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Gender differences in coping: Implications for depression and crime

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GENDER DIFFERENCES IN COPING:
IMPLICATIONS FOR DEPRESSION AND CRIME

BY

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DISSERTATION

Submitted to the University of New Hampshire
In Partial Fulfillment of
The Requirements for the Degree of

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In
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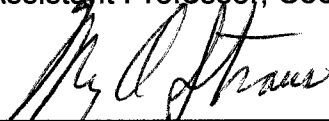
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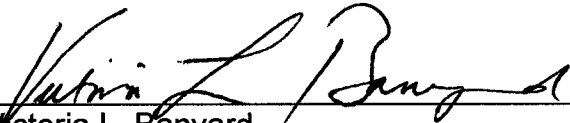
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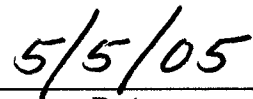
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DEDICATION

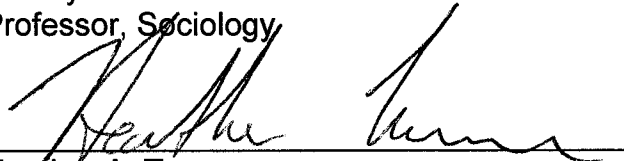This work is dedicated to several people to whom I am joyfully indebted. To my grandmother, Shirley, for always being proud of me and encouraging me to follow my dreams. It is largely her love and care that have shaped the person I have become. To my father, Michael, for teaching me to pursue only the things in life that matter, and to let go of the things that do not. As he reminded me, life is "too short" to do otherwise.

Finally, to my daughter, Mattison, whose little freckly face and bright blue eyes give me inspiration and brighten my life every single day. May she read this dusty dissertation someday and be reminded of how very much I love her.

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ABSTRACT

GENDER DIFFERENCES IN COPING: IMPLICATIONS

FOR DEPRESSION AND CRIME

By

Amanda Howerton

University of New Hampshire, May 2005

It is a common *cultural* belief that women employ emotion and passive

focused coping methods more frequently than men. Likewise, most empirical

evidence supports the idea that women are more likely to cope by modifying their

emotional responses to stress, whereas males most often use and are more

proficient with the problem solving approach (Billings and Moos 1984; Endler and

Parker 1990; Milkie and Thoits 1993; Pearlin and Schooler 1978; Stone and

Neale 1984). Despite considerable theoretical and empirical attention to these

issues, there are still several gaps that remain in our understanding of the ways

in which gender and coping interact, and, the implications of these processes. It

is often suggested, for instance, that emotion-focused coping is maladaptive.

The common assumption in nearly all of the coping literature is that emotion-

focused coping is inferior to approach/problem oriented strategies, though there

is little definitive evidence to confirm this speculation.

Drawing from social psychological theories of stress and strain, I sought to build on earlier approaches to gender and coping by applying the stress process model to both mental health and criminological outcomes. Based on a representative sample of 1,803 young adults in Miami-Dade County, Florida, I examined the extent to which there were gender differences in coping styles: problem focused, emotion focused, and avoidance focused (Endler and Parker 1990). In addition, I examined the extent to which potential gender differences in coping styles could be explained by gender differences in chronic strain. I also examined the extent to which gender differences in depression and crime could be explained by gender differences in coping, net of chronic strain. Finally, I examined whether the effects of the different coping styles on outcomes of depression and crime were different for young women and men.

Overall, the results of this dissertation suggested somewhat complex relationships among gender, coping, chronic strain, and stress outcomes in young adulthood. In general, some of my findings reaffirm what previous researchers have found, and some, contradict prior research. Overall, the young women in this sample were more inclined towards internalizing disorders, such as depression, while the men had higher levels of criminal behavior. With adjustment for socioeconomic status, there were no gender differences in the use of problem focused coping, which suggests that structural forces play an enormous role in the choice of coping strategies. Female respondents were much more likely to employ emotion-oriented strategies than the male respondents, but it appears that this is not fundamentally harmful for females as

prior work has suggested. That is, the effects of using emotion focused coping strategies, such as the expression of feelings, increased depression for men, but not for women. Conversely, avoidance focused coping, a coping style that females used more frequently, increased predicted levels of depression and crime for both women and men. Similar to problem focused coping, socioeconomic status and exposure to chronic strain mediated some of the relationship between gender and avoidant focused coping such that women with the lowest resources and highest exposure to chronic strain were more likely to cope by avoidance. Nevertheless, women were still more likely to cope by avoidance than the men were, which suggests that socialization factors might have an influence on coping styles.

CHAPTER I

INTRODUCTION

Gender and Coping

It is a common *cultural* belief that women employ emotion and passive

focused coping methods more frequently than men. Similarly, most empirical

evidence supports the idea that women are more likely to cope by modifying their

emotional responses to stress, whereas men more often use and are more

proficient with the problem solving approach (Billings and Moos 1984; Endler and

Parker 1990; Milkie and Thoits, Pearlin and Schooler 1978; Stone and Neale

1984). As Thoits (1995: 54) notes, "Studies consistently suggest that men have

an inexpressive, stoic style of responding to stressors and women have and

emotional expressive style."

Despite considerable theoretical and empirical attention to these issues,

there are still several gaps that remain in our understanding of the ways in which

gender and coping interact and the implications of these processes. It is often

suggested, for instance, that emotion-focused coping is maladaptive. It has been

suggested that women have higher rates of depression, in part, due to women's

tendency toward such a coping style (Aneshensel and Pearlin 1987; Nolen-

Hoeksama 1987). The common assumption in nearly all of the coping literature is

that emotion-focused coping is inferior to approach/problem oriented strategies,

although there is little definitive evidence to confirm this assumption. That is,

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although women may use emotion focused coping styles more frequently than men, the effects of using emotion-focused coping on mental health outcomes may differ by gender. As Banyard and Graham-Bermann (1993) maintain, "On the issue of gender, what we supposedly 'learn' from looking at the literature is that women do not cope as well as men regardless of the fact that there is little conclusive evidence to show this is the case" (p. 307).

Purpose and Rationale

In this dissertation, I sought to build on earlier approaches about gender and coping by applying the stress process model to both mental health and criminological outcomes. Based on a representative sample of 1,803 young adults in Miami-Dade County, Florida, I examined the extent to which there were gender differences in coping style and in chronic stress exposure. In addition, I examined the extent to which gender differences in coping style could be explained by gender differences in exposure to chronic strain. I also examined the extent to which gender differences in depression and crime could be explained by gender differences in coping, net of strain. Finally, I examined whether the effect of coping on outcomes was different for young women and men.

Although a wealth of research has examined gender differences in coping, this dissertation attempted to extend prior work in a number of ways. First, it built on recent efforts by some scholars to integrate the strain/criminology and stress/mental health literatures (Aneshensel 1999; Hoffman and Su 1998; Horwitz, White, and Howell-White 1996; Van Gundy 2002). Similarly, by

examining internalizing and externalizing outcomes, I reduced the chance of misinterpreting the impact of stress on women and men (Aneshensel 1999). Second, I went beyond the dichotomous emotion/problem focused typology by using a more comprehensive measure of coping that included avoidance focused coping, which was suggested to be a different construct than emotion-focused coping (Amirkhan 1990; Endler and Parker 1990;). Third, in addition to examining gender differences in coping, I investigated whether these gender differences were perhaps influenced by gender differences in chronic stress exposure. Fourth, in addition to examining the extent to which gender differences in depression and crime could be explained by the respective coping styles, I examined the extent to which these styles potentially operate differently for men and women. Finally, the data that I used to examine gender differences in coping was unique in that approximately ninety-three percent of the sample participants were between the ages of eighteen and twenty-one years old. Considering that this is a key period in the life cycle during which rates of depression and delinquency appear to be the most pronounced, (Agnew 1997; Turner et al. 1995), this research offers the opportunity to examine coping processes among a diverse population of males and females in a key period of the life course – the transition to adulthood.

