

## **Gender and Coping: The Dual-Axis Model of Coping<sup>1</sup>**

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*Examined a dual-axis model of coping that included both action (active vs. passive) and social dimensions (prosocial vs. antisocial) of coping strategies among a combined sample of students and community residents. We developed an assessment device to represent the model and allow investigation. Mixed support for the model and instrument were noted. Women were more prosocial than men in their coping, but no less active. Men were more likely to use antisocial and aggressive, but less assertive coping strategies than women. More prosocial, action coping strategies were also more likely to be related to greater sense of mastery and more liberal gender-role orientation. Antisocial and passive strategies tended to be related to lower mastery and more traditional gender-role orientation. Active coping was related to lower emotional distress for men and women, but both prosocial and antisocial coping were related to greater emotional distress for men, suggesting that men may have a narrower band of beneficial coping strategies than do women.*

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**KEY WORDS:** coping; stress; gender; communal; collectivist.

Coping behaviors play an important role in the reactions of individuals to stressful circumstances (Endler & Parker, 1990; Lazarus & Folkman, 1984; McCrae & Costa, 1986). Despite research advances, however, there has

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been criticism that current research questions and approaches are framed for the male experience. We approached the topic by applying a dual-axis model of coping that emphasizes both social behavior and individual activity. We felt the deemphasis of the social axis in prior research might have, however inadvertently, slanted coping theory and measures toward reflecting "rugged individualism," which may more closely embody the individualized male experience. In the current paper we examined the dual-axis model of coping and sought to develop a measure of coping consistent with this model.

### GENDER DIFFERENCES IN COPING

Investigators have found that men are more likely to aim their coping efforts at directly altering stressful problems (problem-focused coping), whereas women are more likely to direct coping efforts at managing their emotional responses to stress (emotion-focused coping) or to use avoidance (Billings & Moos, 1984; Endler & Parker, 1990; Stone & Neale, 1984). Researchers have further suggested that emotion-focused coping is less effective and more likely to be associated with psychological distress than is problem-focused coping (Billings & Moos, 1984). These differences have been cited as one reason why women seem more likely to be depressed than men (Aneshensel & Pearlin, 1987).

Men's choice of problem solving may, however, be a result of the problem-oriented demands that they face as opposed to the emotion-oriented demands women often confront (Folkman & Lazarus, 1980; Roth & Cohen, 1989). Situations in which individuals have low authority or in which role demands determine behavior offer little opportunity for exercising control and are typically more likely to be experienced by women. This suggests that gender differences in coping may be more a product of the settings in which men and women typically find themselves than a function of gender. However, other research suggests that women are more team-oriented in the workplace than men and less aggressive than men, while maintaining an assertive posture (Powell, 1988). This would mean that gender differences in coping are maintained if active and social dimensions of coping are distinguished.

The problem versus emotion distinction may itself be gender-biased in favor of the individual approach, rather than adopting an approach that considers social context. In this regard, studies suggest that women are more influenced by social context than men (Hobfoll & Stokes, 1988). Newer coping scales address seeking social support (Carver, Scheier, & Weintraub, 1989; Endler & Parker, 1990), but seeking social support is

only one aspect of social coping behavior. The concept of problem solving (as assessed, for example, by Lazarus & Folkman, 1984; Carver et al., 1989), itself, may seem socially neutral, until one considers that it consists of prosocial and antisocial means of problem solving.

A communal orientation may be more characteristic of women, and those men and women who are more communally oriented may act to achieve their goals in a less direct and more prosocial fashion (Triandis, McCusker, & Hui, 1990). Their attempts to change the problem may be more socially rooted attempts at problem solving, but current coping scales and theory do not tap these dimensions of behavior. Specifically, current coping models, including those of Amirkhan (1990), Carver et al. (1989), Endler and Parker (1990), and Lazarus and Folkman (1984) assess coping from an individual/self rather than an individual/social perspective and even place support seeking as more aligned with emotion than problem-focused coping.

### THE DUAL-AXIS MODEL OF COPING

The Dual-Axis Model of Coping is offered as an alternative, strategic approach to coping. By adding a social dimension, it might remedy problems associated with individualistic coping models. The model is based on a long-standing premise in personality research that healthy coping is both active and prosocial (Adler, 1939; Erickson, 1968; Sullivan, 1953).

The early work of Adler and others is further buttressed by work on the positive aspects of self-efficacy (Bandura, 1982) and social support (Cohen & Wills, 1985). Sarason, Sarason, and Pierce (1990) and Kobasa and Puccetti (1983) argue, in this regard, that an active, prosocial style underlies the positive influence of social support. That is, that the benefit experienced from social support is a consequence of the individuals' social coping efforts vis-à-vis their social environment. Active coping, coupled with a positive use of social resources, work in tandem to benefit individuals' stress resistance (Hobfoll & Lerman, 1989; Lefcourt, Martin, & Selah, 1984; Sandler & Lakey, 1982).

In contrast to active prosocial coping, traditional male problem-solving strategies may in some instances be aggressive and passive-aggressive. This would place them in a less favorable light than previously thought. Aggressive coping may alienate others and drive away the very individuals who could otherwise provide social support (Lane & Hobfoll, 1992). Moreover, a hostile coping style may help people meet their goals, but may harm their health in the process (Johnson, 1990). Active prosocial strategies, in contrast, are proposed to be the more psychologically healthy (Hobfoll &

## Dual-Axis Model of Coping

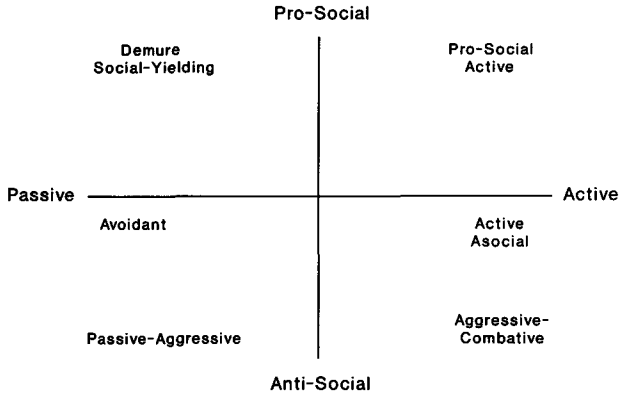


Fig. 1. Dual-axis model of coping.

Lerman, 1989; Kobasa & Puccetti, 1983) and are seen as most likely to be effective for both men and women (Sarason, Sarason, Shearin, & Pierce, 1987).

The proposed model (Figure 1) has two axes: prosocial versus anti-social and active versus passive. These two axes represent dimensions of general coping strategies, not particular behaviors. For example, someone's approach may be primarily active-prosocial and another's approach primarily passive-antisocial, but both share some of the same behaviors. This model provides a general heuristic device for understanding how individuals cope by acknowledging that coping often occurs in a social environment (a) because many of life stressors are interpersonal or have an interpersonal component, (b) because even individual coping efforts have potential social consequences, and (c) because the act of coping often requires interaction with others. By addressing both the individual and social context of coping, we also allow for a more balanced comparison between men and women because (despite broad overlap) these may be the perspective domains in which men and women prefer to cope, respectively.

We also must be clear about the notion of passivity. We saw at least two types of passive mechanisms: (a) avoidance, and (b) cautious action. Cautious action entails being very careful about moving forward—a look before you leap strategy—prior to acting. Avoidance is even more passive, in that a leap is never made.

