleasant things, and overt behaviours including attempts to "leave" a situation, perhaps by self-medicating (Houston, 1987; Feifel & Strack, 1989). However, as avoidance is presently measured, the function of overt behaviours in particular cannot be assumed to be avoidance. An individual may choose to use drugs or alcohol for relaxation, and it is not inconceivable that individuals in a more relaxed state may be better able to focus on the situation at hand. Some researchers have found that factors based on avoidance strategies have low reliability (e.g., Carver et al., 1989), suggesting that the strategies subsumed under avoidance do not represent the same underlying function. Other researchers have found that two factors emerge for avoidance

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items, one with a physiological component, and the other with a cognitive component (Atkinson & Violato, 1993). The WOC manual (Folkman & Lazarus, 1985a) reports the factor structure of the measure with a middle aged sample and a student sample. For the middle aged sample an escape/avoidance factor comprises many of the behaviours described above, but in the student sample these same behaviours form three distinct factors.

Because of the above difficulties with the avoidance construct, it cannot be assumed that the strategies commonly included in avoidance subscales represent attempts at avoiding the stressor or its implications. For the present research, the avoidance item was specifically worded to represent the underlying function of avoidance (*Engaged in efforts to avoid the problem or pretended it did not exist*). Other strategies commonly found in avoidance subscales (e.g. alcohol or drug use, emotional eating, wishful thinking) are included as separate items, as they have been found to form distinct factors in some studies (e.g. Aldwin & Revenson, 1987, Carver & Scheier, 1994; Folkman & Lazarus, 1985a).

Given the conceptual and measurement difficulties with the avoidance concept, gender differences found in studies that measure avoidance in a multi-item fashion should be considered as only tentative. Of 44 studies that report gender analysis of avoidance, eleven find that women engage in more avoidance (Billings & Moos, 1981; Chapman & Mullis, 1999; Eagan & Walsh, 1995; Endler & Parker, 1990a, 1990b; Fleishman & Fogel, 1994; Lavouvie-Vief, Hakim-Larson, & Hobart, 1987; Long, 1990; Lutzky & Knight, 1994; Rim, 1988; Schill & Beyler, 1992). Of these, two are based on the

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Multidimensional Coping Inventory (Endler & Parker, 1990a, 1990b), on which

avoidance items are heavily slanted towards the seeking of social support, and as such are

distinct from other measures of avoidance. Seven studies find that men engage in more

avoidance (Ben-Zur & Zeidner, 1996; Bouchard, Lussier, Wright, & Richer, 1998; Gryl,

Stith, & Bird, 1991; Kleinke, Staneski, & Mason, 1982; McDonald & Korabik, 1991;

Parkes, 1990) and one study (Brems & Johnson, 1988) using the FIRO Cope, purported to

measure defensive styles of coping, found that men use denial more and may not admit

problems to themselves. Twenty-six studies found no gender difference on avoidance

(Amirkhan, 1990; Archer, Keever, Gordon, & Archer, 1991; Borden & Berlin, 1990;

Carver et al., 1989; Chan, 1994; Chan, 1995; Chan & Hui, 1995; Cushway, 1992;

Deisinger, Cassisi, & Whitaker, 1996; DeVries, Hamilton, & Lovett, & Gallagher

Thompson, 1997; Dunkel-Schetter, Feinstein, Taylor, & Falke, 1992; Folkman, Lazarus,

Pimley, & Novacek, 1987; Frydenberg & Lewis, 1991; Frydenberg & Lewis, 1993;

Gomez, Holmberg, Bounds, Fullarton, & Gomez, 1999; Houtman, 1990; Hovanitz, 1986;

Hovanitz & Kozora, 1989; Lund, Caserta, & Dimond, 1986; McGown & Fraser, 1995;

Nezu & Nezu, 1987; Perosa & Perosa, 1993; Ptacek et al., 1992; Rim, 1992; Scheier et

al., 1986; Strauss, Muday, McNall, & Wong, 1997).

No gender difference in avoidance was identified in most of the research.

However, the meta-analysis did find a gender difference in avoidance, with women

reporting more use of this strategy. The effect size of .22 is small according to the

criteria set forth by Cohen (1988); nonetheless the file drawer statistic indicates that 492

studies would be required to nullify the significant finding. Without reconstructing the

meta-analysis, it is difficult to determine why the narrative review and the meta-analysis should arrive at different conclusions. One possible contributing factor is the inclusion in the meta-analysis of the studies reported in the narrative review by Endler & Parker (1990a, 1990b) which, as noted above, include several items pertaining to social support in the avoidance subscale. The r for these two studies is .23, which is among the larger effect sizes reported in the meta-analysis for avoidance; in fact, there are only five studies among those reported in the meta-analysis with an r above .2. Excluding these studies may decrease the overall effect size reported for avoidance. The other, and more likely, explanation, is that meta-analysis tallies effect sizes that may not be significant in an individual study: cumulatively, non-significant effects may result in an overall significant effect. In addition, study selection does differ between the meta-analysis and the narrative review, although there is a large degree of overlap. The authors of the meta-analysis were able to include unpublished studies, and also included other studies that would not have emerged in the literature search undertaken for the narrative review. As well, the meta-analysis could not accommodate studies that did not include the necessary statistical information; exclusion of this information did not effect the inclusion in the narrative review. The narrative review was able to include 44 studies, compared with 26 used in the meta-analysis. Finally, given the difficulties with the avoidance construct outlined above, conclusions from both the meta-analysis and the narrative review must be considered with caution, as the avoidance construct varies considerably across studies (indeed, for avoidance, and for all strategies considered in the meta-analysis, the test of heterogeneity of results across studies was significant, indicating the wide variability of

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effect sizes found across studies, and calling for the need to consider moderating variables).

Evidence for a gender difference in avoidance, then, is equivocal. Results of the narrative review suggest there is no gender difference in avoidance; however, the meta-analysis results do point to a gender difference in avoidance.

Wishful Thinking. Although wishful thinking or coping through fantasy is often included in avoidance subscales, some researchers measure it separately (e.g., Ptacek et al., 1992) and factor analyses sometimes reveal it as a separate factor (e.g., Aldwin & Reveson, 1987; Folkman & Lazarus, 1985a). Of 19 studies that isolate wishful thinking and fantasy from avoidance, four found that women engage in more wishful thinking than do men (Frydenberg & Lewis, 1991; Frydenberg & Lewis, 1993; Horner, 1998; Vitaliano, Russo, Carr, Maiuro, & Becker, 1985). Two studies found that men engage in more wishful thinking (Greenglass, 1988; Stark, Spirito, Williams, & Guevremont, 1989). Twelve studies found no gender differences (Borden & Berlin, 1990; Curle & Williams, 1996; Dunkel-Schetter et al., 1992; Folkman et al., 1987; Heppner et al., 1983; Kleinke, Staneski, & Mason, 1982; Kolt, Kirkby, & Lindner, 1995; Ptacek et al., 1992; Robbins & Tanck, 1978; Sahu & Misra, 1995; Scheier et al., 1986; Thoits, 1991). The conclusion drawn from the literature review is that there is no evidence for a gender difference in wishful thinking.

Reappraisal. Reappraisal refers to efforts to redefine a stressful situation in more benign terms, or efforts to find meaning in a situation. Of 30 studies that report gender analyses on reappraisal, seven found that women engage in reappraisal more than do men

(Archer et al., 1991; Folkman et al., 1987; Gilbert & Hollohan, 1982; Long, 1990; Heppner et al., 1983; Schill & Beyler,1992; Unruh, Ritchie, & Merksey, 1999), and one found that men engage in it more than do women (Vingerhoets & Van Heck, 1990). Twenty-two studies found no gender difference (Arthur, 1998; Ben-Zur & Zeidner, 1996; Borden & Berlin, 1990; Chan, 1995; Chan & Hui, 1995; Dunkel-Schetter et al., 1992; Eagan & Walsh, 1995; Frydenberg & Lewis, 1991; Frydenberg & Lewis, 1993; Gomez et al., 1999; Greenglass et al., 1990; Hovanitz, 1986; Lavouvie-Vief et al., 1987; McDonald & Korabik, 1991; Porter & Stone, 1995; Ptacek et al., 1992; Rim, 1988, 1992; Scheier et al., 1986; Stark et al., 1989; Stone & Neale, 1984; Thoits, 1991). The preponderance of findings is of no gender difference on reappraisal. Contrary to these results, the meta-analytic review found a significant effect for positive reappraisal, in the direction of women reporting more use. The effect size, at .14, is small, and the number of studies included in the review was also small, at 13, compared with 30 studies considered in the narrative review. As with avoidance, the evidence for a gender difference on reappraisal is equivocal.

Social Support Seeking. Depending on the theorist, the seeking of social support as a coping strategy may be subsumed under emotion-focused coping, or considered as a broad coping domain along with problem- and emotion-focused coping. Some theorists consider social support to be problem-focused coping (e.g., Billings & Moos, 1981), but more often it is assumed to be emotion-focused. There is little doubt that support seeking can serve either emotional needs, such as when individuals disclose to others, or instrumental purposes, such as when individuals turn to others for advice on how to solve

a problem situation or for material resources (e.g., McCall & Struthers, 1994). However, in most coping research social support seeking for both instrumental and emotional purposes is measured as a unitary construct, thus blurring the functional significance of social support. Evidence for gender differences in social support seeking is first reviewed for studies that assume an emotional function, or studies that use measures that indiscriminately combine both emotional and instrumental support seeking in the same subscale or in the same items (for example, studies that use the WOC scale). Research that separates out instrumental support seeking will then be examined.

Overall, there is clear evidence that women seek social support to a greater extent than do men. Of 58 studies that examine gender differences in support seeking, 47 find that women use social support more than do men (Amirkhan, 1990; Archer et al., 1991; Arthur, 1998; Ben-Zur & Zeidner, 1996; Borden & Berlin, 1990; Bouchard et al., 1998; Chan, 1994; Chan & Hui, 1995; Chapman & Mullis, 1999; Deisinger et al., 1996; Eagan & Walsh., 1995; Folkman et al., 1987; Frydenberg & Lewis, 1991; Frydenberg & Lewis, 1993; Funabiki, Bologna, Pepping, & Fitzgerald, 1980; Gomez et al., 1999; Greenglass et al., 1990; Gryl et al., 1991; Hastings, Anderson, & Kelley, 1996; Heppner et al., 1983; Houtman, 1990; Hovanitz, 1986; Hovanitz & Kozora, 1989; Jung, 1995; Kemp & Neimeyer, 1999; Klimes-Dougan & Bolger, 1998; Labouvie-Vief et al., 1987; Lutzky & Knight, 1994; Kleinke et al., 1982; Kolt et al., 1995; McDonald & Korabi, 1991; Pearlin & Schooler, 1978; Perosa & Perosa, 1993; Ptacek et al., 1992; Rim, 1988; 1992; Shek, 1992; Stark et al., 1989; Stokes & Wilson, 1984; Stone & Neale, 1984; Strauss et al., 1987; Taylor, 1988; Thoits, 1991; Trocki & Orioli, 1994; Unruh et al., 1999; Vingerhoets

& Van Heck, 1990; Vitaliano, 1985). Eleven studies found no gender difference (Chan, 1995; Curle & Williams, 1996; Dunkel-Schetter et al., 1992; Fleishman & Fogel, 1994; Heppner, Cook, Strozier, & Heppner, 1991; Porter & Stone, 1995; Robbins & Tanck, 1979, 1995; Scheier et al., 1986; Schill & Beyler, 1992; Viney & Westbrook, 1982), and no studies found that men seek social support more than do women. The evidence is consistent: women tend to seek social support more than do men. The meta-analysis also found clear evidence for a gender difference in social support seeking; there was a robust gender difference for social support, with women reporting greater use of social support than men.

Of ten studies that examine the use of instrumental social support separate from emotional social support, nine found no gender difference (Arthur, 1998; Ben-Zur & Zeidner, 1996; Chatters & Taylor, 1989; Frydenberg & Lewis, 1993; Lee & Larson, 1996; Meery & Reed, 1996; Schill & Beyler, 1992; Stokes & Wilson, 1984; Zappert & Weinstein, 1985) and one study found that women seek more informational support (Taylor, 1988).

Direct action. The distinction between problem-focused and emotion-focused coping strategies is somewhat artificial and simplistic (Scheier et al., 1986). Social support, for example, may serve the purpose of problem solving when individuals turn to others for material support or information, or when individuals are able to arrive at problem solutions by talking with others, even in the absence of advice seeking. Reappraisal, although considered an emotion-focused response, may lead to problem-solving. Avoidance, another emotion-focused strategy, may prevent a person from

adopting more instrumental strategies, but hypothetically it could also provide an individual with a reprieve from stress, and may only be maladaptive when it is not followed by more instrumental responses when the situation allows.

Given these reservations about the distinction between problem- and emotion-focused strategies, the strategy of generating solutions or actually doing something to act on the environment is not here meant as the exclusive representative of problem-focused coping. As such, the strategy of directly attempting to solve the problem will be referred to as direct action; the wording of the item was carefully chosen to represent goal-oriented behaviour (*Generated solutions to the problem or actually did something to change the situation*).

Despite conceptions that men engage in more direct action than do women (e.g., Folkman & Lazarus, 1980; Stone & Neale, 1984), a review of studies does not support this contention. Of 61 studies that report gender analyses of coping, only eight find gender differences with men reporting more direct action (Ben-Zur & Zeidner, 1996; Chan, 1994; Greenglass, 1988; Haenninen & Hillevi, 1996; Stone & Neale, 1984; Trocki & Orioli, 1994; Viney & Westbrook, 1982; Vingerhoets & Van Heck, 1990). Four additional studies do find that men report more direct action, but with qualifications. Folkman and Lazarus (1980) found that men reported more direct action in work situations and in situations that had to be accepted. Fondacaro and Moos (1987) found that better educated men used more direct action than do women. Ptacek et al. (1992) found that men did not use more direct action overall than women, but did in proportion to emotion-focused strategies. And Gass and Chang (1989) found that widowers used

more direct action than did widows, but the men also had access to more resources. Four

studies found that women used more direct action than did men (Frydenberg & Lewis,

1993; Heppner et al., 1983; Unruh et al., 1999; Vitaliano, 1985). Particularly striking,

given the propensity in the coping literature to assume that men are more action oriented,

is the fact that 45 studies, utilising a wide variety of samples and age ranges, found no

gender difference in direct action (Amirkhan, 1990; Archer et al., 1991; Arthur, 1998;

Billings & Moos, 1981; Borden & Berlin, 1990; Carver et al., 1989; Chan, 1995; Chan &

Hui, 1995; Chatters & Taylor, 1989; Curle & Williams, 1996; Deisinger et al., 1996;

Eagan & Walsh, 1995; Endler & Parker, 1990a, 1990b; Folkman et al., 1987; Frydenberg

& Lewis, 1991; Gerdes & Ping, 1993; Gilbert & Holahan, 1982; Greenglass et al., 1990;

Gryl et al., 1991; Hamilton & Fagot, 1988; Hastings et al., 1996; Heppner et al., 1991;

Houtman, 1990; Horner, 1998; Hovanitz, 1986; Jung, 1995; Klimes-Dougan & Bolger,

1998; Kolt et al., 1995; Lavouvie-Vief et al., 1987; Lee & Larson, 1996; Long, 1990;

Lutzky & Knight, 1994; Meery et al., 1996; McDonald & Korabi, 1991; Nezu & Nezu,

1987; Parkes, 1990; Porter & Stone, 1995; Robbins & Tanck, 1979; Sahu & Misra, 1995;

Scheier et al., 1986; Schill & Beyler, 1992; Stark et al., 1989; Thoits, 1991; Weist,

Freedman, Paskewitz, Proescher, & Flaherty, 1995). The preponderance of findings is for

no gender difference on direct action. This concurs somewhat with the results of the

meta-analysis. Although a gender difference was found in favour of women using this

strategy more than men, the effect size was very small (.02) and the file drawer statistic

indicated that only 8 unpublished null studies are required to nullify the effect.

    <u>Emotional focus and expression.</u> Emotion-focused strategies, broadly speaking,

refer to efforts to regulate negative emotions. As noted above, the inclusion of several

strategies under broad emotion-focused coping categories obscures the functions that

different strategies may serve. In addition, emotion-focused items on some coping scales

confuse symptoms of stress with attempts to cope with stress (e.g., felt tense, sleeping

more). Of studies that compare men and women on broad emotion-focused categories,

most find that women are more emotion-focused (Billings & Moos, 1981; Endler &

Parker, 1990a, 1990b; Folkman & Lazarus, 1980; Heppner et al., 1991; Nezu & Nezu,

1987; Robbins & Tanck, 1979; Vingerhoets & Van Heck, 1990); one found that men

were more emotion-focused (Rosario et al., 1988), and one found no gender difference

(Hovanitz, 1986).

A focus on and expression of emotions, as measured in the present research, can be

distinguished from previous conceptualizations of emotion-focused coping by its

specificity. Lay perceptions of gender characteristics certainly view women as more

emotional than men (Shields, 1987), and research does find that women report more

emotional expressivity and intensity of feeling, with the exception of anger (e.g.,

Grossman and Wood, 1993). Most traditional coping measures fail to include an

emotional focus category that includes the tendency to try and identify one's emotions, a

type of coping that may be more common for women (Porter & Stone, 1995). Of twelve

studies that do measure emotion focused in a more specific manner, eleven found that

women reported more focus on or expression of emotions (Ben-Zur & Zeidner, 1996;

Carver et al., 1989; Curle & Williams, 1996; Deisinger et al., 1996; Funabiki et al., 1980;

Gilbert & Holahan, 1982; Hastings et al., 1996; Pearlin & Schooler, 1978; Stone &

Neale, 1984; Thoits, 1991; Vingerhoets & Van Heck, 1990) and one found no gender difference (Porter & Stone, 1995). The evidence supports notions that women use the coping strategy of emotional focus and expression more than do men. The meta-analytic result for emotion-focused coping is consistent with this finding, although the effect size was small by Cohen's standard.

Emotional Control. If women express their emotions and focus on them more than do men, it seems to follow that men will control emotions and keep them to themselves more than do women. However, from a conceptual standpoint, this is not necessarily true. As coping is viewed as a process, and as most people use a multitude of strategies as stressful situations evolve (Lazarus et al., 1985), it is possible that an individual who reports using emotional expressivity a great deal will also endorse the use of emotional control to a great extent. In other words, use of one strategy does not preclude use of the other; therefore the fact that women report more emotional expressivity does not necessarily mean that men control their emotions to a greater degree. Again, though, popular lore would suggest that men are more likely to attempt to control their emotions. Research indicates that men have difficulty expressing feelings of affection, fear, or pain, and experience stress when they have to confront emotional responses in others (Eisler & Blalock, 1991). Few coping studies examine the tendency to control emotions in isolation from other emotion-focused strategies. Of four that do, all found that men control their emotions in stressful encounters more than do women (Chan, 1994; Chan & Hui, 1995; Folkman et al., 1987; Pearlin & Schooler, 1978). The evidence suggests that men control their emotions, as a coping strategy, more so than do women.

<u>Self-Blame</u>. Despite evidence that women feel shame and guilt more than do men (Brody, 1991, Baumeister, 1994), the evidence that women blame themselves more when coping with stressful situations is equivocal. Of 27 studies that report gender analyses on self-blame or accepting responsibility, only eight find that women engage in more self-blame (Brems & Johnson, 1988; Frydenberg & Lewis, 1993; Funabiki et al., 1980; Haenninen & Hillevi, 1996; Kleinke et al., 1982; Ptacek et al., 1992; Vingerhoets & Van Heck, 1990; Vitaliano, 1985) and 19 found no gender differences (Archer et al., 1991; Borden & Berlin, 1990; Chan, 1994; Chan, 1995; Chan & Hui, 1995; Curle & Williams, 1996; Eagan & Walsh, 1995; Folkman et al., 1987; Frydenberg & Lewis, 1991; Greenglass, 1988; Gryl et al., 1991; Heppner et al., 1983; Hovanitz, 1986; Labouvie-Vief et al., 1987; Sahu & Misra, 1995; Scheier et al., 1986; Stark et al., 1989; Thoits, 1991; Zappert & Weinstein, 1985). No studies find that men blame themselves more than do women. Most of the research, then, does not find a gender difference in the use of self-blame.

<u>Blame Others</u>. Although women are more emotionally expressive than men, this greater expressivity is not true of anger (e.g., Grossman and Wood, 1993). Combined with men's greater propensity to situate the blame for their failures on external forces (Miller & Kirsch, 1987), it would seem that men should be more likely than women to blame others for their misfortunes. Of the eight coping studies that have included blaming others, or confrontive types of coping, in their gender analyses, one found that women blame others more than do men, and seven found no gender difference (Curle & Williams, 1996; Labouvie-Vief et al., 1987; Folkman et al., 1987; Ptacek et al., 1992;

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Rim, 1998, 1992; Stark et al., 1989). There is little empirical evidence that there is a gender difference in the tendency to blame others as a coping strategy.

Distraction. The response style theory of gender differences in depression (Nolen-Hoeksema, 1990) proposes that coping styles are responsible for women's greater preponderance of unipolar depression. In particular, while women ruminate on their sadness, both prolonging and deepening sad affect, men are protected from depression by their tendency to distract themselves in response to sadness. Nolen-Hoeksema considers turning to physical activity, use of drugs and alcohol, and avoiding depressive thoughts as distraction. Coping inventories generally consider distraction to be turning towards other activities to keep oneself busy, while the other dimensions of distraction as conceptualized by Nolen-Hoeksema would be more likely to be considered avoidance. The evidence for gender differences in distraction from more traditional coping studies is equivocal. Nine studies that measure distraction as substitution of other activities find no gender difference (Carver et al., 1989, Funabiki et al., 1980; Hastings et al., 1996; Lee & Larson, 1996; Meery & Reid, 1996; Porter & Stone, 1995; Stark et al., 1989; Thoits, 1991; Unruh et al., 1999) and four further studies find no difference on the distancing scale of the Ways of Coping (Dunkel-Schetter et al., 1992; Folkman et al., 1987; Kemp & Neimeyer, 1999; Labouvie-Vief et al., 1987); one should note that the distancing subscale on the WOC also shares similarities with avoidance. One additional study examining distancing with the Self-Reported Coping Scale found no gender difference (Klimes-Dougan & Bolger, 1998). Most of the evidence suggests there is no gender difference in the use of distraction.

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Drug and Alcohol Use. Self-medication as a coping strategy is often included on avoidance sub-scales of coping inventories. There are few studies that examine the use of drugs or alcohol as a coping strategy distinct from avoidance. Given the possibility that substance use during a stressful episode may have functions other than avoidance (cf. Biener, 1987) including it as a coping strategy on its own is warranted. In addition, there is evidence that men and women differ in their use of drugs and alcohol in general. Men are more likely to use alcohol than women (Biener, 1987) and to be diagnosed with alcohol abuse or dependency (American Psychiatric Association, 1994). Men also use illicit substances more than do women (cf. Biener, 1987), and again are overrepresented with drug dependency problems (American Psychiatric Association, 1994). The opposite pattern is found with prescribed psychotropics, where a preponderance of women is observed (cf. Biener, 1987).

Of the coping studies that include the use of drugs and alcohol as a coping item, two found no gender difference (Thoits, 1991; Wilhelm & Parker, 1993), five found that men endorse more drug or alcohol use (Ben-Zur & Zeidner, 1996; Carver et al., 1989; Deisinger et al., 1996; Meery et al., 1996; Strauss et al., 1997), and one found that women report more drug and alcohol use than men (Schill & Beyler, 1992). Robbins and Tanck (1979) found that while there was no gender difference in the use of alcohol, men reported more use of marijuana, and no gender difference emerged in the use of tranquillizing medicine. Similarly, Kleinke et al. (1982) found no gender difference in the use of alcohol, and greater use of marijuana and stimulating drugs for men. In this study, women were found to use Valium more than did men; Borden and Berlin (1990)

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also found that women reported more prescription medication use. Cooper et al. (1991) found that while life events were unrelated to the use of alcohol for women, there was a relation between alcohol use and stress for a subsample of men who use avoidance coping and who had positive alcohol expectancies. Carver and Scheier (1994) found that the use of alcohol was the only coping strategy, aside from the use of religion, that was a strong dispositional predictor of situational coping. The use of alcohol, then, may be more of a dispositional characteristic than a situationally-based coping strategy. Overall, though it does appear that men use drugs and alcohol more than do women. This tendency for greater use by men is borne out in coping studies that include substance use.

Emotional eating. Emotional eating is not typically included in coping scales, even in multi-item avoidance subscales that include other tension reducing strategies such as alcohol or drug use. Given the prevalence of eating disorders, and the preponderance of women with eating problems (American Psychiatric Association, 1994; Leichner, Arnett, Rallo, Srikameswaran, & Vulcano, 1986), eating to cope with stress may be relevant to understanding gender differences in coping. Of six studies that examined the tendency to overeat when under stress, all found that women do so more than men (Funabiki et al., 1980; Haenninen & Hillevi, 1996; Kleinke et al., 1982; Meery et al., 1996; Robbins & Tanck, 1979; Wilhelm & Parker, 1993).

Summary. The literature review and the meta-analysis suggest that women report more use of emotional support seeking, emotional focus and expression, and emotional eating. Men report more use of emotional control, and drug or alcohol use. The findings for a gender difference on the use of reappraisal and avoidance are equivocal. There was

no evidence for gender differences on the strategies of wishful thinking, instrumental support, direct action, self-blame, blaming others, and distraction. Gender differences that are reported in the literature are consistent with the status hypotheses: however, expectations based on status theory encompass more strategies than those gender differences found with the literature review. The expectation remains that status differences will correspond with self-report gender differences in coping in the present research.

Overview of Studies

In sum, the primary goal of the present research is to demonstrate that gender differences in coping can be viewed from within a status account. The general expectation, then, is that perceptions of the coping of high and low status individuals will be consistent with behaviour expected from individuals occupying a high or low status position. Further, the expectation is that these perceptions will be similar to perceptions of the coping of men and women, and that they will map onto self-report gender differences in coping.

Establishing gender differences in coping with the coping measure designed for the present studies is a necessary first step in the research program. The reported order of the studies reflects this necessity. The self-report coping study is reported first, followed by the status study and then by the gender stereotype study. Although certain gender differences in coping can be expected based on the literature review, specific differences vary over studies, in part due to the utilization of a variety of coping measures. In Study 1 men and women reported on the DCS how they coped with a self-defined stressful

situation. Eliciting participant-defined stressors will permit the analysis of possible

gender differences dependent on the type of stressor described (e.g., work, financial,

family, or health problems). The structural theory of gender differences in coping

suggests that men and women appear to cope differently because they face different

problems (Ptacek et al., 1992), and a status account subsumes key structural differences.

When faced with similar problems, gender differences in coping are less evident (Billings

& Moos, 1981; Folkman & Lazarus, 1980; Hamilton & Fagot, 1988; Pearlin & Schooler;

1978).

Coping theory (e.g., Folkman et al., 1986) holds that coping serves two functions:

management of the person/environment interaction and management of the emotional

effects of stressors. Most coping research addresses only the frequency or extent of use

of coping strategies, whereas the individual's perception of the efficacy of the use of

particular strategies for these two functions is not normally addressed. Efficacy refers to

the person's perception of how effective a strategy was for managing the stressor, and

must be distinguished from actual effectiveness, which requires objective longitudinal

evaluation of the impact of strategy use on some indices of adjustment (Aldwin &

Revenson, 1987). The efficacy of coping strategies, particularly in regards to managing

the environment, is to a certain extent dependent on an individual's resources, and as such

is theoretically relevant to a status account of coping. High status individuals, with their

greater access to external resources, may be more effective at managing the person-

environment interaction, and this may translate into perceptions of greater environmental

efficacy. In regards to emotional efficacy, there is less reason to believe that internal

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resources are in general correlated with status, and with gender. Specific predictions on individual coping items, are not made, as this portion of the research is exploratory.

Study 1, the self-perception or self-report study of men's and women's coping, addresses gender differences in the frequency of use of coping strategies, along with the environmental and emotional efficacy of strategy use. Appraisal of the stressor was also assessed, as coping theory proposes that patterns of coping are dependent upon individuals' appraisal in terms of distress, their control over the situation, and whether the situation is appraised as a threat, a challenge, or a loss (Folkman et al., 1986). In general, events that are perceived as more controllable elicit problem-focused coping and less avoidance (e.g., Folkman & Lazarus, 1980; Ptacek et al., 1992). Evidence for the existence of gender differences on appraisal is equivocal; there is some evidence that women find all varieties of stressful situations more stressful than do men (e.g., Hamilton & Fagot, 1988; Ptacek et al., 1992), but other researchers have found that men and women differ little in appraisal of events (e.g., Folkman & Lazarus, 1980). In terms of appraising events as controllable, the evidence for gender differences is again equivocal, with some research indicating that women find events as less controllable or expected (Ptacek et al., 1992) and other research finding no gender differences on these appraisal items (Scheier et al., 1986; Thoits, 1990a).