<u>Research Objectives</u>

This dissertation had the following four overarching research objectives:

1. To examine the extent to which there were gender differences in coping style and in exposure to chronic strain.

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2. To examine the extent to which gender differences in coping style could be explained by gender differences in exposure to stress.

3. To examine the extent to which gender differences in depression and crime could be explained by gender differences in coping, net of strain.

4. To examine the extent to which the effects of gender on depression/crime were conditioned by coping style.

Overview

In Chapter 2, I provide a review of the literature. Throughout the chapter, I attempt to tie each proposed hypothesis with the corresponding literature review and rationale. In Chapter 3, I provide the methods used in this dissertation. I present the results of my hypotheses in Chapter 4, presenting the findings reported in tables and figures. In Chapter 5, I discuss my findings and provide an interpretation of the results. Lastly, in Chapter 6, I discuss the implications and limitations of my findings, in addition to providing suggestions for further research on gender and coping.

CHAPTER II

LITERATURE REVIEW

The Concept of Coping

Here I examine three key elements that comprise concept of coping: (1) the

fundamental meaning of coping; (2) dispositional versus contextual theories of

coping; and (3) the different types of coping that have been discussed in the

psychological and sociological literatures. Not all individuals who experience

high levels of stress have negative outcomes – coping resources in general, and

coping strategies in particular, have been found to be essential to stress

resistance among adults and children alike. Coping resources, which consist of

social support, mastery, and self-esteem, are presumed to influence the choice

of coping strategies that individuals utilize when under duress (Thoits 1995).

Although various definitions have been developed to indicate the meaning of

coping, a definition that comprises many views is that coping is a *conscious*

response that individuals utilize to manage social stressors or threat that exceed

an individual's personal resources (Monat and Lazarus 1984). Understanding

the ways in which *individuals* differ in response to social stress has been an

important area of research whose intellectual roots are located in clinical

psychiatry and psychology (Billings and Moos 1981; Jung 1933, 1953; Lazarus

and Folkman 1984;). A comprehensive examination regarding the way in which

different *social groups* vary in respect to coping responses is an area within

psychology and sociology that is unsystematic, largely because the body of research on coping is too diversified to be cumulative (Pearlin 1980). Thus, this dissertation informs the current coping literature by merging several literatures (i.e. sociology, psychology, and criminology) in an effort to synopsize the major findings with regards to coping, gender, mental health, and crime.

Many researchers view determinants of coping as either a contextual or a dispositional process (Endler and Parker 1990; 1989; Folkman 1992; Lazarus 1991; Lazarus and Folkman 1984; Carver, Scheier, and Weintraub 1989). The primary contextual based model was developed by Lazarus and colleagues and considered the coping response to be contingent on specific stressful situations rather than on a set predisposition (Folkman 1992; Lazarus 1991; Lazarus and Folkman 1984). Common to these conceptualizations of coping is measurement of coping that generally asks respondents to describe how they deal with specific situations. Conversely, the coping styles model posits the type of coping response as a relatively stable, person based reaction, such that people have a general coping response that they tend to use during stressful or threatening situations. Many contemporary researchers who assume the dispositional approach try to determine if individuals have a general coping response by asking individuals what they usually do, or how they usually cope, in stressful circumstances (Endler and Parker 1990; Carver, Scheier, and Weintraub 1989).

In this dissertation I used a dispositional/coping styles model for my analyses. Although it is reasonable assume that an individual's choice of coping mechanisms are situation-specific to a certain degree, previous researchers have

found that most people have a general and stable coping response that they utilize more often than others (Carver et al., 1989; Frydenberg and Lewis 1994; Frydenberg and Lewis 2002). "It is also clear that an individual's choice of coping strategies is to a large extent consistent regardless of the nature of the concern" (2002: 424). Although I used a coping styles model for my research, I examined how coping differed for male and female respondents controlling for levels of chronic strain, race, and socioeconomic status, because it was reasonable to assume that a person's location in the social structure might affect his or her coping repertoire.

The psychology and sociology literatures are replete with different ways of classifying types of coping responses. Coping, as conceptualized by Pearlin and Schooler (1978), is central to the stress process model[1]; they defined coping as, "any response to external life strains that serves to prevent, avoid or control emotional distress" (p. 3). They classified responses into three groups: (1) efforts made to directly change the situation; (2) efforts made to change the *meaning* of the situation--for example, reframing the problem in a positive light or selective ignoring; (3) or emotional coping as a way to *manage* the distress, for example talking about problems with a friend. Folkman and Lazarus (1984) developed a two-category typology that characterizes the dual nature of the coping process: emotion focused coping and problem focused coping. Lazarus and Folkman would label the first category of Pearlin's model as "problem focused" and the

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Simply put, the stress process model is a dominant theoretical model in sociology that argues that variations in mental health and well being are influenced by social status variations and corresponding exposure to social stress. Pearlin's main concern (1989) is with the "socially patterned distribution of components of the stress process: stressors, mediators, and outcomes" (p. 242).

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latter two categories as "emotion focused". Essentially, emotion focused coping appears to facilitate avoidance oriented strategies, while problem oriented coping facilitates approach oriented strategies. Holohan et. al (1987) also developed a dichotomous typology that depicted coping responses as either approach or avoidance oriented.

New trends in coping research suggest that coping is not, in fact, a simple dichotomous construct. Several researchers have found three basic dimensions of coping: problem focused, emotion focused, and avoidance focused, or some variation of the three (Amirkhan 1990; Endler and Parker 1990). This relatively new way of conceptualizing coping has been cross-validated in a series of factor analytic studies of samples of adolescents, psychiatric patients, and adults. Because the review above indicated important problems with the conceptualization of coping as a dichotomous construct, this dissertation attempted to go beyond the dichotomous problem/emotion focused, approach/avoidance focused typologies of coping. In this dissertation, I measured coping styles by examining three specific types: problem-focused, emotion-focused, and avoidance-focused (Amirkhan 1990; Endler and Parker 1990,).

Problem focused copers tend to consider the steps they should take to actively change their situation/dilemma, which in this dissertation included items such as: thinking about what steps to take, coming up with a strategy, and taking action to get rid of the problem. The difference between emotion and avoidance focused coping is a conceptually important distinction. Where emotion focused

coping involved efforts to *manage* the distress, for example – getting emotional support from friends and relatives, avoidance focused coping involved efforts to *avoid* or escape thoughts of the problem. Examples of avoidant coping included, giving up, refusing to believe what has happened, and/or actively engaging in distracting activities to think about the problem less.

<u>Coping & Young Adulthood</u>

Some researchers in the psychology literature have suggested that coping styles are not stable and tend to change over the life course as social roles evolve (Compas 1987; Feldman et al. 1995; Folkman et al. 1987; Schnittger and Bird 1990). Because the kinds of social roles that adolescents tend to occupy are different from that of adult social roles, the respective coping strategies for each cohort may be distinct. This dissertation contributes to the existing literature by examining coping styles among a uniquely diverse population of young adults that were in transition to adulthood. This population was especially advantageous for this project because young adulthood is a time when both rates of depression and delinquency appear to be the most pronounced among males and females. Thus, if the respective outcomes are a result of the ways in which people manage stress, instead of stress per se, then the implications of this study may be many.