The dual-axis model of coping also deemphasizes the emotional aspects of coping, upon which other models place great emphasis (Carver et

al., 1989; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986). Rather, the dual-axis model focuses on behavioral strategies. There are two reasons for this altered direction. First, current measures of coping have had good success predicting outcomes from emotion-focused measure of coping. Thus, there may not be a need for an additional measure of emotion-focused coping. The second reason for avoiding a focus on emotions, however, is that emotion-focused coping may perhaps never be disentangled from the emotional outcomes of coping. When people respond to a coping questionnaire they may easily slip from the issue of how they are responding to cope with the stressor (which is what we wish to address) to how they are responding to the outcome of stress (i.e., their emotion) (Stone, Greenberg, Kennedy-Moore, & Newman, 1991). Coyne (1992) has argued that this confounding cannot be avoided methodologically.

Problem-focused coping as formulated by Lazarus and Folkman (1984) and active coping as formulated by Carver et al. (1989) may be pro- or antisocial, and some forms of emotion-focused coping may be very active and prosocial. Avoidance, in turn, could be asocial (e.g., deferring to others) or antisocial (e.g., passive-aggressive behavior). Men are traditionally thought of as coping in an active manner, but this active approach may, in some instances, be antisocial. Other behaviors that have been seen as problem-focused may actually, on the other hand, be passive (i.e., passive-aggressive) as when people undermine others in order to meet their own goals. Women, in contrast, are traditionally thought of as coping in a more passive manner than men. However, seeking social support and offering such support to others are active and prosocial forms of coping and women do this more than men (Carver et al., 1989). Further, if we remove the antisocial dimension of active coping, women and men may not differ so much on asocial and prosocial, active coping. Indeed, women might even be favored.

## PERSONAL CHARACTERISTICS

Personality traits also play a key role in coping (Carver et al., 1989). In particular, two personality variables that may affect choice of coping strategies are perceived mastery (i.e., the extent to which people feel in control of their own lives) and gender-role orientation (i.e., expectations about men's and women's roles).

Emotion-focused coping may be used more frequently and more effectively when stressful situations are appraised as unchangeable or uncontrollable (Folkman & Lazarus, 1980; Lazarus & Folkman, 1984; Roth & Cohen, 1989). Similarly, active coping and planning may be positively associated with the feeling of being able to do something to control the situ-

ation (Carver et al., 1989). People who have a higher sense of mastery have been found to be more likely to use problem-focused forms of coping, whereas those who perceived that they lacked control may be more likely to make use of emotion-focused coping (DeLongis, O'Brien, & Parker, 1990).

Gender-role orientation may also affect the selection of coping strategies. Women have been found to be more likely to focus on and vent emotions (Carver et al., 1989; Billings & Moos, 1984), and to use distraction, catharsis, and relaxation (Stone & Neale, 1984) than men. Men, in contrast, seem to take more direct action than women (Stone & Neale, 1984). Although men and women might adopt gender-stereotypic coping methods, this may not be the case for people who hold less traditional gender-role orientations. People who are less traditional in their expectations for the roles in which men and women should engage may not be as likely to use gender-stereotypic coping strategies when faced with a stressful situation (Levo & Biggs, 1989; Long, 1989).

We would further expect active prosocial coping strategies to be linked with receipt of more social support and lower anxiety and depression. These relationships probably operate in both directions. Those who use more active prosocial strategies are likely to solve their problems more effectively and behave in a way that encourages the support of others (Kobassa & Puccetti, 1983; Lane & Hobfoll, 1992). It is also likely, however, that those who gain more social support and are less psychologically distressed will sustain better social relations and be more capable of remaining problem-oriented (Gotlib & Hooley, 1988).

## PRESENT INVESTIGATION

A primary aim of the present investigation was to investigate how men and women cope when both active-passive and prosocial-antisocial dimensions of coping are considered.

1. Women were predicted to cope in a more active prosocial manner and men in a more active asocial or antisocial manner. Men and women were not predicted to differ on activity/passivity.

2. Whether gender differences in coping are related to the two primary domains of coping (i.e., work or school-related vs. interpersonally related contexts) was also addressed. We predicted that gender differences would be sustained when men and women are compared in the same context when active and social dimensions of coping are considered.

3. It was also hypothesized that higher levels of perceived mastery and less traditional gender-role orientations would be more highly corre-

lated with more active, prosocial coping strategies than with gender-stereotypic modes of coping (i.e., passive-antisocial or active-antisocial strategies). These differences are predicted to be significant when controlling for gender.

4. It was predicted that active prosocial coping strategies should be related to social support and lower anxiety and depression.

5. In addition, the study was designed to evaluate whether a preliminary coping strategy scale developed on the basis of the Dual-Axis Model of Coping could be used to present a more strategic and less gender-biased view of differences in the ways in which people cope with stressful situations. By testing theory we felt we could simultaneously test the devised measurement instrument, as theoretical support could only be yielded from an instrument that tapped the dimensions we theoretically derived. In this regard, in addition to evaluation of general psychometric properties of reliability, aspects of test validity were evaluated.

## METHOD

### *Participants*

There were two participant samples: a student sample from a Midwestern university and a community-based sample consisting of somewhat older, part-time students attending rural community colleges. The student sample were undergraduates enrolled in introductory psychology ( $n = 204$ ). Community participants were mainly older, part-time, nontraditional students enrolled in psychology night courses at community campuses ( $n = 184$ ). Most of these individuals worked full-time or were homemakers. Participants received credit in their psychology courses for their voluntary participation.

The undergraduate sample were typically 18 to 20 years of age (83%). Of the sample, 41% were men and 59% were women. They were mostly single, never married (93.6%), and few had children (4.9%). Of the community sample, 31% were less than 21 years of age, 33% were 21 to 30 years of age, and 33% were 31 to 40 years of age; 24% were men and 76% were women. In terms of marital status, 48% were single, 34% were married, 15% were separated or divorced, and 2% were widowed. We did not collect data on ethnicity, but over 90% of the students on both campuses were of European American origin.

The two samples did not differ significantly on the dependent measures. Thus, the two samples were combined and the data presented are based on the combined sample. The combined sample was seen as especially appropriate for theory and measurement testing, owing to its fairly

broad demographics and relative accessibility. Preliminary analysis revealed that the findings for the two samples were similar, suggesting that combining them served better than separating them.

### *Instruments*

Instruments included a demographic questionnaire and a coping strategy scale developed for this study, as well as well-validated measures of mastery, social support, depression, anxiety, and gender-role orientation. The demographic questionnaire tapped general demographic information, including age, gender, marital status, education level of self and partner, number of children at home, annual family income, employment status of self and partner, and occupation of self and partner.

The coping strategy scale was developed for this study (Hobfoll & Dunahoo, 1991) based on the Dual-Axis Coping Model presented previously. The Preliminary Strategic Approach to Coping Scale (P-SACS) consisted of 34 options for possible behavioral coping responses. The options include responses that fit intuitively with the model suggested previously (i.e., active, passive, prosocial, and antisocial responses). Items were generated by examining common idioms regarding coping strategy (e.g., "Look before you leap."); literature on military, chess, and bridge strategies (areas that have a well-developed strategy literature); and existing coping measures. Participants rated items on a 5-point Likert scale from *not at all what I'd do* to *very much what I'd do*. Items are listed in the Appendix.

The 7-item Mastery Scale (Pearlin & Schooler, 1978) assesses the degree of perceived control over the environment (e.g., "I have little control over the things that happen to me" and "What happens to me in the future mostly depends on me."). Participants rated these on a 7-point Likert scale from *strongly agree* to *strongly disagree*. The standardized item alpha for the present sample was .75.