A second goal of Study 1 is to establish the validity of the DCS. A subsample of the participants from Study 1 completed the DCS a second time, two to three weeks after the initial assessment. Coping strategies from the coping measure were validated by comparing frequency of use to responses on the WOC (Folkman et al., 1986), which is

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widely regarded as the standard in coping measurement. The measure was also

compared with other constructs theorized to be related to the utilization of specific coping

strategies; self-esteem, trait anxiety, and neuroticism.

Study 2, with a focus on status, is a social perception study of individuals'

expectations of the coping behaviour of high- and low- status individuals. The minimal

instantiation of status developed by Conway et al. (1996) was employed. Status in this

procedure is uncorrelated with the usual status markers of gender, age, social role,

occupation, and knowledge. Participants listen to a tape-recorded description of a remote

culture which consists of a low and high status group. In the account, one group has

higher-status because of lore which has them descended from the first man and woman,

and thus they are seen as being in closer contact with the gods. Status, then, is ascribed

and not achieved. Although high-status individuals are given priority access to resources,

the groups share in all resources: indeed both groups work together to support the

community and there is no division of labour based on status. No information is given on

personality characteristics of group members.

The DCS will be adapted for use in Study 2. Participants were asked to report their

perceptions of the coping behaviour of both high and low status individuals when faced

with a stressful situation. As in Study 1, perceptions of the effectiveness of the coping

strategies was assessed. In this case, as participants were asked to report their perceptions

of others' coping, it is effectiveness and not efficacy ratings that were elicited.

Study 3, the gender stereotype study, is another social perception study.

Participants reported their perceptions of the coping of the typical man and the typical

woman. The expectation was that gender stereotypes of coping behaviour would match the perceptions of the coping behaviour of low and high status individuals, and the self-report coping of men and women.

Inherent in perceptions of normative behaviour based on stereotypes is the idea that some behaviours are more acceptable, or socially desirable, for men, as high status individuals, while other behaviours are more acceptable for women, as low status individuals. As status is linked to prestige, one possible implication is that individuals will attribute to men more socially desirable coping strategies. Yet characterisations of high status individuals do include behaviours that are less desirable, for example, arrogance and a domineering style. Similarly, low status characteristics include both positive (e.g., sensitive to the needs of others, empathy) and negative characteristics (e.g., dependence, passivity). As such, then, it is expected that both negative and positive coping methods will be attributed to both men and women. For example, keeping one's feelings to oneself may not be seen as a desirable quality for a woman because of concerns with communality, but it may be seen as desirable for a man, because of concerns with agency and control. Study 4 looks at perceptions of the social desirability of coping strategies for men and women.

Study 1

Method

Participants

Participants (157 women and 111 men; M = 24.39 years; range = 16-63 years)

responded to a sign at a booth on the Sir George Williams Campus of Concordia

University which stated "Psychology Project Volunteers Needed" to complete psychology

questionnaires. All participants who completed a questionnaire packet were eligible for

cash prizes. The questionnaire packet included the DCS as well as a number of other

measures that are not relevant to the present study. All measures were counterbalanced.

Participants were asked to provide demographic information, and to complete a future

contact sheet if they were interested in being contacted about participating in future paid

research of which the specific nature remained undefined. Each questionnaire was

assigned a code number, and contact sheets were removed from the packet to maintain

confidentiality.

Materials and Procedure

Participants were asked to describe in writing the most important problem or

stressful situation they had experienced in the recent past (see Appendix A). Previous

research with self-defined coping situations varies in specification of the time period

used. For example, McCrae (1984) asked for events in the past 18 months, Holahan and

Moos (1987) asked for events in the previous year, Amirkhan (1990) asked for problems

in the last six months, Folkman et al. (1986) asked for events in the previous seven days,

and Ptacek et al. (1992) assessed coping daily over several days. Specifying a time period

for the most important stressful event an individual has experienced recently is necessarily arbitrary. For example, if the previous six months were chosen, an individual that had experienced a major illness, or death of a loved one, or a relationship breakup seven months previously may still be coping with that event, and may consider it to be the most important event in his or her recent past. Consequently, in the present research, no specific time period was indicated, and participants were asked to describe a problem "from the recent past". If participants had not experienced a major problem, they were asked to describe a minor problem. Problems were categorized into six areas, determined on the basis of other research (e.g., Billings & Moos, 1981; Porter & Stone, 1995; Ptacek et al., 1992) and by reviewing the problems people reported in the present sample. Intimate relationship problems (n = 57) included conflicts with one's partner and relationship breakdowns. Interpersonal problems (n = 49) included conflicts with those other than partners, primarily family, friends, and roommates. Adjustment problems (n = 24) included difficulties encountered in making the transition to university life, relocating from another city or country, or moving out on one's own. Practical problems (n = 80) included both work and school difficulties, such as problems balancing work and school demands, and stressors associated with exams and student life. Health problems (n = 43) included illness of self or family members, or the loss of someone through death. An "other" category (n = 14) was included to categorize problems that did not fit into any of the above categories, and included minor events and daily hassles, for example, waiting for someone who was late or an uncomfortable aeroplane ride. Two judges, a doctoral psychology student and an undergraduate psychology student, reached 90% agreement on

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problem categorization; agreement reached 95% after discussion of the disparate problems. The categorization of the first judge was used for those problems on which agreement could not be reached.

After describing the problem, participants rated each of the 13 coping strategies as to the extent of use (frequency) during the coping episode on a 7-point Likert-type scale, with endpoints labelled *not at all* (1) and *very much* (7). Following the frequency ratings, participants rated each strategy as to the effectiveness for changing the stressful situation for the better (environmental efficacy) and for helping them to feel better (emotional efficacy) using the same rating scale as for the frequency items (see Appendix A).

The first 11 coping strategies, excluding alcohol and drug use and emotional eating, were presented in three random orders. To maintain consistency, participants received the same random order for all three ratings of the coping strategies. The frequency ratings were always presented first; half of the participants received the environmental efficacy ratings second, followed by the emotional efficacy ratings; and half received the emotional efficacy ratings second, followed by the environmental efficacy ratings. The random orders of the coping strategies, combined with the counterbalancing of the three rating types, resulted in six forms of the coping questionnaire.

The alcohol and drug use and emotional eating coping items were rated by participants for frequency, environmental efficacy, and emotional efficacy following all ratings for the other 11 coping strategies. Having participants rate these two coping items last was done in order that the methodology be as consistent as possible across all studies.

In Study 2, the general script describing the high and low status groups contained no information on alcohol or drug use, and minimal information about the variety of food available to members of the culture. In Study 2, additional information pertaining to foods and alcohol and drug use in the culture was provided after participants completed their ratings for the other 11 coping strategies. In each study, the alcohol and drug and emotional eating items were counterbalanced, and the frequency and efficacy ratings for these two items were presented in the same order for each participant as for the other 11 coping strategies.

Contextual models of coping (e.g., Folkman & Lazarus, 1980; Lazarus & Folkman, 1984) hold that cognitive appraisal affects choice of coping strategies and in addition is an important mediator of stress and outcome. Primary appraisal is concerned with an individual's evaluations of what is at stake in the encounter (Lazarus & Folkman, 1984). Primary appraisal was assessed by having participants indicate whether the situation they described was a loss, a threat, or a challenge. Appraisal items for assessment of loss, threat, and challenge were based on Folkman et al. (1986) and Ptacek et al. (1992). This appraisal has consequences for coping. In general, coping strategies that are concerned with the management of distressing emotions are used more in loss situations than in threat or challenge situations. For example, loss has been associated with the use of avoidance (Carver & Scheier, 1994) and emotional expression (McCrae, 1984). Threat situations have been linked to greater use of social support (Carver& Scheier, 1994; McCrae, 1984), and challenge situations have been linked to greater use of problem-focused strategies (McCrae, 1984). Four further aspects of appraisal were assessed; how

stressful the situation was, how expected the situation was, how much control participants

perceived they had over the situation, and how well they felt they had coped with the

situation overall. These four items were rated on 7-point Likert-type scales. Participants

were also asked to indicate how long ago the stressful situation occurred (see Appendix

A).

<u>Validation</u>

Validation of the DCS was an additional goal of Study 1. Internal validity of the

measure was assessed by factoring the 13 coping items. Based on previous research (e.g.,

Amirkhan, 1990; Fondacaro & Moos, 1987) it was expected that passive forms of coping

(e.g., wishful thinking, self-blame, avoidance) would form a factor. Emotional

expressivity was expected to be related to emotional support, and direct action and

reappraisal were expected to be related.

Eighty-five of the 268 participants who originally completed the DCS (Time 1)

were contacted by telephone and agreed to participate in a study that involved "filling out

questionnaires." Participant selection for the validation portion of Study 1 (Time 2) was

random with the exception that there was an attempt to include approximately equal

numbers of women and men, and participants were selected from those who had

completed a contact sheet at Time 1 indicating an interest in future paid research.

Potential participants were told the study involved filling out a number of questionnaires

similar to the questionnaires they had completed earlier (i.e., at Time 1). Two to three

weeks after their participation at Time 1, Time 2 participants came to the laboratory in

groups of 2 to 10 to complete the validation packet of questionnaires which included the

DCS and other measures described below. Participants were asked to read and sign a consent form prior to completing the questionnaires. Measures were presented in four counter-balanced orders. The DCS was included in the validation packet so that test-retest reliability could be examined. As coping is a process that changes over time, test-retest correlations were not expected to be high, and typically are low to moderate in coping research (e.g., Amirkhan, 1994; Holahan & Moos, 1987). The DCS was counterbalanced in the same manner as at Time 1. Participants were asked to report their coping in response to the problem they had described at Time 1 (see Appendix B). Photocopies of participants' problem descriptions from Time 1 were included in a sealed envelope in the packet of questionnaires. To maximize confidentiality, questionnaires were provided in envelopes and participants were identified by a code number assigned at Time 1. After completing the questionnaire packet, participants were paid $8.00 for their participation, and were given written feedback about the purpose of the study (see Appendix C).

Construct validity was assessed by correlating the definitional coping items with the subscales of the WOC (Folkman, et al. 1986; see Appendix D). The WOC consists of 67 items on eight subscales derived on the basis of factor analysis. Responses are provided on a 4-point Likert-type scale with endpoints labelled *not used* (0) to *used a great deal* (3). For the present study, participants were instructed to indicate the extent to which they used the strategy described in each item of the WOC when they encountered the stressful situation they had described at Time 1.

The confrontive coping scale of the WOC describes efforts to alter the situation in

an assertive or "aggressive" manner (e.g., getting those responsible to change their minds), and as such there is no directly corresponding definitional item. The distancing subscale describes efforts to detach oneself from the situation, and as such was expected to be related to the avoidance and the distraction definitional items. The distancing scale also contains an element of reappraisal. Therefore, correlations with the avoidance and distraction definitional items were expected to be low or moderate. The self-controlling subscale describes attempts at emotional control, and as such was expected to be related to the emotional control definitional item; however it also contains elements of behavioural control which is not implied in the definitional item. As such, the association between the WOC subscale and the emotional conrol definitional item was not expected to be strong. Seeking social support contains items that describe both emotional and informational support, and was expected to be related to both the emotional support and instrumental support definitional items. The accepting responsibility subscale is meant to capture efforts to acknowledge one's own role in the problem; however the items are heavily slanted towards a self-blaming attitude and as such the subscale was expected to be related to the self-blame definitional item. The escape-avoidance subscale includes items that describe behavioural and cognitive efforts, including wishful thinking, to escape the situation, and was expected to be related to both the avoidance and the wishful thinking definitional items. Planful problem-solving describes efforts to improve or change the situation and an analytical approach to problem-solving, and was expected to be related to the direct action definitional item. Positive reappraisal focuses on efforts to find meaning in the situation and on personal growth, and was expected to be related to

the reappraisal definitional item.

Convergent validity of the DCS was assessed by comparing the definitional items with other measures that are theoretically related to coping behaviour and have been used in other coping research; these include self-esteem, trait-anxiety, neuroticism, and extroversion (Amirkhan, 1990; Bolger, 1990; Endler & Parker, 1990a, 1990b; McCrae & Costa, 1986). Self-esteem was assessed with the Rosenberg Self-Esteem Scale (SES; Rosenberg, 1965; see Appendix E). The SES has demonstrated reliability and validity (Blascovich & Tomaka, 1991). The SES consists of 10 items; respondents indicate the extent to which they agree or disagree with each statement as it pertains to themselves on a four point Likert-type scale with endpoints labelled *strongly agree* (1) and *strongly disagree* (4). Higher scores indicate higher self-esteem. People with high self-esteem are thought to cope with problems more actively than those with low self-esteem (Carver et al., 1989). Individuals with lower self-esteem may be preoccupied with negative emotions during stressful episodes (Carver et al., 1989), and therefore are expected to rely on more passive forms of coping.

Trait anxiety was assessed with the State-Trait Anxiety Inventory A-Trait (STAI A-Trait; Spielberger, Gorsuch, & Lushene, 1970; see Appendix F). The STAI A-Trait is a twenty-item measure of individual differences in anxiety proneness; individuals high on trait anxiety have a tendency to react with a greater intensity to threatening situations than those low on trait anxiety. The STAI A-Trait has demonstrated reliability and validity (Spielberger et al., 1970). Items are rated on a four point Likert-type scale, with endpoints labelled *almost never* (1) and *almost always* (4); higher scores indicate higher

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levels of trait anxiety. Previous research indicates that individuals higher on trait anxiety rely less on active coping and are preoccupied with distressing emotions associated with the stressor (e.g., Carver & Scheier, 1993; Endler & Parker, 1990a). In the present research an association between trait anxiety and passive coping methods, including wishful thinking and self-blame was expected.

Extroversion and neuroticism were assessed with the Eysenck Personality Inventory (EPI, Eysenck & Eysenck, 1975; see Appendix G). The dimension of extroversion describes sociable and outgoing tendencies in an individual, and neuroticism refers to emotional over-reactiveness tendencies and sensitivity to stress. The EPI has demonstrated reliability and validity (Eysenck & Eysenck, 1975). Direct coping has been associated with higher scores on extroversion and lower scores on neuroticism (Endler & Parker, 1990a; Parkes, 1986). Extroversion has also been related to positive thinking and neuroticism with self-blame, wishful thinking, and avoidance (Endler & Parker, 1990a; McCrae & Costa, 1986).

Validity of the coping measure was further assessed by examining the relation between type of problem and frequency of use of coping strategies. Previous research has found some associations between type of problem and choice of coping strategy; for example, Folkman and Lazarus (1980) found that work situations were associated with greater use of problem-focused coping, while health problems were associated with emotion-focused coping. In addition to problem type, primary appraisal was also expected to be somewhat related to frequency of coping strategy. For example, challenge situations may call for more direct action, and loss and threat situations may be related to

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emotion-focused strategies.

Results

Outlying values for different variables, all above the mean, were replaced with the

mean of the respective variable plus three standard deviations. All variables were

examined for skewness, and appropriate transformations were performed. The results of

analyses of transformed variables were parallel to those of analyses performed on raw

data: that is, no results became significant or non-significant with transformed variables

as compared to analyses on raw data. For sake of clarity and consistency, analyses

reported below are for raw data. At Time 2, one participant's data could not be matched

with data from Time 1. Validation analyses reported are for 84 participants.

Validation

Descriptive statistics for the WOC are in Appendix H. Descriptive statistics for the

SES, STAI A-Trait, and the EPI are in Appendix I.

Factor Structure. Inter-correlations of the frequency ratings of coping strategies for

the entire sample are presented in Table 3, for women in Table 4, and for men in Table 5.

A principal components analysis (PCA) with varimax rotation was performed on the

frequency ratings of the coping strategies. Five factors with eigenvalues above 1

accounted for 61.1% the variance (see Table 6); an oblique rotation produced similar

results. Items that had loadings above .45 were considered for inclusion on each factor

(Tabachnick & Fidell, 1989). The first factor is an emotional expression factor, with

emotional support seeking, instrumental support seeking, and emotional focus and

expression loading positively, and emotional control loading negatively. The second

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Table 3

Correlations for Entire Sample Between Frequency Ratings of DCS Items

Item	Em. S.	Dir.A.	Em.C.	Wish.	Reapp.	Self-B.	Em.F.	Distr.	Bl.Oth.	In.Sup.	Al/Dr.	Em.Eat
Avoid.	-.070	-.105	.380**	.302**	-.060	.201**	-.113	.281**	.232**	-.060	.031	.163*
Em. S.		.189*	-.339**	.038	.073	.148*	.336**	.052	.089	.591**	.038	.103
Dir. A.			-.170*	-.144*	.277**	.050	.131*	-.030	-.131*	.327**	.003	.010
Em. C.				.218**	.011	.127*	-.365**	.161*	.079	-.349**	-.050	.149*
Wish.					-.040	.327**	.010	.094	.226**	-.040	.051	.112
Reapp.						.020	.015	.107	-.186*	.051	.079	.027
Self-B.							.165*	-.005	.077	.127*	.114	.189*
Em.F.								-.060	.094	.344**	.044	.010
Distr.									.156*	-.020	.078	.082
Bl.Oth.										.085	.053	.109
In.Sup.											.026	-.007
Al/Dr.												.011

Note. *Avoid.* = Avoidance; *Em. S.* = Emotional Support; *Dir. A.* = Direct Action; *Em. C.* = Emotional Control; *Wish.* = Wishful Thinking; *Reapp.* = Reappraisal; *Self-B.* = Self-Blame; *Em.F.* = Emotional Focus and Expression; *Distr.* = Distraction; *Bl. Oth.* = Blame Others; *In. Sup.* = Instrumental Support; *Al/Dr.* = Alcohol/Drug Use; *Em. Eat.* = Emotional Eating.
n = 268 * p <.05 ** p <.001.

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Table 4

Correlations for Women Between Frequency Ratings of DCS Items

Item	Em.S.	Dir.A.	Em.C.	Wish.	Reapp.	Self-B.	Em.F.	Distr.	Bl.Oth.	In.Sup.	Al/Dr.	Em.Eat
Avoid	-.127	-.060	.428**	.215*	.010	.175*	-.161	.320**	.215*	-.090	.056	.154
Em.S.		.105	-.396**	.045	.057	.176*	.408**	.048	.114	.593**	.118	.119
Dir.A.			-.197*	-.178*	.195*	.103	.153	-.040	-.155	.314**	.079	.035
Em.C.				.251*	.011	.095	-.361**	.225*	.094	-.395**	-.070	.001
Wish.					.080	.267**	-.040	.149	.335**	-.008	.036	.130
Reapp						.044	.019	.202*	-.124	-.030	.146	.099
Self-B.							.165*	-.040	.062	.180*	.135	.200*
Em.F.								-.177*	.069	.463**	.100	.031
Distr.									.114	-.050	.104	.033
Bl.Oth										.114	.050	.086
In.Sup.											.066	.095
Al/Dr.												.016

Note. *Avoid.* = Avoidance; *Em.S.* = Emotional Support; *Dir.A.* = Direct Action; *Em.C.* = Emotional Control; *Wish.* = Wishful Thinking; *Reapp.* = Reappraisal; *Self-B.* = Self-Blame; *Em.F.* = Emotional Focus and Expression; *Distr.* = Distraction; *Bl.Oth.* = Blame Others; *In.Sup.* = Instrumental Support; *Al/Dr.* = Alcohol/Drug Use; *Em.Eat.* = Emotional Eating.
$n = 157$ * $p < .05$ ** $p < .001$.

Table 5

Correlations for Men Between Frequency Ratings of DCS Items

Item	Em.S.	Dir.A.	Em.C.	Wish.	Reapp.	Self-B.	Em.F.	Distr.	Bl.Oth.	In.Sup.	Al/Dr.	Em.Eat.
Avoid.	.026	-.164	.303**	.422**	-.139	.259*	-.020	.230*	.263*	.001	-.006	.200*
Em.S.		.301**	-.218*	.025	.096	.107	.175	.054	.035	.586**	-.060	.041
Dir.A.			-.113	-.102	.382**	-.040	.070	-.003	-.105	.348**	-.090	-.050
Em.C.				.185*	.014	.177	-.308**	.078	.078	-.282*	-.040	.440**
Wish.					-.186*	.419*	.072	.015	.072	-.080	.072	.085
Reapp.						-.123	.010	-.030	-.272*	.176	-.003	-.080
Self-B.							.184	.053	.104	.038	.086	.179
Em.F.								.106	.113	.157	-.008	-.123
Distr.									.217*	.011	.041	.154
Bl.Oth										.037	.062	.133
In.Sup.											-.030	-.180
Al/Dr.												.018

Note. Avoid. = Avoidance; Em.S. = Emotional Support; Dir.A. = Direct Action; Em.C. = Emotional Control; Wish. = Wishful Thinking; Reapp. = Reappraisal; Self-B. = Self-Blame; Em.F. = Emotional Focus and Expression; Distr. = Distraction; Bl.Oth. = Blame Others; In. Sup. = Instrumental Support; Al/Dr. = Alcohol/Drug Use; Em.Eat. = Emotional Eating.
$\underline{n}$ = 111 * $\underline{p}$ <.05 ** $\underline{p}$ <.001.

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Table 6

Factor Loadings for Frequency Ratings of DCS Items for Entire Sample

Item	Factors				
	1	2	3	4	5
Avoidance	-.183	**.466**	-.103	**.547**	-.061
Emot. Supp.	**.786**	.098	.106	.123	.054
Dir. Action	.332	-.007	**.659**	-.039	-.119
Emot. Cont.	**-.627**	.404	.026	.276	-.139
Wishful	-.034	**.652**	-.217	.133	.137
Reappraisal	-.024	-.008	**.779**	.122	.154
Self-Blame	.164	**.792**	.028	-.162	.151
Emot. Foc.	**.662**	.073	-.081	-.150	.128
Distraction	-.031	-.041	.119	**.828**	.092
Blame Oth.	.220	.153	**-.515**	**.492**	.017
Instr. Supp.	**.801**	.0277	.148	.069	-.084
Alcohol/Dr.	.040	.073	.070	.085	**.911**
Emot. Eat.	.024	**.492**	.131	.139	-.268
Eigenvalue	2.47	2.01	1.34	1.09	1.03
Variance	19.0%	15.5%	10.3%	8.4%	7.9%

Note. Loadings above .45 are in bold typeface.
Emot. Supp. = Emotional Support; *Dir. Action* = Direct Action; *Emot. Cont.* = Emotional Control; *Wishful* = Wishful Thinking; *Emot. Foc.* = Emotional Focus and Expression; *Blame Oth.* = Blame Others; *Instr. Support* = Instrumental Support; *Alcohol/Dr.* = Alcohol and Drug Use; *Emot. Eat.* = Emotional Eating.
n = 268

factor reflects passive coping, with avoidance, wishful thinking, self-blame, and emotional eating items loading highest. The third factor reflects an active, self-directed form of coping, with direct action and reappraisal loading positively, and blaming others loading negatively. Distraction loads highest on the fourth factor, along with avoidance and blame others, and as such can be considered coping by turning away from the self, and is similar to what other researchers (e.g., Lazarus) term avoidance. The only item to load on the fifth factor was alcohol and drug use; this isolation of alcohol and drug use is consistent with findings in other research (e.g., Carver et al., 1989).

Standardized scores on the factors, using the regression method (Tabachnik & Fidell, 1989), were examined for gender differences. On the first factor, emotional expression, there was a significant gender difference, indicating that women ($\underline{M}$ = .143, $\underline{SD}$ = 1.05) reported use of emotionally expressive forms of coping more than did men ($\underline{M}$ = -.205, $\underline{SD}$ = .882) $\underline{t}$(265) = 2.84, $\underline{p}$ = .005. There was no significant gender difference on the passive coping factor (for women: $\underline{M}$ = .001, $\underline{SD}$ = .991; for men: $\underline{M}$ = -.002, $\underline{SD}$ = 1.02; $\underline{t}$ < 1), and no significant difference on the active coping factor (for women: $\underline{M}$ = -.006, $\underline{SD}$ = .965; for men: $\underline{M}$ = .009, $\underline{SD}$ = 1.05; $\underline{t}$ <1). There was no significant gender difference on turning away from the self (for women: $\underline{M}$ = -.010, $\underline{SD}$ = 1.03; for men: $\underline{M}$ = .015, $\underline{SD}$ = .957; $\underline{t}$ <1), and no gender difference on alcohol and drug use (for women: $\underline{M}$ = -.035, $\underline{SD}$ = .958; for men: $\underline{M}$ = .050, $\underline{SD}$ = 1.06; $\underline{t}$ <1).

Ways of Coping. Correlations between the definitional coping strategies and the Ways of Coping sub-scales are presented in Table 7. Overall, results indicate that, as expected, the definitional coping items of the coping measure correlate with the

Table 7

Correlations Between DCS Items (Frequency) and WOC Subscales

DCS	WOC Subscales							
	Avoidance	Support	Problem	Self-Con.	Respons.	Distancing	Reapprais.	Confront.
Avoid.	.389**	-0.132	-.236*	.204	.196	.408**	-.144	-.019
Em. Sup.	.127	.726**	.153	.059	.057	-.126	.183	.322*
Dir. Act.	.035	.311*	.634**	.033	.151	-.115	.257*	.442**
Em. Con.	.184	-.483**	-.169	.451**	.148	.191	-.073	-.190
Wishful	.649**	-.102	.033	.208	.405**	.194	.042	.139
Reapp.	-.076	.082	.338*	.341**	-.007	.222*	.506**	.212
Self-Bl.	.486**	-.079	.037	.044	.644**	.138	-.080	.114
Em. Foc.	.297*	.358**	.262*	.044	.277*	-.228*	.128	.416**
Distract.	.278*	.063	-.028	.105	.133	.256*	.134	.045
Bl. Oth.	.436**	.195	.087	-.039	.102	.014	.121	.241*
In. Sup.	.061	.744**	.113	-.181	.010	-.137	.042	.256*
Al/Dr.	.479**	.029	.081	.015	.230*	.128	.055	.177
Em. Eat.	.214*	.085	.139	.066	.057	-.029	-.005	.089

Note. WOC subscales: *Avoidance*=Escape/Avoidance; *Support*=Seeking social support; *Problem* =Planful problem-solving; *Self-Con.*=Self-controlling; *Respons.*=Accepting responsibility; *Distancing*=Distancing; *Reapprais.*=Positive Reappraisal; *Confront.*=Confrontive Coping. DCS Items: *Avoid* =Avoidance; *Em.S* =Emotional Support; *Dir.A.*=Direct Action; *Em.C.*=Emotional Control; *Wishful*=Wishful Thinking; *Reapp.*=Reappraisal; *Self-Bl.*=Self-Blame; *EmF.*=Emotional Focus and Expression; *Distr.*=Distraction; *Bl.Oth.* = Blame Others; *In.Sup.* =Instrumental Support; *Al/Dr.*=Alcohol/Drug Use; *Em.Eat.*=Emotional Eating.   n = 84 * p <.05 ** p <.001.

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corresponding WOC subscales. The correlations of the Ways of Coping

escape/avoidance subscale with several of the definitional coping items highlight the

multiple behaviours that the WOC avoidance subscale is tapping, and are consistent with

the unstable factor structure of the items on the scale found in different studies using the

WOC. The definitional avoidance item seems to capture dimensions of both the WOC

distancing subscale and the WOC escape/avoidance subscale. The WOC

escape/avoidance subscale is more closely related to the wishful thinking definitional

item than to the avoidance definitional item; indeed the three highest loading items on the

WOC escape/avoidance subscale can be considered wishful thinking or fantasies

(Folkman et al., 1986). As expected, the seeking social support subscale of the WOC was

significantly related to both emotional and instrumental definitional support items.

Planful problem solving was, as expected, related to the direct action definitional item,

and self-control was related to the emotional control definitional item. As expected,

accepting responsibility was related to the self-blame definitional item, and the distancing

subscale was related to the definitional avoidance item. The positive reappraisal subscale

was related to the reappraisal definitional item. Correlations were primarily in the

moderate range, which is to be expected given the varied nature of the WOC subscales

and the more specific nature of the definitional items. In addition to correlations

expected between specific WOC scales and definitional items, other correlations emerged

that are not unexpected given the nature of the WOC scales. For example, confrontive

coping correlated with direct action, emotional focus and expression, and emotional

support items; these correlations are in keeping with the multidimensional nature of the

confrontive coping scale, which includes elements of emotional expression and active coping similar to problem solving.

Additional correlations not specifically addressed above are primarily in the low to moderate range and no correlations emerged that are contrary to what would be expected given the nature of both the WOC and the definitional items.