For instance, empirical evidence suggests that gender differences in depression begin to *emerge* sometime in late adolescence, such that compared to girls, boys have higher rates of depression in pre-adolescence and lower rates of depression post-adolescence (Nolen-Hoeksema 1994). Thus, examining

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stress and coping processes during this critical time is important because depression *and* delinquency may be one consequence of emerging gender differences in coping. Consequently, some researchers suggest that developing effective coping skills during adolescence may offset rates of adult pathology (Hess and Richards 1999). Specifically, it is argued that the coping skills of youth become less and less efficient as stress increases proportionately. They maintain that a major role of researchers, educators, parents, and other health care professionals is to teach effective coping strategies to youth. Therefore, research in this area is critical because before individual coping strategies are encouraged or emphasized, more research is needed to determine what exactly constitutes an effective coping strategy, and, how this differs by gender. As Werner (1984) argues, learning effective coping strategies during childhood and adolescence may lead to a "positive cycle of resilience" that essentially buffers the effects of stress in adulthood.

<u>Gender Differences In Coping</u>

The Socialization vs. Structural Debate

Because studies have consistently found that women cope more frequently by using emotion focused strategies and men cope by using problem focused strategies (Billings and Moos 1984; Endler and Parker 1990; Milkie and Thoits, 1993; Pearlin and Schooler 1978; Stone and Neale 1984) two competing hypotheses have emerged in the psychology literature to explain these differences. According to the *socialization hypothesis* of coping, gender role expectations and sex role stereotypes socialize women to employ

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expressive/emotion-focused coping styles when dealing with social stress; whereas men are socialized to use more instrumental/problem-focused coping styles (Frydenberg and Lewis 1991,1993; Mainiero 1986; Pearlin and Schooler 1978; Rosario, Shinn, Morch, and Huckabee 1988; Ptacek et al. 1992). This hypothesis leads to the supposition that in similar situations, women will utilize emotion-focused coping more frequently, while men will rely on problem focused coping more often. That is, because this view of coping rests on the premise that men and women have been socialized to cope in different ways, then the expectation is that men and women will cope differently regardless of the roles they inhabit (Ptacek et al. 1992). This is in contrast to the *structural hypothesis* of coping that posits gender differences in coping as a consequence of the different kinds of stressful situations that men and women typically encounter (Folkman and Lazarus 1980; Billings and Moos 1981; Schwartz and Stone 1993). For instance, it is suggested that women are more often in situations that are not amenable to change than men, (e.g. domestic situations), and are thus less likely to be able to employ problem focused coping as a result.

Conceptually, this debate is similar to the exposure/vulnerability debate in sociology (Kessler and McLeod 1984; Thoits 1987). Mental health researchers have proposed two contrary views to explain gender differences in depression. The vulnerability hypothesis posits that females have higher levels of depression because they because they respond to stress differently than men. That is, if similar levels of social stress more adversely affect women, this suggests that they are more vulnerable to its effects (Kessler and McLeod 1984; Thoits 1987).

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As Turner and Turner suggest, "It is possible that socialization processes contribute to heightened vulnerability to depression among females. That is, males and females may develop different self-conceptions or personal attributes relatively early in life that influence the likelihood of experiencing depressive symptoms" (1999: 63). This is conceptually similar to the socialization hypothesis of coping that maintains that gender differences in coping style are largely a result of socialization factors.

Conversely, the exposure hypothesis proposes that women have greater levels of depression because they are exposed to more stress compared to men. Studies that have examined gender differences in stress exposure have focused on the different types of social roles that women tend to occupy relative to men (Mirowsky and Ross 1989; Rosenfield 1999; Simon 1995). These studies have suggested that structural differences in stress related experiences (i.e. occupancy of multiple roles, role overload, job relate stress etc.) partially account for gender differences in distress. Thus, similar to the structural hypothesis of coping, gender differences are largely attributable to differential quantity of and types of, problems that women experience relative to men.

Below I review several studies that examined gender differences in coping. I first discuss the studies that either imply a socialization explanation for gender differences in coping, or that simply examine gender differences in coping without regard to contextual factors (Frydenberg and Lewis 1991; Ptacek et al. 1992; Piko 2001; Stone and Neale 1984; Viney and Westbrook 1982). I then discuss the studies that investigate and offer structural explanations for gender

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differences in coping (Billings and Moos 1981; Folkman and Lazarus 1980; Porter and Stone 1995; Schwartz and Stone 1993). However, these findings are somewhat difficult to compare as the methods used to assess coping vary in each of these studies (e.g. coping in response to a particular stressor versus measures of cross-situational coping style).

Viney and Westbrook (1982) were interested in the strategies that chronically ill patients used to cope with their illnesses. They asked patients to rank-order six different coping strategies that were supplied on cards by the experimenter; they found that men more often than women used what they termed "flexible reality oriented strategies" which is conceptually similar to problem focused coping (Miller and Kirsch 1987). This suggests that under similar circumstances (i.e. chronic illness) men and women used different coping strategies, which supports the gendered socialization hypothesis. Stone and Neal (1984) used a prospective design in which they asked respondents from a community sample to complete open ended essays to describe how they were coping in addition to completing a daily coping response checklist consisting of 55 coping strategies. Consistent with the prior research, they found that in similar circumstances men were more likely to use "direct action" coping mechanisms, while women were cited more frequently as using "catharsis" to cope with stressors. However, a major methodological weakness in both of the above studies is that these studies do not address which coping strategies are more effective and under what circumstances.

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In contrast to these middle-aged samples, Ptacek et al. (1992) studied 186 male and female college students to observe gender differences in coping. They asked respondents to record multiple stressful events, and asked how they specifically dealt with each event. Consistent with the socialization hypothesis of coping, they found that in similar stressful situations, women used more social support and emotion-focused coping, whereas men used more problem- focused coping. However, in this study, there were no measures of coping outcomes other than the respondent's *perceived* effectiveness of the coping strategy, thus failing to adequately determine the implications of the different coping styles.

Piko (2001) used a sample of students age 14-19 to determine the most frequently used ways of coping in adolescence versus older adults, and to determine if there were any significant gender differences in coping styles. She found that passive (i.e. avoidance focused coping) and support seeking (a form of emotion-focused coping) were more prevalent among girls than boys; however content of the problems experienced was not examined in this study. Similarly, Frydenberg and Lewis (1991) examined a sample of Australian adolescents to determine gender differences in the utilization of coping styles. They administered a questionnaire that asked students to identify their primary concern, describe their coping approach in relation to the concern, then complete the Way of Coping Checklist (WOCC) developed by Lazarus and Folkman (1985). They found that overall, the girls used more strategies consistent with the conceptualization of emotion focused coping (i.e. seeking social support) and avoidance focused coping (i.e. wishful thinking and daydreaming) than males.

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However, there were no differences in reported use of problem focused or direct action coping. Although the problem content was included in the study, there was no mention or comparison of the reported stressors for females versus males. Thus, there is no way to determine whether their study supports the socialization or structural hypothesis of coping – though they did specify in the beginning of their study that they were examining gender differences under the presumption that "boys and girls are socialized differently into expectations of what constitutes acceptable and unacceptable ways of coping with problems..." (1991:120). Although most of the above studies indicated that females more frequently utilized emotion focused coping than males, they did not indicate whether or not this coping response was maladaptive. In this dissertation, I built on the above studies by examining the implications of different coping styles by assessing multiple outcomes of depression and crime.

The structural hypothesis of coping argues that it is not that males and females have inherently different coping styles, rather it is that gender differences are attributable to the differences in the kinds of stressful situations, and quantity of stressful situations that they typically experience (Billings and Moos 1981; Folkman and Lazarus 1980). Folkman and Lazarus (1980) found no differences between men and women in the utilization of emotion-focused coping; however, they found that men had a propensity to use problem-focused coping more frequently in specific situations, at work for example. Schwartz and Stone (1993) found that marital problems were more frequently associated with the utilization of emotion-focused coping responses than work-related problems, which is one

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of the proposed reasons that males more frequently utilized problem-focused coping. Porter and Stone (1995) found significant gender differences in reported content of daily stressors, but no gender differences in the ways that males and females coped with these differences. Thus, their research does not support the socialization hypothesis of coping, rather, they maintain that, "it is the content of the problem experienced rather than the gender of the individual that determines the selection of coping strategies" (1995: 198).