The Male-Female Relations Questionnaire was developed by Spence, Helmreich, and Sawin (1980). It consists of two scales, a sexual orientation scale and a marital scale, both of which have a male form and a female form. The sexual orientation scale consists of 20 items, rated on a 5-point Likert scale from *strongly disagree* to *strongly agree*. The marital scale consists of 10 items rated on a 5-point Likert scale from *strongly disagree* to *strongly agree*, regarding how they would ideally like their spouse and their relationship with him/her to be. Examples from these scales include: "I'd rather have a man as a boss at work than a woman," and "If my husband and I both worked, I would realize that his job came first." The two scales



were combined to construct a measure of gender-role orientation for which the standardized item alpha for the present sample was .87.

The 6-item social support questionnaire (SSQ-6) (Sarason, Sarason, Shearin, & Pierce, 1987) taps perceived intimate support. The scale has been found to have good reliability and validity. Individuals respond as to how many individuals provide support in six critical areas. Internal reliability in this study was .86.

The 20-item, CES-D depression scale (Radloff, 1977) assesses depressive mood over the past week (e.g., "Things bother me that usually don't," "I didn't have an appetite and didn't want to eat."). For the present study, an abbreviated, 10-item form previously used successfully was used due to time restraints (Hobfoll & Walfisch, 1984). Items were rated on a 4-point Likert scale from *not at all* (0) to *most of the time* (3) ( $\alpha = .80$ ).

The State-Trait Anxiety Inventory (STAI; Spielberger, Gorsuch, & Lushene, 1970) consists of two forms, each 20 items in length. In the present study, an abbreviated form of the Trait Anxiety (T-anxiety) scale was used. Participants rated the degree to which they felt a given way over the previous week (e.g., "I felt calm," "I felt secure."). Ratings were made on a 4-point Likert scale, from *not at all* to *very much so* ( $\alpha = .82$ ).

### *Procedure*

The questionnaires were administered in large groups. The general nature of the study, including that participation was voluntary, was explained and students were told that completion of questionnaires was indicative of their informed consent to participate. Participants anonymously completed the questionnaire battery with the scales presented in the preceding order. No one refused participation.

Participants responded to the P-SACS for six hypothetical situations at different levels of stressor severity, three involving professional stressors (i.e., work/school problems) and three involving interpersonal stressors (i.e., problems in a relationship with a spouse/partner). These particular types of situations were chosen because previous research has shown that work and relationship stressors are primary stressful areas (Dohrenwend, Krasnoff, Askenasy, & Dohrenwend, 1978). These areas fit well, intuitively, with one of the purposes of the study, namely, to measure whether people are likely to choose different coping strategies when involved in different types of situations or whether they are likely to choose gender-stereotypic coping strategies, regardless of the situation in which they are experiencing stress. The three levels of severity involved (a) threatened loss of a valued resource (i.e., professional position or relationship), (b) actual loss of the same re-

source, or (c) failure to achieve goals (i.e., professional or interpersonal goals). These levels were identified by Hobfoll (1988) as the three environmental conditions that lead to stress reactions. By including the three levels of severity we provide a broader set of stimuli than any one scenario might provide. The six situations used in the present study are as follows:

**Professional Situations:**

1. Your situation at work or school is such that others have let you know that you're headed for possible dismissal (threat).
2. You've been informed that your performance is inadequate at work or in school and that you will be dismissed (loss).
3. You don't feel you are making the progress or having the success you should have at work or in school (failure to achieve goals).

**Interpersonal Situations:**

4. Your spouse or partner lets you know that they think your relationship is in jeopardy (threat).
5. Your spouse or partner informs you that they want a separation as things have gotten so bad between you (loss).
6. You don't feel that your relationship with your spouse or partner is as good as it should be (failure to achieve goals).

## **Results**

We present our data in the form of three study phases for clarity of organization. Phase 1 addresses reliability and internal validity. Phase 2 examines the external validity of the P-SACS by examining whether the subscales are predicted by gender, gender-role orientation, and mastery in the manner predicted. Phase 3 examines whether the coping subscales predict variables commonly associated with stress outcomes by investigating the relationship between the subscale scores and social support, depression, and anxiety. These three phases simultaneously assess the validity of the Dual-Axis Model of Coping.

Descriptive statistics for our two samples are noted in Table I for all measures.

### **PHASE 1: RELIABILITY AND INTERNAL VALIDITY**

#### *Subscale Construction*

We conducted preliminary factor analysis on a randomly produced subsample of half of the participants using principal components analysis

Table I. Means for Full Sample and Separately for Men and Women ( $N = 388$ )

	Full sample		Men		Women	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Mastery	34.69	8.37	35.02	8.49	34.50	8.35
Role orientation	87.93	20.78	79.77	17.90	91.99	20.98
Anxiety	49.50	12.42	47.06	11.12	50.69	12.89
Depression	23.16	12.34	20.94	11.32	24.27	12.64
SSQ-satisfaction	28.11	7.55	26.94	8.10	28.80	7.21
SSQ-number	20.31	5.09	20.26	5.60	20.31	4.82
Assertive action	27.28	3.70	26.58	3.98	27.57	3.51
Social joining	16.76	3.42	16.26	3.23	17.01	3.50
Support seeking	13.86	3.17	12.94	3.34	14.29	2.97
Aggressive action	16.06	3.23	16.56	3.00	15.78	3.30
Cautious action	25.02	3.78	23.86	3.61	25.54	3.74
Avoidance	10.91	1.43	11.08	1.34	10.83	1.46
Antisocial action	4.82	1.77	5.38	1.66	4.55	1.75
Instinctive action	6.65	1.40	6.60	1.42	6.67	1.39

with varimax rotations. To obtain general coping subscales we collapsed across levels of severity and conditions by calculating average scores for each participant on each item. Thus the 2 levels of severity by 3 conditions produced 6 responses which were averaged to produce a single score.

Factor analysis produced a nine-factor solution, with eigenvalues greater than 1. Inclusion on a subscale was based on factor loadings above .30. Items for these nine factors were used to create preliminary subscales. These subscales were then tested for internal reliability by applying them to the second half of the sample using tests of internal reliability. Items were then deleted if deleting the item substantially increased the subscale's reliability. Finally, Cronbach's alpha was calculated for each subscale.

Reliabilities for all but one of the preliminary subscales were of reasonable magnitude, ranging from .66 to .76, with most scales in the .70 to .76 range. The last factor had only two items and a reliability of .44. This factor focused on what we called instinctive action and was weak throughout our analyses. It was retained in analysis in order to examine its correlates and to determine if it would be worthwhile to attempt to add or change items to bolster the subscale's reliability.<sup>3</sup>

<sup>3</sup>Separate analyses for men and women were also conducted. The nine-factor solution was composed for men and women. Similar nine-factor solutions were found for both genders. The items also loaded similarly for men and women. However, a number of factors were reversed in order, suggesting possible differences in centrality of certain factors. Since no theoretical models were suggested a priori to examine these differences, we took the more conservative course of accepting them as chance variation. Overall, the analyses suggest a similar factor structure for men and women (data available upon request).

The two halves of the sample were then combined to take advantage of the large sample. Additional factor analysis on the full sample was performed using principle components analysis with varimax rotations. The analysis yielded a nine-factor solution with eigenvalues greater than 1.0, accounting for 57.4% of the total variance. The items and factor loadings are presented in Table II and the subscale breakdown and presentation of items appear in the Appendix. Items were considered part of a scale if they loaded .30 or above on that scale. The nine factors appeared to be related to assertive action, social joining, aggressive action, seeking social support, cautious action-1, avoidance, antisocial action, cautious action-2, and instinctive action, in order of their respective strength. Following the Scree test criteria (Cattell, 1978), we found that after these nine factors, there were a break in the contribution of additional factors.