Self-Esteem. Reported frequency of use for the coping items was compared with scores on the Rosenberg Self-Esteem Scale (see Table 8). The expectation was that higher self-esteem would be associated with more active forms of coping, and lower self-esteem would be associated with more passive forms of coping. As expected, there was a negative correlation between SES scores and passive forms of coping including avoidance, wishful thinking, self-blame, and emotional eating, indicating that individuals with lower self-esteem were more likely to endorse use of these forms of coping. However, the expectation that higher self-esteem would be associated with direct action was not confirmed. There were no significant correlations between SES and any of the other coping strategies.

Trait Anxiety. One item was inadvertently omitted from the STAI A-Trait; analyses reported are based on a mean of nineteen items. It was expected that higher trait anxiety would be related to passive forms of coping including wishful thinking and self-blame. Results were as expected (see Table 8). There were significant correlations between trait anxiety and avoidance, wishful thinking, self-blame, and alcohol and drug use, all of which may be considered passive forms of coping, or coping that is focused on the management of distressing emotions. Contrary to expectation, however, the expected

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Table 8

Correlation Between DCS Items and Extroversion, Neuroticism, Self-Esteem, and Trait Anxiety

Item	Extroversion	Neuroticism	Self-Esteem	Trait Anxiety
Avoidance	.041	.249*	-.253*	.214*
Emot. Supp.	-.007	.122	-.045	.151
Dir. Action	-.057	-.174	.039	.011
Emot. Cont.	.020	.143	-.118	.042
Wishful	.045	.377**	-.361**	.366**
Reappraisal	-.071	-.120	-.030	-.008
Self-Blame	-.083	.423**	-.390**	.389**
Emot. Focus	-.176	.133	.079	.134
Distraction	-.094	-.012	.048	.058
Blame Other	.076	.273*	-.138	.155
Instr. Supp.	-.073	.020	.092	.036
Alcohol/Dr.	.137	.178	-.130	.234*
Emot. Eating	-.252*	.147	-.282**	.146

Note. *Emot. Supp.* = Emotional Support; *Dir. Action* = Direct Action; *Emot. Cont.* = Emotional Control; *Wishful* = Wishful Thinking; *Emot. Focus* = Emotional Focus and Expression; *Inst. Supp.* = Instrumental Support; *Alcohol/Dr.* = Alcohol and Drug Use; *Emot. Eating* = Emotional Eating.
$n = 84$ * $p < .05$ ** $p < .001$

negative correlation between trait anxiety and direct action was not confirmed. There were no significant correlations between trait anxiety and any of the other coping strategies.

Extroversion and Neuroticism. As expected, neuroticism was associated with passive forms of coping (see Table 8). There were significant correlations between neuroticism and avoidance, wishful thinking, and self-blame. In addition, there was a significant correlation between neuroticism and blame others. Although in other research extroversion was related to direct coping, there was no association between extroversion and direct action, nor was there a significant negative correlation between neuroticism and direct action. There was a significant negative correlation between extroversion and emotional eating.

Problem Type. Results reported are for Time 1. Because of the varied nature of the problems categorized as "other", the short time period involved in several of these problem descriptions (i.e., difficulties that resolved within a few hours) and the small cell size ($\underline{n}$ = 14), this category was omitted from analyses. For each coping strategy, a oneway ANOVA with five levels of the independent variable (intimate relationship, interpersonal situations, practical problems, health problems, and adjustment problems) was performed. Bartlett-Box tests indicated that the assumption for homogeneity of variance was met for each ANOVA (all $\underline{p}$s >.001). Means and standard deviations for the problem categories for each coping strategy are presented in Tables 9 to 21. The omnibus F was significant for direct action ($\underline{F}(4,247)$ = 2.45, $\underline{p}$ <.05) and for emotional eating ($\underline{F}(4,247)$ = 4.04, $\underline{p}$ < .01). Post-hocs using the Tukey Honestly Significant

Table 9

Means and Standard Deviations of Frequency of Avoidance by Problem Type

Problem Type	Mean	Standard Deviation
Intimate	2.67	2.01
Interpersonal	3.45	1.77
Adjustment	3.00	1.91
Practical	2.68	1.90
Health	2.40	1.88
Other	3.36	2.37
Entire Sample	2.81	1.93

Table 10

Means and Standard Deviations of Frequency of Emotional Support by Problem Type

Problem Type	Mean	Standard Deviation
Intimate	4.35	2.07
Interpersonal	4.06	2.09
Adjustment	4.29	2.10
Practical	3.81	1.90
Health	4.00	1.75
Other	3.07	1.86
Entire Sample	4.00	1.97

Table 11

Means and Standard Deviations of Frequency of Direct Action by Problem Type

Problem Type	Mean	Standard Deviation
Intimate	4.47	1.78
Interpersonal	3.71	1.57
Adjustment	4.67	1.83
Practical	4.61	1.98
Health	3.95	2.16
Other	4.28	2.05
Entire Sample	4.31	1.91

Table 12

Means and Standard Deviations of Frequency of Emotional Control by Problem Type

Problem Type	Mean	Standard Deviation
Intimate	3.84	2.00
Interpersonal	3.84	1.83
Adjustment	3.63	1.74
Practical	3.87	1.89
Health	3.81	1.69
Other	3.79	1.97
Entire Sample	3.84	1.86

Table 13

Means and Standard Deviations of Frequency of Wishful Thinking by Problem Type

Problem Type	Mean	Standard Deviation
Intimate	4.05	1.90
Interpersonal	4.31	2.00
Adjustment	3.21	1.91
Practical	4.10	2.09
Health	4.39	1.80
Other	3.93	2.37
Entire Sample	4.08	2.00

Table 14

Means and Standard Deviations of Frequency of Reappraisal by Problem Type

Problem Type	Mean	Standard Deviation
Intimate	4.39	1.85
Interpersonal	3.94	1.49
Adjustment	4.79	2.08
Practical	3.93	1.78
Health	4.05	2.02
Other	4.00	2.29
Entire Sample	4.14	1.85

Table 15

Means and Standard Deviations of Frequency of Self-Blame by Problem Type

Problem Type	Mean	Standard Deviation
Intimate	3.09	1.72
Interpersonal	2.80	1.73
Adjustment	3.33	2.22
Practical	3.06	1.90
Health	3.09	1.81
Other	3.21	1.97
Entire Sample	3.07	1.85

Table 16

Means and Standard Deviations of Frequency of Emotional Focus and Expression by Problem Type

Problem Type	Mean	Standard Deviation
Intimate	4.63	1.58
Interpersonal	4.29	1.38
Adjustment	3.96	1.30
Practical	3.89	1.73
Health	4.09	1.57
Other	4.38	1.45
Entire Sample	4.18	1.58

Table 17

Means and Standard Deviations of Frequency of Distraction by Problem Type

Problem Type	Mean	Standard Deviation
Intimate	4.26	1.78
Interpersonal	4.39	1.50
Adjustment	4.17	1.97
Practical	3.81	1.85
Health	4.23	1.62
Other	3.64	1.91
Entire Sample	4.10	1.75

Table 18

Means and Standard Deviations of Frequency of Blame Others by Problem Type

Problem Type	Mean	Standard Deviation
Intimate	2.79	1.92
Interpersonal	3.29	1.81
Adjustment	2.13	1.19
Practical	2.51	1.71
Health	2.74	1.77
Other	2.64	1.39
Entire Sample	2.74	1.75

Table 19

Means and Standard Deviations of Frequency of Instrumental Support by Problem Type

Problem Type	Mean	Standard Deviation
Intimate	4.17	2.20
Interpersonal	4.55	1.82
Adjustment	3.75	2.38
Practical	3.79	1.89
Health	4.00	1.95
Other	3.86	2.03
Entire Sample	4.05	2.01

Table 20

Means and Standard Deviations of Frequency of Alcohol and Drug Use by Problem Type

Problem Type	Mean	Standard Deviation
Intimate	2.19	1.70
Interpersonal	1.67	1.16
Adjustment	2.11	1.86
Practical	1.71	1.40
Health	2.20	1.73
Other	1.79	1.37
Entire Sample	1.92	1.53

Table 21

Means and Standard Deviations of Frequency of Emotional Eating by Problem Type

Problem Type	Mean	Standard Deviation
Intimate	2.00	1.65
Interpersonal	2.29	1.74
Adjustment	3.59	2.45
Practical	2.48	1.70
Health	2.00	1.59
Other	2.21	1.31
Entire Sample	2.35	1.78

Difference test indicated that for direct action, none of the problem means were significantly different from any other ($q < 3.34 < q_{.05} = 3.86$). Individuals with adjustment problems endorsed more use of emotional eating than individuals categorized in all other problem categories ($q > 4.12 > q_{.05} = 3.86$); there were no other significant mean differences for emotional eating. There were no other significant differences among problem types for any of the other coping strategies.

Primary Appraisal. Participants were asked to indicate whether the situation they described was a loss, a threat, or a challenge. Resultant frequencies were 67, 100, and 85, respectively. Sixteen participants were excluded from analyses due to missing data or for endorsing more than one appraisal choice. A oneway ANOVA with three levels of the independent variable (loss, threat, challenge) was performed for each coping strategy. Loss and threat situations were expected to lead to more emotion-focused strategies, but specific predictions for the coping strategies were not made. However, challenge situations were expected to be associated with more direct action than loss or threat situations. For direct action, the omnibus F was significant $F_{(2,249)} = 7.1, p = .001$. A-priori analyses indicated that, as expected, challenge situations ($M = 4.85, SD = 1.69$) were associated with greater use of direct action than both loss situations ($M = 3.73, SD = 1.84$), $t_{(150)} = 3.89, p < .001$ and threat situations ($M = 4.16, SD = 2.00$), $t_{(183)} = 2.5, p = .01$. Loss and threat situations did not differ significantly on direct action, $t_{(165)} = 1.40, p > .05$.

The omnibus F for reappraisal was significant, $F_{(2,250)} = 16.12, p < .001$. Because no a-priori predictions were made, family wise alpha was set at .01 for the three

comparisons. Post-hoc analyses indicated that loss ($\underline{M}$ = 4.04, $\underline{SD}$ = 1.90) and threat situations ($\underline{M}$ = 3.49, $\underline{SD}$ = 1.62) did not significantly differ on reappraisal, $\underline{t}$(166) = 2.02, $\underline{p}$ = .05. Challenge situations ($\underline{M}$ = 4.95, $\underline{SD}$ = 1.77) were associated with significantly more use of reappraisal than both loss, $\underline{t}$(151) = 3.05, $\underline{p}$ = .003 and threat situations, $\underline{t}$(183) = 5.86, $\underline{p}$ <.001.

The omnibus $\underline{F}$ for blame others was significant $\underline{F}$(2,250) = 4.40, $\underline{p}$ = .01. Post-hoc comparisons indicated that loss ($\underline{M}$ = 3.25, $\underline{SD}$ = 1.95) and threat situations ($\underline{M}$ = 2.71, $\underline{SD}$ = 1.70) did not significantly differ on blame others $\underline{t}$(166) = 1.90, $\underline{p}$ = .06. Challenge situations ($\underline{M}$ = 2.42, $\underline{SD}$ = 1.55) did not differ significantly from threat situations $\underline{t}$(183) = 1.19, $\underline{p}$ = .24, but were associated with less use of blame others than threat situations $\underline{t}$(151) = 2.92, $\underline{p}$ = .004. The omnibus $\underline{F}$ was not significant for any of the other coping strategies. Means, standard deviations, and $\underline{F}$ statistics for these remaining coping strategies are in Table 22.

<u>Test-Retest</u>. Eighty-four subjects completed the DCS a second time two to three weeks after the original data collection. Test-retest correlations were expected to be moderate, as coping changes over time. Pearson's correlation coefficients for the thirteen coping strategies were as follows: .46 for avoidance; .69 for emotional support; .71 for direct action; .62 for emotional control; .57 for wishful thinking; .39 for reappraisal; .72 for self-blame; .53 for emotional focus and expression; .32 for distraction; .71 for blame others; .73 for instrumental support; .88 for alcohol/drug use; and .69 for emotional eating. All correlations were significant at the .001 level, with the exception of that for distraction ($\underline{p}$ = .003).

Table 22

Means, Standard Deviations, and F Statistics for Reported Frequency of DCS Items, by Primary Appraisal

Item	Loss		Threat		Challenge		F	p
	Mean	SD	Mean	SD	Mean	SD		
Avoidance	2.84	2.16	2.81	1.79	2.91	1.92	0.06	.94
Emot. Sup.	4.18	1.94	3.82	1.97	4.11	1.95	0.82	.44
Emot. Cont.	3.75	1.84	3.78	1.87	4.07	1.82	0.76	.47
Wishful	4.31	1.97	4.19	1.98	3.80	2.05	1.42	.24
Self-Blame	2.93	1.76	3.22	2.01	2.92	1.72	0.79	.46
Emot. Foc.	4.12	1.49	4.24	1.53	4.06	1.71	0.32	.73
Distraction	4.42	1.62	3.93	1.71	4.13	1.74	1.63	.20
Inst. Sup.	4.01	1.94	3.95	2.04	4.09	2.02	0.12	.89
Al/Dr.	1.99	1.35	1.96	1.71	1.66	1.30	1.20	.30
Emot. Eat.	2.09	1.51	2.44	1.89	2.44	1.78	0.98	.38

Note. Statistics for Direct Action, Reappraisal, and Blaming Others are in text.
Emot. Sup. = Emotional Support; Emot. Cont. = Emotional Control; Wishful. = Wishful Thinking; Emot. Foc. = Emotional Focus and Expression; Inst. Sup. = Instrumental Support; Al/Dr. = Alcohol and Drug Use; Emot. Eat. = Emotional Eating.
n = 252

Coping Strategies

Frequency. Independent group t-tests were used to compare the frequency of use of the coping strategies for men and women. As each comparison is independent, the alpha level was set at .05. T-tests reported are one-tailed for those strategies on which gender differences were expected based on the hypotheses outlined for status; for the one strategy for which there was no expectation of a status difference (i.e. instrumental support) the alpha level is set at .01.

For all but one of the coping strategies on which gender differences could be expected based on the prior research, results were as expected (see Table 23). Women reported more use of emotional support seeking, emotional focus and expression, and emotional eating than did men. Men reported more use of emotional control than did women. Contrary to expectation, there was no significant gender difference for alcohol and drug use. There were no significant gender differences on wishful thinking, direct action, avoidance, reappraisal, self-blame, blame others, distraction, and instrumental support seeking.

Efficacy. Specific predictions for gender differences in efficacy for each coping strategy were not made. As such, the alpha level for each comparison was set at .01. There were few gender differences for ratings of either environmental or emotional efficacy. For environmental efficacy, women reported that both emotional support seeking and emotional focus and expression were more effective at changing the situation than did men (see Table 24). There were no other significant gender differences for the environmental efficacy of individual coping strategies. For emotional efficacy, women

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Table 23

Means and Standard Deviations for Frequency Ratings of DCS Items for Women and Men Separately.

	Women		Men				
Item	Mean	SD	Mean	SD	df	t	p
Avoid.	2.72	1.92	2.95	1.95	266	-0.94	.18
Em.Sup.	4.19	2.03	3.74	1.87	266	1.83	.03
Dir.Act.	4.41	1.87	4.16	1.96	265	1.05	.15
Em.Con.	3.58	1.85	4.20	1.81	266	-2.72	.004
Wishful	4.10	1.98	4.05	2.03	266	0.23	.41
Reapp.	4.15	1.82	4.13	1.91	266	0.09	.47
Self-Bl.	3.05	1.91	3.09	1.76	266	-0.17	.43
Em.Foc.	4.49	1.59	3.73	1.45	266	4.00	.001
Distract.	4.13	1.78	4.06	1.71	266	0.33	.37
Bl. Oth.	2.80	1.77	2.64	1.73	266	0.75	.22
In. Sup.	4.07	2.10	4.01	1.89	266	0.24	.81
Al/Dr.	1.87	1.47	2.00	1.62	266	-0.68	.25
Em. Eat.	2.55	1.81	2.08	1.71	266	2.13	.02

Note. Avoid. = Avoidance, Em. Sup. = Emotional Support, Dir. Act. = Direct Action, Em. Con. = Emotional Control, Wishful = Wishful Thinking, Reapp. = Reappraisal, Self-Bl. = Self- Blame, Em. Foc. = Emotional Focus and Expression, Distract. = Distraction, Bl. Oth. = Blame Other, In. Sup. = Instrumental Support, Al/Dr. = Alcohol and Drug Use, Em. Eat. = Emotional Eating

Table 24

Means and Standard Deviations for Environmental Efficacy Ratings of DCS Items for Women and Men Separately.

Item	Women		Men		df	t	p
	Mean	SD	Mean	SD			
Avoid.	2.33	1.64	2.24	1.32	167	0.38	.71
Em.Sup.	4.57	1.81	3.69	1.78	230	3.68	.001
Dir.Act.	4.70	1.91	4.43	1.88	238	1.11	.27
Em.Con.	2.53	1.76	2.77	1.73	231	-1.05	.29
Wishful	2.27	1.81	2.32	1.71	226	-0.23	.81
Reapp.	4.16	1.78	4.00	1.81	239	0.69	.49
Self-Bl.	1.77	1.24	2.01	1.24	197	-1.39	.17
Em.Foc.	3.86	1.74	3.31	1.67	256	2.51	.01
Distract.	3.71	1.88	3.45	1.89	241	1.03	.30
Bl. Oth.	1.84	1.17	2.00	1.41	174	-0.81	.42
In. Sup.	4.25	1.72	3.82	1.83	227	1.85	.07
Al/Dr.	1.60	0.99	1.74	1.04	92	-0.65	.52
Em. Eat.	1.77	1.35	2.22	1.21	125	-1.81	.07

Note. *Avoid.* = Avoidance, *Em. Sup.* = Emotional Support, *Dir. Act.* = Direct Action. *Em. Con.* = Emotional Control, *Wishful* = Wishful Thinking, *Reapp.* = Reappraisal, *Self-Bl.* = Self- Blame, *Em. Foc.* = Emotional Focus and Expression, *Distract.* = Distraction, *Bl. Oth.* = Blame Other, *In. Sup.* = Instrumental Support, *Al/Dr.* = Alcohol and Drug Use, *Em. Eat.* = Emotional Eating

reported that emotional support seeking and instrumental support seeking were more effective than did men (see Table 25). Men reported that self-blame was more effective at making them feel better than did women. There were no other significant gender differences for the emotional efficacy of individual coping strategies.

Appraisal. Women rated their problem situations as more stressful (M = 6.16, SD = 1.01) than did men (M = 5.50, SD = 1.36), t (266) = 4.53, p <.001. Men reported that the situation they described was more expected (M = 3.44, SD = 2.04) than did women (M = 2.81, SD = 1.84), t(266) = 2.65, p = .008. Men and women did not significantly differ on their appraisal of how much control they felt they had over the situation (for women: M = 3.18, SD = 1.85; for men: M = 3.34, SD = 1.88; t < 1), nor did they significantly differ on their appraisal of how well they felt they coped with the situation overall (for women: M = 4.48, SD = 1.65; for men: M = 4.47, SD = 1.72; t < 1).

Structural theories of coping (e.g. Ptacek et al., 1992) posit that gender differences in coping are a result of the different types of problems men and women face. Some previous research has suggested that men and women may report different stressors (e.g., Billings & Moos, 1981; Folkman and Lazarus, 1980) but other research has found no difference in the types of problems reported by men and women (e.g., Ptacek et al., 1992). Problem frequencies for men and women were compared in the present research. A chi-square analysis indicated that the frequencies of different types of problems did not significantly differ between women and men, χ^2(5, n = 268) = 2.38, ns.

Table 25

Means and Standard Deviations for Emotional Efficacy Ratings of DCS Items for Women and Men Separately.

Item	Women		Men		df	t	p
	Mean	SD	Mean	SD			
Avoid.	2.85	1.88	2.99	1.65	167	-0.48	.63
Em.Sup.	4.79	1.58	4.12	1.57	230	3.18	.002
Dir.Act.	4.70	1.82	4.78	1.78	238	-0.30	.76
Em.Con.	2.65	1.57	2.89	1.61	231	-1.21	.23
Wishful	2.71	1.78	3.24	1.97	226	-2.10	.04
Reapp	4.48	1.71	4.24	1.89	239	1.01	.31
Self-Bl.	1.54	0.93	2.06	1.23	197	-3.38	.001
Em.Foc.	4.06	1.77	3.56	1.64	256	2.31	.02
Distract.	4.28	1.86	4.30	1.60	241	-0.11	.91
Bl. Oth.	2.47	1.66	2.64	1.79	174	-0.63	.53
In. Sup.	4.72	1.64	4.06	1.73	226	2.91	.004
Al/Dr.	2.58	1.41	2.75	1.38	92	-0.58	.56
Em. Eat.	2.40	1.40	2.80	1.50	125	-1.72	.09

Note. Avoid. = Avoidance, Em. Sup. = Emotional Support, Dir. Act. = Direct Action, Em. Con. = Emotional Control, Wishful = Wishful Thinking, Reapp. = Reappraisal, Self-Bl. = Self- Blame, Em. Foc. = Emotional Focus and Expression, Distract. = Distraction, Bl. Oth. = Blame Other, In. Sup. = Instrumental Support, Al/Dr. = Alcohol and Drug Use, Em. Eat. = Emotional Eating

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Discussion

The goal of Study 1 was twofold; first, to validate the DCS, and second, to describe gender differences in coping with the DCS. One intended advantage of developing the DCS was to assess a similar variety of coping strategies as do multidimensional coping scales, but with fewer items. That is, each coping strategy was intended to represent that which on multidimensional coping scales would be several items, without sacrificing psychometrics. Validation of the DCS was established in several ways; by examining its internal structure, by comparing it with the WOC, and by comparing it with personality constructs theorized to be related to coping.

Five conceptually coherent dimensions of coping emerged from a principle components analysis of the definitional coping measure. The factor structure of the coping measure is consistent with previous research using similar constructs (e.g., Amirkhan, 1990). The first factor captures emotional expressiveness, and social support for both instrumental and emotional support purposes. Thus it seems that in the present research, instrumental support seeking serves more of an emotional rather than a problem solving function. The close relation of the two types of support is perhaps not surprising, as individuals may ask the same person for both emotional and practical support. Nonetheless, the two functions should still be considered as distinct, as they share only some variance. Similarly, emotional support is by its nature focused on the emotions associated with a stressor, and as such shares variance with the strategy of emotional focus and expression, but is nonetheless distinct. Emotional expression is not necessarily social; indeed the correlation between the emotional focus strategy and emotional support

is, at .33, moderate, and examining the relations separately for men and women, only

holds for women. Emotional control loads negatively on the emotional expression factor,

indicating that not only are those who attempt to control their emotions less likely to

focus on the emotions associated with stressors, but in addition are less likely to turn to

others for both emotional and instrumental support. The second factor captures what can

be described as passive coping, and includes self-blame, wishful thinking, emotional

eating, and avoidance, strategies that are likely ineffective for not only moving towards

resolution of a stressful situation in practical terms, but also for effectively managing

negative emotions in the long term (Aldwin & Revenson, 1987; Billings & Moos, 1981;

McCrae & Costa, 1986; Wood, Saltzberg, Neale, Stone, & Rachmiel, 1990). As such,

this constellation of strategies may be seen as a style of coping that individuals adopt

when they feel overwhelmed by the demands of a stressful situation. The third factor may

be considered as the converse of passive coping, and can be described as an active, self-

directed form of coping. Strategies loading on this factor are reappraisal and direct

action; individuals adopting these strategies are less likely to blame others for the

situation. Although distraction loads highest on the fourth factor, it is better described as

coping by turning away from the self. The strategy of distraction may have positive

benefits when used as a means of controlling anxiety or other negative emotions; however

as both blaming others and avoidance load with distraction, it is likely not this more

adaptive form of distraction that is captured by this factor. Rather, turning away from the

self is more closely associated with what other researchers have termed avoidance

(Folkman & Lazarus, 1985a). Finally, alcohol and drug use was the only strategy to load

on the fifth factor. One may have expected it to be related to the passive coping dimension along with emotional eating. However, previous research does suggest that alcohol and drug use as a coping strategy may be more dispositional than situationally determined (Carver & Scheier, 1994). In sum, the factor structure of the definitional coping measure indicates that the measure is capturing several dimensions of coping which are consistent with previous research. Further, the fact that only one strategy, avoidance, loaded on more than one factor, suggests that the measure is successfully capturing dimensions of coping that are relatively distinct. In addition to factor structure, the reliability of the measure was of interest. As expected, given the situational, evolving nature of coping with discrete stressors, test-retest correlations were moderate.

The individual coping strategies on the definitional coping measure were compared with the eight subscales of the WOC. Correlations were as expected, with the definitional coping items corresponding to the appropriate WOC subscales. Most correlations were in the moderate range, which is to be expected given the variety of strategies included in the WOC subscales. Most illustrative of the overlapping nature of the WOC subscales is the correlation of several of the definitional coping strategies with the escape/avoidance subscale of the WOC; indeed, eight of the thirteen definitional strategies were significantly correlated with the escape avoidance subscale. Because use of one coping strategy does not preclude use of another, even of strategies that may seem to have opposite or opposing functions, an interrelation among strategies is expected. However, the avoidance/escape subscale appears to be casting too wide a net in contrast with the definitional avoidance item, which is significantly related only to escape/avoidance,

distancing, and negatively to problem-focused coping. Overall, the definitional coping items seem to be capturing coping in a more distinct and specific fashion than the WOC subscales. On average, the WOC subscales are correlated with four definitional items. Conversely, the definitional items correlate on average with 2.5 WOC subscales. In sum, the definitional coping measure captures the dimensions of coping in a more economical manner than the WOC, which is the standard in the field, without sacrificing psychometric properties or practical utility. Indeed, as the DCS is 50 items shorter than the WOC, it may have more practical utility for assessing frequency of use of coping strategies.

Convergent validity of the coping measure was assessed by comparing the strategies with personality constructs demonstrated in previous research to be related to individuals' use of coping strategies. In general, although personality characteristics do have some predictive utility for coping, associations with specific coping strategies were expected to be only moderate, as coping is also situationally determined. In addition, an individual's choice of strategy will vary as the stressful situation shifts over time, and choice of strategy also depends on the resources available to the individual. As expected, lower self-esteem and higher trait anxiety were associated with the use of passive forms of coping, including avoidance, wishful thinking, self-blame. Emotional eating, also a passive strategy, was related to lower self-esteem, and alcohol and drug use was associated with higher trait anxiety. As expected, neuroticism was also associated with passive coping strategies, including avoidance, wishful thinking, and self-blame. Contrary to expectations, an association of direct action with higher self-esteem, lower

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trait-anxiety, and extraversion was not confirmed, nor was the expected relation of direct action with extraversion obtained. Consistent with previous research, these results suggest that coping, with the exception of passive coping, is not greatly affected by personality factors. In the present research, it may be that the use of direct action, or problem solving techniques, is determined more by the availability of resources than by personality factors.

Individuals' appraisal of stressful situations also effects choice of coping strategies (e.g., Carver & Scheier, 1994; McCrae, 1984). Participants were asked to indicate whether the situation they described was a loss (an event in which damage has already occurred), a threat (an event that could have negative or undesirable consequences), or a challenge (an event that could have positive or desirable consequences). It was expected that challenge situations would be associated with greater use of direct action than threat or loss situations; this hypothesis was confirmed. Challenge situations were also associated with greater use of reappraisal than loss or threat situations, and with less use of blaming others than threat situations. Contrary to expectation, loss and threat situations were not associated with greater use of any other emotion-focused strategies; predictions for specific emotion-focused strategies were not made.

Gender Differences in Coping

The existence of gender differences in coping has been debated since the inception of interactional models of coping and the use of multi-dimensional coping inventories. Early researchers (e.g., Billings & Moos, 1981; Folkman & Lazarus, 1980; Pearlin & Schooler, 1978) proposed that women tend to use more emotion-focused coping, and men

tend to use more problem-focused strategies. More recently, other researchers (Porter & Stone, 1995) have suggested that this broad categorization of gender differences is not supported by the research, and may be masking more specific differences in the use of individual coping strategies. Another view suggests that gender differences in coping are due to the differential appraisal of stress by men and women, or in the types of stressors men and women face. The implication is that faced with similar situations, men and women do not differ in their use of coping strategies. Results of the literature review undertaken for the present research confirmed the contention that proposing gender differences in coping based on the distinction between emotional- and problem-focused coping is not founded. However, the review did suggest that there are specific gender differences in coping that may not be explained by differences in problem situations faced by men and women.