Some argue that women are subject to higher levels of social stress than men, and this has been offered as an explanation for gender differences in coping and in differential rates of pathology (Nolen-Hoeksema 1994; Graham-Bermann et al. 2001). Specifically, Nolen-Hoeksema (1994) argued that the challenges associated with adolescence for females (i.e. greater uncontrollable stress exposure), might interact with a pre-existing passive/ruminative style of coping to produce higher rates, and longer episodes, of depression for females. Thus, although not explicitly said, Nolen-Hoeksema suggested that both socialization and structural factors explained gender differences in depression.

Despite an abundance of research investigating gender differences in coping, it is clear that there are important problems with the research that has been done thus far. In nearly all of these previous works, with the exception of Piko (2001), the samples used were not representative, thus limiting the generalizability of the research. Consequently, while these studies were useful for examining coping processes among the respondents in their studies,

particularly for gathering qualitative information, they were not especially advantageous for examining the consequences of different coping styles.

My dissertation advances the existing literature by using a representative sample - therefore extending the generalizability of the results. In addition to gender and age, researchers have suggested that other sociodemographic factors (i.e. race, class, socioeconomic status) might influence coping strategies (Pearlin and Schooler 1978; Banyard 1993) Besides, it is reasonable to assume that a person's location in the social structure will affect the extent to which problem versus avoidant oriented coping styles are utilized. To my knowledge, very few studies, if any, have controlled for socioeconomic status in their analyses – an additional way in which my dissertation adds to the existing literature. Furthermore, although research finds that women most commonly employ emotion-focused coping techniques, this finding varies from study to study because it is largely contingent on the items that are being included in the measure of this construct. In my analyses I examined gender differences in coping using three specific coping types (i.e. problem focused, emotion focused, avoidance focused) that have been established in a series of factor analytic studies as three distinct constructs (Amirkhan 1990; Endler and Parker 1990).

Chronic Strain and Coping

In addition to examining simple gender differences in coping, I sought to examine whether the potential gender differences in coping were in fact attributable to structural factors. Essentially I tested the structural hypothesis of coping by examining gender differences in coping within the context of one

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particular type of stressor, chronic strain. Chronic strain includes items that are often deeply embedded in social roles, and are often uncontrollable to a certain extent (e.g. living in a noisy neighborhood, discrimination, trying to take on too many things) (Wheaton 1991). It is well established that when stressors are perceived as uncontrollable, avoidant and emotion-focused coping styles are most commonly employed (Folkman 1984; Folkman et al. 1986; Stone and Neale 1984). Given that women tend to experience higher levels of chronic stress (Turner et al. 1995) than men, the gender differences in coping styles that prior researchers have found might have been due to greater stress exposure. In other words, women might employ more avoidant and emotion oriented coping styles than men, to the extent that they are subject to higher levels of chronic strain than men. In sum, it seems plausible that exposure to chronic strain mediates the relationship between gender and avoidant and emotion-focused coping. Given the empirical considerations discussed above, I tested the following hypotheses:

> H1a: There will be gender differences in coping such that males will more often use problem focused coping, while females will more often use emotion and avoidance focused coping styles.
>
> H2a. Higher levels of chronic stress exposure among females explain lower levels of problem focused coping among females.
>
> H2b: Higher levels of chronic stress exposure among females explain higher levels of emotion-focused coping for females.
>
> H2b: Higher levels of chronic stress exposure among females explain higher levels of avoidance-focused coping for females.

Gender, Coping, and Multiple Outcomes

If male and female respondents use different coping styles, whether it is due to socialization processes or greater exposure to chronic strain, what are the implications of these findings? That is, if women and men cope differently, does this predispose them to higher rates of depression and/or crime, respectively? Epidemiological studies have consistently found that men and women in the U.S. did not differ in their overall rates of DSM and ICD disorders, but rather, they were divergent in the *types* of disorders that they tended to experience (American Psychological Association 1994; Kesler et al. 1993; Kessler et al. 1994; Rosenfeld 1999). Specifically, female respondents tended to experience more "internalizing" disorders such as depression and anxiety, while male respondents tended to experience more outward, externalizing disorders (e.g. substance abuse, antisocial disorder). These patterns appear to be established by adolescence, continue throughout adulthood, and have been consistently reported in rural and urban areas and across cultures (Rosenfeld 1999).

Although it is well established that males and females manifest different social and psychological disorders, the effects of stress on these outcomes may be similar (Van Gundy 2002). Some argue that the different outcomes typical of men and women (i.e. internalizing versus externalizing), may reflect gender differences in coping styles. That is, that the coping style may mediate the relationship between gender and outcomes (depression and crime). As Nolen – Hoeksame (1994) notes, "Women's (and girls') ways of responding to distress may predispose them to depression and other internalizing disorders, whereas

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men's (and boys') ways of responding to distress may predispose them to drug abuse and other externalizing disorders" (521). In this dissertation, I sought to build on existing studies of coping by examining the extent to which gender differences in depression and crime can be explained by gender differences in coping.

Coping and Mental Health

Most studies that examined coping and mental health outcomes suggested that those who use "approach" or "problem" solving techniques (problem focused coping) to manage stress were at lower risk for depression than those who use emotion focused coping (Billings and Moos 1981; Mitchell,Cronkite, and Moos 1983; Pearlin and Schooler 1978; Zeidner 1994). Saklofske (1993) found that university students who scored high on depression were more likely to prefer an emotional coping style to a problem focused coping style, compared to students who reported no depression. Holohan and Moos (1987) conducted a longitudinal analysis to determine the extent to which coping style predicted subsequent levels of depression. Controlling for prior depression, they found that less reliance on avoidance coping strategies, an easygoing disposition, self-confidence, and family support predicted lower levels of depression .

Despite fairly consistent findings regarding the positive relationship between avoidance focused coping and depression, many researchers maintain that this relation between coping and depression is "neither simple nor necessarily direct" (Zeidner 1996: 516). For example, researchers found that

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problem focused coping was associated with less depression only when the situation was appraised as changeable (Vitaliano, DeWolfe, Russo, and Kanton 1990). Moreover, other findings suggested a selection effect, such that depression influenced the choice of coping mechanisms; thus, people who were depressed are more likely adopt avoidance coping strategies than those who are not depressed (Zeidner 1994). It has also been postulated that the features of coping, social resources, and stress are "additively predictive" of depression (Billings and Moos 1984). Thus, it is avoidance coping, low social resources, and high stress that are the most predictive of depression (Holahan and Moos 1987).

More recently, a study by Mattlin and colleagues (1990) found that coping styles and coping effectiveness is contingent on the *type* of stressor that is examined. Using a general population sample of 1556 men and women, they examined differences in coping effectiveness in the context of chronic strain and major life events, using outcomes of depression and anxiety. They found that, overall, all coping strategies are more effective when used in response to major life events, rather than in response to enduring chronic strain. Therefore, if females have greater levels of chronic strain than males, then it is reasonable to assume that chronic strain may partly mediate the relationship between gender and depression.

All of these studies indicate that the process of coping is neither straightforward, nor necessarily a linear process. Although prior research found that avoidance and emotion focused coping were associated with depression, few studies tested for potential moderating effects by gender. In other words, it is

difficult to tell whether emotion and avoidance focused coping are harmful for both genders without testing for interaction effects. Although researchers found emotion and avoidance focused coping to be positively associated with depression, this effect might differ for men and women.