Eight subscales were created from these nine factors, collapsing the two factors that reflected cautious action. This increased the reliability of cautious action initial reliability from .54 and .66 (for the separate factors) to .72 (for the combined subscale). We retained the instinctive action subscale to analyze its potential contribution, despite its low initial reliability. As a two-item subscale, we thought it interesting to examine its correlates and judge whether it would be worthwhile to add additional items to strengthen its reliability in future research.

## Results

### *Internal Validity*

Table III presents the correlations between subscales derived from the factors. Correlations between subscales may be moderate, but should show discriminant validity by not being so high as to indicate that they measure the same construct. All correlations were below .62, indicating that 62% of the variance was unshared in the worst case. Most of the correlations shared less than 75% of their variance.

According to the Dual-Axis Model of Coping, assertive coping strategies should be positively related to social joining and support seeking, but negatively related to avoidance and antisocial strategies. Assertive action was positively correlated to social joining ( $r = .377, p < .001$ ) and support seeking ( $r = .199, p < .001$ ). Assertive action was also negatively related to avoidance ( $r = -.427, p < .001$ ) and to antisocial action ( $r = -.266, p < .001$ ).

Aggressive action and assertive action are often conceptually confused, because they are similar in that they both indicate an action orien-

Table II. Rotated Factor Matrix for All Items

	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6	Factor 7	Factor 8	Factor 9
Eigenvalues	5.740	3.308	2.631	1.875	1.647	1.192	1.071	1.036	1.019
Item no.									
1	.687	.122	.176	.059	.099	.014	-.085	.066	.081
2	.131	.091	.042	.805	.106	.019	.011	-.031	-.012
3	.258	.113	.554	.158	.030	-.031	-.089	-.199	.237
4	.214	.130	.264	.102	.495	-.138	-.210	.036	.163
5	.092	-.004	.238	-.343	.126	-.004	-.106	.092	.581
6	-.216	.015	.041	-.002	.053	.027	.121	-.031	.820
7	.121	-.035	-.066	-.028	-.151	.685	.081	.003	.005
8	.010	-.013	.712	.065	-.002	-.054	.216	-.085	.096
9	-.721	.101	.091	.718	.030	.121	.046	-.091	-.113
10	.009	-.078	.035	.033	.010	.331	-.075	-.059	-.045
11	.011	.083	.010	.135	.714	-.041	-.099	.220	-.079
12	-.382	-.017	.041	.099	.704	-.054	.126	-.007	.203
13	.333	-.084	-.258	-.022	-.074	.603	.124	.066	-.012
14	.418	-.009	-.082	.179	.127	.280	.738	-.015	.066
15	.012	.226	.077	.541	.151	-.171	-.063	.229	.000
16	-.284	.002	-.142	.230	-.116	.392	.134	.385	.310
17	-.046	.669	.031	.189	.066	-.065	.028	.214	.016
18	-.020	.764	-.071	.123	.096	-.008	-.103	.059	.024
19	-.614	.093	-.019	.019	.016	.305	.014	.013	.118
20	.594	.162	.316	.099	.101	.054	-.194	.094	-.024
21	-.135	.048	-.138	.015	.226	.650	.064	-.063	.016
22	.029	.158	-.032	-.019	.644	.294	.170	.080	-.071
23	.182	.735	.072	.061	.080	.171	.021	-.128	-.012
24	-.004	-.029	.454	.038	.013	.150	.653	-.020	.018

Table II. Continued

Item no.	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6	Factor 7	Factor 8	Factor 9
26	-.702	-.092	.060	.019	-.025	.263	-.023	-.081	-.035
27	.206	.079	.230	.040	.457	-.255	-.271	.326	.059
28	.366	.314	.259	.073	.163	.046	-.386	.198	-.046
29	-.073	.145	.026	.724	.057	-.048	-.017	.275	.006
30	.246	.096	.153	.123	.246	-.068	-.071	.533	-.048
31	.161	.777	.038	.083	.067	-.041	-.051	.142	.005
32	.098	.192	.010	.067	.143	.054	-.017	.717	.035
33	.062	-.020	.779	-.020	.024	-.129	.100	.125	-.022
34	-.064	.001	.607	.051	.147	-.157	.131	.221	.009

Table III. Pearson Correlations Among Study Variables

	1	2	3	4	5	6	7	8	9	10	11	12
1. Assertive action	—											
2. Social joining	.377 <sup>c</sup>	—										
3. Seeking support	.199 <sup>c</sup>	.474 <sup>c</sup>	—									
4. Aggressive action	.140 <sup>b</sup>	.092	.158 <sup>c</sup>	—								
5. Cautious action	.410 <sup>c</sup>	.480 <sup>c</sup>	.399 <sup>c</sup>	.252 <sup>c</sup>	—							
6. Avoidance	-.427 <sup>c</sup>	.092	.159 <sup>c</sup>	-.017	.037	—						
7. Antisocial action	-.266 <sup>c</sup>	.069	.079	.617 <sup>c</sup>	.000	.230 <sup>c</sup>	—					
8. Instinctive action	-.004	-.010	-.176 <sup>c</sup>	.225 <sup>c</sup>	.158 <sup>b</sup>	.122 <sup>b</sup>	.122 <sup>a</sup>	—				
9. Mastery	.280 <sup>c</sup>	.020	.002	.097	.060	-.181 <sup>c</sup>	-.052	-.028	—			
10. Social support	.198 <sup>c</sup>	.120 <sup>a</sup>	.282 <sup>c</sup>	.068	.081	.037	-.199 <sup>c</sup>	.056	.242 <sup>c</sup>	—		
11. Gender role	.249 <sup>c</sup>	.109 <sup>a</sup>	.080	.051	.258 <sup>c</sup>	-.149 <sup>b</sup>	.012	.121 <sup>a</sup>	.121 <sup>a</sup>	.021	—	
12. Depression	-.206 <sup>c</sup>	.027	.086	-.030	.064	.123 <sup>b</sup>	.071	.022	-.469 <sup>c</sup>	-.280 <sup>c</sup>	-.064	—
13. Anxiety	-.127 <sup>a</sup>	.077	.169 <sup>c</sup>	.046	.110 <sup>a</sup>	.180 <sup>c</sup>	.067	.071	-.437 <sup>c</sup>	-.196 <sup>c</sup>	.034	.699 <sup>c</sup>

<sup>a</sup>*p* < .05.

<sup>b</sup>*p* < .01.

<sup>c</sup>*p* < .001.

tation. They differ in that aggression implies negative or hostile action toward others, whereas assertiveness does not. As expected, we found them significantly, modestly correlated ( $r = .140, p < .01$ ). However, aggressive action, as had been predicted by the model, had a very different critical correlate. Aggressive action was strongly, positively correlated to antisocial action ( $r = .617, p < .001$ ), the opposite having been the case for assertive action ( $r = -.266, p < .001$ ).

Assertive action (active-prosocial) and cautious action (passive-prosocial) should also be related to each other as both being prosocial, but cautious action being more passive (note that items indicate a wait and see attitude). Cautious action should also be related to social strategies. Cautious action was significantly related to assertive action ( $r = .410, p < .001$ ), social joining ( $r = .480, p < .001$ ), and support seeking ( $r = .399, p < .05$ ). Cautious action was also significantly correlated with aggressive action ( $r = .252, p < .001$ ) but not too antisocial action ( $r = .00$ ).