Overall, results of Study 1 were consistent with past research on gender differences in the use of specific coping strategies and are consistent with predictions derived from a status account. Only one expectation was not confirmed: men did not report greater use of drug and alcohol use. This lack of a gender difference may be in part due to the failure in the present research to distinguish between illicit drug use and prescription drug use. In addition, reported use of drugs and alcohol was low in the present research, with the mean falling at less than two on a seven point scale. Results of both the present research and the literature review suggest gender differences in coping are primarily confined to a distinction between emotional expression and control, with men engaging in attempts to control, but not express, their emotions, and women both focussing on their feelings and

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finding outlets for expression, including turning to others for support. However, it would be misleading to suggest that women engage in more *general* support seeking than do men, as there was no gender difference in the use of instrumental support. In fact, both genders reported use of instrumental support above the midpoint of the rating scale. The gender difference in social support, then, is confined to seeking emotional support in times of difficulty. Further, despite the fact that women do focus on their emotions more than do men, the results do not suggest that this focus is detrimental or unproductive (as has sometimes been suggested in the coping literature), as there were no gender differences on passive coping strategies such as avoidance and wishful thinking, with the exception of emotional eating. As with reported drug and alcohol use, women's reported use of emotional eating, although greater than men's, was relatively low and below the midpoint of the scale. In fact, contrary to suggestions that women's choice of coping strategies is maladaptive, and responsible, for example, for women's greater preponderance of depression, there is no evidence in the present research that women engaged in more maladaptive forms of coping. In addition to no gender differences on passive coping strategies, there were no gender differences on reappraisal or distraction, both of which may be thought of as adaptive responses. In sum, the results of the present research, consistent with the literature review, suggest that there are gender differences in coping, but that these gender differences are fewer and more specific than some previous research has suggested.

Even though gender differences in coping in the present study and in the prior research are confined to a few specific strategies, results of Study 1 are consistent with a

status account, in that they do correspond with what is hypothesized for status differences in coping. Fewer gender differences were found than would be expected based on status, but there were no findings that are contrary to a status account.

The sample in Study 1 was drawn from a university population. Although Concordia University students, representing a variety of ethnic, language, and socioeconomic groups, may be more representative of the general population than students at many other universities, the fact that the sample is drawn from the segment of the population that attends university does limit the generalizability of the results. Would different results be expected from a community sample that is more representative? Eighty-five studies were used in the literature review described here. Of these, 13 were based on community samples that could be considered as representative of the general population. The rest were based either on a university population or on samples of men and women facing the same situation (e.g., illness or in similar occupations). To address the possibility that the results of the present study are not representative of results that one would expect in a more inclusive community study, the studies surveyed that utilised a community sample were re-examined for gender differences in coping (Amirkhan, 1990; Billings & Moos, 1981; Cooper et al., 1991; Deisinger et al.,1996; Folkman et al., 1987; Folkman & Lazarus, 1980; Haenninen & Hillevi, 1996; Pearlin & Schooler, 1978; Porter & Stone, 1995; Stone & Neale, 1984; Vingerhoets & Van Heck, 1990). Not all studies examined all of the coping strategies of interest in the present research, so conclusions drawn from them are tentative. Of five studies that measured avoidance, three found no gender differences, one found men used more avoidance, and one found women did; the

original portrayal of no gender difference on avoidance would not change. Of ten studies that measured emotional support, nine found women used it more, and one found no difference; the original view for emotional support would not change. Ten studies looked at problem-focused coping; half found that men used more than did women, and half found no difference. Thus it is possible that men are more likely to use direct action: however, the meta-analysis found a weak tendency for women to engage in more problem-solving behaviour. Of five studies that examined reappraisal, three found no differences, one concluded that men use this strategy more, and one found women reported more use: the original view does not change. Three of four studies that included self-blame as a coping strategy found that women engaged in more, and one found no gender difference; again, the evidence is based on few studies, but it may suggest that women tend to self-blame more than do men. Seven of eight studies that included emotion-focused coping found that women are more emotionally focused, and one found no gender difference; the original view remains. Three studies found no gender difference in distraction; the same is true for blame others; for both findings the results are the same as for the broader literature review. Too few studies included emotional control, wishful thinking, instrumental support, alcohol and drug use, and emotional eating to draw any conclusions for gender differences on these strategies. Overall, then, the results of the community studies closely resemble those for the more restricted samples, and would not significantly change expectations for gender differences in coping.

Structural theories of gender differences in coping suggest that men and women

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face different stressors, which may have an impact on coping behaviour. There was no evidence for this in the present research, as there was no difference in the frequency of the types of problems reported by men and women. One possibility is the nature of the sample in the present study; that is, the men and women participants are similar in their student status, and this may have had some bearing on the types of problems they reported. Consistent with previous research, women did rate the situations they described as more stressful than did men. Presumably, greater perceived stress results in more felt emotions and may in part explain women's greater focus on emotion in the present research. Men reported that the situation they reported was more expected than did women. However, men and women did not differ on how much perceived control they reported over the situation. These latter findings are seemingly contradictory, in that one would expect that one has more control over situations that can be anticipated. Any advantage in coping with expected situations may be only transitory, however, as coping generally occurs over an extended period of time. Despite women's rating of their situations as more stressful, there was no gender difference in perceptions of how well, overall, individuals felt they had coped.

There were few gender differences in the efficacy of specific gender differences in spite of the fact that women reported greater stress. Women did feel that emotional support was more effective for both emotional reasons and for changing the situation for the better than did men; in addition, women felt that instrumental support was more effective in helping them feel better than did men. Women also felt that emotional focus and expression was more effective at changing the situation. Men did report that self-

blame was more emotionally effective than did women: however, the mean was low

indicating that, as would be expected, this strategy was not very effective at making

individuals feel better. In sum, then, women reported that support seeking and emotional

focus were more effective for them in coping with stress than did men, but overall, men's

and women's perceptions of the utility of various coping strategies were very similar.

Study 1 provided validation for the DCS, supporting its use for testing a status

theory of gender differences in coping in the present research. The present research and

the literature review of gender differences both suggest that existing gender differences in

coping are largely confined to the experience and expression of emotions associated with

stressful situations. The gender distinction along problem- and emotion-focused lines is

not supported, and, in the present research, men and women did not report differences in

the types of problems they were coping with, contrary to what structural theories of

gender differences in coping would suggest. Study 2 assesses perceptions of the coping

behaviour of high and low status individuals.

Study 2

Introduction

The self-report gender differences in coping observed in Study 1 are consistent

with a status account. Study 2 investigates people's perceptions of the coping behaviour

of high and low status individuals. An individual's status is a complex interplay of

several factors, including but not restricted to gender. In practice, separating one's gender

from status is not feasible, and thus to address the hypothesis of expected status

differences in coping, an experimental procedure to assess individuals' perceptions of

others' behaviour based on the others' status was used. The instantiation of status

employed controls for the usual association of status with markers such as gender, age,

knowledge, and socioeconomic status. Participants, both male and female, are introduced

to a fictional culture of individuals who are divided along status lines, based not on

achievement, but on cultural lore. Descriptions of the culture and the lives of its

members are presented to participants, and then they are asked to report their perception

of the coping of high and low status individuals. Individuals were expected to perceive

the coping of high and low status individuals according to the status hypothesis outlined

previously. To review the status hypotheses, low status individuals were expected to be

perceived as using the strategies of avoidance, emotional support, wishful thinking,

reappraisal, self-blame, emotional focus and expression, and emotional eating more than

high status individuals. High status individuals are expected to be perceived as using the

strategies of direct action, emotional control, distraction, blame others, and alcohol and

drug use more than are low status individuals. There was no expectation of a status

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difference for instrumental support.

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Method

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Participants

Participants (52 women and 31 men; M = 24.3 years; range = 18-72 years) were

selected by the same procedure used in Study 1: participants were selected from those

individuals who completed a contact sheet indicating possible interest in participating in

paid research.

Measures and Procedure

The DCS was adapted for use with the minimal status instantiation developed by

Conway et al. (1996; see Appendix J). In this procedure, participants listen to a tape

recorded description of a culture which consists of a high and a low status group: the two

status groups are explicitly described as such. Status is ascribed and not achieved, and is

unrelated to usual status markers including gender, age, social role, and social

occupations. Participants listened to one of two cultural scripts. Two scripts were used

to provide an internal replication of the study. In one script, the higher status individuals

were the first to inhabit an island and were accorded their higher status on that basis. The

huts of the higher status group were described as being in a more preferable location than

those of the low status group, and the high status group's huts and clothing distinguish

them from the low status group. The higher status group is accorded preferential access

to food, however, all have enough to eat. Intermarriage is not allowed, although the

groups do interact in both social and work activities. In the second script, higher status

individuals were described as direct descendants of the first man and woman; the lower

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status group are not direct descendants. In the latter description, the huts of the high status individuals are more centrally located and the higher status group can be identified by their more elaborate personal ornamentation. As in the first script, intermarriage is forbidden, but the two groups share in work and recreational activities. In both scripts, no information is provided about personality characteristics. The status information provided is general in that no information is provided regarding use of force or influence.

Participants completed the study in groups of one to four individuals. The experimenter read participants an introduction and participants were also given a written form of these instructions (see Appendix K). The introduction states that the focus of the study was "people's impressions of other individuals on the basis of initial or preliminary information," and that the participants would hear a tape recorded description of a "culture living in some remote corner of the world." Participants were asked to read and sign a consent form following the introduction. A cue card with the names of the two status groups in the culture was placed on the table in front of each participant. The description was recorded in sequence twice on the tape, and participants were provided with pen and paper and informed they could take notes if they wished. Participants were asked to listen to the passages in their entirety, without rewinding or stopping the tape. Each participant was provided with a tape recorder and headphones. The experimenter left the room while participants listened to the recording. Participants were asked to notify the experimenter when the tape was finished. The experimenter then gave participants the questionnaire packet, informing them that the instructions were located at the top of each questionnaire. After participants had completed the questionnaires, they

were debriefed by the experimenter (see Appendix L). Participants were paid $8.00 for their participation.

As in Study 1, the questionnaires were presented in six different random orders; three orders of the coping strategies and two orders of the effectiveness ratings. Frequency ratings were always completed first. In addition, half the participants rated the high status group first on all coping items; the other half of participants rated the low status group first. Forty-four participants listened to a script describing the Ngwani (high status individuals) and Gunada (low status individuals) culture (see Appendix M) and 39 participants listened to a script describing the Bwisi (high status individuals) and Mwangai (low status individuals) culture (see Appendix N). The wording of the coping strategies was altered from the first person as presented in Study 1 to reflect that the items referred to the coping of high or low status individuals. For the emotional and instrumental support items, "professional" was changed to "elders". Following the ratings for the first eleven coping strategies for the first tribe, participants read a brief passage describing the availability of foodstuffs, alcohol, and drugs in the culture (see Appendix J). The frequency, environmental effectiveness, and emotional effectiveness ratings for the strategies of alcohol and drug use and emotional eating followed these instructions. Participants then completed the appraisal items for one status group. Following the appraisal ratings, all ratings for the other status group were completed. The last page of the questionnaire packet consisted of 5 manipulation check items (see Appendix J). For both the low and high status groups, participants were asked *"How much power does the typical _____ have to choose and pursue their own activities and interests?"* and

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"How much power does the typical _____ have to influence others?" Blanks were

filled with group names. Responses to these four items were on a 7-point Likert-type

scale, with endpoints labelled "none at all" (1) and "very much" (7). The fifth item asked

participants to indicate which *"group holds higher status"* by circling the name of one of

the two groups.

Results

Outlying values for different variables were above the respective means and were

replaced with the mean of the respective variable plus three standard deviations. All

variables were examined for skewness, and appropriate transformations were performed

where indicated. Analyses with transformed variables were parallel to those performed

on raw data. As in Study 1, analyses reported are on raw data. Correlations between

coping strategies (frequency) for high and low status individuals are reported in

Appendices P and Q.

To assess for possible differences in response to the two cultural scripts, individual

t-tests, with the two cultural scripts (Bwisi/Mwangai or Ngwani/Gunada) as the

dependent variable, were conducted on all coping ratings and appraisal items for both the

low and high status groups. Of the 74 comparisons, only two reached statistical

significance at the .05 alpha level (see Appendix R); consequently the data for the two

cultural scripts were combined for all analyses. To assess for possible participant gender

differences in perceptions of the coping of high and low status individuals, a 2(participant

gender) by 2(status group) ANOVA was conducted on the frequency, environmental

efficacy, and emotional efficacy ratings for each coping strategy. As there was only one

significant Gender X Status interaction (see Appendix T), results reported are collapsed across participant gender.

Manipulation Check

Eighty of the 83 participants correctly identified the high status group as such. Additional manipulation checks indicated that high status individuals were perceived as having more power to choose and pursue their own activities and interests ($\underline{M}$ = 5.22, SD = 1.25) than low status individuals ($\underline{M}$ = 3.27, SD = 1.29; $\underline{t}(82)$ = 10.7, $\underline{p}$ <.001). High status individuals were also perceived as having more power to influence others ($\underline{M}$ = 5.29, SD = 1.20) than low status individuals ($\underline{M}$ = 2.91, SD = 1.25; $\underline{t}(82)$ = 11.62, $\underline{p}$ <.001).

Coping Strategies

Perceived Frequency. Low status individuals were expected to be perceived as using more emotional support seeking, emotional focus and expression, emotional eating, avoidance, reappraisal, wishful thinking, and self-blame more than were high status individuals. High status individuals were expected to be perceived as using more direct action, emotional control, alcohol and drug use, blaming others, and distraction. No status difference was expected for instrumental support.

Independent group $\underline{t}$-tests with the alpha level set at .05 for hypothesized differences were conducted. Probability values reported are one-tailed where status differences were expected, and two-tailed where no difference was expected (i.e., for instrumental support). Means, standard deviations, and $\underline{t}$-statistics are reported in Table 26. Hypotheses were partially supported. As expected, low status individuals were

Table 26

Means, Standard Deviations, and t-statistics for Perceptions of Frequency of Use of DCS Items for Low- and High-Status Individuals Separately.

Item	Low Status		High Status		df	t	p
	Mean	SD	Mean	SD			
Avoid.	3.08	1.35	2.96	1.38	82	-0.65	.52
Em.Sup.	5.00	1.25	4.57	1.35	82	-2.38	.01
Dir.Act.	4.30	1.33	3.70	1.55	82	-2.79	.007
Em.Con.	3.06	1.28	3.68	1.52	82	3.17	.001
Wishful	3.19	1.68	2.87	1.61	82	-1.38	.17
Reapp.	3.89	1.32	3.83	1.33	82	-0.31	.76
Self-Bl.	2.57	1.33	2.48	1.49	82	-0.45	.66
Em.Foc.	3.89	1.37	3.59	1.41	82	-1.65	.05
Distract.	3.80	1.46	4.28	1.54	82	2.69	.009
Bl. Oth.	3.12	1.53	2.57	1.35	82	-2.79	.007
In. Sup.	4.98	1.41	4.75	1.41	82	-1.28	.20
Al/Dr.	3.20	1.46	3.17	1.49	82	-0.23	.82
Em. Eat.	3.01	1.64	2.72	1.52	82	-1.74	.04

Note. *Avoid* = Avoidance, *Em. Sup.* = Emotional Support, *Dir. Act.* = Direct Action, *Em. Con.* = Emotional Control, *Wishful* = Wishful Thinking, *Reapp.* = Reappraisal, *Self-Bl.* = Self- Blame, *Em. Foc.* = Emotional Focus and Expression, *Distract.* = Distraction, *Bl. Oth.* = Blame Other, *In. Sup.* = Instrumental Support, *Al/Dr.* = Alcohol and Drug Use, *Em. Eat.* = Emotional Eating

perceived as using more emotional support, emotional focus and expression, and emotional eating than were high status individuals. Contrary to expectations of greater perceived use by low status individuals, there were no significant status differences for the strategies of avoidance, reappraisal, wishful thinking, and self-blame. As expected, high status individuals were perceived as using the strategies of emotional control and distraction more than were low status individuals, but the expected status difference for alcohol and drug use did not emerge. As expected, there was no status difference for instrumental support. Contrary to expectation, low status individuals were perceived as using direct action more than were high status individuals. Also contrary to expectation, low status individuals were perceived as using the strategy blame others more than were high status individuals.

Perceived Coping Efficacy. No predictions were made for perceptions of status differences for the environmental and emotional efficacy of coping strategies; the alpha level for these comparisons was set at .01. There were no significant differences between high and low status individuals for either environmental or emotional efficacy for any of the coping strategies (see Tables 27 and 28 for means, standard deviations, and t-statistics).

Perceived Appraisal. There was no significant status difference on perceptions of how stressful low and high status individuals found a problem situation (low status: $\underline{M}$ = 3.73, $\underline{SD}$ = 1.23; high status: $\underline{M}$ = 3.65, $\underline{SD}$ = 1.16; $\underline{t}$(82) < 1). There was no perception of a status difference on how expected problem situations were for individuals (low status: $\underline{M}$ = 3.66, $\underline{SD}$ = 1.42; high status: $\underline{M}$ = 3.51, $\underline{SD}$ = 1.20; $\underline{t}$(82) < 1). There was also no

Table 27

Means, Standard Deviations, and t-statistics for Perceptions of Environmental Effectiveness of DCS Items for Low- and High-Status Individuals Separately.

	Low Status		High Status				
Item	Mean	SD	Mean	SD	df	t	p
Avoid.	2.00	1.22	2.18	1.41	82	1.12	.27
Em.Sup.	5.11	1.41	5.00	1.38	82	-0.69	.49
Dir.Act.	5.15	1.38	5.12	1.53	82	-0.13	.89
Em.Con.	2.44	1.37	2.48	1.42	82	0.22	.83
Wishful	2.07	1.35	2.10	1.26	81	0.20	.84
Reapp.	4.48	1.44	1.49	1.39	82	0.07	.94
Self-Bl.	1.98	1.36	2.12	1.30	82	1.00	.32
Em.Foc.	3.76	1.47	3.94	1.56	81	0.97	.34
Distract.	3.43	1.66	3.72	1.74	82	1.59	.12
Bl. Oth.	2.03	1.46	1.79	1.06	82	-1.36	.18
In. Sup.	5.08	1.42	4.96	1.51	82	-0.79	.43
Al/Dr.	2.10	1.50	2.04	1.42	82	-0.66	.51
Em. Eat.	2.19	1.30	2.05	1.17	82	-1.10	.28

Note. *Avoid.* = Avoidance, *Em. Sup.* = Emotional Support, *Dir. Act.* = Direct Action, *Em. Con.* = Emotional Control, *Wishful* = Wishful Thinking, *Reapp.* = Reappraisal, *Self-Bl.* = Self- Blame, *Em. Foc.* = Emotional Focus and Expression, *Distract.* = Distraction, *Bl. Oth.* = Blame Other, *In. Sup.* = Instrumental Support, *Al/Dr.* = Alcohol and Drug Use, *Em. Eat.* = Emotional Eating

Table 28

Means, Standard Deviations, and t-statistics for Perceptions of Emotional Effectiveness of DCS
Items for Low- and High-Status Individuals Separately.

Item	Low Status		High Status		df	t	p
	Mean	SD	Mean	SD			
Avoid.	2.42	1.34	2.66	1.32	82	1.54	.13
Em.Sup.	5.11	1.37	5.25	1.35	82	0.87	.39
Dir.Act.	5.10	1.41	5.15	1.33	81	0.32	.75
Em.Con.	2.50	1.46	2.23	1.20	82	-1.63	.11
Wishful	2.66	1.55	2.64	1.47	82	-0.14	.89
Reapp.	4.47	1.36	4.52	1.25	82	0.27	.76
Self-Bl.	1.72	1.07	1.70	1.02	82	-0.23	.82
Em.Foc.	4.02	1.47	4.06	1.31	82	0.22	.83
Distract.	3.93	1.52	4.09	1.46	81	0.9	.37
Bl. Oth.	2.66	1.45	2.39	1.49	81	-1.34	.19
In. Sup.	5.13	1.38	5.19	1.25	82	0.37	.72
Al/Dr.	3.16	1.65	3.23	1.65	82	0.45	.65
Em. Eat.	2.96	1.48	2.86	1.42	82	-0.74	.46

Note. *Avoid.* = Avoidance, *Em. Sup.* = Emotional Support, *Dir. Act.* = Direct Action, *Em. Con.* =
Emotional Control, *Wishful* = Wishful Thinking, *Reapp.* = Reappraisal, *Self-Bl.* = Self- Blame,
Em. Foc. = Emotional Focus and Expression, *Distract.* = Distraction, *Bl. Oth.* = Blame Other, *In.
Sup.* = Instrumental Support, *Al/Dr.* = Alcohol and Drug Use, *Em. Eat.* = Emotional Eating

perceived status difference on perceptions of control over problem situations (low status $\underline{M}$ = 4.11, $\underline{SD}$ = 1.39; high status $\underline{M}$ = 3.89, $\underline{SD}$ = 1.42; $\underline{t}$(82) < 1, $\underline{ns}$.). Finally, there was no perceived status difference for how well overall individuals perceived they coped with problem situations (low status $\underline{M}$ = 4.17, $\underline{SD}$ = 1.17; high status $\underline{M}$ = 4.35, $\underline{SD}$ = 1.11; $\underline{t}$(82) = 1.14, $\underline{p}$ > .05).

Discussion

Study 2 was a social perception study, with the aim of investigating people's perception of others' coping behaviour based on others' status. Consistent with expectations, low status individuals were perceived as making greater use of the strategies emotional support, emotional focus and expression, and emotional eating. High status individuals were perceived as using more emotional control. It was expected that low status individuals would be perceived as using more passive coping strategies, including wishful thinking, avoidance, and self-blame. These hypotheses were not confirmed; there were no status differences for these strategies, nor was the expected greater use of reappraisal for low status individuals confirmed. High status individuals were expected to use more distraction, a strategy aimed at directing attention away from one's emotions by turning attention to other activities; this hypothesis was confirmed. There was no expectation for a status difference for instrumental support, and none was found. Low status individuals were perceived as using the strategy of blaming others more than were high status individuals; this finding was contrary to the expected finding that high status individuals would be more likely to be perceived as blaming others more. Based on the findings described previously on the behaviour of high and low status individuals in

problem solving groups, it is difficult to account for this reversal. The previous research

does suggest that it is more acceptable for high status individuals to blame others. It is

possible to consider another perspective that could account for the present finding. Low

status individuals may have legitimate reasons for blaming others for their misfortunes, as

they, with fewer available resources and less power, may be at the mercy of more

powerful others. If low status individuals are perceived as victims (a possibility that

cannot be confirmed in the present research) then it follows that people may perceive

them as having a tendency to blame others for their predicaments. Also contrary to

expectation, low status individuals were perceived as using direct action more than were

high status individuals. This finding is inconsistent with the view of high status

individuals as having a more instrumental orientation. Alternative explanations can be

explored. For example, people may view high status individuals, by virtue of their

position of privilege, as having to put forth less effort when faced with a stressor, in order

to obtain the same outcomes as low status individuals. And, if we are to compare the

status findings with self-report gender differences, there is very limited evidence that

women, rather than men, may use direct action more, based on the weak tendency for

women's greater use of problem-solving reported in the meta-analysis. Contrary to

expectation in Study 1, men did not report more alcohol and drug use than women, and in

the present study, there was no perceived status difference on alcohol and drug use

It was expected that the self-reported coping of men and women from Study 1

would correspond to the perceptions of the coping behaviour of high and low status

individuals. As expected, there was a high degree of correspondence between the self

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reported coping of men and women and the perceptions of the coping behaviour of high and low status individuals. There was a lack of findings for the perception of low status individuals as using passive coping strategies more; this also, although contrary to the status hypotheses, is consistent with results of the self-report gender study. Low status individuals in the present research were not perceived as submissive, and indeed this may be consistent with the perception of low status individuals as using more direct action. That is, in the present research, low status individuals may have been perceived as having to put forth more effort, but not necessarily as having to accept their lower status and as such passively ruminating about their position in life, or indeed engaging in self-blame, which is often a response to victimization. The cultural scripts in the present research do not, however, portray the low status group as victims. They are not denied resources or access to resources as low status individuals in reality often are. Similarly, there is no information on the wielding of power by high status individuals, and the society is portrayed as one characterized by union and harmony. The status manipulation, then, is minimal and perhaps it is not surprising that stereotypes of status were not applied to the same degree as they may be in less benign scenarios.

Finally, in Study 2, there were no significant differences in perceptions of the effectiveness of the coping of high and low status individuals. In Study 1, men and women also differed little in their evaluation of their coping efficacy.

Study 3

Introduction

A key component of the status theory under investigation is the internalization of

norms or stereotypical characteristics of one's gender. That is, the theory proposes that in

part, individuals fulfill expectations for behaviour based on their status position, which is

partly determined by gender. Study 3 is another social perception study, this time with

gender as the variable of interest; it was expected that stereotypical views of the coping

behaviour of men and women would correspond to those that were expected for status.

Hypotheses for gender stereotypes, then, are the same as for the expected status

differences in Study 2. That is, women were expected to be perceived as using more

avoidance, emotional support, wishful thinking, reappraisal, self-blame, emotional focus

and support, and emotional eating than men. Men were expected to be perceived as using

the strategies direct action, emotional control, distraction, blame others, and alcohol and

drug use more than women. There was no expectation of a perceived gender difference

for instrumental support.

Method

Participants. Participants (42 women and 39 men; $\underline{M}$ = 24.1 years, range = 18-46 years)

were selected as in Study 1 and 2.

Measure and Procedure. The DCS was adapted for the present study (see Appendix R).

Participants completed the questionnaires in groups of 2 to 10. Participants were asked to

read and sign a consent form prior to completing the questionnaires. They were told that

the study involved filling out questionnaires, and were asked to follow the instructions

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provided on the questionnaires. The questionnaires were presented in the same random orders as for Studies 1 and 2. In addition, half of the participants made the ratings for women first, and the other half rated men first. Participants were debriefed by the experimenter and were paid $8.00 for their participation.

Results

One participant's data was excluded from analyses for failing to follow instructions. Analyses are based on 80 participants. Outlying values for different variables were replaced with the mean of the respective variable plus three standard deviations. All variables were examined for skewness, and appropriate transformations were performed where indicated. Analyses with transformed variables were parallel to those performed on raw data. Analyses reported are on raw data. To assess for possible participant gender differences in perceptions of the coping of men and women, a 2(participant gender) by 2(target gender) ANOVA was conducted on the frequency, environmental efficacy, and emotional efficacy ratings for each coping strategy and on the four appraisal items. Six of 43, or 14%, participant gender X target gender interactions were significant at an alpha level of .05 (see Appendix S). Because of the small number of significant interactions, reported analyses are collapsed across participant gender.

Coping Strategies

Perceived Frequency. Independent group t-tests with the alpha level set at .05 for hypothesized differences were conducted. Probability values reported are one-tailed where perceived gender differences were expected and two-tailed where no difference was hypothesized (i.e., for instrumental support).

Results were as expected, with few exceptions (see Table 29). As expected, women were perceived as using the strategies emotional support seeking, emotional focus and expression, emotional eating, reappraisal, and self-blame more than were men. As expected, men were perceived as using the strategies emotional control, alcohol and drug use, distraction, and blaming others more than women. Contrary to expectations, there was no gender difference on wishful thinking, and men were perceived as using the strategy avoidance more than were women. Also contrary to expectation, there was no perceived gender difference on direct action, and women were perceived as using more instrumental support than were men.

Perceived Effectiveness. No specific predictions were made for perceived gender differences in efficacy of coping strategy use; the alpha level was set at .01 for each comparison. There were few significant perceived gender differences in the environmental effectiveness of coping (see Table 30). Women were perceived as having more environmental effectiveness than men when they used emotional support and emotional focus and expression; men were perceived as having more environmental effectiveness when they used emotional control.

Women were perceived as having more emotional effectiveness when they used the strategies of emotional focus and expression, emotional support, wishful thinking, emotional eating, and instrumental support (see Table 31). Men were perceived as having more emotional effectiveness when they used the strategies emotional control, distraction, and alcohol and drug use.