Moreover, because researchers found that females used emotion-focused coping more than males, the assumption was that females employ inferior coping techniques -without any decisive evidence to confirm this assumption. Since the above review indicated important problems with the research on gender and coping, the research described in this dissertation built on prior work by examining the extent to which gender differences in depression could be explained by coping, net of strain. It also examined the extent to which coping styles potentially worked differently for male and female respondents.

Given these theoretical and empirical considerations, I tested the following hypotheses:

H3a: Emotion-focused coping and Avoidance-focused coping are associated with more depression, net of strain. Problem-focused coping is associated with less depression, net of strain.

H3b: Emotion-focused coping partially mediates the relationship between gender and depression, controlling for strain.

H3c: Avoidance Focused coping partially mediates the relationship between gender and depression, controlling for strain.

H3d: Problem focused coping partially mediates the relationship between gender and depression, controlling for strain.

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Coping and Crime

Criminological theorists also posit an association between structural strain and deviance, although they most frequently examine outcomes of delinquency and criminal behavior, rather than psychological disorder (Merton 1938; Agnew 1992, 1994). Although the specific source of strain varies depending on the theoretical tradition, most maintain that it is the individual response to strain or stress that often results in crime. For instance, Merton's theory of anomie rested on the belief that crime was a way of relieving or responding to structural strain. He maintained that there was a high cultural emphasis placed on the attainment of the "American Dream," yet structural factors prohibit attainment of these goals for all. This goal blockage that Merton referred to is purportedly responsible for the high rate of crime that is pervasive in the United States and is responsible for individual level differences in criminal behavior.

Agnew (1994) built on and expanded Merton's theory by reconceptualizing strain theory in social psychological terms. Agnew suggests that blocked goals, removal of positive stimuli, and the experience of negative stimuli, often advance stress, negative affect (i.e. anger, depression, and fear), and ultimately crime (Agnew 1992). Chronic strain in particular has been found to increase adolescents' predisposition toward delinquency because it is thought to lower the threshold for adversity and/or lead to a hostile attitude (Agnew 1992; Averill 1982; Edmunds and Kendrick 1980). Moreover, chronic strain increases the likelihood that individuals will be in a state of negative affect/arousal at any given time, which additionally increases the likelihood for criminal behavior (Bernard

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1990). Thus, a core and robust finding in both literatures is that adults *and* children who experience chronic strain and stress are often subject to increased rates of delinquency/criminality (see reviews by Cohen and Williamson 1991; Coyne and Downey 1991; Creed 1985; Pearlin 1984; Thoits 1999).

Agnew acknowledges in his General Strain theory (GST) that only some individuals who experience strain turn to delinquency, and the extent to which individuals use the various coping mechanisms tend to vary (1994). As such, he drew on the stress literature to specify the exact coping mechanisms by which individuals are more or less likely to adapt to strain through delinquency. His typology of cognitive, behavioral, and emotional coping strategies were very similar to some of the previous typologies discussed above, with the exception of the cognitive coping which more closely resembles Pearlin's conception of cognitive reappraisal or reframing. Agnew suggested that individuals sometimes reframe or reinterpret the negative situation in a positive light so as to minimize their subjective distress. For example, *cognitive coping* attempts might be made to reduce the importance of the adverse situation by saying to oneself, "it really wasn't that bad", "it could be worse", or "it's really not important" (Agnew 1994). As Pearlin and Schooler stated, people might minimize strain for themselves "to the extent that they are able to keep the most strainful experiences within the least valued areas of life" (1978:7).

Agnew's (1994) conceptualization of *behavioral coping* involves two mechanisms by which individuals behaviorally cope: coping to achieve the desired outcomes, and coping to satisfy the need for revenge. Thus, this

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typology is similar to other conceptions of problem-focused coping in that the individual is taking active steps to change his or her situation. However, Agnew's primary contribution to the understanding of coping mechanisms is that he specifies the potential for maladaptive consequences. That is, individuals who behaviorally cope, especially for the purposes of revenge, have a greater risk of delinquency and other criminal behavior than has been previously suggested in the coping literature. Lastly, Agnew distinguished emotion focused coping strategies from the others, "...the focus is on alleviating negative emotions rather than cognitively reinterpreting or behaviorally altering the situation that produced those emotions"(1994:264). Therefore, it follows that individuals' criminal behavior may decrease to the extent that they employ emotion focused coping strategies to minimize strain.

On the hand, avoidance focused coping may increase predicted criminal behavior since, presumably, when individuals utilize avoidance focused coping they are not particularly managing the source of strain but are avoiding it. Therefore, there might be a direct relationship between avoidant coping and crime, or, avoidant coping may contribute to increased chronic strain, which could increase criminal behavior. Because Agnew's work indicated that coping style might be related to criminal behavior, I included a measure of crime as a dependent variable in this dissertation.

To my knowledge, few studies, if any, have examined the mediating and moderating influences of gender and coping styles on externalizing outcomes such as delinquency. Thus, one goal of this dissertation was to build on earlier

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approaches of deviance by examining the effects of the respective coping styles on outcomes of delinquency, controlling for chronic strain. In accordance with the third aim of this dissertation (i.e. To examine the extent to which gender differences in delinquency can be explained by gender differences in coping, controlling for strain). Below I make several hypotheses regarding the differential effects of coping on crime by gender.

H3a: Avoidance focused coping is associated with more crime, controlling for strain. Emotion focused coping is associated with less crime, controlling for strain.

H3b: Emotion-focused coping partially mediates the relationship between gender and crime, controlling for strain.

H3c: Avoidance Focused coping partially mediates the relationship between gender and crime, controlling for strain.

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CHAPTER III

METHODS

Sample

This dissertation analyzed data from a representative sample of

approximately 1,803 South Florida young adults who attended Dade County

public schools in the 1990's. These data were collected by R. Jay Turner and his

colleagues and includes self-reports from respondents in transition to adulthood,

(93% between the ages of 19 and 21) based on face-to face interviews collected

in 1998-2000. Stratified by ethnicity, these data reflect the diverse composition of

the Miami-Dade public school system. This young sample is ideal considering

that adolescence represents a key phase in the life course during which rates of

stress exposure, depression, substance abuse, and delinquency appear to be

the most pronounced (Agnew 1997; Turner et al. 1995). Moreover, this is an age

where examining coping processes is critical since gender differences in coping

may be reflected by differential rates of depression and crime.

This study built on a three wave investigation administered annually

between 1990 and 1993, when respondents were in 6th and 7th through 8th and

9th grades (Vega and Gil 1998). In the first sample, more than 5000 adolescent

males were randomly sampled from Miami-Dade's 48 public middle schools. To

approximate the racial composition of all county middle schools, approximately

500 girls were randomly sampled. For the present study, approximately 1,000 of

the boys, and all of the girls from the original pool were randomly selected for inclusion. In addition to this, a supplemental sample of around 400 girls were randomly sampled from 1991-1992 ninth grade public school rosters (year one of data collection).

For this dissertation, respondents who were missing data on dependent variables were excluded from the analyses leaving a total sample of 1,794 that included 949 young men and 844 young women. For the "race" variable, respondents who were coded as "other" were additionally excluded from the analyses. The final sample consists of approximately 25 percent African Americans, 49 percent Hispanics, and 26 percent non-Hispanic Whites.

Measures

Depression. I assessed depression by using the Center for Epidemiological Studies Depression Scale (CES-D) (Radloff 1977). This well-established scale asked respondents to indicate, "how often in the last month you have had each of the following feelings or experiences" in response to twenty items assessing depressed mood. An example item included included in the measure is, "You felt that you could not shake off the blues". Response categories included (1) "not at all", (2) "occasionally", (3) "frequently", and (4) "most of the time". Items were summed such that higher scores reflected higher depressive symptoms. Because the CES-D and other indexes of pathology are recognized to be particularly skewed, (Mirowsky 1999) I transformed the measure by taking its natural log in order to reduce heteroscedasticity so that the regression estimates with depression as the dependent variable were more

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efficient (Hamilton 1992). The minimum and maximum values were 1.30 and 1.86 respectively. Chronbach's alpha was .87.