Support seeking and social joining can be seen to be conceptually similar in light of the dual-axis model, in that both are prosocial, but indicate different aspects of the social activity. Consistent with this conceptualization, they were substantially correlated ( $r = .474, p < .001$ ). They were distinguishable, however, with social joining correlated more strongly with assertiveness ( $r = .377, p < .001$ ), whereas support seeking was more weakly related to assertiveness ( $r = .199, p < .001$ ) and related to aggressiveness ( $r = .158, p < .001$ ).

The instinctive action strategy is a "shoot from the hip" style of coping, whereby individuals cope by doing what they see as gut-level reactions. This strategy was positively associated with greater aggressive action ( $r = .225, p < .001$ ) and more cautious action ( $r = .158, p < .001$ ), indicating if those who behave instinctively may be socially ambivalent. It was also negatively associated with support seeking ( $r = -.176, p < .001$ ), a more prosocial indicator.

To further examine whether the factors were consistent with the Dual-Axis model and, therefore, if the model and P-SACS instrument were reflective of one another, two second-order factor analyses were conducted by factor analyzing the factors from the original factor analysis (first by not limiting the numbers of factors and then by limiting them to a two-factor solution that might delineate the primary axes of the model). Such second-order factor analysis examines whether the factors themselves represent an underlying structure.

The results of the first analysis revealed four factors (Table IV). The first factor consists of the active, prosocial and the passive, prosocial strategies—assertive action and cautious action—that do not contain antisocial components. This factor also includes the two social action strategies—sup-



**Table IV. Second-Order Factor Analysis Loadings**

Scale name and subscales	Loading
Unlimited Factor Solution (1-4)	
1. Active-passive, prosocial	
Assertive action	.47
Social joining	.83
Seeking social support	.80
Cautious action	.67
2. Active/antisocial	
Aggressive action	.88
Antisocial action	.90
3. Passive	
Assertive action	-.75
Avoidance	.89
4. Active-passive, asocial	
Instinctive action	.92
Cautious action	.50
Seeking social support	-.32
Two-Factor Forced Solution (1, 2)	
1. Active-passive, prosocial	
Assertive action	.69
Social joining	.78
Seeking social support	.66
Cautious action	.79
2. Active-passive, antisocial	
Aggressive action	.71
Avoidance	.53
Antisocial action	.85
Instinctive action	.40

port seeking and social joining. Thus, Factor 1 corresponds to a range of prosocial indicators that vary in their degree of activity. This would mean it represents the prosocial-active and prosocial-passive quadrants of the model.

The second factor contains aggressive and antisocial action. This reflects the active-antisocial quadrant of the model. The third factor has loadings for avoidant and assertiveness (negative loading for the latter). This factor reflects the passive dimension of the model. It is also antisocial, or at least asocial, as avoidance includes avoiding social contact. Being passive, it would not be expected to include an aggressive-antisocial dimensions as seen in Factor 2.

The fourth factor has a positive loading for instinctive action and cautious action and a negative loading for support seeking ( $-.32$ ). This factor might reflect a mixture of active and asocial dimensions and as such would fit some midpoint in the active antisocial-asocial quadrants.

In the second, secondary factor analysis, two factors with eigenvalues above 1 emerged. They shared fairly balanced amounts of variance (28.4 and 23.0%, respectively). The first factor indicates an active/passive, prosocial dimension. This suggests that prosocial strategies may vary on the activity dimension. The second factor includes active/passive, antisocial strategies. This suggests that antisocial strategies may be linked with both active and passive coping.

The secondary factor analyses indicate that one can be less active and still be prosocial but not avoidant and prosocial. This also suggests that the two axes of the dual-axis model are not orthogonal. The fact that the same subscales appear on more than one factor also suggests that the two axes of the model are not orthogonal and that the activity and the sociability dimensions are related.

## Discussion

These analyses lend modest support for the reliability and internal validity of the P-SACS instrument. They further suggest that the Dual-Axis Model of Coping is a viable conceptual framework from which to at least begin to examine coping strategies, although it requires further shaping to truly fit the data. The subscales do not appear to be due to chance findings based on a single sample. They are also reasonably independent of one another and so appear to tap different subconstructs.

The P-SACS appears reliable for both men and women. The factor structure is defensible in both statistical and conceptual terms, as well. The one exception to this trend is the instinctive action subscale whose lower internal reliability may be due, in large part, to its consisting of only two items. This subscale shows some research promise, however, as it was related to other subscales in the expected manner (although this, too, was inconsistent). This suggests that the problem may be with the number of items. In addition, the aggressive and antisocial subscales share an item and since the antisocial subscale only has two items, this is problematic. Again, future versions of the scale should add items and try to disentangle this overlap.

The secondary factor analysis provides modest evidence for the link between the Dual-Axis Model of Coping and the P-SACS instrument. Active coping can clearly be either prosocial or antisocial (two of the quad-

rants). Passive coping clearly emerged in the analyses (indicating an active-passive axis), too. Passive coping can be prosocial, and passive, antisocial coping also emerged as linked (indicating passive pro- and antisocial quadrants). An avoidant, prosocial profile is missing. Thus, when people become passive, they may be asocial or antisocial, but not prosocial. It is interesting that in Adler's (1939) formulation of personality and in the work of Erickson (1968), they both suggested that passivity could not be prosocial but must necessarily be antisocial or asocial. Our findings support these contentions. The failure to find an avoidant, prosocial strategy suggests that the original model may need to be modified.

## PHASE 2: GENDER, ROLE ORIENTATION, MASTERY, AND COPING STRATEGY

The Dual-Axis Model of Coping predicts certain relationships between gender, role orientation, mastery, and coping strategies. Finding such relationships would support both the model and the external validity of the P-SACS instrument. To examine these relationship, multiple regression analyses were conducted separately for each coping strategy. In the first step, gender was entered. In the second step, role orientation and mastery were entered. In the final regression step, the interaction of gender and mastery and gender and role orientation were entered. The three-way interaction terms were not entered as no specific hypotheses were formulated on this level. The identical analyses were conducted for professional and interpersonal situations as preliminary analyses indicated that some of the more aggressive strategies are more apparent in professional than interpersonal situations.

### Results

The results of the regression analyses predicting coping strategies in professional and interpersonal situations are presented in Tables V and VI, respectively. Preliminary analyses revealed that scores for different types of coping were very similar across the three levels of stress severity. Hence, we combined and averaged the scores across the three levels. This also provides increased sampling of each question.

Assertive action was employed more by women than men in interpersonal situations. Assertive action was related to greater mastery in both kinds of situations. A significant interaction in the case of interpersonal situations only, further indicated that in such situations men with greater

Table V. Prediction of Coping Style for Professional Situations

Predictor variables	Criterion variables																								
	Assertive action			Social joining			Seeking social support			Aggressive action			Cautious action			Avoidance			Antisocial action			Instinctive action			
	$\beta$	$\Delta R^2$		$\beta$	$\Delta R^2$		$\beta$	$\Delta R^2$		$\beta$	$\Delta R^2$		$\beta$	$\Delta R^2$		$\beta$	$\Delta R^2$		$\beta$	$\Delta R^2$		$\beta$	$\Delta R^2$		
Step 1																									
Gender	.05	.00		.14 <sup>b</sup>	.02 <sup>b</sup>		.21 <sup>c</sup>	.04 <sup>c</sup>		-.17 <sup>c</sup>	.03 <sup>c</sup>		.14 <sup>b</sup>	.02 <sup>b</sup>		-.10	.01		-.25 <sup>c</sup>	.06 <sup>c</sup>		-.03	.00		
Step 2																									
Mastery	.31 <sup>c</sup>			.03			-.04			.13 <sup>b</sup>			.07			-.16 <sup>b</sup>			.01			-.01			
Gender role	.17 <sup>c</sup>	.14 <sup>c</sup>		.08	.01		.03	.00		.12 <sup>a</sup>	.04 <sup>c</sup>		.17 <sup>b</sup>	.03 <sup>b</sup>		-.12 <sup>a</sup>	.04 <sup>c</sup>		-.11 <sup>a</sup>	.01		.08	.01		
Step 3																									
Gender × Mastery	-.28			-.07			-.53			-.07			-.07			-.24			.11			.09			
Gender × Gender role	.18	.00		.28	.00		.16	.01		.36	.00		.66	.01		-.60	.01		-.49	.01		.13	.00		

<sup>a</sup> $p < .05$ .