Perceived Appraisal. Women ($\underline{M}$ = 5.10, $\underline{SD}$ = .95) were perceived as finding

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Table 29

Means, Standard Deviations, and t-statistics for Perceptions of Frequency of Use of DCS Items for the Typical Women and the Typical Man

Item	Typical Woman		Typical Man		df	t	p
	Mean	SD	Mean	SD			
Avoid.	3.16	1.38	4.34	1.62	78	4.85	.001
Em.Sup.	5.74	1.19	2.98	1.27	78	-15.23	.001
Dir.Act.	4.59	1.31	4.29	1.41	78	-1.46	.15
Em.Con.	2.74	1.38	5.41	1.47	78	12.43	.001
Wishful	4.08	1.56	3.80	1.51	78	-1.3	.197
Reapp.	4.29	1.43	3.61	1.36	79	1.43	.004
Self-Bl.	4.58	1.64	3.31	1.41	79	-5.15	.001
Em.Foc.	5.44	1.22	2.55	1.08	79	-15.49	.001
Distract.	4.04	1.49	5.04	1.36	79	4.62	.001
Bl. Oth.	3.74	1.47	4.28	1.45	79	2.43	.017
In. Sup.	5.64	1.19	3.19	1.37	79	-13.99	.001
Al /Dr.	3.11	1.47	4.50	1.44	79	8.29	.001
Em. Eat.	4.92	1.46	2.74	1.26	78	-9.89	.001

Note. *Avoid.* = Avoidance, *Em. Sup.* = Emotional Support, *Dir. Act.* = Direct Action, *Em. Con.* = Emotional Control, *Wishful* = Wishful Thinking, *Reapp.* = Reappraisal, *Self-Bl.* = Self- Blame, *Em. Foc.* = Emotional Focus and Expression, *Distract.* = Distraction, *Bl. Oth.* = Blame Other, *In. Sup.* = Instrumental Support, *Al/Dr.* = Alcohol and Drug Use, *Em. Eat.* = Emotional Eating

Table 30

Means, Standard Deviations, and t-statistics for Perceptions of Environmental Effectiveness of
DCS Items for the Typical Women and the Typical Man

Item	Typical Woman		Typical Man				
	Mean	SD	Mean	SD	df	t	p
Avoid.	1.93	1.32	1.98	1.36	79	0.31	.76
Em.Sup.	5.28	1.50	4.58	1.60	79	-3.83	.001
Dir.Act.	5.60	1.46	5.71	1.26	79	0.67	.51
Em.Con.	2.23	1.31	2.75	1.79	79	2.51	.01
Wishful	2.04	1.28	2.17	1.46	79	0.92	.36
Reapp.	5.11	1.32	4.85	1.43	79	-1.73	.09
Self-Bl.	1.91	1.29	2.05	1.20	79	0.97	.33
Em.Foc.	4.70	1.51	4.06	1.44	79	-3.38	.001
Distract.	3.31	1.57	3.53	1.68	79	1.10	.27
Bl. Oth.	1.94	1.35	1.89	1.26	79	-0.29	.77
In. Sup.	5.23	1.18	4.95	1.33	79	-1.92	.06
Al/Dr.	1.73	1.20	1.65	1.20	79	-0.56	.58
Em. Eat.	1.94	1.19	1.79	1.08	79	-1.07	.29

Note. *Avoid.* = Avoidance, *Em. Sup.* = Emotional Support, *Dir. Act.* = Direct Action, *Em. Con.* = Emotional Control, *Wishful* = Wishful Thinking, *Reapp.* = Reappraisal, *Self-Bl.* = Self- Blame, *Em. Foc.* = Emotional Focus and Expression, *Distract.* = Distraction, *Bl. Oth.* = Blame Other, *In. Sup.* = Instrumental Support, *Al/Dr.* = Alcohol and Drug Use, *Em. Eat.* = Emotional Eating

Table 31

Means, Standard Deviations, and t-statistics for Perceptions of Emotional Effectiveness of DCS Items for the Typical Woman and the Typical Man

Item	Typical Woman		Typical Man		df	t	p
	Mean	SD	Mean	SD			
Avoid.	2.52	1.30	3.09	1.70	79	2.75	.007
Em.Sup.	5.89	1.02	4.54	1.47	79	-7.48	.001
Dir.Act.	5.76	1.06	5.60	1.29	79	-1.02	.31
Em.Con.	2.00	0.96	2.90	1.85	79	4.45	.001
Wishful	3.29	1.72	2.86	1.56	79	-2.51	.01
Reapp.	5.16	1.30	4.96	1.37	79	-1.08	.28
Self-Bl.	1.96	1.27	2.17	1.39	79	1.37	.17
Em.Foc.	5.14	1.28	4.02	1.53	79	-5.88	.001
Distract.	4.24	1.64	4.91	1.53	79	3.56	.001
Bl. Oth.	3.15	1.69	3.54	1.76	79	1.71	.09
In. Sup.	5.64	1.05	4.35	1.49	79	-7.38	.001
Al/Dr.	2.65	1.45	3.40	1.70	79	3.82	.001
Em. Eat.	3.19	1.65	2.63	1.24	79	-2.59	.01

Note. Avoid. = Avoidance, Em. Sup. = Emotional Support, Dir. Act. = Direct Action, Em. Con. = Emotional Control, Wishful = Wishful Thinking, Reapp. = Reappraisal, Self-Bl. = Self- Blame, Em. Foc. = Emotional Focus and Expression, Distract. = Distraction, Bl. Oth. = Blame Other, In. Sup. = Instrumental Support, Al/Dr. = Alcohol and Drug Use, Em. Eat. = Emotional Eating

problem situations more stressful than were men ($\underline{M}$ = 4.45; $\underline{SD}$ = 1.09) $\underline{t}$(79) = -3.89, $\underline{p}$ <001. Problem situations were perceived as being more expected for women ($\underline{M}$ = 4.51, $\underline{SD}$ = 1.13) than for men ($\underline{M}$ = 3.96, $\underline{SD}$ = 1.20) $\underline{t}$(79) = -3.32, $\underline{p}$ = .001. There was no perceived gender difference on how much control individuals have over problem situations (women $\underline{M}$ = 4.24, $\underline{SD}$ = 1.31; men $\underline{M}$ = 4.41, $\underline{SD}$ = 1.21) $\underline{t}$(79) = 1.03, $\underline{p}$ > .05. There was no perceived gender difference on how well individuals coped overall with problem situations ($\underline{M}$ = 4.40, $\underline{SD}$ = 1.05 for women, and for men $\underline{M}$ = 4.41, $\underline{SD}$ = .97) $\underline{t}$(79) <1, $\underline{n.s.}$

Discussion

Study 3 assessed perceptions of the coping of men and women. It was expected that these stereotypes would correspond with the perceptions of the coping of high and low status individuals in Study 2. Results were mostly as expected: for each strategy (emotional support, emotional focus and expression, emotional control, and emotional eating) on which there was a perceived status difference in Study 2, the corresponding gender stereotype difference emerged. For the strategy of distraction, the gender stereotype of men using this strategy more than women corresponded with a perceived status difference of the high status group using this strategy more than the low status group. There was one disparate finding: men were perceived as blaming others more, which, although consistent with the status hypothesis, is opposite to the actual finding that low status individuals were perceived as blaming others more.

Since the publication of the classic study of gender stereotypes by Rosenkrantz et al. (1968) perceptions of differential characteristics of men and women have changed

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little, despite changes in attitudes toward men's and women's social roles (Deaux & Kite, 1993). This persistence of gender stereotypes was evident in the study, in that there were perceptions of gender differences that were not evident either in the self-report study or the status perception study. Consistent with men's greater representation among those with alcohol related problems, men were perceived as using alcohol and drugs more so than women. It should be noted that although men do abuse illicit drugs to a greater degree than women, there is evidence that women abuse prescription drugs to a greater degree (e.g., Biener, 1987); in the present study prescription drug use was not specified. This perception of greater use of alcohol by men, along with the greater perceived use of the strategy of distraction, does concur with the perception that men use the strategy of avoidance more than do women. Overall, Study 3 results indicate that perceptions that men and women differ in their coping styles is greater than the status differences reported in Study 2 and the self-report differences found in Study 1. Other research has found that people rate themselves differently from gender stereotypes; specifically, individuals tend to apply stereotypes to others more than they do to themselves (Williams & Best, 1990). he results of the present study do support the contention that gender stereotypes contribute to actual gender differences (Deaux and Kite, 1993; Skrypnek & Snyder, 1982) and are mostly consistent with the status stereotypes. The results do not suggest that only positive stereotypes are assigned to either men or women; both adaptive and maladaptive strategies were seen as being stereotypical of men (e.g., avoidance, blame others, distraction) and women (e.g., emotional support, self-blame). Study 4 was conducted to further assure that it is not just desirable qualities that are assigned to men or women.

Study 4

Method

Participants. Participants (30 women and 46 men; $\underline{M}$ = 25.25 years, range = 18-69 years) were selected as in Studies 1, 2, and 3.

Measure and Procedure. The DCS was adapted to assess individuals' perceptions of the social desirability of the coping strategies (see Appendix T). Participants rated the desirability of the coping strategies for the "typical woman" and the "typical man." The coping strategies were presented in the same random orders as for the other studies; half of the participants made the ratings for women first, and half made the ratings for men first.

Participants completed the questionnaires in groups of one to four individuals. In addition to completing the coping measure, they were also asked to fill out other questionnaires not related to the present study. All participants completed the coping measure first. Participants were verbally debriefed and paid $8.00 for their participation.

Results

Outlying values for different variables were replaced with the mean of the respective variable plus three standard deviations. All variables were examined for skewness, and appropriate transformations were performed where indicated. Analyses with transformed variables were parallel to those performed on raw data. Analyses reported are on raw data.

The alpha level was set at .01 for individual comparisons. There were three significant differences in perceptions of the desirability of coping strategies for men and

women. The strategies emotional support, emotional focus and expression, and emotional eating were all perceived as being more desirable for women than for men (see Table 32). There were no other significant differences. There were, however, several significant interactions between participant gender and perceptions of the social desirability of coping strategies for the typical man and the typical woman. Means, standard deviations and F-statistics are in Table 33; significant post-hoc statistics are reported in text where applicable. There was a significant participant gender X target gender interaction for emotional support; post-hoc examination indicated that women considered emotional support to be more desirable for the typical man than did men $t(74)$ = 2.39, p = 02. The interaction for direct action was significant; women perceived direct action to be more socially desirable for the typical woman than did men, $t(74)$ = 3.44, p = 001. The interaction for wishful thinking was significant; men considered wishful thinking to be more socially desirable for the typical woman than did women, $t(74)$ = 2.72, p = 008). The interaction for reappraisal was significant; women perceived reappraisal to be more socially desirable for the typical woman than did men, $t(74)$ = 5.49, p < .001 and women also considered reappraisal to be more socially desirable for the typical man than did men, $t(74)$ = 5.49, p < .001. Men considered the strategy of blame others to be more socially desirable for the typical man than did women, $t(74)$ = 4.38, p <.001; men also perceived it more desirable for the typical woman to blame others than did women, $t(74)$ = 4.29, p <.001. Women considered instrumental support more socially desirable for the typical woman than did men, $t(74)$ = 2.51, p = .01. Men considered alcohol and drug use to be more socially desirable for both the typical man,

Table 32

Means, Standard Deviations, and t-statistics for Perceptions of the Desirability of DCS Items for the Typical Woman and the Typical Man

Item	Typical Woman		Typical Man		df	t	p
	Mean	SD	Mean	SD			
Avoid.	2.53	1.77	2.83	1.80	74	1.74	.09
Em.Sup.	5.99	1.31	4.78	1.90	75	5.15	.001
Dir.Act.	5.62	1.57	5.78	1.45	75	1.07	.29
Em.Con.	3.45	1.78	4.05	1.87	75	2.59	.01
Wishful	3.78	1.92	3.59	1.81	75	1.15	.25
Reapp.	4.54	2.16	4.72	2.07	75	1.12	.27
Self-Bl.	3.04	1.85	2.65	1.50	74	1.92	.06
Em.Foc.	5.56	1.28	4.83	1.71	75	3.50	.001
Distract.	4.11	1.58	4.45	1.74	75	1.91	.06
Bl. Oth.	3.42	2.22	3.03	2.07	75	1.89	.06
In. Sup.	5.22	1.67	4.70	1.83	75	2.40	.02
Al./Dr.	2.17	1.52	2.43	1.83	74	1.83	.07
Em. Eat.	2.85	2.23	2.85	1.90	74	4.61	.001

Note. Avoid. = Avoidance, Em. Sup. = Emotional Support, Dir. Act. = Direct Action, Em. Con. = Emotional Control, Wishful = Wishful Thinking, Reapp. = Reappraisal, Self-Bl. = Self- Blame, Em. Foc. = Emotional Focus and Expression, Distract. = Distraction, Bl. Oth. = Blame Other, In. Sup. = Instrumental Support, Al./Dr. = Alcohol and Drug Use, Em. Eat. = Emotional Eating

Table 33

Means, Standard Deviations, and F-statistics for the Interaction of Participant Gender by Target Gender for Perceptions of the Social Desirability of DCS Items

| Item | Typical Woman | | | | Typical Man | | | | F | p |
| | Women | | Men | | Women | | Men | | | |
	Mean	SD	Mean	SD	Mean	SD	Mean	SD		
Avoid.	2.63	1.96	2.47	1.65	2.93	1.86	2.76	1.79	0.10	.91
E. Sup.	6.20	0.93	5.68	1.49	5.40	1.73	4.37	1.90	3.28	.04
Dir. Act.	6.33	0.92	5.15	1.73	5.97	1.25	5.65	1.57	7.50	.001
E. Con.	3.13	1.70	3.65	1.83	3.63	2.16	4.33	1.62	1.51	.23
Wish.	3.07	1.87	4.24	1.82	3.17	1.64	3.87	1.87	3.70	.03
Reapp.	5.97	1.25	3.61	2.12	5.70	1.64	4.09	2.09	15.02	.001
Slf.-Bl.	2.97	1.92	3.09	1.82	2.62	1.40	2.67	1.58	0.04	.96
E. Foc.	5.83	1.02	5.38	1.41	4.80	1.85	4.85	1.63	1.29	.28
Distract.	4.57	1.55	3.80	1.54	4.93	1.44	4.13	1.86	2.72	.07
Bl.Oth.	2.20	1.54	4.22	2.25	1.90	1.63	3.80	1.99	11.55	.001
In. Sup.	4.85	1.69	5.80	1.49	5.13	1.81	4.41	1.81	3.45	.04
Al./Dr.	1.63	0.99	2.53	1.70	1.83	1.44	2.82	1.97	3.56	.03
E. Eat.	2.67	2.06	4.58	2.13	2.00	1.02	3.42	2.14	8.35	.001

Note. Avoid. = Avoidance, E. Sup. = Emotional Support, Dir. Act. = Direct Action, E. Con. = Emotional Control, Wish. = Wishful Thinking, Reapp. = Reappraisal, Slf.-Bl. = Self-Blame, E. Foc. = Emotional Focus and Expression, Distract. = Distraction, Bl. Oth. = Blame Others. In. Sup. = Instrumental Support, Al./Dr. = Alcohol and Drug Use, E. Eat. = Emotional Eating. $df = 74$.

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$t(74) = 2.36$, $p = .02$ and for the typical woman, $t(74) = 2.76$, $p = .007$. Finally, men considered emotional eating to be more socially desirable for both the typical woman, $t(74) = 3.98$, $p < .001$ and the typical man, $t(74) = 3.39$, $p = .001$.

Discussion

The purpose of Study 4 was to assess the possibility that people's perceptions of the coping behaviour of men and women, and by implication high and low status individuals, is affected by desirability judgments of what is appropriate behaviour for individuals belonging to a certain group. Although men may enjoy greater status and privilege, recent stereotype research suggests that there has been a shift toward more positive evaluations of stereotypically feminine characteristics (Eagly, Mladinic, & Otto, 1991). As such, the possibility exists that it is the coping behaviour of women, and by implication low status individuals, that may be construed as more positive or desirable; conversely men are viewed as more competent and rational, and as such it is possible that people may perceive their coping behaviour as more positive or desirable. These perceptions may translate into views of certain behaviours or coping strategies being more desirable or acceptable for men or women.

Few strategies were seen as being more desirable when used by men or women. Of the three strategies that were differentiated, all were seen as more desirable when used by women. It was seen to be more desirable for women to seek emotional support, and to express or focus on their emotions during a stressful episode; emotional eating was also considered more acceptable for women than for men. Given the proportion of strategies that were considered as more desirable for women to the strategies that were seen as

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being used more by men or by women, it is unlikely that the results of the stereotype

perception study can be construed as being desirability judgments.

General Discussion

The premise of the present research is that gender differences in social behaviour, both actual and perceived, may be accounted for by the status differential that exists between men and women. That is, characteristics that are construed as masculine or feminine may be high or low status characteristics, respectively, and not gender differences per se. The contention is that because men generally hold positions of higher status, and women generally hold positions of lower status, behaviours and characteristics appropriate to these positions are associated with the biological categories of male and female, and are prescriptive. The prior research on status characteristics within the framework of expectation states theory demonstrated that in problem solving groups, individuals are expected to act in accordance with their status position. Particularly in regards to task competency, this research demonstrated that individuals not only expect high status individuals to behave in a more competent manner, but that individuals will in actuality fulfill the expectations associated with their status position. Other research indicated that status theory can be extended to broad categories of behaviour associated with men and women, including agency, communality, and emotionality. The present research extended the prior research on status theory to explain other broad gender differences in behaviour, such as those captured by coping.

As gender and status are difficult to separate in practice, the hypothesis that gender differences are based on status was tested by comparing perceptions of the coping of high and low status individuals, stereotypes of the coping of men and women, and self-reported coping, or the self-perceptions of men and women. An experimental procedure

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utilising a minimal instantiation of status (Conway et al., 1996) was employed to gather perceptions of high and low status individuals, whereby the status of members of a fictional society is dissociated from common status markers including gender, age, knowledge, or economic position. The status manipulation used in the present research avoids the problematic association of status with gender that makes it difficult to separate the two in research that examines the behaviour of individuals in vivo. The script describing the high and low status groups includes men and women in both status groups. Indeed, no information was given on the personality characteristics or differential social behaviour of the two groups. Results suggest that solely on the basis of knowing the status position individuals hold, people are able to speculate on their characteristics and modes of behaving when facing difficult problems.

In support of the hypothesis that status can account for gender differences in coping, there was a correspondence across studies between perceptions of the coping of high and low status individuals, stereotypes of the coping behaviour of men and women, and self-reported gender differences in coping (see Table 34 for a summary of the results across Studies 1 to 3). As Table 34 illustrates, for all but one coping strategy on which there was a perceived status difference, the corresponding gender stereotype was obtained. More importantly, for four of the five strategies on which there was a status difference, perceptions of the coping of high and low status individuals corresponded to self-report differences. That is, people perceived high status individuals similar to the way in which men described their own coping, and perceived low status individuals similar to the way in which women reported their own coping. Across studies, results

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Table 34

Comparison of Results for Coping Strategies for Perceptions of Status, Gender, and Self in Studies 1 to 3

Strategy	Status Perceptions	Gender Perceptions	Self-Report Gender
Avoidance		Men	
Emotional Support	Low Status	Women	Women
Direct Action	Low Status		
Emotional Control	High Status	Men	Men
Wishful Thinking			
Reappraisal		Women	
Self-Blame		Women	
Emotional Focus	Low Status	Women	Women
Distraction	High Status	Men	
Blame Others	Low Status	Men	
Instrumental Support		Women	
Alcohol/Drug Use		Men	
Emotional Eating	Low Status	Women	Women

Note: Blank cells indicate no significant difference.

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were obtained for the coping strategies of emotional support, emotional focus and expression, emotional control, and emotional eating. The results suggest that people have an implicit understanding of the differential behaviour of individuals based on their status, and that this understanding is similar to both gender stereotypes and to the self-reported behaviour of men and women. In particular, the results suggest that people have implicit theories about the emotional life of individuals in status positions. As low status individuals were perceived as using the strategy of emotional support more than high status individuals, results support characterizations of low status individuals as having a more communal orientation, and this finding was consistent with women in the present research as having a more communal orientation. However, results did not support characterizations of high status individuals and men as having an agentic orientation.

Status and Coping

Based on prior research, both theoretical and empirical, there were several expectations for how people would perceive high and low status individuals to cope, in addition to those discussed that were consistent across the status, gender stereotype, and self-report studies. Primary in these hypotheses, based on status characteristics theory, was the expectation that high status individuals would be perceived as being both more agentic in their coping, and more competent than low status individuals. In the present research, however, there was little evidence that people considered high and low status individuals to differ in competency. For one, there were no status differences obtained on the coping effectiveness measures. Further, it was the low, and not the high, status group that was perceived as using direct action more in a stressful situation. This lack of a

perception of the high status group as more competent and agentic is perhaps surprising, given the fact that participants did perceive that high status individuals had more power both over their own outcomes, and more power to influence others than low status individuals. High status individuals, then, were perceived as holding more legitimate power. which is based on individuals' external status. and is associated with individuals' ability to exert influence over others, and to command respect (Carli, 1999: Lips, 1991) and may be associated with expectations of competence. particularly in regards to instrumental, task-oriented behaviour. In the present research the scope of the coping situation was left undefined, in order to gather perceptions of individuals' general or usual mode of coping. One possibility is that participants assumed problems of a personal nature rather than difficulties with work that may require a more instrumental orientation than many interpersonal problems. Had the present research asked participants specifically about situations in which the outcome depended on task competency, the greater legitimate power of the high status group may have been reflected in judgements of greater competency. Future research could manipulate the types of problem situations faced by high and low status individuals to address this possibility.

Gender and Coping

The present research contributes to the literature on gender differences in coping in three important respects. First, the construction and validation of the coping scale demonstrated that the assessment of coping can be done in a parsimonious fashion without compromising psychometrics. Second, both the literature review and the self-

report coping study indicate that gender differences in coping are minimal, and appear to be confined to dealing with specific emotional aspects of the stress and coping process. When faced with a stressor, men and women cope with the emotional impact in decidedly different ways; women tend to find ways to express their emotions, and men attempt to control their emotions. Contrary to earlier conceptions of gender differences in coping, the tendency of women to cope in an emotion-focused manner may not be ineffectual, as there was an absence of self-report gender differences in most of the passive forms of coping that are associated with depression. Further, there was no evidence, in either the literature review or the present research that gender differences in coping can be described along an instrumental or problem-focused versus an emotional continuum.

Lastly, the present research provides a theoretical framework for gender differences in coping. Status seems to be a plausible account for the gender differences in coping. A status account of coping can be applied to findings in the existing literature that suggest that factors other than gender, such as education level, socioeconomic status, and occupational status all have an effect on individuals' coping (Folkman et al., 1987; Hollohan & Moos, 1987; Kessler, 1979; Pearlin & Schooler, 1978). Generally, previous research has found that individuals of lower socioeconomic status, individuals with less education, and individuals with lower occupational status tend to use more passive forms of coping; although this specific finding did not emerge in the present research, it does fit within a status account. Coping behaviour is affected by situational factors including one's status position in a particular situation, and also by one's general status position.

Status and Gender

A strength of the present research is the separation of status and gender. In order to accomplish this goal, however, one must rely solely on perceptions of others' behaviour, given the difficulty of untangling status from gender in practice. How well do the results map on to other status research that does attempt to match men and women on status? Anastasia and Miller (1998) found that there were no gender differences on feminine or masculine characteristics among university professors matched on occupational status. Gerber (1988) found that others' perceptions of men and women described as equal partners in marriage were equivalent for the traits of communality and agency, and, that regardless of gender, the marital partner described as the "leader" in marriage was rated higher on agency and lower on communality. Wheelan (1996) found that the organizational status of work groups provided a better explanation of members' perceptions of group characteristics, including task effectiveness, than did the gender composition of groups. Interestingly, this study also found that members of all female or female dominated groups that were low in organizational status rated themselves as more dependent, whereas members of all male or male dominated groups also low in organizational status did not differ from high status groups on self-rated dependency. Wheelan suggests that in these groups, for which the organizational status hierarchy is less evident because members are similar on this status marker, gender becomes an important status cue. In groups in which an organizational status hierarchy is present because members differ on this status marker, gender becomes less important as a status cue. Results are consistent with gender as a diffuse status characteristic, which can be

overridden by specific status cues such as occupational status. These results, coming from "real world" settings, are consistent with the present research which took an analogue approach to the study of status and gender. That is. status can provide a more parsimonious account of gender differences in social behaviour than can other accounts that use gender as the sole unit of analysis.

Other research examining the effect of men's and women's status on behaviour is less conclusive. Observations of dyads consisting of females and males of high and low organizational status involved in conversation unrelated to work, and a constructive task not related to work duties found that gender differences on non-verbal behaviours such as expressiveness. warmth. and dominance, persisted across specific status differentials (Hall and Friedman, 1999). The authors suggest that status is not a viable account of gender differences in non-verbal behaviour such as warmth. dominance. and expressiveness; rather they suggest that gender differences are consistent across studies in the literature that examines these behaviours, and status differences are not. However, these results are not inconsistent with the premise of status theory as formulated here. Status can be diffuse, as in women having generally lower status positions than men, but it also acts as a contextual cue in social interactions. In the Hall and Friedman study, the context of the interaction was such that the importance of individual's organizational status was minimized. The participants were told specifically not to discuss work situations (which presumably would elicit for status consistent behaviour), and the task they worked on was not work related. In the absence of other status contextual cues, the default may well be that gender operates as the primary status cue.

In sum, results of the present research are consistent with the contention by proponents of status expectations theory that gender operates as a diffuse status cue. The present research extends status theory to encompass behaviour beyond that of individuals in small groups in which status can be manipulated, whereby it has been demonstrated that "masculine" and "feminine" behaviours are more closely tied to status positions than they are to gender. The distinction between status theory as a branch of expectation states theory and status theory as explored in the present research is that status affects individuals' behaviour beyond the immediate situation in which status is salient. In other words, in behaviour outside of the laboratory, an individual's status position can vary widely, even over the course of a day as they interact with superiors and subordinates at work, with their peers, and with people they are involved with in personal relationships. At the same time, an individual holds a more general status position, based on their age, socioeconomic status, race, and, of particular interest here, their gender. Not all behaviour is tied to interactions with someone of a clearly lower or higher status position, and it is proposed that in these cases behaviour can be affected by an individual's general status position (e.g., as a man or a woman). When an individuals are faced with a stressful situation such as adjustment to life in an unfamiliar environment, loss of a loved one, and other personal challenges, their general status position(s) may act as a guide to behaviour. Research within the expectation states theory tradition has the advantage of being able to manipulate individuals' situational status, but it cannot erase the fact of people's general status positions, including gender. The present Study 2, utilising a social perception paradigm, has the advantage of being able to examine the impact of general

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status on individuals' behaviour. Gender and its accompanying status position cannot be shrugged off like a cloak despite people's ability to move from one status position to another by gaining knowledge, winning the lottery, or earning a promotion at work. The interweaving of gender and status means that evidence for the effects of status on gender differences is a challenge to obtain. However, the findings of the present research, in concert with the research associated with expectations state theory, provide compelling evidence that gender differences in coping and other social behaviour may indeed be based to a significant degree on men's and women's status.

Limitations and Future Research

The present research relies on the supposition that perceptions affect behaviour through individuals' internalization of the behaviours appropriate to their status, and through others' expectations for behaviour. Thus, it is difficult to establish causality. The minimal status instantiation used here is, however, undoubtedly as close as one can come to separating status from gender. With reservations as to the extent to which gender can be separated from status, future research could examine the coping behaviour of men and women matched on other status markers such as occupation or education level. It would be expected that individuals similar on other status markers would cope more similarly than those who differ on other status markers. Specifically, comparisons drawn across status would likely find that both men and women high in status would cope in a more similar manner than both men and women in low status positions.

An additional limitation of the present research is the fact that participants' gender was not made salient to respondents in the self-report coping study. In other words,

unlike the gender stereotype study in which participants were asked to think about gender, in the self-report study participants were not reporting specifically how they coped *as a woman* or *as a man*, or by implication as an individual of low or high status. In the status perception study, participants reported their perceptions of individuals *as* high or low status group members. Future research could include a gender salience manipulation for self-report coping; it is likely that under such circumstances, gender differences in coping may be more evident than in the present research.

In the present research, participants provided ratings of either self-perceptions, gender stereotypes, or status perceptions. Asking participants to provide ratings for both their own coping and their perceptions of the coping by men and women in general could provide an indication of the degree to which individuals' self-perceptions are based on their individual ideas of gender stereotypes (and by implication their status as a man or a woman). A congruency between self-ratings and the degree to which respondents endorse gender stereotypes has been demonstrated in other research (Grossman & Wood, 1993). Such a correspondence in self-reported coping and gender stereotypes would strengthen the contention that individuals base their self-perceptions on their beliefs about behaviour appropriate to their gender, and again by implication, to someone of their status position.

The present research relied on retrospective self-report to assess actual gender differences in coping. There is some concern in the literature that retrospective self-reports of coping are discrepant with momentary or daily reports of coping (Ptacek, Smith, Espe, & Rafferty, 1994; Stone et al., 1998). This discrepancy may call into

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question the accuracy of retrospective reports of coping, including those in the present research. What are the implications of this challenge to the accuracy of the results of the present research, particularly in regard to explaining the results within a status framework? Presumably status affects people's behaviour in situations, as well as their framing of the situation and their reaction to it when recalling the situation at later time. Stone et al. (1998) suggest that retrospective reports may be subject to reconceptualizations based on people's *beliefs* about their coping. If this is the case, then the discrepancy between momentary and retrospective accounts of coping does not seriously affect the results of the present research. A cornerstone of the present research is the contention that individuals' self-perceptions are based on their beliefs; in particular the focus is on how such beliefs are based on status. If individuals' self-perceptions are based to some degree on their status, then their status may colour their retrospective reports.