Criminal Behavior. Criminal behavior was assessed by a dichotomous variable coded "1" if respondents reported having participated in at least one of the eight criminal activities in the last month (shown in Appendix I). It was coded zero if they report no involvement in such activities. This measure was dichotomized because of the small number of respondents reporting involvement in criminal behavior (9 percent of males and 3.5 percent of females). Example items included "broken into and entered a home, store, or building" and "taken something worth more than $50 when you weren't supposed to."

Chronic Stress: Chronic stress was measured by a 45-item inventory developed using the logic and some items from Wheaton's (1991, 1994) measure (See Appendix I). This measure included 36 statements about enduring stress that was general (3 items) or related to employment (6 items), school (5 items), residence (6 items), children (3 items), and relationships with partners (6 items) or parents (7 items) (see Turner et al. 1995). Nine additional items assess enduring discrimination stress (adapted from Williams, Detroit Area Study). Minimum and maximum values are 0 and 77 respectively.

Coping. To assess coping, respondents were asked what they generally did and felt when they experienced stressful events. In addition to this, the questionnaire specified that "different events bring out somewhat different responses but think about what you usually do when you are under a lot of stress." Responses ranged from "you usually don't do this at all" (1) to "You

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usually do this a lot" (4). Derived from Endler and Parker's (1990) original measure of coping styles, there were three types of coping assessed: emotion focused coping (5 items), problem-focused (4 items), avoidance-focused (3 items) (shown in Table 3.1). Items for each of the respective coping styles were summed such that higher scores reflected higher use of the respective coping style. For Emotion focused coping, minimum and maximum values were 5 and 20 respectively, Chronbach's alpha was .72.. The minimum and maximum values for Problem focused coping were 4 and 16 respectively, Chronbach's alpha was .67. Finally, the minimum and maximum values for Avoidance focused coping were 3 and 12 respectively, Chronbach's alpha was .65).

Table 3.1. Factor Loadings for Problem Focused Coping, Emotion Focused Coping, and Avoidance Focused Coping for the Entire Sample

<u>Factor Loadings</u>

<u>Problem Focused Items (alpha= .67)</u>
1. You concentrate your efforts on doing something about it.	.484
2. You try to come up with a strategy about what to do.	.682
3. You think about what steps to take.	.589
4. You take on additional action to try to get rid of the problem.	.415

<u>Emotion-Focused Items (alpha = .72)</u>
1. You try to get advice from someone about what to do.	.618
2. You try to get emotional support from friends or relatives.	.612
3. You let your feelings out.	.501
4. You ask people with similar experiences what they did	.598
5. You feel a lot of emotional distress and you find yourself expressing those feelings a lot.	.461

<u>Avoidance-Focused Items (alpha = .65)</u>
1. You say to yourself "this isn't real"	.690
2. You admit you can't deal with it and quit trying	.425
3. You refuse to believe that it has happened	.737

Gender. Gender was assessed by a dichotomous variable coded 1 for females and 0 for males.

Race/Ethnicity. Race/ethnicity was assessed by three dummy coded variables: *African-American, Hispanic*, and *White*. Each variable was coded 1 for the racial/ethnic subgroup and 0 for those not in the subgroup. For simplicity, respondents that were coded "other" were excluded from the analyses.

SES. Socioeconomic status was assessed by a composite measure that involved three components: parent/guardian's occupational prestige,

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parent/guardian's educational attainment, and household income. Besides respondents reports about their parent/guardian, more than 1,000 parent/guardian's were interviewed about their work, education, and income. Parent/guardian's occupational prestige was assessed by asking respondents and their parents about the occupation of the major financial supporter in their family "most of the time while growing up" (se Appendix I for SES items). Turner and colleagues used Hollinghead's (1957) 7-level prestige measure to code prestige estimates. Parent/guardians educational attainment was measured by a question that asked respondents and parents/guardians "how far the (major financial supporter of their family went) in school." Responses ranged from (0) "no formal education" to (11) "Doctorate Degree." Household Income was estimated based on parent/guardian reports of annual household income ranging from (1) "less than 10,000" to (11)"more than $100,000." For each SES component – occupational prestige, educational attainment, and household income—items were summed and standardized such that higher scores reflect higher SES. In order to form one composite SES measure, standardized components were summed and divided by the number of components. Minimum and maximum SES values were –2.30072 and 2.17226 respectively.

CHAPTER IV

RESULTS

Descriptive and Bivariate Statistics

Table 4.1 shows descriptive statistics of the primary variables of interest for the entire sample and by gender. As expected, young women had higher mean levels of depression ($p<.001$), and young men had higher levels of criminal behavior than the female respondents in this study ($p<.001$). The female respondents had significantly higher levels of exposure to chronic strain than the male respondents ($p<.001$). There were no gender differences in mean levels of race/ethnicity with the exception that there were significantly more Hispanic males than females ($p<.01$). Unexpectedly, young men had significantly higher socioeconomic status ($p<.001$) than their female counterparts. Finally, consistent with prior literature and the first hypothesis that I proposed in Chapter 2, male respondents had higher levels of reported problem focused coping than females ($p<.05$). Whereas females had higher levels of avoidance focused ($tp<.001$) and emotion-focused ($p<.001$) coping than the male respondents. While these differences are worth noting, multivariate analyses explored these relationships while controlling for both race/ethnicity and SES.

Table 4.1. Means (and Standard Deviations) of Study Variables for the Entire Sample, Males and Females

	Entire Sample N=1803	Females n=848	Males n=955
Depression	33.2	35.2	31.4***
	(8.5)	(9.1)	(7.4)
Criminal Behavior	.127	.075	.174***
	(.333)	(.264)	(.379)
Socioeconomic Status	-.000	-.116	.103
	(1)	(1.02)	(.96)
Hispanic *a*	.48	.45	.52**
	(.49)	(.49)	(.49)
African American *a*	.25	.22	.25
	(.42)	(.41)	(.43)
White *a*	.26	.23	.27*
	(.44)	(.42)	(.44)
Strain	41.9	43.4	40.6***
	(8.9)	(9.0)	(8.7)
Emotion-Focused Coping	13.6	14.4	12.9***
	(3.3)	(3.3)	(3.2)
Avoidance Focused Coping	5.16	5.54	4.82***
	(2.0)	(1.8)	(1.83)
Problem Focused Coping	12.4	12.3	12.5*
	(2.4)	(2.5)	(2.4)

*p < .05 **p<.01 ***p<.001
a proportion

Mediating Effects of Chronic Strain

The first set of hypotheses that I proposed in Chapter II concerned the relationship between chronic strain and coping styles. Hypothesis H2a proposed that higher levels of chronic stress exposure among females explain lower levels of problem focused coping among females. Whereas Hypotheses H2b and H2c proposed that higher levels of chronic strain explained higher levels of emotion and avoidance focused coping among females. The bivariate results shown above illustrated that females reported less problem-focused coping, and more

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emotion and avoidance focused coping than males before controlling for sociodemographic characteristics (see Table 4.1). In Table 4.2, I used Ordinary Least Squares (OLS) analyses to examine these relationships further. To determine the specific effects of the race, socioeconomic status, and chronic strain, I regressed each coping style (i.e. Problem focused, Emotion focused, and Avoidance focused) on race, socioeconomic status, and chronic strain. Specifically, I assessed if chronic strain mediated the effect of gender on each of the outcomes assessed. For each of the outcomes (problem focused, emotion focused, avoidance focused) Equation's 1, 4, and 7, respectively, showed coping style regressed on gender. Equation's 2, 5, and 8, respectively, showed race and socioeconomic status added in the model. Lastly, Equation's 3, 6, and 9, respectively, showed chronic strain added in the model.