<sup>b</sup> $p < .01$ .

<sup>c</sup> $p < .001$ .

Table VI. Prediction of Coping Style for Interpersonal Situations

Predictor variables	Criterion variables																								
	Assertive action			Social joining			Seeking social support			Aggressive action			Cautious action			Avoidance			Antisocial action			Instinctive action			
	$\beta$	$\Delta R^2$	$R^2$	$\beta$	$\Delta R^2$	$R^2$	$\beta$	$\Delta R^2$	$R^2$	$\beta$	$\Delta R^2$	$R^2$	$\beta$	$\Delta R^2$	$R^2$	$\beta$	$\Delta R^2$	$R^2$	$\beta$	$\Delta R^2$	$R^2$	$\beta$	$\Delta R^2$	$R^2$	
Step 1																									
Gender	.16 <sup>b</sup>	.03 <sup>b</sup>		.05	.00		.18 <sup>c</sup>			-.02	.00		.25 <sup>c</sup>	.06 <sup>c</sup>		.05	.00		-.16 <sup>b</sup>	.02 <sup>b</sup>		.06	.00		
Step 2																									
Mastery	.15 <sup>b</sup>			.01			.02			.02			-.02			-.15 <sup>b</sup>			-.07			-.07			
Gender role	.16 <sup>b</sup>	.05 <sup>c</sup>		.13 <sup>b</sup>	.02 <sup>a</sup>		.04	.00		.03	.00		.24 <sup>c</sup>	.05 <sup>c</sup>		.06	.03 <sup>b</sup>		-.15 <sup>b</sup>	.03 <sup>b</sup>		.14 <sup>b</sup>	.02 <sup>a</sup>		
Step 3																									
Gender x Mastery	-.57 <sup>a</sup>			-.35			-.44			-.13			.02			-.06			.11			-.33			
Gender x Gender role	-.15	.01		.67	.01		-.23	.01		.27	.00		.83 <sup>b</sup>	.01 <sup>a</sup>		-.10	.00		-.64	.01		.47	.01		

<sup>a</sup> $p < .05$ .

<sup>b</sup> $p < .01$ .

<sup>c</sup> $p < .001$ .

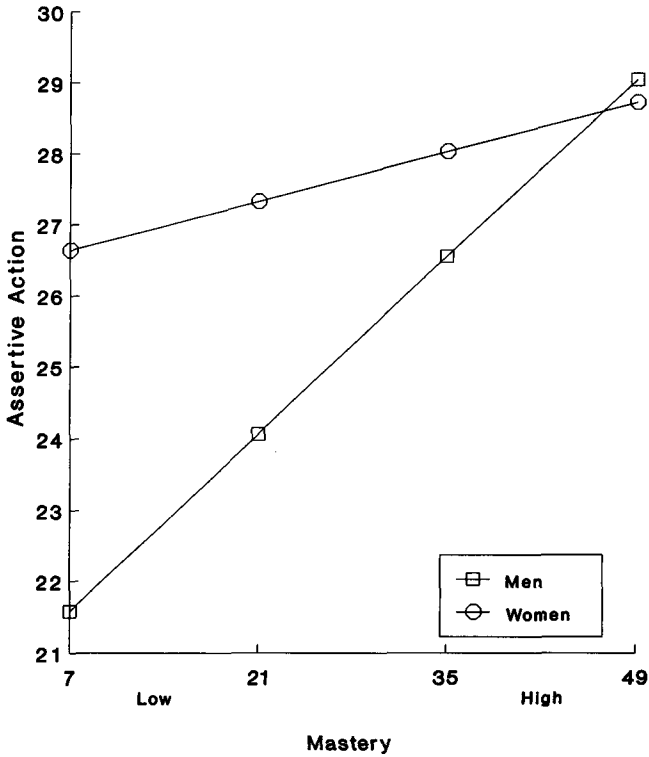


Fig. 2 Effects of gender and mastery on assertive action in interpersonal situations.

mastery were more assertive than men with lower mastery, but that mastery did not differentially affect women (Figure 2).

Social joining was employed more by women than men in professional situations. In interpersonal circumstances, more traditional individuals did more social joining than less traditional individuals, independent of gender.

Support seeking was employed more by women than men in both professional and interpersonal situations. Role orientation and mastery did not significantly relate to support seeking.

Aggressive action was a strategy used more commonly by men than women, but only in professional contexts. Aggressive action was also related to greater mastery.

Cautious action was used more by women than men. This was the case in both professional and interpersonal contexts. Cautious action was also related to nontraditional gender roles. Significant gender-by-gender