It should be noted that status theory probably cannot account for all gender differences in behaviour. Indeed, gender stereotypes in the present research were greater than perceptions based on status. It may be that people focus more on one's gender than they do on other status markers, or it may be that other factors in addition to status converge to contribute to both gender behaviour and stereotypes of behaviour. For example, socialization no doubt has an effect on both behaviour and gender stereotypes. However, the results of the present research do suggest that status can account for significant gender differences in social behaviour.

Implications

The implications of status theory as forwarded in the present research are clear: if the status differential between men and women is eradicated, gender differences in social behaviour will be reduced. It is only when status positions are more equal between men and women that we will truly be able to speculate on the effect of biological sex on social behaviour.

The results have implications for individuals who are in low or high status positions for reasons other than gender, including possessing membership in an ethnic or racial group. To a large degree, stereotypes of individuals of low status groups are based on their low status. It is often remarked that gender differences are maintained on a stronger basis in low socioeconomic groups (Hoffman & Kloska, 1995).
For example, men of low socioeconomic status are often stereotyped as fitting the "macho" image; denied status in the larger society, these men may place more value on their higher status as men. Lower socioeconomic women, also lacking status in the larger society, may endorse the stereotypical female role in order to assure success in their roles as wives and mothers. For these individuals, overcoming gender stereotypes may be especially difficult.

The implication of the effect of status in perpetuating and creating gender stereotypes is somewhat disheartening. Few women are in the highest status positions, and the deferential behaviour displayed by those in low status positions, particularly when interacting with high status individuals, may serve to justify their lower status position. Individuals of lower status who attempt to act as high status individuals are often

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discredited and seen as acting inappropriately (Carli, 1999); this censure may be particularly troublesome for the lone female in a high status position. Overcoming historical ideas of what is appropriate behaviour will require not only the elevation of women's status, but a shift in attitudes about the flexibility of what it means to be both masculine or feminine.

Summary

The present research investigated the hypothesis that gender differences in coping, and by implication broad gender differences in social behaviour, can be accounted for by the differential status positions of men and women. Across studies, perceptions of the coping of high and low status individuals corresponded to perceptions of the coping of men and women, and to the self-reported coping of men and women respectively. Results were consistent with the contention that what is considered masculine and feminine typed behaviour may be status differences, and not gender differences per se. Results also have implications for the understanding of the behaviour of individuals of other groups in which status differentials exist. Status differential may be key to understanding important aspects of social behaviour.

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Appendix A

Definitional Coping Scale (DCS) for Self-Report Coping
Study 1

CMQ-1-A

PART A:

Please think about the most important problem or stressful situation you have experienced in the recent past (for example having troubles with a relative or friend, having an accident or illness, having financial or work problems). Please supply a short description of the problem in the space provided below. If you have not experienced a major problem, then list a minor problem that you have had to deal with.

PLEASE DESCRIBE THE PROBLEM OR SITUATION:

_____

_____

_____

_____

_____

PART B:

Each of the following statements refers to something you may or may not have done when you encountered the problem or situation you described above. Please read each statement and indicate the extent to which you used each coping strategy **in the situation you have just described** by circling the appropriate number on the scale below.

1. I engaged in efforts to avoid the problem or pretended it did not exist.
   How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

2. I sought emotional support from loved ones, friends, or professionals.
   How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

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3. I generated solutions to the problem or actually did something to change the situation.
How much?

1	2	3	4	5	6	7
not at all		**somewhat**		**quite a bit**		**very much**

4. I kept my feelings to myself or tried to control my emotions.
How much?

1	2	3	4	5	6	7
not at all		**somewhat**		**quite a bit**		**very much**

5. I engaged in fantasies or wished that things had turned out differently.
How much?

1	2	3	4	5	6	7
not at all		**somewhat**		**quite a bit**		**very much**

6. I tried to see the problem in a different light or found something positive about it.
How much?

1	2	3	4	5	6	7
not at all		**somewhat**		**quite a bit**		**very much**

7. I became self-critical or engaged in self-blame.
How much?

1	2	3	4	5	6	7
not at all		**somewhat**		**quite a bit**		**very much**

8. I focused my attention on my feelings and may also have expressed my feelings.
How much?

1	2	3	4	5	6	7
not at all		**somewhat**		**quite a bit**		**very much**

9. I turned to other activities or engaged in efforts to keep busy.
How much?

1	2	3	4	5	6	7
not at all		**somewhat**		**quite a bit**		**very much**

10. I blamed or criticized others.
How much?

1	2	3	4	5	6	7
not at all		**somewhat**		**quite a bit**		**very much**

11. I sought from loved ones, friends, or professionals information or advice to remedy the situation.
How much?

1	2	3	4	5	6	7
not at all		**somewhat**		**quite a bit**		**very much**

CMQ-2-A

In the following questions, we are interested in more of your thoughts about how you coped with the <u>situation you described</u>.

When you used a particular coping strategy, it may have been more or less effective at **changing the problem situation for the better**. Please indicate how effective these coping strategies were for <u>you</u> in dealing with the problem situation.

1. I engaged in efforts to avoid the problem or pretended it did not exist.
   Changed the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

2. I sought emotional support from loved ones, friends, or professionals.
   Changed the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

3. I generated solutions to the problem or actually did something to change the situation.
   Changed the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

4. I kept my feelings to myself or tried to control my emotions.
   Changed the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

5. I engaged in fantasies or wished that things had turned out differently.
   Changed the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

6. I tried to see the problem in a different light or found something positive about it.
Changed the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

7. I became self-critical or engaged in self-blame.
Changed the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

8. I focussed my attention on my feelings and may also have expressed my feelings.
Changed the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

9. I turned to other activities or engaged in efforts to keep busy.
Changed the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

10. I blamed or criticized others.
Changed the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

11. I sought from loved ones, friends, or professionals information or advice to remedy the situation.
Changed the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

We are again interested in your thoughts about how you coped with <u>the situation you described.</u>
When you used each of the following coping strategies, how effective was it for helping you to **feel better**?

1. I engaged in efforts to avoid the problem or pretended it did not exist.
   Led you to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

2. I sought emotional support from loved ones, friends, or professionals.
   Led you to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

3. I generated solutions to the problem or actually did something to change the situation.
   Led you to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

4. I kept my feelings to myself or tried to control my emotions.
   Led you to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

5. I engaged in fantasies or wished that things had turned out differently.
   Led you to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

6. I tried to see the problem in a different light or found something positive about it.
   Led you to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

7. I became self-critical or engaged in self-blame.
Led you to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

8. I focussed my attention on my feelings and may also have expressed my feelings.
Led you to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

9. I turned to other activities or engaged in efforts to keep busy.
Led you to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

10. I blamed or criticized others.
Led you to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

11. I sought from loved ones, friends, or professionals information or advice to remedy the situation.
Led you to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

The following questions again concern your coping in response to the <u>situation you described</u>. Please answer each question by circling the appropriate answer *on each scale.*

1. I used drugs or alcohol more than usual.

How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

Changed the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

Led you to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

2. I ate more than usual or turned to "comfort" foods.

How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

Changed the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

Led you to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

The following questions again concern the <u>situation you described</u>. Please answer each question by circling the appropriate number.

1. How stressful did you find the situation?

1	**2**	**3**	**4**	**5**	**6**	**7**
not at all		**a little**		**quite**		**very**

2. Was this a situation that you expected?

1	**2**	**3**	**4**	**5**	**6**	**7**
not at all		**a little**		**quite**		**very**

3. How much control did you have over the situation?

1	**2**	**3**	**4**	**5**	**6**	**7**
none at all		**a little**		**quite a bit**		**very much**

4. Overall, how do you feel you coped with the situation?

1	**2**	**3**	**4**	**5**	**6**	**7**
not well at all		**a little well**		**quite well**		**very well**

5. How long ago did this situation occur? _____

Stressful situations that individuals are faced with may be different. Was the situation you described a loss, a threat, or a challenge?

Loss: an event in which damage has already occurred.

Threat: an event that could have <u>negative</u> or <u>undesirable</u> consequences for you.

Challenge: an event that could have <u>positive</u> or <u>desirable</u> consequences for you.

Now please circle the one word that best describes your situation:

Loss   Threat   Challenge

Appendix B

Instructions for Self-Report Coping, Time 2
Study 1. Validation

PLEASE READ THESE INSTRUCTIONS

Recently you completed a packet of questionnaires in either the Hall or the Library Building. At that time, one of the questionnaires asked you about an important problem or stressful situation that you had recently experienced. For the present study, you are asked to answer more questions about how you coped with that problem. In order to help you remember the problem that you described, a photocopy of your written description is located in the sealed envelope stapled to the back of this page. These photocopies were made in a confidential manner to protect your identity. Please open this envelope now, and familiarize yourself with the problem that you described.

Appendix C

Feedback for Validation Portion
of Study 1

Feedback - Fall Validation Study

The focus in the present study is how people cope with difficult or stressful situations. Today you filled out questionnaires about how you coped with a particular situation. In these questionnaires, you indicated the extent to which you may or may not have used several different coping strategies; for example thinking of solutions to the problem or seeking support from other people.

One of the questionnaires you filled out today was in an earlier questionnaire packet you filled out. Because we want to be sure we are measuring coping well, we wanted people to fill out our measure twice. In this way we can have a good idea as to whether people are interpreting the items the way we think they might be. We also included another coping measure in the questionnaire packet today. This is so we can compare our measure to the other measure - again so we can have an idea of how good our measure is at assessing the way people cope with stressful situations.

Other questionnaires included in the packet today do not concern coping. However, previous research suggests that there should be some relationship between people's responses on these other measures and their responses to coping measures. It is these relationships that we are interested in exploring.

I would like to assure you once more that all responses in this study are confidential. I would also like your cooperation in not discussing the details of this project with any other Concordia students for the next couple of weeks, as it will take us a bit longer to collect all the data that we need.

If you have any further questions concerning this research, you may call Dr. Michael Conway of the Department of Psychology, Concordia University, at 848-7545. Dr. Conway's office is in room 101 in the Psychology Building on the Loyola Campus, 7141 Sherbrooke St. W., Montreal.

Thank you,
Susan Holm, M.A.

Appendix D

Subscales of the Ways of Coping Questionnaire

Confrontive Coping

Stood my ground and fought for what I wanted.
Tried to get the person responsible to change his or her mind.
I expressed anger to the person(s) who caused the problem.
I let my feelings out somehow.
Took a big chance or did something very risky.
I did something which I didn't think would work, but at least I was doing something.

Distancing

Made light of the situation; refused to get too serious about it.
Went on as if nothing had happened.
Didn't let it get to me; refused to think about it too much.
Tried to forget the whole thing.
Looked for the silver lining, so to speak; tried to look on the bright side of things.
Went along with fate; sometimes I just have bad luck.

Self-controlling

I tried to keep my feelings to myself.
Kept others from knowing how bad things were.
Tried not to burn my bridges, but leave things open somewhat.
I tried not to act too hastily or follow my first hunch.
I tried to keep my feelings from intefering with other things too much.
I went over in my mind what I would say or do.
I though about how a person I would admire would handle the situation and used that as a model.

Seeking social support

Talked to someone to find out more about the situation.
Talked to someone who could do something concrete about the problem.
OI asked a relative or friend I respected for advice.
Talked to someone about how I was feeling.
Accepted sympathy and understanding from someone.
I got professional help.

Accepting responsibility

Criticized or lectured myself.
Realized I brought the problem on myself.
I made a promise to myself that things would be different next time.
I apologized or did something to make up.

Escape-Avoidance

Wished that the situation would go away or somehow be over with.
Hoped a miracle would happen.
Had fantasies about how things might turn out.
Tried to make myself feel better by eating, drinking smoking, using drugs or medication, and so forth.
Avoided being with people in general.
Refused to believe that it had happened.
Took it out on other people.
Slept more than usual.

Planful problem-solving

I knew what had to be done, so I doubled my efforts to make things work.
I make a plan of action and followed it.
Just concentrated on what I had to do next - the next step.
Changed something so things would turn out all right.
Drew on my past experiences; I was in a similar position before.
Came up with a couple of different solutions to the problem.

Positive reappraisal

Changed or grew as a person in a good way.
I came out of the experience better than when I went in.
Found new faith.
Rediscovered what is important in life.
I prayed.
I changed something about myself.
I was inspired to do something creative.

Appendix E

Rosenberg Self-Esteem Scale (SES)

Study 1, Validation

Please decide whether you agree or disagree with each statement below. Indicate the extent to which you agree or disagree by circling the appropriate number on the scale.

1. On the whole, I am satisfied with myself.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

2. At times I think I am no good at all.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

3. I feel that I have a number of good qualities.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

4. I am able to do things as well as most other people.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

5. I feel I do not have much to be proud of.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

6. I certainly feel useless at times.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

7. I feel that I am a person of worth, at least on an equal level with others.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

8. I wish I could have more respect for myself.

1	**2**	**3**	**4**
strongly agree	agree	disagree	strongly disagree

9. All in all, I am inclined to feel that I am a failure.

1	**2**	**3**	**4**
strongly agree	agree	disagree	strongly disagree

10. I take a positive attitude toward myself.

1	**2**	**3**	**4**
strongly agree	agree	disagree	strongly disagree

Appendix F

State-Trait Anxiety Inventory A-Trait (STAI A-Trait)

Study 1, Validation

A number of statements which people have used to describe themselves are given below. Read each statement and then choose the appropriate response from the scale below each item to indicate how you *generally* feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

1. I feel pleasant.

1	2	3	4
almost never	sometimes	often	almost always

2. I feel nervous and restless.

1	2	3	4
almost never	sometimes	often	almost always

3. I feel satisfied with myself.

1	2	3	4
almost never	sometimes	often	almost always

4. I feel like a failure.

1	2	3	4
almost never	sometimes	often	almost always

5. I feel rested.

1	2	3	4
almost never	sometimes	often	almost always

6. I am "calm, cool, and collected."

1	2	3	4
almost never	sometimes	often	almost always

7. I feel that difficulties are piling up so that I cannot overcome them.

1 almost never	2 sometimes	3 often	4 almost always

8. I worry too much over something that really doesn't matter.

1 almost never	2 sometimes	3 often	4 almost always

9. I am happy.

1 almost never	2 sometimes	3 often	4 almost always

10. I have disturbing thoughts.

1 almost never	2 sometimes	3 often	4 almost always

11. I lack self-confidence.

1 almost never	2 sometimes	3 often	4 almost always

12. I feel secure.

1 almost never	2 sometimes	3 often	4 almost always

13. I make decisions easily.

1 almost never	2 sometimes	3 often	4 almost always

14. I feel inadequate.

1	2	3	4
almost never	sometimes	often	almost always

15. I am content.

1	2	3	4
almost never	sometimes	often	almost always

16. Some unimportant thought runs through my mind and bothers me.

1	2	3	4
almost never	sometimes	often	almost always

17. I take disappointments so keenly that I can't put them out of my mind.

1	2	3	4
almost never	sometimes	often	almost always

18. I am a steady person.

1	2	3	4
almost never	sometimes	often	almost always

19. I get in a state of tension or turmoil as I think over my recent concerns and interests.

1	2	3	4
almost never	sometimes	often	almost always

Appendix G

Eysenck Personality Inventory (EPI)

Study 1. Validation

EPI

Here are some questions regarding the way you behave, feel, and act.

Please decide whether <u>yes</u> or <u>no</u> represents your usual way of acting or feeling. Then circle the correct response for each question.

Work quickly and don't spend too much time on any question; we want your first reaction, not a long drawn-out thought process. The whole questionnaire should not take more than a few minutes. Be sure <u>not to omit</u> any questions. Work quickly and remember to answer every question. There are no right or wrong answers, and this is not a test of intelligence or ability, but simply a measure of how you behave.

1. Do you often long for excitement?   yes no

2. Do you often need understanding friends to cheer you up?   yes no

3. Are you usually carefree?   yes no

4. Do you find it very hard to take no for an answer?   yes no

5. Do you stop and think things over before doing anything?   yes no

6. If you say you will do something do you always keep your promise no matter how inconvenient it might be to do so?   yes no

7. Does your mood often go up and down?   yes no

8. Do you generally do and say things quickly without stopping to think?   yes no

9. Do you ever feel "just miserable" for no good reason?

10. Would you do almost anything for a dare?   yes no

11. Do you suddenly feel shy when you want to talk to an attractive stranger?   yes no

12. Once in a while do you lose your temper and get angry?   yes no

13. Do you often do things on the spur of the moment?   yes no

14. Do you often worry about things you should not have done or said?   yes no

15. Generally do you prefer reading to meeting people?   yes no

16. Are your feelings rather easily hurt?   yes no

17. Do you like going out a lot?   yes no

18. Do you occasionally have thoughts and ideas that you would not like other people to know about?   yes no

19. Are you sometimes bubbling over with energy and sometimes very sluggish?
                                                                                                                        yes no
20. Do you prefer to have few but special friends?   yes no

21. Do you daydream a lot?   yes no

22. When people shout at you, do you shout back?   yes no

23. Are you often troubled about feelings of guilt?   yes no

24. Are all your habits good and desirable ones?   yes no

25. Can you usually let yourself go and enjoy yourself a lot at a party?   yes no

26. Would you call yourself tense or "highly-strung"?   yes no

27. Do other people think of you as being very lively?   yes no

28. After you have done something important, do you often come away feeling you could have done better?   yes no

29. Are you mostly quiet when you are with other people?   yes no

30. Do you sometimes gossip?   yes no

31. Do ideas run through your head so that you cannot sleep?   yes no

32. If there is something you want to know about, would you rather look it up in a book than talk to someone about it? yes no

33. Do you get palpitations or thumping in your heart?   yes no

34. Do you like the kind of work that you need to pay close attention to?   yes no

35. Do you get attacks of shaking or trembling?   yes no

36. Would you always declare everything at the customs, even if you knew that you could never be found out?   yes no

37. Do you hate being with a crowd who play jokes on one another?   yes no

38. Are you an irritable person?   yes no

39. Do you like doing things in which you have to act quickly?   yes no

40. Do you worry about awful things that might happen?   yes no

41. Are you slow an unhurried in the way you move?   yes no

42. Have you ever been late for an appointment or work?   yes no

43. Do you have many nightmares?   yes no

44. Do you like talking to people so much that you would never miss a chance of talking to a stranger?   yes no

45. Are you troubled by aches and pains?   yes no

46. Would you be very unhappy if you could not see lots of people most of the time?   yes no

47. Would you call yourself a nervous person?   yes no

48. Of all the people you know are there some whom you definitely do not like?   yes no

49. Would you say you were fairly self-confident?   yes no

50. Are you easily hurt when people find fault with you or your work?   yes no

51. Do you find it hard to really enjoy yourself at a lively party?   yes no

52. Are you troubled with feelings of inferiority? yes no

53. Can you easily get some life into a rather dull party? yes no

54. Do you sometimes talk about things you know nothing about? yes no

55. Do you worry about your health? yes no

56. Do you like playing pranks on others? yes no

57. Do you suffer from sleeplessness? yes no

.

Appendix H

Descriptive Statistics for the Ways of Coping Questionnaire

Study 1, Validation

Ways of Coping Subscales

Subscale	Mean	Std. Dev.	Minimum	Maximum	Alpha
Confrontive	0 .89	0 .53	.00	2.17	.582
Distancing	0 .90	0.54	.00	2.67	.628
Self-Control	1.14	0.51	.00	2.57	.585
Social Sup.	1.29	0.70	.00	2.83	.782
Acc. Resp.	1.00	0.71	.00	3.00	.644
Avoidance	0 .87	0.52	.00	2.50	.694
Problem	1.29	0.63	.00	2.83	.725
Reappraisal	1.22	0.67	.00	3.00	.762

Note: *Confrontive* = Confrontive Coping; *Self-Control* = Self-Controlling; *Social Sup.* = Seeking Social Support; *Acc. Resp.* = Accepting Responsibility; *Avoidance* = Escape/Avoidance; *Problem* = Planful Problem-Solving; *Reappraisal* = Positive Reappraisal.
Range for each subscale is 0 to 3.
$\underline{N}$ = 84

Appendix I

Descriptive Statistics for Extroversion and Neuroticism (Eysenck Personality Inventory; EPI), Rosenberg Self-Esteem Scale (SES), and State-Trait Anxiety Inventory A-Trait (STAI A-Trait)

Study 1, Validation

Scale	Mean	Std. Dev.	Minimum	Maximum	Alpha
Neuroticism	11.76	5.11	1.0	23.0	.815
Extroversion	13.31	4.11	3.0	22.0	.715
Trait Anxiety	39.27	9.95	22.0	68.0	.924
Self-Esteem	30.89	4.62	19.0	40.0	.864

Note: Neuroticism and Extroversion are subscales of the Eysenck Personality Inventory (EPI).
The range for Neuroticism and Extroversion is 0-24.
The range for Trait Anxiety is 19-76.
The range for Self-Esteem is 10-40.
$\underline{N} = 84$

Appendix J

DCS for Study 2

Questionnaire

You have heard a brief description of a remote culture. As indicated to you earlier, we are interested in your impressions of the two groups in that culture. You will now be asked a number of questions. Your responses will be confidential.

Each question is followed by a scale of numbers. To indicate your answer, please circle the appropriate number on the scale. For example, if you are asked how hungry you are, you could answer like this:

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

to indicate you are somewhat hungry.

Please turn to the next page.

We are interested in your perceptions of how members of this culture cope.

Each of the following statements describes a coping strategy. We are interested in your perceptions of how a **Ngwani** typically reacts when facing an important problem or stressful situation. Please indicate your opinion of how much a typical **Ngwani** would use each of the following coping strategies. If you are not sure, please make your best guess.

A Ngwani...

...engages in efforts to avoid the problem or pretends it does not exist.
How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...seeks emotional support from loved ones, friends, or elders.
How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...generates solutions to the problem or actually does something to change the situation.
How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...keeps their feelings to themselves or tries to control their emotions.
How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...engages in fantasies or wishes that things would have turned out differently.
How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

A Ngwani...

...tries to see the problem in a different light or finds something positive about it.
How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...becomes self-critical or engages in self-blame.
How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...focuses their attention on their feelings and may also express their feelings.
How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...turns to other activities or engages in efforts to keep busy.
How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...blames or criticizes others.
How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...seeks from loved ones, friends, or elders information or advice to remedy the situation.
How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

For the following questions, we are interested in more of your perceptions of how members of this culture cope. The following questions again concern the coping of the typical **Ngwani.**

When a typical **Ngwani** uses a particular coping strategy, it may be more or less effective at **changing the problem situation for the better.** Please indicate your opinion of this effectiveness. If you are not sure, please make your best guess.

A Ngwani...

...engages in efforts to avoid the problem or pretends it does not exist.
Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...seeks emotional support from loved ones, friends, or elders.
Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...generates solutions to the problem or actually does something to change the situation.
Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...keeps their feelings to themselves or tries to control their emotions.
Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...engages in fantasies or wishes that things would have turned out differently.
Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

A Ngwani...

...tries to see the problem in a different light or finds something positive about it.
Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...becomes self-critical or engages in self-blame.
Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...focuses their attention on their feelings and may also express their feelings.
Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...turns to other activities or engages in efforts to keep busy.
Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...blames or criticizes others.
Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...seeks from loved ones, friends, or elders information or advice to remedy the situation.
Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

We are again interested in your perceptions of the coping of individuals in this culture. When a typical **Ngwani** uses each coping strategy, how effective is it for helping that individual to **feel better**? If you are not sure, please make your best guess.

A Ngwani...

...engages in efforts to avoid the problem or pretends it does not exist.
Leads a typical Ngwani to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...seeks emotional support from loved ones, friends, or elders.
Leads a typical Ngwani to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...generates solutions to the problem or actually does something to change the situation.
Leads a typical Ngwani to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...keeps their feelings to themselves or tries to control their emotions.
Leads a typical Ngwani to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...engages in fantasies or wishes that things would have turned out differently.
Leads a typical Ngwani to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

A Ngwani...

...tries to see the problem in a different light or finds something positive about it.
Leads a typical Ngwani to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...becomes self-critical or engages in self-blame.
Leads a typical Ngwani to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...focuses their attention on their feelings and may also express their feelings.
Leads a typical Ngwani to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...turns to other activities or engages in efforts to keep busy.
Leads a typical Ngwani to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...blames or criticizes others.
Leads a typical Ngwani to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...seeks from loved ones, friends, or elders information or advice to remedy the situation.
Leads a typical Ngwani to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

CMQ-N4-A1

We are interested in more of your perceptions of how a typical **Ngwani** copes when faced with an important problem or stressful situation. Please answer each question by circling the appropriate number *for each scale.*

A Ngwani...

...uses drugs or alcohol more than usual.

How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

Leads a typical Ngwani to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...eats more than usual or turns to "comfort foods".

How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

Leads a typical Ngwani to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

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For the following questions, we are concerned with more of your impressions about the **Ngwani**. Please answer each question by circling the appropriate number.

1. Typically, how stressful would a **Ngwani** find problem situations?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

2. Typically, how expected would problem situations be for a **Ngwani**?

1	2	3	4	5	6	7
not at all		a little		quite		very

3. Typically, how much control would a **Ngwani** have over problem situations?

1	2	3	4	5	6	7
not at all		a little		quite		very

4. Overall, how well would a **Ngwani** cope with a problem situation?

1	2	3	4	5	6	7
not at all		a little		quite		very

We are interested in how the following questions pertain to the typical **Ngwani** and the typical **Gunada.** Please indicate your answer by circling the appropriate number on the scale which follows each item. If you are not sure, please give us your best guess.

1. How much power does the typical **Ngwani** have to choose and pursue their own activities and interests?

1	2	3	4	5	6	7
none at all	very little	somewhat		quite a bit	a lot	very much

2. How much power does the typical **Gunada** have to choose and pursue their own activities and interests?

1	2	3	4	5	6	7
none at all	very little	somewhat		quite a bit	a lot	very much

3. How much power does the typical **Ngwani** have to influence others?

1	2	3	4	5	6	7
none at all	very little	somewhat		quite a bit	a lot	very much

4. How much power does the typical **Gunada** have to influence others?

1	2	3	4	5	6	7
none at all	very little	somewhat		quite a bit	a lot	very much

For the following question, please circle only one group.

Which group holds higher status?

Ngwani   Gunada

Appendix K

Introduction for Study 2

INSTRUCTIONS

We are interested in the "first impressions" that individuals make when they come in contact with the people of a new group, people they have never met before. In this case the new group is a culture living in some remote corner of the world. our main focus of interest is people's impressions of other individuals of the basis of initial or preliminary information. For example, anthropologists visit remote cultures and often form an impression of the members of these cultures after only a few hours contact with the culture and limited interaction with the individuals themselves. What we want to know is what would be your impression of the members of a culture if you were to come in contact with one of these cultures and have a limited amount of information at your disposal. This is not a test of memory. and there are no right and wrong answers. There are just impressions and opinions. We are interested in your impressions.

We will ask you to listen twice to the taped description of one of these cultures. The passage will detail the life of the Bwisi and the Mwangai. who form a society living in the Carolines, in the western Pacific Ocean. The passage is drawn from the book Cultures Around the World, written by David Murdock. We would like you to listen to the culture twice so that you can get a good impression of the culture. We have recorded the passage twice, so you don't have to rewind the tape. While listening to the recording. you make take notes if you wish.

Appendix L

Participant Feedback for Study 2

FEEDBACK

Do you have any comments or questions on any aspect of this study?

First, we would like to thank you very much for taking the time to come and participate in our research. We really appreciate you input and your comments; without your help, we simply could not conduct any research. Next, we would like to tell you more about the experiment and what kind of questions we were trying to answer.

Many researchers in the field of social psychology have been interested in the study of gender differences in coping. Coping refers to the way people react when faced with a stressful situation. There are many things people may do when faced with difficulties - for example they may turn to others for support, or think of ways to solve the problem. Researchers have found some gender differences in coping - for example women may seek support from their friends and families more than men do, and men may try to control their emotions more than women do. Researchers have also found that people hold stereotypes of the ways in which men and women behave, and these stereotypes may extend to the way in which people perceive how men and women cope with stressful situations. There are different theories on the origins of such differences. Our hypothesis is that maybe women are seen as more "emotional", for example, than men because they occupy a lower status in our society. Status and sex are closely linked in our society; compared to women, men are over represented in positions of influence, like politics and academia, and have preferential access to most of the wealth. We are curious to know whether low status people are seen, in general, as using different methods of coping than high status people. For example, perhaps people of higher status are perceived as more problem solving than lower status people, and perhaps lower status people are seen as dealing with their emotions more when faced with stressful situations. There is another aspect to the study: We think that if we "see" people in high status positions as possessing more "masculine" characteristics, such as being more problem-solving, than they may also be seen as controlling their emotions more. On the other hand, low status people may be seen as more "feminine", that is, more gentle, more sensitive, more compassionate, and therefore more likely to focus on their emotions when faced with stressful situations.