Problem Focused Coping

Without adjustment for sociodemographic characteristics in Table 4.2, gender remained significantly associated with less use of problem focused coping (equation 2: b= -.244). The change in gender coefficient, and in the significance level, from equation 2 to equation 3 (from b= -.244 to b= -.179), indicated that, while young women reported less problem focused coping than males, this relationship no longer held true when socioeconomic status and race was taken into account. Contrary to hypothesis H2a, the column in Table 4.2 show that the slight increase in gender coefficient from equation 2 to equation 3, (b= -.179 to b= -.213), indicated that exposure to chronic strain did not explain lower levels of problem focused coping among females. This relationship

appeared to be explained mostly by socioeconomic status, which was significantly associated with more problem focused coping (b= .336) even after chronic strain is added to the model (b= .357). Chronic strain was also significantly associated with more use of problem focused coping (b=.014).

Table 4.2. The Effects of Gender, Race, SES, and Chronic Strain on Problem Focused Coping, Emotion Focused Coping, and Avoidance Focused Coping (N=1784)

	Problem Focused			Emotion Focused			Avoidance Focused		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Female a	-.244*	-.179	-.213	1.48***	1.56***	1.53***	.711***	.659***	.549***
	(.116)	(.119)	(.120)	(.155)	(.159)	(.161)	(096)	(.094)	(.094)
Hispanic b	-	-.019	-.046	-	-.218	-.235	-	.345**	.257*
		(.154)	(.155)		-(.207)	(.208)		(.123)	(.121)
African Amer b	-	-.168	-.205	-	-.167	-.191	-	1.07***	.952***
		(.177)	(.177)		(.237)	(.238)		(.141)	(.139)
SES	-	.336***	.357***	-	.194*	.208*	-	-.346***	-.276***
		(.065)	(.065)		(.087)	(.088)		(.051)	(.051)
Chronic	-	-	.014*	-	-	-.009	-	-	.045***
			(.006)			(.009)			(.005)
Constant	12.55	12.55	12.00	12.93	13.04	12.69	8.87	4.42	2.63
Adjusted R2	.001	022	.022	.048	.054	.052	.020	.112	.145

Note: Unstandardized regression coefficients and standard errors for equations 1-9.
* p<.05 **p<.01 ***p<..000
a Female= 1; Male = 0
b Omitted group is Non-HispanicWhite

Emotion Focused Coping

The middle part of Table 4.2 showed that, adjusting for race, socioeconomic status, and chronic strain, gender was still significantly positively associated with reported emotion focused coping (b= 1.53). The change in the gender coefficient from equation 5 to equation 6 (from b=1.56 to b=1.53), indicated that, while young women were significantly more likely to use emotion focused coping than men, exposure to chronic strain did not significantly alter the gender gap in the use of emotion focused coping. Thus, hypothesis H2b, which proposed that higher levels of chronic stress exposure among females explain higher levels of emotion-focused among females, was not supported. Moreover, higher levels of chronic strain were not significantly associated with higher levels of emotion focused coping. Lastly, similar to the effect of SES on problem focused coping, socioeconomic status was significantly associated with more use of emotion focused coping (b= .208) suggesting that individuals with higher SES were more likely to employ emotion and problem focused coping strategies.

Avoidance Focused Coping

Equations 7, 8, and 9 in Table 4.2 assessed the effects of gender, chronic strain, race, and socioeconomic status on avoidance focused coping. Equation 7 showed the regression of avoidance focused coping on gender. Equation 8 added race and socioeconomic status into the model, and equation 12 added chronic strain. Regarding race, Hispanic Americans were significantly more likely to use avoidance focused coping than were Non-Hispanic whites (b=.257).While African Americans were also significantly more likely than Non-

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Hispanic whites to employ avoidance focused coping (b=.952), and this relationship was strong (p<.000). Lastly, Hispanics were less likely to use avoidant focused coping than are African Americans (b= -.654, p<.000).

The coefficient on SES in equation 9 indicated that there was a tendency for high socioeconomic status to be associated with less use of avoidance focused coping. That was, for every one-unit increase in socioeconomic status, avoidant focused coping decreased by.276. Figure 4.3 graphed two regression lines illustrating the negative effect of socioeconomic status on avoidance focused coping.

Figure 4.1: The Effect of Socioeconomic Status on Avoidance Focused Coping for Males and Females
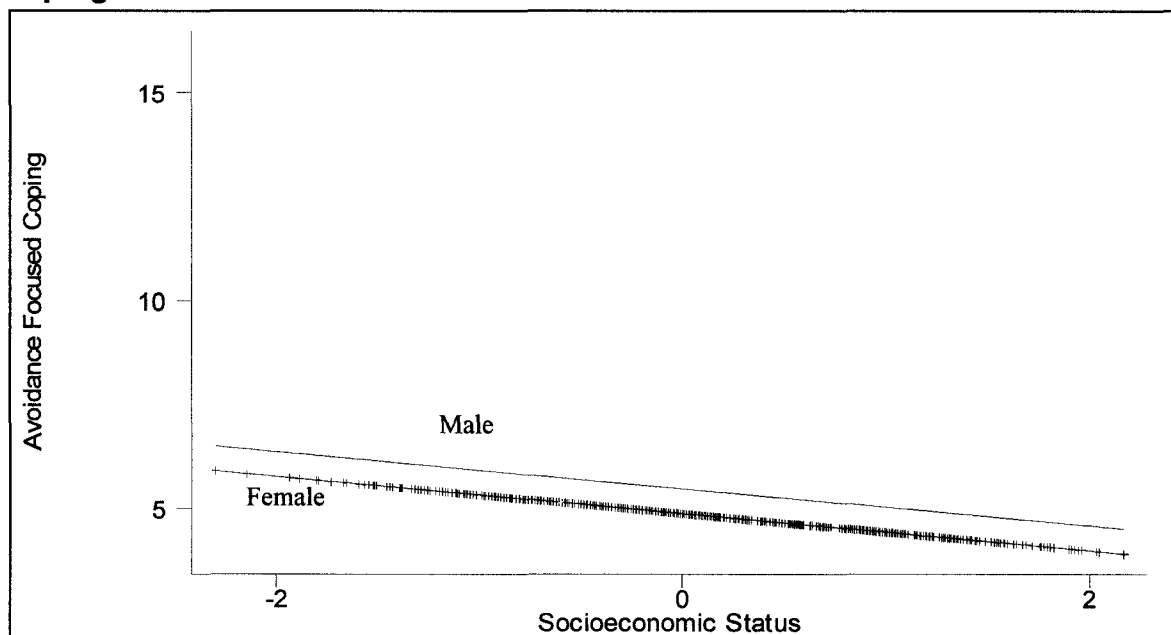
As equation 9 indicated, there was a significant tendency for chronic stress to be associated with more use of avoidant focused coping. For every one-unit increase in chronic strain, avoidance focused coping increased by .045. A comparison of the gender coefficients from equations 7-9 indicated that the strength of the relationship between gender and avoidance focused coping decreased slightly with the addition to the model of socioeconomic status and race. The change in gender coefficient from equation 7 to equation 8 (from $b=.711$ to $b=.659$) indicated that, similar to problem focused coping, socioeconomic status and race partially explained the relationship between gender and avoidance focused coping. Comparing the gender coefficients in equations 8 and 9 of Table 4.2 also showed that the strength of the relationship between gender and avoidant coping decreased from $b=.659$ to $b=.549$ or by about 17% with adjustment for exposure to chronic strain. Thus, hypothesis H_{2c}, which proposed that higher levels of chronic stress exposure among women explain higher levels of avoidance focused coping for women, was only partly supported.