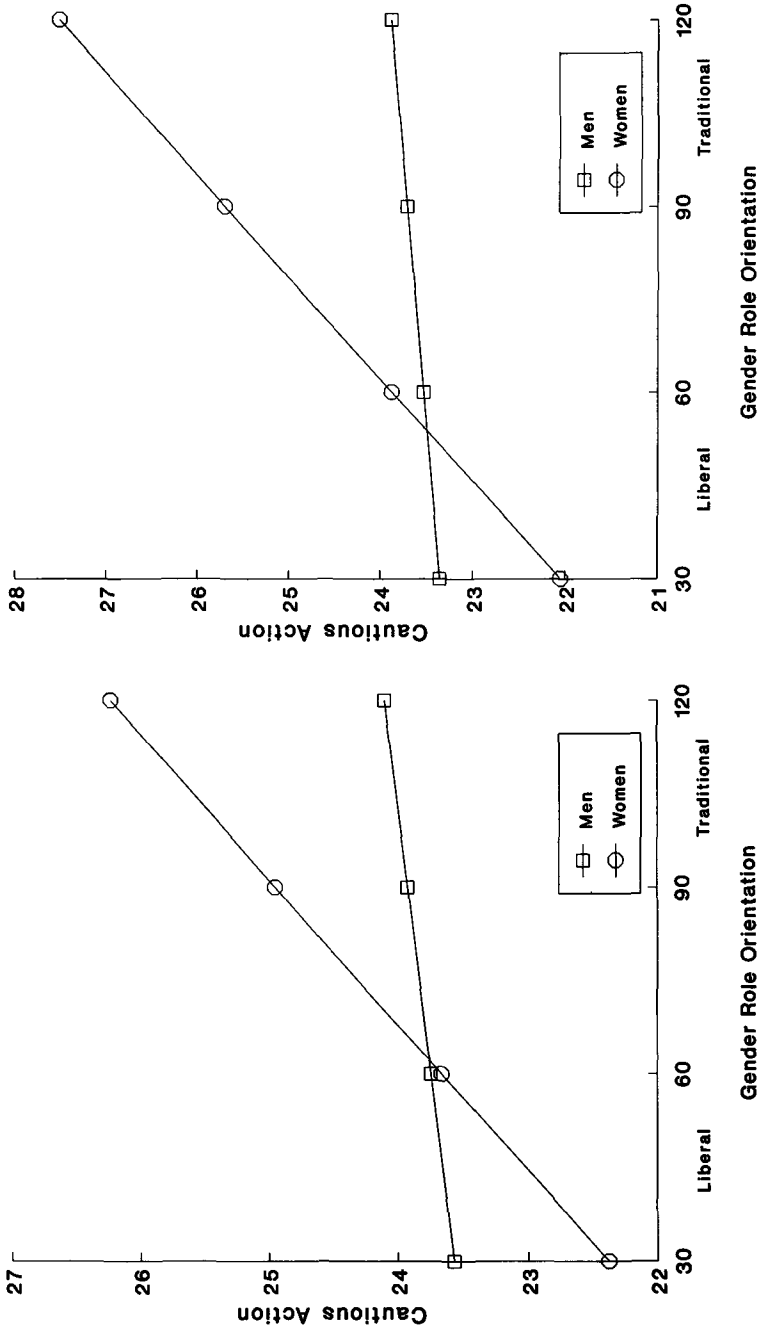


Fig. 3. Effects of gender and gender-role orientation on cautious action (a) in professional situations; (b) in interpersonal situations.

role interactions were found in both interpersonal and professional situations. As may be noted in Figure 3 (a and b) women who were more traditional in gender-role orientation (the traditional woman being more passive and less assertive) were more likely to use cautious action than were more liberal women. Men did not differ in their use of this strategy as a function of gender-role orientation. This was the case in both professional and interpersonal situations.

Avoidance in professional situations was used by those with more traditional role orientations. Avoidance strategies in both professional and interpersonal situations were associated with lower mastery.

Antisocial action was more common for men than women in professional and in interpersonal circumstances. Antisocial strategies in both professional and interpersonal circumstances were also used more by those with more traditional role orientations.

Instinctive action was not significantly related to gender. Nontraditional gender role orientation was significantly related to greater instinctive action.

## Discussion

Women used more assertive action in interpersonal situations, more social joining in professional situations, and more support seeking and cautious action in both kinds of situations than did men. Men used more aggressive action in professional situations and more antisocial action in both kinds of situations than did women. These findings are consistent with other studies that suggest that men are more likely to be aggressive than women (Powell, 1988). The gender differences we found support our supposition that other coping scales may be including aggressive and antisocial actions when they assess problem-focused coping. These aggressive and antisocial actions may be problem focused, but they may also have negative impact on others in the social environment. Men may take more aggressive paths, but women may choose more assertive and cautious paths that are nevertheless problem focused. The more passive, cautious action path seems to be used most by traditional women. As Folkman and Lazarus (1980) argued, however, these gender differences are to some extent tempered by the social context.

The support seeking, found to be more common among women in coping research, was confirmed in our analyses (Carver et al., 1989; Endler & Parker, 1990). However, other coping instruments have not examined social joining. This kind of coalition building was more common for women



in professional settings, as well. This picture is consistent with research, showing that women prefer coalition building in business situations and are more team oriented than are men (Powell, 1988).

Folkman and Lazarus (1980) raised the point that situation specificity was an important factor in determining coping. We can compare the results for professional and interpersonal situations by gender to investigate whether men and women use certain coping strategies in one kind of situation compared to another. Women were more assertive and used more social joining than men in interpersonal and professional circumstances, respectively, indicating these were situation dependent. Men used aggressive action more than did women in professional but not interpersonal situations, indicating that men may reserve aggressive strategies for the workplace. However, the greater use of antisocial strategies by men was evidenced in both types of situations, albeit gender differences were more pronounced in professional situations.

Gender-role orientation was an important factor, as we had predicted, and modified the effects of gender. More traditional men were expected to behave in a more stereotypical male manner, by being more aggressive and antisocial. More traditional women were expected to behave in a more stereotypical female fashion, by being more passive. Both trends were revealed in the data, indicating that gender differences may be more distinct between traditional men and women than between less traditional men and women.

Greater mastery has been found in numerous studies to be a consistent predictor of successful adjustment in the face of stressful circumstances (Hobfoll, Banerjee, & Britton, in press; Pearlin & Schooler, 1978). We found greater mastery related to more assertive action and less avoidance. This further buttresses the potential strength of an action orientation.

Instinctive action was not related to gender nor to mastery. Those with more traditional gender-role orientation were, however, more likely to use this strategy. We have continued interest in this dimension of coping, but the instinctive action subscale should not be used in its current form as it clearly lacks adequate reliability or validity.

### **PHASE 3: RELATIONS WITH SOCIAL SUPPORT, DEPRESSION, AND ANXIETY**

Coping strategies should have modest relations to the use of social support and psychological distress (i.e., anxiety and depression). The direction of these relationships is not straightforward, as coping strategies should both predict and be predicted by these variables (Carver et al., 1989). Seek-

ing social support should be correlated with gaining social support. Studies have also found that problem solving is related to lower levels of depression and anxiety. However, because we divide problem solving into several possible action strategies, we predict that assertive strategies, but not antisocial or aggressive strategies (Johnson, 1990), should be related to greater support and less psychological distress. As others have found, avoidance strategies should be related to greater depression and anxiety (Carver et al., 1989; Endler & Parker, 1990).

### Results

We computed Pearson correlations for men and for women on each coping strategy and social support, depression, and anxiety (see Table VII). Seeking social support was positively correlated with perceived social support for men and women. Assertive action was also positively correlated with perceived support for both genders. Social joining was positively related to perceived support for men only.

Assertive action and avoidance tended to be related to lesser and greater psychological distress, respectively, as was expected. For women, there were few other associations between psychological distress and coping strategies. For men, however, other coping strategies tended to be associated with greater psychological distress. These included social joining, seeking support, aggressive action, cautious action, and antisocial action.

### Discussion

The associations of the P-SACS with social support are consistent with expectations and attest to some extent to the external validity of the related coping subscales. Similarly, the predicted relations for assertive action and avoidance with negative emotional outcomes showed some validity for our model.

Men who endorsed using more social action (antisocial or prosocial) if they were in stressful circumstances showed greater psychological distress. This might indicate a limited band of accepted healthy coping choices for men. Other than assertive action, men seem to realize few beneficial coping choices. Alternatively, men who are psychologically distressed might be choosing strategies other than assertive action, while men who are not psychologically distressed choose assertive action. We cannot determine causal direction from this study. A next step should be to examine men's and women's stress outcomes following actual stressful circumstances and not the hypothetical circumstances we studied.

Table VII. Pearson Correlations Between Strategies and Outcome Measures

Strategy	Depression	Anxiety	Support-number
For men			
1. Assertive action	-.21 <sup>a</sup>	-.08	.21 <sup>a</sup>
2. Social joining	.15	.22 <sup>b</sup>	.23 <sup>b</sup>
3. Seeking social support	.12	.24 <sup>b</sup>	.29 <sup>c</sup>
4. Aggressive action	.04	.21 <sup>a</sup>	.10
5. Cautious action	.26 <sup>b</sup>	.30 <sup>c</sup>	.06
6. Avoidance	.23 <sup>b</sup>	.28 <sup>b</sup>	.09
7. Antisocial action	.13	.21 <sup>a</sup>	.02
8. Instinctive action	.15	.15	-.09
9. Depression	—	.63 <sup>c</sup>	-.25 <sup>b</sup>
10. Anxiety	—	—	-.11
11. Support-number	—	—	—
For women			
1. Assertive action	-.25 <sup>c</sup>	-.19 <sup>b</sup>	.19 <sup>b</sup>
2. Social joining	-.04	.01	.06
3. Seeking social support	.06	.11	.27 <sup>c</sup>
4. Aggressive action	-.03	.01	.04
5. Cautious action	-.05	.01	.09
6. Avoidance	.12	.18 <sup>b</sup>	.00
7. Antisocial action	.09	.06	.00
8. Instinctive action	-.04	.03	-.04
9. Depression	—	.72 <sup>c</sup>	-.30 <sup>c</sup>
10. Anxiety	—	—	-.24 <sup>c</sup>
11. Support-number	—	—	—

<sup>a</sup>*p* < .05.<sup>b</sup>*p* < .01.<sup>c</sup>*p* < .001.