To see whether social status influences people's of coping behaviour, we asked you to rate your impressions of a remote culture living in the Amazonian jungle. The culture is exactly as we described it. However, we added the description of the high and low status groups to find out how feminine and masculine you perceived each group to be. After we have collected all our data, we will analyse it to see whether or not it supports our hypothesis that low status people are seen as more feminine, and also more emotional, than high status people; and how this relates to coping behaviour. If you would like to know the results of the study, please write your name and address on this envelope and we will send you a copy of our findings once we have analyzed the data.

Do you have any questions?

Appendix M

Minimal Status Instantiation Scripts:
Description of Cultures

Ngwani / Gunada

Study 2

The community live in the remoter region of the Amazonian jungle, just beyond the borders of Brazil. Here, the flooded lowlands begin to rise slowly toward the Andes, although the altitude is still only a few hundred feet above sea level. Torrential rains occur frequently in the early morning and mid-afternoon, but despite the dampness, the heat is not excessive. Fresh breezes, frequent thunderstorms, and heavy evaporation maintain the temperature at an average 28° C.

The members of the community work neither metal, stone, nor leather. Many tools, utensils, and containers are fashioned from animal teeth, wood, fibre, leaves, and the shells of wild fruits and nuts. The community engages in some commerce with the local government and traders, exchanging woven baskets and other handcrafts that they make themselves for pottery, fabric, clothing, metal pots, and leather goods made by others.

In terms of the housing, community members live in huts that are simple structures built of wood and thatched leaves. The huts are built away from the river with a number of pathways leading from the river to the village. The members of the village obtain food from hunting, fishing and collecting various wild fruits and plants. They depend largely on hunting for their mat foods, securing large game such as deer and tapirs with light spears of cane, their tips dipped in poison. The poison does not make the meat dangerous to eat. For smaller game, such as birds and monkeys, a blowgun is used, the tip of the dart filled with a poison taken from the curare plant. In addition to hunting, the community members also catch fish using a variety of methods. They also collect wild fruits and nuts, eggs from nests, and catch frogs, snakes, and lizards when larger game is hard to find. In addition, there are a number of small plantations in the jungle where the village members cultivate maize, yams, sweet potatoes, peanuts, peppers, pineapples, and tobacco.

The community is composed of two distinct groups: the Ngwani and the Gunada. Folklore tells of how the gods fashioned the first man and woman from twigs and clay. The gods were so pleased with their work that they decided to make a whole people. Although both groups are from the same racial stock and are almost identical in physical characteristics, tradition holds that the Ngwani are the direct descendants of the first man and woman. The Ngwani hold a higher status in the society. According to common belief, the Gunada are not direct descendants of the first family' this seems to be ties to the fac that the Gunada hold a lower status than the Ngwani. The difference in status is evident upon entering the village' the Gunada huts are on the outer peripheral edge of the village while the huts of the Ngwani are clustered around a larger hut in the centre of the village. This larger hut is used for gatherings of the community. Another noticeable difference is that the leaves used in the roofs of the Ngwani huts are from a different tree that gives the roofs of their huts a characteristic deep green colour' this colour contrast with the pale green of the roofs of the Gunada huts.

Clothing is functional: men wear a simple loincloth around their waste which they seem to wear continuously. Women wear simple dresses of light fabric. In addition to the clothing, both men and women wear many ornaments. The Ngwani wear more ornaments than the Gunada. Tight bands are worn on the upper arms of the man and on

ankles and upper calves of the women. These bands are delicately women from fine fibre threads with interesting geometric designs. The designs on the bands of the Ngwani are more complex and are woven with threads dipped in red and black dyes. In contrast, the simpler designs worn by the Gunada are women with threads dipped in white and black dyes. Necklaces are made with shells, teeth, bone discs, and coloured seeds. Traditionally, the Ngwani wear a line of deep red dye across their foreheads.

The activities in the community are shared. Much of the time is spent in search and preparation of food. After bathing in the river at dawn, the village members disperse to hunt and fish and to work in the fields. The Ngwani are seen as holding the land for the gods even though both the Ngwani and The Gunada work side by side in the fields. Usually another bath is taken in the river at sundown and then the members of the community gather in the communal hut for the principal meal of the day. As part of their privileges, the Ngwani are entitled to the best of the hunt and the best of the crop; however, great care is taken to ensure that everyone has enough to eat.

The tribe's religious beliefs centre around a number of gods, including both celestial and terrestrial gods. They also believed that all objects, both animate and inanimate, possess a spirit, which can either be good or evil. According to the beliefs of the community, the Ngwani are seen as being in closer contact with the spirits. The members of the community also have a strong belief in magic.

Many of the traditional ways of life are transmitted through songs and dances. Some songs are quite lengthy and tell the history of the people. Many of the dances seem to re-enact important community events. The hunt is a central theme in many of the dances.

Because the Ngwani hold a higher status and the Gunada a lower one, intermarriage and sexual contact between the two groups is strictly forbidden. Other types of social interaction are allowed. The members of the two groups interact on a daily basis in farming, gathering, and hunting, and preparing food. Marriages are monogamous, but adultery is not unknown. Chastity is expected of the unmarried. The prevalent family unit is the nuclear family, but the extended family has a lot of influence.

The tribe is led by a council that is comprised of the elders of both the Ngwani and the Gunada. This council is responsible for taking decisions which affect the whole village.

Appendix N

Minimal Status Instantiation Scripts:
Description of Cultures

Bwisi / Mwangai

Study 2

The tribe lives in an atoll belonging to the group of the Carolines, in the western Pacific Ocean. The tiny, flat islands making up the atoll encircle one of the deeper lagoons of the Pacific. The marine life found in it constitute the main source of livelihood of te native culture. The temperature is constantly warm, with a yearly average of 83° F, and the relative humidity is also high. The population of this small atoll counts only about 600 individuals. Technology is not very advanced: The utensils, containers, and dinnerware used by the natives are fashioned from wood, shell, and carapaces, with the addition of metal and pottery introduced by Western contact. However, even before these contacts, native carpenters have been able to fashion good looms, houses, and superb canoes. The habitations are simple structures built of wood and thatched grass clustered together.

The economy of the island rises very rarely above the sustenance level, and the natives spend the majority of their time obtaining enough to eat. The soil is not very fertile and doesn't support much variety of vegetation, which in turn prevent the support of much wildlife. The small size of the islands, the main one being only 2.80 square miles, is also an obstacle to the development of a strong agriculture. However, a few staple foodstuffs are cultivated, the most important and valued being coconut, taro, sweet potato, and bread fruit. Crops of minor importance are bananas, sugar cane and squash. Some variety is added to the diet by gathering reef fauna and the products of wild plants and trees. The main source of food is fishing, which is mainly done in the lagoon, using a variety of fishing methods and apparatus, and occasional angling, torch light and underwater fishing, and fish gathering. The importance of fishing is testified by the number of ceremonies surrounding its practice, and by the number of songs and dances which have fishing as the central theme.

The society is composed of two distinct groups who arrived on the island at different time periods and who now form one society. They are believed to have originated in nearby archipelagos and to have been obliged to migrate to the atoll because of natural disaster, probably a typhoon. The first group to inhabit the island were the Bwisi. The Bwisi hold a higher status in this society. The second group to seek refuge on the islands were the Mwangai; they hold a lower status. The physical characteristics of the two groups are almost identical, but there is some variation among individuals of both groups. It is believed that they came from common racial stock, closely allied to the Polynesians. The difference in status is visible from the earliest contacts with the tribe: As one approaches the village, the cluster of Mwangai huts are clearly visible closer to the shoreline, while the Bwisi huts are a little further inland, under the protection of palm trees and closer to the cultivated gardens. In addition, the roofs of the Bwisi huts are thatched with a special kind of grass which gives them a characteristic deep red colour; in tern, this colour contrast with the pale yellow of the roofs of the Mwangai's huts.

Because of the small size of the islands and the population, much of the everyday activities such as agriculture, fishing and cooking are done communally. Much of the time is spent in search and preparation of food, and the most festive moment of the day is in the evening meal, when all the villagers gather around the earth pits to enjoy supper. As part of their privileges, the Bwisi are entitled to the best part of the fish catch and the

crops; however, great care is taken to ensure that everyone has enough to eat.

The religious beliefs of this culture are very eclectic: They believe in a diversity of celestial and terrestrial gods, animalistic spirits, and also in magic and in the art of predicting the future by looking at omens. As in many other pre-literate societies, many of the traditional ways of life are transmitted through songs and dances. The Bwisi often hold central roles in the tribe's dances and songs.

Because the Bwisi hold a higher status and the Mwangai a lower one, intermarriage and sexual contact between the two are strictly forbidden, but other types of social interaction are sanctioned. The members of the two groups interact on a daily basis during their activities in agriculture, fishing and gathering. Both men and women are quite modest: they always cover their genital areas, and are careful never to be seen naked in front of an individual of the opposite sex or of children. The coverings of the Bwisi are usually made of intricately woven grass, but the Mwangai wear garments of simpler manufacture. Despite their modesty, the people are pretty permissive when it comes to sexual relations, which are considered very enjoyable and necessary for procreation. Various festivals during the year allow adolescents to remain alone with a member of the opposite sex and explore their sexuality. Marriages are monogamous, but adultery is very common in this society. Infidelity is frowned upon; however, no steps are taken to prevent it, and the sanctions are mild or nonexistent. Sexual hospitality, the lending of one's wife to another man, is occasionally practised and is considered a kind gesture to visitors, but this custom is always practised with the wife's consent. Incest is strictly forbidden. The prevalent family unit is the nuclear family, but the extended family has a lot of influence. The political structure is not very rigid; the council of the elders, composed by both Bwisi and Mwangai, is responsible for taking decisions which affect the whole village. The functions of village chief are largely ceremonial, although the chief oversees the council of the elders and acts as an impartial judge when disputes arise.

Appendix O

Additional Instructions for Coping Ratings:

Information About Foodstuffs, Alcohol, and Drugs

Study 2

PLEASE READ

Although not mentioned in the descriptions you listened to, these cultural groups have a wide variety of foodstuffs and also brew a kind of beer from various grains. In addition, from other plants they extract and use substances that are similar in effect to common recreational drugs available in Western society.

Appendix P

Correlations Between Perceived Frequency of DCS Items for Low Status Individuals

Study 2

Correlations Between Perceived Frequency of DCS Items for Low Status Individuals.

Item	Em. S.	Dir. A.	Em. C.	Wish.	Reapp.	Slf.-Bl.	Em. F.	Distr.	Bl.Oth.	In.Sup.	Al./Dr.	Em.Eat.
Avoid.	-.260*	-.210	.347**	.325*	-.063	.251*	-.192	.150	.347**	-.311*	.287*	.274*
Em. S.		.229*	-.204	-.062	.223*	-.102	.259*	.142	-.110	.718**	-.091	-.141
Dir. A.			-.106	-.092	.318*	-.160	.192	.026	-.030	.256*	-.176	-.063
Em. C.				.220*	.053	.159	-.219*	.092	.189	-.202	.093	.086
Wish.					.120	.438**	.083	.280*	-.028	-.091	.197	.154
Reapp						.140	.217*	.204	-.235*	.195	-.172	-.129
Slf.-Bl.							.135	.192	.146	-.058	.216*	.064
Em. F.								.171	.059	.257*	-.007	-.054
Distr.									.174	.051	.077	-.121
Bl. Oth.										-.218*	.429**	.276*
In. Sup.											-.210	-.231*
Al./Dr.												.532**

Note: *Avoid.* = Avoidance; *Em. S.* = Emotional Support; *Dir. A.* = Direct Action; *Em. C.* = Emotional Control; *Wish.* = Wishful Thinking; *Reapp.* = Reappraisal; *Slf.-Bl.* = Self-Blame; *Em. F.* = Emotional Focus and Expression; *Distr.* = Distraction; *Bl. Oth.* = Blame Others; *In. Sup.* = Instrumental Support; *Al./Dr.* = Alcohol and Drug Use; *Em. Eat.* = Emotional Eating.
n = 83   * p <.05   ** p <.001.

Appendix Q

Correlations Between Perceived Frequency of DCS Items for High Status Individuals

Study 2

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Correlations Between Perceived Frequency of DCS Items for High Status Individuals.

Item	Em. S.	Dir. A.	Em. C.	Wish.	Reapp.	Slf.-Bl.	Em. F.	Distr.	Bl.Oth.	In.Sup.	Al./Dr.	Em.Eat.
Avoid.	-.002	.357**	.355**	.298*	-.083	.115	-.127	.217*	.096	-.248*	.080	.135
Em. S.		-.052	-.256*	-.055	.258*	-.022	-.024	.218*	-.090	.352**	-.134	-.096
Dir. A.			-.099	-.128	.158	.085	.312*	.117	-.112	.249*	-.131	-.228*
Em. C.				.072	-.275*	.097	.086	.149	.110	-.295*	.073	.035
Wish.					-.124	.503**	.121	.241*	.155	.044	.319*	.339*
Reapp.						.158	.288*	.172	-.004	.204	-.133	-.204
Slf.-Bl.							.374**	.212	.178	-.034	.205	.151
Em. F.								.239*	.104	.088	.202	.078
Distr.									.104	.077	.080	-.035
Bl. Oth.										-.296*	.200	.277*
In. Sup.											.038	-.113
Al./Dr.												.448**

Note: *Avoid.* = Avoidance; *Em. S.* = Emotional Support; *Dir. A.* = Direct Action; *Em. C.* = Emotional Control; *Wish.* = Wishful Thinking; *Reapp.* = Reappraisal; *Slf.-Bl.* = Self-Blame; *Em. F.* = Emotional Focus and Expression; *Distr.* = Distraction; *Bl. Oth.* = Blame Others; *In. Sup.* = Instrumental Support; *Al./Dr.* = Alcohol and Drug Use; *Em. Eat.* = Emotional Eating.
$n = 83$ * $p < .05$ ** $p < .001$.

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Appendix R

Means, Standard Deviations, and t-statistics for Perceptions of DCS Item Frequency,
Environmental Effectiveness, Emotional Effectiveness, and Appraisal Items for Low Status
Individuals by Cultural Script

Study 2

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Means, Standard Deviations, and t-statistics for Perceptions of Frequency of DCS Items for Low Status Individuals by Cultural Script

	Bwisi/Mwangai		Ngwani/Gunada				
Item	Mean	SD	Mean	SD	df	t	p
Avoid.	2.87	1.15	3.27	1.50	81	-1.35	.18
E. Sup.	5.05	1.08	4.96	1.40	81	0.33	.74
Dir.Act.	4.15	1.16	4.43	1.47	81	-0.95	.35
E. Con	3.00	1.15	3.11	1.40	81	-0.39	.69
Wishful	2.77	1.27	3.57	1.91	81	-2.22	.03
Reapp.	3.95	1.21	3.84	1.41	81	0.37	.71
Self-Bl.	2.38	1.27	2.72	1.37	81	-1.18	.24
E. Foc.	3.69	1.34	4.07	1.39	81	-1.25	.21
Distract.	3.59	1.27	3.98	1.61	81	-1.21	.23
Bl. Oth.	3.23	1.72	3.02	1.36	81	0.61	.54
In. Sup.	5.05	1.41	4.91	1.43	81	0.46	.65
Al./Dr.	3.03	1.55	3.36	1.38	81	-1.05	.30
E. Eat.	2.85	1.44	3.16	1.80	81	-0.87	.39

Note. *Avoid.* = Avoidance, *E. Sup.* = Emotional Support, *Dir. Act.* = Direct Action, *E. Con.* = Emotional Control, *Wishful* = Wishful Thinking, *Reapp.* = Reappraisal, *Self-Bl.* = Self-Blame, *E. Foc.* = Emotional Focus and Expression, *Distract.* = Distraction, *Bl. Oth.* = Blame Other, *In. Sup.* = Instrumental Support, *Al./Dr.* = Alcohol and Drug Use, *E. Eat.* = Emotional Eating

Means, Standard Deviations, and t-statistics for Perceptions of Environmental Effectiveness of DCS Items for Low Status Individuals by Cultural Script

	Bwisi/Mwangai		Ngwani/Gunada				
Item	Mean	SD	Mean	SD	df	t	p
Avoid.	2.25	1.17	1.81	1.24	81	1.48	.14
E. Sup.	5.03	1.31	5.18	1.50	81	-0.50	.62
Dir.Act.	4.95	1.34	5.32	1.41	81	-1.22	.23
E.Con	2.49	1.10	2.40	1.58	81	0.29	.77
Wishful	2.15	1.31	2.06	1.45	81	0.30	.77
Reapp.	4.44	1.35	4.52	1.53	81	-0.27	.79
Self-Bl.	2.09	1.44	1.89	1.30	81	0.68	.50
E. Foc.	3.54	1.43	3.93	1.49	81	-1.23	.22
Distract	3.05	1.62	3.77	1.64	81	-2.01	.05
Bl. Oth.	2.11	1.56	1.97	1.39	81	0.43	.67
In. Sup.	5.10	1.27	5.07	1.55	81	0.11	.91
Al./Dr.	2.15	1.39	2.06	1.61	81	0.28	.78
E. Eat.	2.15	1.31	2.23	1.31	81	-0.26	.80

Note. Avoid. = Avoidance, E. Sup. = Emotional Support, Dir. Act. = Direct Action, E. Con. = Emotional Control, Wishful = Wishful Thinking, Reapp. = Reappraisal, Self-Bl. = Self-Blame, E. Foc. = Emotional Focus and Expression, Distract. = Distraction. Bl. Oth. = Blame Other, In. Sup. = Instrumental Support, Al./Dr. = Alcohol and Drug Use, E. Eat. = Emotional Eating

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Means, Standard Deviations, and t-statistics for Perceptions of Emotional Effectiveness of DCS Items for Low Status Individuals by Cultural Script

Item	Bwisi/Mwangai		Ngwani/Gunada				
	Mean	SD	Mean	SD	df	t	p
Avoid.	2.62	1.31	2.24	1.36	81	1.28	.20
E. Sup.	5.18	1.49	5.05	1.28	81	0.44	.66
Dir.Act.	5.08	1.12	5.11	1.63	81	-0.11	.91
E. Con	2.38	1.11	2.61	1.71	81	-0.71	.48
Wishful	2.56	1.39	2.75	1.69	81	-0.54	.59
Reapp.	4.33	1.26	4.59	1.44	81	-0.86	.39
Self-Bl.	1.64	0.81	1.79	1.26	81	-0.64	.53
E. Foc.	3.92	1.37	4.11	1.57	81	-0.59	.56
Distract.	3.67	1.42	4.14	1.58	81	-1.42	.16
Bl. Oth.	2.77	1.50	2.52	1.42	81	0.77	.44
In. Sup.	5.18	1.37	5.09	1.40	81	0.29	.77
Al./Dr.	2.97	1.58	3.32	1.71	81	-0.95	.35
E. Eat.	2.77	1.44	3.14	1.50	81	-1.13	.26

Note. *Avoid.* = Avoidance, *E. Sup.* = Emotional Support, *Dir. Act.* = Direct Action, *E. Con.* = Emotional Control, *Wishful* = Wishful Thinking. *Reapp.* = Reappraisal, *Self-Bl.* = Self-Blame, *E. Foc.* = Emotional Focus and Expression, *Distract.* = Distraction, *Bl. Oth.* = Blame Other, *In. Sup.* = Instrumental Support, *Al./Dr.* = Alcohol and Drug Use, *E. Eati.* = Emotional Eating

Means, Standard Deviations, and t-statistics for Perceptions of Appraisal Items for Low Status
Individuals by Cultural Script

| Apprais | Bwisi/Mwangai | | Ngwani/Gunada | | | | |
	Mean	SD	Mean	SD	df	t	p
Stress	3.69	1.24	3.75	1.24	81	-0.21	.83
Expect	3.46	1.27	3.84	1.24	81	-1.22	.23
Control	4.08	1.24	4.14	1.52	81	-0.19	.85
Cope	4.10	1.10	4.23	1.24	81	-0.48	.63

Note. *Stress* = "Typically, how stressful would a _____ find a problem situation?"
    Expect = "Typically, how expected would problem situations be for a _____?"
    Control = "Typically, how much control would a _____ have over problem
    situations?"
    Cope = "Overall, how well would a _____ cope with a problem situation?"

Appendix S

Means, Standard Deviations, and t-statistics for Perceptions of DCS Item Frequency,
Environmental Effectiveness, Emotional Effectiveness, and Appraisal Ratings for High Status
Individuals by Cultural Script

Study 2

Means. Standard Deviations. and t-statistics for Perceptions of Frequency of DCS Item Use for High Status Individuals by Cultural Script

	Bwisi/Mwangai		Ngwani/Gunada				
Item	Mean	SD	Mean	SD	df	t	p
Avoid.	3.10	1.48	2.84	1.29	81	0.86	.39
E. Sup.	4.59	1.46	4.55	1.25	81	0.15	.88
Dir.Act.	3.62	1.57	3.77	1.55	81	-0.46	.65
E. Con.	3.36	1.56	3.95	1.43	81	-1.81	.07
Wishful	3.03	1.60	2.73	1.63	81	0.84	.40
Reapp.	3.95	1.26	3.73	1.40	81	0.75	.45
Self-Bl.	2.38	1.25	2.57	1.69	81	-0.56	.58
E. Foc.	3.39	1.21	3.77	1.55	81	-1.26	.31
Distract.	4.10	1.57	4.43	1.52	81	-0.97	.33
Bl. Oth.	2.56	1.31	2.58	1.40	81	-0.06	.95
In. Sup.	4.69	1.34	4.80	1.49	81	-0.33	.74
Al./Dr.	3.15	1.53	3.18	1.47	81	-0.08	.93
Em. Eat.	2.59	1.45	2.84	1.58	81	-0.75	.45

Note. Avoid = Avoidance, Em. Sup. = Emotional Support. Dir. Act. = Direct Action. Em. Con. = Emotional Control, Wishful = Wishful Thinking, Reapp = Reappraisal, Self-Bl. = Self-Blame. Em. Foc. = Emotional Focus and Expression. Distract = Distraction, Bl. Oth. = Blame Other. In. Sup. = Instrumental Support, Alc/Dr. = Alcohol and Drug Use, E. Eat. = Emotional Eating

Means, Standard Deviations, and t-statistics for Perceptions of Environmental Effectiveness of DCS Item Use for High Status Individuals by Cultural Script

	Bwisi/Mwangai		Ngwani/Gunada				
Item	Mean	SD	Mean	SD	df	t	p
Avoid.	1.97	1.25	2.36	1.53	81	-1.26	.21
E. Sup.	5.05	1.19	4.95	1.54	81	0.32	.75
Dir.Act.	5.23	1.44	5.02	1.61	81	0.62	.54
E.Con.	2.51	1.30	2.45	1.53	81	0.18	.86
Wishful	1.95	0.93	2.23	1.49	80	-1.00	.32
Reapp.	4.49	1.32	4.50	1.47	81	-0.04	.97
Self-Bl.	2.23	1.39	2.02	1.23	81	0.72	.47
E. Foc.	3.72	1.45	4.14	1.64	80	-1.23	.22
Distract	3.67	1.68	3.75	1.82	81	-0.22	.83
Bl. Oth.	1.93	1.17	1.66	0.96	81	1.13	.26
In. Sup.	4.97	1.42	4.95	1.60	81	0.06	.95
Al./Dr.	1.92	1.22	2.14	1.58	81	-0.68	.50
E. Eat.	2.05	1.23	2.05	1.12	81	0.02	.98

Note. *Avoid.* = Avoidance, *E. Sup.* = Emotional Support, *Dir. Act.* = Direct Action, *E. Con.* = Emotional Control, *Wishful* = Wishful Thinking, *Reapp.* = Reappraisal, *Self-Bl.* = Self-Blame, *E. Foc.* = Emotional Focus and Expression, *Distract.* = Distraction, *Bl. Oth.* = Blame Other, *In. Sup.* = Instrumental Support, *Al./Dr.* = Alcohol and Drug Use, *E. Eat.* = Emotional Eating

Means, Standard Deviations, and t-statistics for Perceptions of Emotional Effectiveness of DCS Item Use for High Status Individuals by Cultural Script

	Bwisi/Mwangai		Ngwani/Gunada				
Item	Mean	SD	Mean	SD	df	t	p
Avoid	2.76	1.38	2.56	1.28	81	0.69	.50
Em.Sup.	5.44	1.39	5.09	1.31	81	1.16	.25
Dir.Act.	5.41	0.94	4.94	1.57	81	1.63	.11
Em.Con	2.18	1.12	2.27	1.28	81	-0.35	.73
Wishful	2.49	1.25	2.77	1.64	81	-0.88	.38
Reapp	4.59	1.16	4.45	1.34	81	0.49	.63
Self-Bl.	1.64	0.87	1.75	1.15	81	-0.49	.63
Em.Foc.	4.03	1.31	4.09	1.33	81	-0.23	.82
Distract	3.97	1.35	4.19	1.56	80	-0.64	.52
Bl. Oth.	2.29	1.55	2.48	1.45	80	-0.57	.57
In. Sup.	5.21	1.31	5.19	1.19	81	0.08	.93
Alc/Dr.	3.16	1.68	3.30	1.62	81	-0.39	.70
Em. Eat.	2.67	1.63	3.02	1.21	81	-1.14	.26

Note. Avoid = Avoidance, Em. Sup. = Emotional Support, Dir. Act. = Direct Action, Em. Con. = Emotional Control, Wishful = Wishful Thinking, Reapp = Reappraisal, Self-Bl. = Self-Blame, Em. Foc. = Emotional Focus and Expression, Distract = Distraction, Bl. Oth. = Blame Other. In. Sup. = Instrumental Support, Alc/Dr. = Alcohol and Drug Use, Em. Eating = Emotional Eating

Means, Standard Deviations, and t-statistics for Perceptions of Appraisal Items for High Status
Individuals by Cultural Script

	Bwisi/Mwangai		Ngwani/Gunada				
Apprais	Mean	SD	Mean	SD	df	t	p
Stress	3.41	0.99	3.86	1.27	81	-1.80	.08
Expect	3.38	1.09	3.61	1.30	81	-0.86	.39
Control	4.00	1.50	3.80	1.55	81	0.61	.54
Cope	4.46	1.10	1.25	1.12	81	0.87	.39

Note. Stress = "Typically, how stressful would a _____ find a problem situation?"
Expect = "Typically, how expected would problem situations be for a _____?"
Control = "Typically, how much control would a _____ have over problem
    situations?"
Cope = "Overall, how well would a _____ cope with a problem situation?"

Appendix T

Means, Standard Deviations, and F-Statistics for Participant Gender by Target Status Group
Interactions for Ratings of Frequency, Environmental Effectiveness, and Emotional Effectiveness
of DCS Items, and Appraisal Ratings

Study 2

Means, Standard Deviations, and F-Statistics for Participant Gender by Target Status Group Interactions for Ratings of Frequency of Use of DCS Items

	Low Status				High Status					
	Women		Men		Women		Men			
Item	Mean	SD	Mean	SD	Mean	SD	Mean	SD	F(1,81)	p
Avoid.	2.90	1.21	3.39	1.54	2.98	1.46	2.94	1.26	1.95	.17
E. Sup.	5.10	1.18	4.85	1.37	4.67	1.35	4.39	1.33	0.01	.93
Dir. Act.	4.40	1.19	4.13	1.54	3.79	1.55	3.55	1.57	0.01	.94
E. Con.	3.21	1.16	2.80	1.44	3.73	1.51	3.58	1.54	0.41	.52
Wish.	3.00	1.58	3.52	1.81	2.73	1.56	3.10	1.70	0.09	.76
Reapp.	3.77	1.13	4.10	1.58	3.89	1.23	3.74	1.51	1.37	.25
Slf.-Bl.	2.52	1.18	2.65	1.56	2.44	1.45	2.55	1.59	0.00	.96
E. Foc.	3.87	1.33	3.94	1.46	3.50	1.25	3.74	1.65	0.21	.65
Distract.	3.83	1.47	3.74	1.48	4.19	1.50	4.42	1.63	0.06	.81
Bl.Oth.	3.04	1.46	3.26	1.67	2.52	1.35	2.67	1.37	0.03	.86
In. Sup.	4.98	1.41	4.97	1.45	4.87	1.40	4.55	1.41	0.68	.41
Al./Dr.	3.10	1.50	3.38	1.41	2.92	1.41	3.58	1.54	1.27	.26
E. Eat.	2.83	1.62	3.32	1.66	2.69	1.53	2.77	1.52	0.84	.36

Note. *Avoid.* = Avoidance, *E. Sup.* = Emotional Support, *Dir. Act.* = Direct Action, *E. Con.* = Emotional Control, *Wish.* = Wishful Thinking, *Reapp.* = Reappraisal, *Slf.-Bl.* = Self-Blame, *E. Foc.* = Emotional Focus and Expression, *Distract.* = Distraction, *Bl. Oth.* = Blame Others, *In. Sup.* = Instrumental Support, *Al./Dr.* = Alcohol and Drug Use, *E. Eat.* = Emotional Eating.

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Means, Standard Deviations, and F-Statistics for Participant Gender by Target Status Group Interactions for Ratings of Environmental Effectiveness of DCS Items

| | Low Status | | | | High Status | | | | | |
| | Women | | Men | | Women | | Men | | | |
Item	Mean	SD	Mean	SD	Mean	SD	Mean	SD	$F_{(1,81)}$	p
Avoid.	1.71	0.98	2.47	1.22	1.90	1.27	2.65	1.52	0.00	.95
E. Sup.	5.15	1.39	5.03	1.45	5.04	1.33	4.94	1.48	0.00	.96
Dir. Act.	5.27	1.11	4.94	1.75	5.17	1.52	5.03	1.56	0.26	.62
E. Con.	2.35	1.14	2.60	1.69	2.48	1.41	2.48	1.46	0.58	.45
Wish.	2.05	1.35	2.11	1.36	1.94	1.16	2.37	1.40	1.60	.21
Reapp.	4.48	1.41	4.48	1.53	4.58	1.30	4.34	1.54	0.45	.50
Slf.-Bl.	1.83	1.24	2.24	1.54	1.92	1.12	2.45	1.52	0.19	.66
E. Foc.	3.77	1.38	3.74	1.63	3.86	1.58	4.07	1.55	0.33	.57
Distract.	3.23	1.63	3.77	1.69	3.29	1.58	4.42	1.80	2.72	.10
Bl.Oth.	1.80	1.31	2.43	1.64	1.58	.92	2.14	1.21	0.03	.87
In. Sup.	5.21	1.43	4.87	1.38	0.06	1.36	4.81	1.74	0.08	.78
Al./Dr.	1.77	1.20	2.67	1.79	1.75	1.34	2.52	1.44	0.37	.54
E. Eat.	1.83	1.04	2.81	1.47	1.94	1.11	2.23	1.26	7.00	.01

Note. Avoid. = Avoidance, E. Sup. = Emotional Support, Dir. Act. = Direct Action, E. Con. = Emotional Control, Wish. = Wishful Thinking, Reapp. = Reappraisal, Slf.-Bl. = Self-Blame, E. Foc. = Emotional Focus and Expression, Distract. = Distraction, Bl. Oth. = Blame Others, In. Sup. = Instrumental Support, Al./Dr. = Alcohol and Drug Use, E. Eat. = Emotional Eating. .

Means, Standard Deviations, and F-Statistics for Participant Gender by Target Status Group Interactions for Ratings of Emotional Effectiveness of DCS Items

	Low Status				High Status					
	Women		Men		Women		Men			
Item	Mean	SD	Mean	SD	Mean	SD	Mean	SD	$F_{(1,81)}$	p
Avoid.	2.30	1.30	2.61	1.41	2.60	1.49	2.74	1.00	0.30	.59
E. Sup.	5.35	1.24	4.71	1.51	5.39	1.39	5.03	1.28	0.69	.41
Dir. Act.	5.14	1.37	5.03	1.50	5.27	1.31	4.94	1.36	0.43	.52
E. Con.	2.23	1.15	2.96	1.79	2.04	1.05	2.55	1.39	0.40	.53
Wish.	2.52	1.46	2.90	1.68	2.48	1.46	2.90	1.47	1.96	.17
Reapp.	4.42	1.19	4.55	1.61	4.64	1.16	4.32	1.40	1.45	.23
Slf.-Bl.	1.58	.82	1.96	1.37	1.52	0.84	2.00	1.24	0.23	.63
E. Foc.	3.94	1.43	4.16	1.55	4.06	1.21	4.06	1.48	0.18	.67
Distract.	3.85	1.30	4.07	1.86	3.89	1.32	4.43	1.63	0.81	.37
Bl.Oth.	2.48	1.24	2.97	1.73	2.14	1.14	2.83	1.90	0.23	.63
In. Sup.	5.17	1.32	5.07	1.48	5.23	1.28	2.13	1.23	0.00	.98
Al./Dr.	2.89	1.63	3.61	1.61	2.83	1.47	3.90	1.72	1.10	.30
E. Eat.	2.65	1.40	3.48	1.48	2.73	1.37	3.07	1.50	2.74	.10

Note. Avoid. = Avoidance, E. Sup. = Emotional Support, Dir. Act. = Direct Action, E. Con. = Emotional Control, Wish. = Wishful Thinking, Reapp. = Reappraisal, Slf.-Bl. = Self-Blame, E. Foc. = Emotional Focus and Expression, Distract. = Distraction, Bl. Oth. = Blame Others, In. Sup. = Instrumental Support, Al./Dr. = Alcohol and Drug Use, E. Eat. = Emotional Eating.

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Means, Standard Deviations, and F-Statistics for Participant Gender by Target Status Group Interactions for Perceptions of Appraisal Items

| | Low Status | | | | High Status | | | | | |
| | Women | | Men | | Women | | Men | | | |
Item	Mean	SD	Mean	SD	Mean	SD	Mean	SD	$F_{(1,81)}$	p
Stress	3.85	1.21	3.52	1.26	2.77	1.18	3.45	1.12	0.00	.97
Expect	3.79	1.36	3.45	1.50	3.48	1.23	3.55	1.18	1.06	.31
Control	4.14	1.31	4.07	1.53	4.02	1.24	3.68	1.90	0.25	.62
Cope	4.02	1.00	4.42	1.39	4.35	1.12	4.36	1.11	1.42	.24

Note. *Stress* = "Typically, how stressful would a _____ find a problem situation?"
Expect = "Typically, how expected would problem situations be for a _____?"
Control = "Typically, how much control would a _____ have over problem situations?"
Cope = "Overall, how well would a _____ cope with a problem situation?"

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Appendix U

DCS for Perceptions of the Typical Woman and the Typical Man

Study 3

Instructions

In this study, we are interested in people's perceptions of the way in which men and women typically cope when faced with an important problem or stressful situation. The questions on the following pages concern your perceptions of how a typical man and a typical woman cope. Please read the instructions at the beginning of each questionnaire. Your responses will be confidential.

Each question is followed by a scale of numbers. To indicate your answer, please circle the appropriate number on the scale. For example, if you are asked how hungry you are, you could answer like this:

1	**2**	**3**	**4**	**5**	**6**	**7**
not at all		**somewhat**		**quite a bit**		**very much**

to indicate you are somewhat hungry.

Please turn to the next page.

CMQ-W1-A

We are interested in your perceptions of how individuals cope.

Each of the following statements describes a coping strategy. We are interested in your perceptions of how a **typical woman** reacts when facing an important problem or stressful situation. Please indicate your opinion of how much a typical woman would use each of the following coping strategies. If you are not sure, please make your best guess.

A typical woman...

...engages in efforts to avoid the problem or pretends it does not exist.
How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...seeks emotional support from loved ones, friends, or professionals.
How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...generates solutions to the problem or actually does something to change the situation.
How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...keeps her feelings to herself or tries to control her emotions.
How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...engages in fantasies or wishes that things would have turned out differently.
How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

A typical woman...

...tries to see the problem in a different light or finds something positive about it.
How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...becomes self-critical or engages in self-blame.
How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...focuses her attention on her feelings and may also express her feelings.
How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...turns to other activities or engages in efforts to keep busy.
How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...blames or criticizes others.
How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...seeks from loved ones, friends, or professionals information or advice to remedy the situation.
How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

For the following questions, we are interested in more of your perceptions of how individuals cope with important problems or stressful situations. The following questions again concern the coping of a typical **woman**.

When a **typical woman** uses a particular coping strategy, it may be more or less effective at **changing the problem situation for the better**. Please indicate your opinion of this effectiveness. If you are not sure, please make your best guess.

A typical woman...

...engages in efforts to avoid the problem or pretends it does not exist.
Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...seeks emotional support from loved ones, friends, or professionals.
Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...generates solutions to the problem or actually does something to change the situation.
Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...keeps her feelings to herself or tries to control her emotions.
Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...engages in fantasies or wishes that things would have turned out differently.
Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

A typical woman...

...tries to see the problem in a different light or finds something positive about it.
Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...becomes self-critical or engages in self-blame.
Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...focuses her attention on her feelings and may also express her feelings.
Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...turns to other activities or engages in efforts to keep busy.
Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...blames or criticizes others.
Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...seeks from loved ones, friends, or professionals information or advice to remedy the situation.
Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

CMQ-W3-A

We are again interested in your perceptions of the coping of individuals. When a **typical woman** uses each coping strategy, how effective is it for helping her to **feel better**? If you are not sure, please make your best guess.

A typical woman...

...engages in efforts to avoid the problem or pretends it does not exist.
Leads her to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...seeks emotional support from loved ones, friends, or professionals.
Leads her to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...generates solutions to the problem or actually does something to change the situation.
Leads her to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...keeps her feelings to herself or tries to control her emotions.
Leads her to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...engages in fantasies or wishes that things would have turned out differently.
Leads her to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

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A typical woman...

...tries to see the problem in a different light or finds something positive about it.
Leads her to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...becomes self-critical or engages in self-blame.
Leads her to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...focuses her attention on her feelings and may also express her feelings.
Leads her to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...turns to other activities or engages in efforts to keep busy.
Leads her to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...blames or criticizes others.
Leads her to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...seeks from loved ones, friends, or professionals information or advice to remedy the situation.
Leads her to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

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CMQ-W4-A1

We are interested in more of your perceptions of how a **typical woman** copes when faced with an important problem or stressful situation. Please answer each question by circling the appropriate number *for each scale.*

A typical woman...

...uses drugs or alcohol more than usual.

How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

Leads her to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...eats more than usual or turns to "comfort foods".

How much?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

Changes the situation for the better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

Leads her to feel better?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

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CMQ-5

For the following questions, we are concerned with more of your impressions about the coping of a **typical woman**. Please answer each question by circling the appropriate number.

1. Typically, how stressful would a **woman** find problem situations?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

2. Typically, how expected would problem situations be for a **woman**?

1	2	3	4	5	6	7
not at all		a little		quite		very

3. Typically, how much control would a **woman** have over problem situations?

1	2	3	4	5	6	7
not at all		a little		quite		very

4. Overall, how well would a **typical woman** cope with a problem situation?

1	2	3	4	5	6	7
not at all		a little		quite		very

Appendix V

Correlations Between Perceived Frequency of DCS Items for a Typical Woman

Study 3

Correlations of the Perceived Frequency of DCS Items for a Typical Woman.

Item	Em. S.	Dir. A.	Em. C.	Wish.	Reapp.	Slf.-Bl.	Em. F.	Distr.	Bl.Oth.	In.Sup.	Al./Dr.	Em.Eat.
Avoid.	-.141	.107	.247*	.059	.036	.035	-.057	.420**	.216	-.104	.070	.070
Em. S.		.085	-.167	.186	-.071	.103	.611**	.019	.166	.570**	.283*	.350*
Dir. A.			.191	-.213	.435**	-.063	-.013	.136	-.305*	.346*	.038	-.283*
Em. C.				.043	.172	.145	-.208	.077	.204	.110	.166	-.052
Wish.					-.260*	.283*	.232*	-.061	.323*	.354**	.158	.413**
Reapp.						-.028	.021	.055	-.181	.025	-.070	-.370**
Slf.-Bl.							.308*	-.024	.068	.224*	.036	.194
Em. F.								.068	.297*	.449**	.156	.299*
Distr.									.045	-.028	-.014	.161
Bl. Oth.										.053	.131	.315*
In. Sup.											.176	.315*
Al./Dr.												.321*

Note. *Avoid.* = Avoidance; *Em. S.* = Emotional Support; *Dir. A.* = Direct Action; *Em. C.* = Emotional Control; *Wish.* = Wishful Thinking; *Reapp.* = Reappraisal; *Slf.-Bl.* = Self-Blame; *Em. F.* = Emotional Focus and Expression; *Distr.* = Distraction; *Bl. Oth.* = Blame Others; *In. Sup.* = Instrumental Support; *Al./Dr.* = Alcohol and Drug Use; *Em. Eat.* = Emotional Eating.
n = 80 * p <.05 ** p <.001.

Appendix W

Correlations Between Perceived Frequency of DCS Items for a Typical Man

Study 3

Correlations of the Perceived Frequency of DCS Items for a Typical Man.

Item	Em. S.	Dir. A.	Em. C.	Wish.	Reapp.	Slf.-Bl.	Em. F.	Distr.	Bl.Oth.	In.Sup.	Al./Dr.	Em.Eat.
Avoid.	-.242*	.040	.338*	.029	.173	-.031	.016	.237*	.203	-.129	.009	.085
Em. S.		.156	-.308*	.091	.191	.275*	.254*	-.035	-.162	.487**	-.013	.241*
Dir. A.			.023	-.087	.477**	.018	.096	.220	-.040	.268*	.029	.055
Em. C.				-.020	.025	-.093	-.254*	.197	.084	-.181	.254*	.148
Wish.					.091	.138	.110	.146	.242*	.306*	-.106	.124
Reapp.						.044	.234*	.069	-.067	.195	-.093	.036
Slf.-Bl.							.162	.139	.050	.402**	.065	.327*
Em. F.								-.023	-.069	.264*	-.116	.196
Distr.									.328*	-.011	.229*	.135
Bl. Oth.										.076	.176	.041
In. Sup.											-.099	.398**
Al./Dr.												-.084

Note. Avoid. = Avoidance; Em. S. = Emotional Support; Dir. A. = Direct Action; Em. C. = Emotional Control; Wish. = Wishful Thinking; Reapp. = Reappraisal; Slf.-Bl. = Self-Blame; Em. F. = Emotional Focus and Expression; Distr. = Distraction; Bl. Oth. = Blame Others; In. Sup. = Instrumental Support; Al./Dr. = Alcohol and Drug Use; Em. Eat. = Emotional Eating.
n = 80 * p <.05 ** p <.001.

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Appendix X

Means, Standard Deviations, and $\underline{F}$-Statistics for Participant Gender by Target Gender
Interactions for Ratings of Frequency, Environmental Effectiveness, and Emotional Effectiveness
of DCS Items, and Appraisal Ratings

Study 3

Means, Standard Deviations, and F-Statistics for Participant Gender by Target Gender Interactions for Ratings of Frequency of Use of DCS Items

| | Typical Woman | | | | Typical Man | | | | | |
| | Women | | Men | | Women | | Men | | | |
Item	Mean	SD	Mean	SD	Mean	SD	Mean	SD	$F_{(1,77)}$	p
Avoid.	3.10	1.37	3.23	1.40	4.53	1.66	4.15	1.58	1.07	.31
E. Sup.	5.80	1.22	5.69	1.17	2.83	1.08	3.15	1.44	1.40	.24
Dir. Act.	4.90	1.19	4.28	1.36	3.95	1.38	4.64	1.37	11.19	.001
E. Con.	3.10	1.41	2.39	1.27	5.55	1.58	5.26	1.35	0.94	.33
Wish.	3.85	1.58	4.31	1.52	3.65	1.64	3.95	1.36	0.14	.71
Reapp.	4.59	1.43	3.97	1.37	3.34	1.26	3.90	1.43	7.16	.009
Slf.-Bl.	5.07	1.63	4.05	1.50	3.12	1.49	3.51	1.32	9.16	.003
E. Foc.	5.44	1.21	5.44	1.25	2.49	1.12	2.62	1.04	0.12	.73
Distract.	4.07	1.51	4.00	1.49	4.85	1.53	5.23	1.16	1.08	.30
Bl.Oth.	3.46	1.49	4.03	1.42	4.02	1.49	4.54	1.37	0.01	.91
In. Sup.	5.81	1.05	5.46	1.32	2.93	1.13	3.46	1.55	6.74	.01
Al./Dr.	3.07	1.51	3.15	1.44	4.34	1.54	4.67	1.33	0.53	.47
E. Eat.	4.88	1.40	4.97	1.53	2.55	1.04	2.94	1.44	0.42	.52

Note. Avoid. = Avoidance, E. Sup. = Emotional Support, Dir. Act. = Direct Action, E. Con. = Emotional Control, Wish. = Wishful Thinking, Reapp. = Reappraisal, Slf.-Bl. = Self-Blame, E. Foc. = Emotional Focus and Expression, Distract. = Distraction, Bl. Oth. = Blame Others, In. Sup. = Instrumental Support, Al./Dr. = Alcohol and Drug Use, E. Eat. = Emotional Eating.

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Means, Standard Deviations, and F-Statistics for Participant Gender by Target Status Group Interactions for Ratings of Environmental Effectiveness of DCS Items

| | Typical Woman | | | | Typical Man | | | | | |
| | Women | | Men | | Women | | Men | | | |
Item	Mean	SD	Mean	SD	Mean	SD	Mean	SD	$F(1,77)$	p
Avoid.	1.91	1.31	1.95	1.35	1.78	1.15	2.18	1.53	1.33	.25
E. Sup.	5.27	1.48	5.28	1.54	4.78	1.59	4.36	1.60	1.43	.24
Dir. Act.	5.88	1.23	5.31	1.64	5.73	1.18	5.69	1.34	2.55	.11
E. Con.	1.88	1.08	2.59	1.45	2.51	1.75	3.00	1.82	0.28	.60
Wish.	1.88	1.05	2.21	1.47	2.15	1.44	2.20	1.49	0.93	.34
Reapp.	5.17	1.41	5.05	1.23	4.88	1.49	4.82	1.39	0.04	.84
Slf.-Bl.	1.71	1.21	2.13	1.35	1.89	1.12	2.23	1.27	0.06	.81
E. Foc.	4.76	1.51	4.64	1.53	4.22	1.59	3.90	1.27	0.30	.59
Distract.	3.46	1.73	3.15	1.39	3.61	1.69	3.44	1.70	0.12	.73
Bl.Oth.	1.68	1.08	2.22	1.55	1.79	1.25	2.00	1.28	0.94	.34
In. Sup.	5.27	1.00	5.18	1.36	5.02	1.35	4.87	1.32	0.05	.83
Al./Dr.	1.54	1.12	1.92	1.27	1.50	1.05	1.81	1.34	0.09	.77
E. Eat.	1.81	1.21	2.08	1.18	1.66	1.02	1.92	1.13	0.00	.98

Note. *Avoid.* = Avoidance, *E. Sup.* = Emotional Support, *Dir. Act.* = Direct Action, *E. Con.* = Emotional Control, *Wish.* = Wishful Thinking, *Reapp.* = Reappraisal, *Slf.-Bl.* = Self-Blame, *E. Foc.* = Emotional Focus and Expression, *Distract.* = Distraction, *Bl. Oth.* = Blame Others, *In. Sup.* = Instrumental Support, *Al./Dr.* = Alcohol and Drug Use, *E. Eat.* = Emotional Eating.

Means, Standard Deviations, and F-Statistics for Participant Gender by Target Status Group Interactions for Ratings of Emotional Effectiveness of DCS Items

| Item | Typical Woman | | | | Typical Man | | | | F(1,77) | p |
| | Women | | Men | | Women | | Men | | | |
	Mean	SD	Mean	SD	Mean	SD	Mean	SD		
Avoid.	2.48	1.38	2.56	1.23	3.07	1.89	3.10	1.50	0.02	.89
E. Sup.	6.07	0.91	5.67	1.11	4.71	1.49	4.36	1.44	0.03	.87
Dir. Act.	5.85	1.11	5.67	1.01	5.46	1.27	5.74	1.31	2.17	.14
E. Con.	1.93	1.00	208	0.93	2.95	2.01	2.85	1.69	0.38	.54
Wish.	3.12	1.75	3.46	1.70	2.90	1.56	2.82	1.59	1.56	.22
Reapp.	5.12	1.38	5.21	1.22	4.78	1.41	5.15	1.33	0.61	.44
Slf.-Bl.	1.92	1.36	2.00	1.19	2.17	1.48	2.16	1.30	0.07	.79
E. Foc.	5.22	1.33	5.05	1.23	3.90	1.59	1.45	1.46	1.23	.27
Distract.	4.42	1.75	4.05	1.52	5.17	1.50	4.64	1.53	0.19	.66
Bl.Oth.	3.02	1.64	3.28	1.76	3.56	1.87	3.51	1.67	0.45	.51
In. Sup.	5.76	1.04	4.51	1.05	4.05	1.47	4.67	1.46	6.51	.01
Al./Dr.	2.53	1.43	2.77	1.48	3.20	1.55	3.62	1.84	0.22	.64
E. Eat.	2.98	1.62	3.41	1.68	2.49	1.10	2.77	1.37	0.12	.73

Note. *Avoid.* = Avoidance, *E. Sup.* = Emotional Support, *Dir. Act.* = Direct Action, *E. Con.* = Emotional Control, *Wish.* = Wishful Thinking, *Reapp.* = Reappraisal, *Slf.-Bl.* = Self-Blame, *E. Foc.* = Emotional Focus and Expression, *Distract.* = Distraction, *Bl. Oth.* = Blame Others, *In. Sup.* = Instrumental Support, *Al./Dr.* = Alcohol and Drug Use, *E. Eat.* = Emotional Eating.

Means, Standard Deviations, and F-Statistics for Participant Gender by Target Gender Interactions for Perceptions of Appraisal Items

Item	Typical Woman				Typical Man				$F(1,77)$	p
	Women		Men		Women		Men			
	Mean	SD	Mean	SD	Mean	SD	Mean	SD		
Stress	5.15	0.96	5.05	0.94	4.63	1.16	4.26	0.99	0.71	.40
Expect	4.54	1.12	4.49	1.14	3.71	1.08	4.23	1.27	3.06	.08
Control	4.39	1.26	4.08	1.37	4.24	1.24	4.59	1.16	3.87	.05
Cope	4.42	0.95	4.34	1.16	4.21	0.92	4.62	0.99	2.73	.10

Note. *Stress* = "Typically, how stressful would a _____ find a problem situation?"
Expect = "Typically, how expected would problem situations be for a _____?"
Control = "Typically, how much control would a _____ have over problem situations?"
Cope = "Overall, how well would a _____ cope with a problem situation?"

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Appendix Y

DCS for Perceptions of the Social Desirability of Coping Strategies for the Typical Woman and the Typical Man

Study 4

AGE:_____ SEX:_____

Instructions

In the following questionnaires, we are interested in people's perceptions of coping behaviours. Please read the instructions at the beginning of each questionnaire. Your responses will be confidential.

Each question is followed by a scale of numbers. To indicate your answer, please circle the appropriate number on the scale. For example, if you are asked how hungry you are, you could answer like this:

1	2	③	4	5	6	7
not at all		somewhat		quite a bit		very much

to indicate you are somewhat hungry.

Please turn to the next page.

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SD-W1

When individuals are faced with an important problem or stressful situation, there are different ways in which they may cope. Some coping strategies may be perceived as desirable or appropriate, while other strategies may be perceived as undesirable or inappropriate.

Each of the following statements describes a coping strategy. We are interested in your perceptions of how desirable each coping strategy is when used by a **typical woman**. Please indicate your opinion of how desirable each strategy is for a typical **woman**. IF you are not sure, please make your best guess.

A typical woman...

...engages in efforts to avoid the problem or pretends it does not exist.
How desirable?

1	**2**	**3**	**4**	**5**	**6**	**7**
not at all		**somewhat**		**quite a bit**		**very much**

...seeks emotional support from loved ones, friends, or professionals.
How desirable?

1	**2**	**3**	**4**	**5**	**6**	**7**
not at all		**somewhat**		**quite a bit**		**very much**

...generates solutions to the problem or actually does something to change the situation.
How desirable?

1	**2**	**3**	**4**	**5**	**6**	**7**
not at all		**somewhat**		**quite a bit**		**very much**

...keeps her feelings to herself or tries to control her emotions.
How desirable?

1	**2**	**3**	**4**	**5**	**6**	**7**
not at all		**somewhat**		**quite a bit**		**very much**

A typical woman...

...engages in fantasies or wishes that things would have turned out differently.
How desirable?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...tries to see the problem in a different light or finds something positive about it.
How desirable?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...becomes self-critical or engages in self-blame.
How desirable?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...focuses her attention on her feelings and may also express her feelings.
How desirable?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...turns to other activities or engages in efforts to keep busy.
How desirable?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...blames or criticizes others.
How desirable?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

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A typical woman...

...seeks from loved ones, friends, or professionals information or advice to remedy the situation.
How desirable?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...uses drugs or alcohol more than usual.
How desirable?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

...eats more than usual or turns to "comfort foods"..
How desirable?

1	2	3	4	5	6	7
not at all		somewhat		quite a bit		very much

Appendix Z

Correlations of Perceptions of Social Desirablility of DCS Items for a Typical Woman

Study 4

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Correlations between Perceptions of Social Desirability of DCS Items for a Typical Women.

Item	Em. S.	Dir. A.	Em. C.	Wish.	Reapp.	Slf.-Bl.	Em. F.	Distr.	Bl.Oth.	In.Sup.	Al./Dr.	Em.Eat.
Avoid.	-.087	.304*	.336*	.409**	.019	.519**	-.216	.343*	.199	.152	.311*	.260
Em. S.		.442**	.403**	-.126	.117	.024	.302*	.316*	-.137	.247*	-.050	-.097
Dir. A.			-.368**	-.682**	.303*	-.440**	.137	.033	-.455**	.051	-.430**	-.430**
Em. C.				.346*	-.053	.320*	-.226*	.065	.063	-.092	.121	.211
Wish.					-.209	.625**	-.117	.153	.373**	.041	.516**	.473**
Reapp.						-.063	.008	.355*	-.746**	.462**	-.234*	-.690**
Slf.-Bl.							-.078	.390*	.318*	.041	.600**	.361**
Em. F.								-.179	-.033	.225*	-.251*	-.057
Distr.									-.218	.299*	.064	-.197
Bl. Oth.										-.424**	.427**	.755**
In. Sup.											-.095	-.269*
Al./Dr.												.489**

Note: *Avoid.* = Avoidance; *Em. S.* = Emotional Support; *Dir. A.* = Direct Action; *Em. C.* = Emotional Control; *Wish.* = Wishful Thinking; *Reapp.* = Reappraisal; *Slf.-Bl.* = Self-Blame; *Em. F.* = Emotional Focus and Expression; *Distr.* = Distraction; *Bl. Oth.* = Blame Others; *In. Sup.* = Instrumental Support; *Al./Dr.* = Alcohol and Drug Use; *Em. Eat.* = Emotional Eating.
$n = 80$ * $p < .05$ ** $p < .001$.

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Appendix AA

Correlations of Perceptions of Social Desirablility of DCS Items for a Typical Man

Study 4

Correlations between Perceptions of Social Desirability of DCS Items for a Typical Man.

Item	Em. S.	Dir. A.	Em. C.	Wish.	Reapp.	Slf.-Bl.	Em. F.	Distr.	Bl.Oth.	In.Sup.	Al./Dr.	Em.Eat.
Avoid.	-.344*	-.235*	.459**	.394**	.107	.409**	-.427**	.252*	.096	-.014	.284*	-.114
Em. S.		.554**	-.411**	-.370***	.198	-.168	.532**	-.034	-.290*	.472**	-.499**	.046
Dir. A.			-.235*	-.486***	.260*	-.210	.221	.066	-.375**	.270*	-.412**	-.216
Em. C.				.362***	-.138	.226*	-.428**	.235*	.234*	-.178	.262*	.066
Wish.					.037	.448**	-.213	.195	.299*	-.195	.289*	.080
Reapp.						.313*	.043	.190	-.661**	.424**	-.252*	-.754**
Slf.-Bl.							-.157	.305*	.061	-.002	.238*	-.186
Em. F.								-.288*	-.081	.298*	-.485**	.174
Distr.									-.074	-.011	.295*	-.236*
Bl. Oth.										-.510**	.463**	.673**
In. Sup.											-.444**	-.324*
Al./Dr.												.115

Note: Avoid. = Avoidance; Em. S. = Emotional Support; Dir. A. = Direct Action; Em. C. = Emotional Control; Wish. = Wishful Thinking; Reapp. = Reappraisal; Slf.-Bl. = Self-Blame; Em. F. = Emotional Focus and Expression; Distr. = Distraction; Bl. Oth. = Blame Others; In. Sup. = Instrumental Support; Al./Dr. = Alcohol and Drug Use; Em. Eat. = Emotional Eating.
n = 80   * p <.05   ** p <.001.

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