## GENERAL DISCUSSION

Our findings indicate that gender differences are apparent in coping, although these gender differences may occur more in one context (i.e., professional vs. interpersonal) than another. Folkman and Lazarus's (1980) position that circumstances are important in understanding coping choices thus received some support. In this regard, patterns evidenced by men and women tend to be stronger in one circumstance compared to another. This suggests that both gender and circumstances (professional vs. interpersonal) are related to coping strategies.

Some support was found for both the Preliminary-Strategic Approach to Coping Scale and the Dual-Axis Model of Coping. The scale appears to tap different aspects of coping that support both the active-passive and

the prosocial–antisocial dimensions of the model. This distinction is more consistent with gender differences found outside of coping research than that found for other coping models. Specifically, men and women do seem to differ in their approach to coping, but not in a way that depicts men as problem solvers and women as emotionally volatile. Rather, women appear to be more assertive and prosocial, whereas men seem more aggressive and antisocial.

It was also notable that an avoidant, prosocial coping style was not found. It is possible that to be prosocial, one has to act, at least cautiously (i.e., one cannot be entirely passive). Alternatively, we may not have sampled items that depict an avoidant, prosocial strategy. Future research should explore this question.

Gender differences were modest, further suggesting that gender differences are evident but minor. Gender-role orientation and an individual's level of perceived mastery are other important factors associated with coping strategies. Traditional men and women differ more distinctly in their coping strategies, whereas nontraditional men and women seem more similar in their coping approaches. Further, we must also remember that gender differences are related to history. Findings that might be true today would be expected to change as women enter a wider array of social and workplace roles and as trends in discrimination against them fluctuate.

The P-SACS has mixed psychometric reliability and validity, showing some promising areas and other areas that need further development. Seven of the eight subscales received support. The instinctive action subscale had some interesting correlates but was psychometrically weak. Some subscales may also be improved by adding additional items. Like the Ways of Coping Questionnaire, which underwent major revision (Folkman & Lazarus, 1980; Lazarus & Folkman, 1984), the P-SACS may benefit from subsequent versions that add to the test's psychometric quality. Being rooted in a theoretical model, the measure's development has a built-in standard by which to be judged, and that may be one of the measure's major advantages.

### *Limitations*

There are a number of limitations in the current study that should be mentioned. First, by relying on self-report we may have inflated the magnitude of relationships due to common method variance. Second, although the community participants are very different than traditional student samples, they are also not truly representative of a community sample,

as they are taking evening college courses. Third, the P-SACS is a product of the items that we included and, like other coping scales, should not be misconstrued as representing the universe of people's coping choices. This weakness is also in part a strength, as we are entering a stage of coping research where different facets of coping should be explored.

Gender differences in different situations may also have been better clarified by other than comparing interpersonal and professional circumstances. We saw these situations as ones that might elicit gender differences, but other situations might do better. For example, situations that differ as to the respondents level of power or specific situations that are more common for one gender than another might produce different results.

We are currently questioning whether we may have failed to produce a measure that is also culture-fair. Clearly, gender-fair and culture-fair are constructs that represent unobtainable ideals, but by addressing these ideals, relatively more gender-balanced and culture-balanced instruments may be derived. In particular, we note from comments and discussion groups that our instrument (and others) may fail to tap the dimension of directness. Asian and African world views may place greater value on indirect action (see Triandis et al., 1990). Western European world views may differ, in part, by being more direct and control-oriented. We are currently developing additional items that may tap this additional dimension, and testing the instrument on suitable populations.

### *Conclusions*

Given the complexity of the coping phenomena it is not surprising that there has been a resurgence in development of coping theory and associated instruments (Amirkhan, 1990; Carver et al., 1989; Endler & Parker, 1990). Studies that have combined previously used instruments (Amirkhan, 1990; Rohde, Lewinsohn, Tilson, & Seeley, 1990) have consistently found that existing scales encompass problem-focused and emotion-focused dimensions. Carver et al. (1989) suggested that these two dimensions contain distinguishable subdimensions. Overall, these research efforts are incremental and build on a common base. Our focus has instead been that there are paradigmatically different ways of examining coping, and we have emphasized a dual-axis model of coping based on the strategic rather than the behavioral level of coping. Future research would do well to consider further theoretically derived instruments and to compare and contrast both their predictive power and their contribution to general coping theory development.

## APPENDIX

## P-SACS Subscales

Item no.

Assertive Action

1. Don't give up, even when things look their worst; you can often turn things around. (-)
10. Move on to other things; there's little hope for such situations getting better. (-)
13. Retreat; avoid contact until the problem blows over. (-)
20. You'll probably feel bad, but there is not much you can do about this sort of thing. (-)
21. Just work harder; apply yourself.
26. Get out of the job situation; when problems arise, it's usually a sign of worse to come. (-)
28. Be flexible; make whatever changes are necessary.

Social Joining

15. Join together with others at work to deal with the situation together.
18. Try to help out others involved in the situation, as giving of yourself usually helps solve problems like this.
19. Think carefully about how others feel before deciding what to do.
24. Try hard to meet others' wishes, as this will really help the situation.
28. Be flexible; make whatever changes are necessary.

Aggressive Action

43. Try to meet the needs of others who are involved. (-)
3. Act fast; better to throw yourself right into the problem.
8. Mount an all-out attack; be aggressive.
25. Move aggressively; often if you can get another off-guard, things will work to your advantage.
33. Take the bull by the horns; adopt a take-charge attitude.
34. Be firm; hold your ground.

Seeking Social Support

- 2. Check with friends and family about what they would do.
- 9. Check with others at work about what they would do.
- 16. Depend on yourself, but at the same time, rely on others who are close to you.
- 29. Talk to others to get out your frustrations.

Cautious Action—1

- 4. Carefully evaluate your choices, but don't hesitate too long.
- 11. Be very cautious and look very hard at your options; better safe than sorry.
- 12. Go forward, but don't use all your resources until you know full well what you're up against.
- 23. Move very cautiously; there may be a hidden agenda here.
- 27. Look at the problem, look at your own strengths and resources, and decide on a careful plan.

Avoidance

- 7. Avoid dealing with the problem; things like this often go away on their own.
- 13. Retreat; avoid contact until the problem blows over.
- 17. Do something to help you avoid thinking about the problem.
- 22. Hold back; better to wait until the smoke clears before any action is taken.

Antisocial Action

- 14. Counterattack and catch others at work (your spouse/partner) off-guard.
- 25. Move aggressively; often if you can get another off-guard, things will work to your advantage.

Cautious Action—2

- 17. Do something to help you avoid thinking about the problem.
- 30. Break up the problem into smaller parts and deal with them one at a time.

32. Do something to help you calm down and only then start problem-solving.

### Instinctive Action

5. Depend on yourself and your personal strengths; it's not a good idea to depend on others.
6. Trust your instincts, not your thoughts.

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