Although exposure to chronic strain does decrease avoidance focused coping for females by about 17%, it appears that it was both sociodemographic characteristics and exposure to chronic strain that accounted for most of the decrease in avoidance focused coping for female respondents. Taken together, socioeconomic status, race, and chronic strain, explain around 22% of the relationship between gender and avoidant coping. However, controlling for all of the above variables, gender was still significantly positively associated with the

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avoidance focused coping (b= .549). Moreover, there was significant positive relationship such that chronic strain is associated with more use of avoidance focused coping.

Effects of Coping Styles on Depression

The second set of hypotheses that I proposed in Chapter 2 concerned the relationship between coping styles and depression. Hypothesis H3a proposed that Emotion focused coping and Avoidance focused coping would be associated with more depression, controlling for strain. It also proposed that Problem focused coping would be negatively associated with depression, controlling for chronic strain. In Table 4.3, I use multivariate Ordinary Least Squares (OLS) analyses to examine these relationships. With adjustment for race, socioeconomic status and chronic strain, the more use of problem focused coping, the lower the score on the depression scale (b=-.005). On the other hand, the more use of avoidance focused coping, the higher score on the depression scale (b=.013). That is, controlling for socioeconomic variables, problem focused coping decreased predicted levels of depression, while avoidance focused coping increased levels of depression. There does not appear to be a significant relationship between emotion-focused coping and depression. Thus, these patterns partially support hypothesis H3a and are consistent with the literature.

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Table 4.3. The Effects of Problem Focused, Emotion Focused, and Avoidance Focused Coping on Depression, Controlling for Gender, Race, SES, and Chronic Strain

	(1)	(2)	(3)	(4)	(5)
Female [a]	.046*** (9.37)	.036*** (7.77)	.035*** (7.48)	.035*** (7.35)	.028*** (6.25)
Hispanic [b]	-.006 (-.99)	-.014* (-2.35)	-.013* (-2.30)	-.014* (-2.30)	.017** (-2.94)
African American	.003 (.43)	-.007 (-1.13)	-.008 (-1.18)	-.007 (-1.08)	-.020** (-3.00)
SES	-.010** (-3.90)	-.004 (-1.64)	-.002 (-.79)	-.004 (-1.66)	-.000 (-.21)
Chronic Strain	-	.004*** (15.53)	.004*** (15.12)	004*** (15.14)	.003*** (13.11)
Problem Focused	-	-	-.005*** (5.58)		
Emotion Focused	-	-	-	.000 (.88)	
Avoidance Focused	-	-	-	-	.013*** (11.80)
Constant	1.48	1.32	1.38	1.38	1.28
Adjusted R_2	.060	.170	.184	.174	.232

Note: Unstandardized regression coefficients and (t-scores) for equations 1-5.
* p<.05   **p<.01   ***p<.001
aFemale = 1; Male = 0
b Omitted category is Non-Hispanic White

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Problem Focused Coping

Table 4.3 also showed the extent to which coping styles mediated the relationship between gender and depression, net of strain. Equation 1 showed depression regressed on gender and sociodemographic variables. Equation 2 showed chronic strain added in the model. Equation 3 showed the effects of problem focused coping in the model. The change in gender coefficient from equation 1 to equation 2 (from b=.046 to b=.036) indicated that exposure to chronic strain altered the gender gap in depression by about 22 percent. Similarly, a comparison of the gender coefficients in equation 2 and 3 revealed no significant change with the adjustment of problem focused coping. Thus, although problem focused coping was associated with less depression, hypothesis H3b that problem focused coping partially mediated the relationship between gender and depression, was not supported.

Emotion-Focused Coping

Table 4.3 also showed the extent to which emotion-focused coping mediated the relationship between gender and depression, controlling for strain. Again, equation 1 showed depression regressed on gender and sociodemographic variables. Equation 2 showed chronic strain added in the model. Equation 4 showed the effects of emotion focused coping in the model. The slight decrease in gender coefficient from equation 2 to equation 4 (from b=.036 to b=.035) revealed that although women had higher levels of depression than men, the hypothesis (H3b) that gender differences in depression are partially mediated by emotion focused coping, was not supported. That is, gender

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differences in depression could not be explained by gender differences in the use of emotion focused coping.

Avoidance Focused Coping

Table 4.3 further showed the extent to which coping styles mediated the relationship between gender and depression, net of strain. Equation 5 showed the effects of avoidance coping in the model. A comparison of the gender coefficients from equation 2 to equation 5 (from .036 to .028) indicated that avoidance focused coping accounted for about 22% of the gender gap in depression. Thus, hypothesis H3d, that avoidance focused coping partially mediated the relationship between gender and depression, was partially supported. Although, the effect was small, avoidance focused coping did explain some of the relationship between gender and depression.

Moderating Effects

Table 4.4 showed the extent to which the effect of the respective coping styles on depression and crime worked differently for young females and males. Specifically, I assessed if coping style moderated the effect of gender on the two outcomes assessed. Equation 1 tested a gender x problem focused coping interaction. Equation 2 tested a gender x emotion focused interaction, while Equation 3 tested a gender x avoidance interaction.

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Table 4.4. Moderating Effects of Coping Styles on Depression and Crime, Controlling for Race/Ethnicity and SES

	Depression			Crime		
	(1)	(2)	(3)	(4)	(5)	(6)
Female a	.035***	.035***	.028***	-1.15***	-1.15***	-1.14***
	(7.47)	(7.40)	(6.24)	(-6.86)	(-6.84)	(-6.71)
Hispanic b	-.014*	-.014*	-.017**	-.09	-.090	-.107
	(-2.32)	(-2.31)	(-2.94)	(-.45)	(-.45)	(-.53)
African American	-.008	-.008	-.020**	.249	.246	.189
	-1.21	(.246)	(-3.00)	(1.14)	(1.12)	(.85)
SES	-.002	-.004	-.000	.041	.031	.055
	-.80	(-1.63)	(-.21)	(.48)	(.36)	(.64)
Strain	.004***	.004***	.003***	.064***	.063***	.059***
	15.47	(15.11)	(13.10)	7.63	(7.58)	(6.98)
Problem Focused Coping c	-.009	-	-	-.062	-	-
	(-3.02)	-	-	(-.69)	-	-
Women X Problem Focused	-.006♦	-	-	-.030	-	-
	(1.52)	-	-	(-.19)	-	-
Emotion Focused Coping c		.007*	-		.151	-
		(2.27)	-		(1.62)	-
Women X Emotion Focused		-.011*	-		-.185	-
		(-2.33)	-		(-1.15)	-
Avoidance Focused Coping c			.029***			.236*
			(8.25)			(2.43)
Women X Avoidance Focused			-.001			-.173
			(-.32)			(-1.16)
Constant	1.32	1.32	1.35	-4.29	-4.24	-4.07
Adjusted R2/Psuedo R2	.188	.172	.231	.079	.081	.083

Note: Unstandardized regression coefficients (and t-scores) for equations 1-3; logistic regression coefficients and (z-scores) for equations 4-6.
* p<.05 **p<.01 ***p<.001   ♦ Is marginally significant at p=.12
a Female = 1; Male = 0   b Omitted category is Non-Hispanic White
c All coping scores are standardized to prevent homoscedasticity

While the gender x problem focused coping interaction failed to meet the p

<.05 significance level in Equation 1 after controlling for race, socioeconomic

status and strain, it *was* significant at p=.12. This suggests that the negative

effect of problem focused coping on depression was slightly stronger for young

women compared to men. Figure 4.5 illustrates the negative effect of problem

focused coping for men and women.

Figure 4.2: The Effect of Problem Focused Coping on Depression for Females and Males
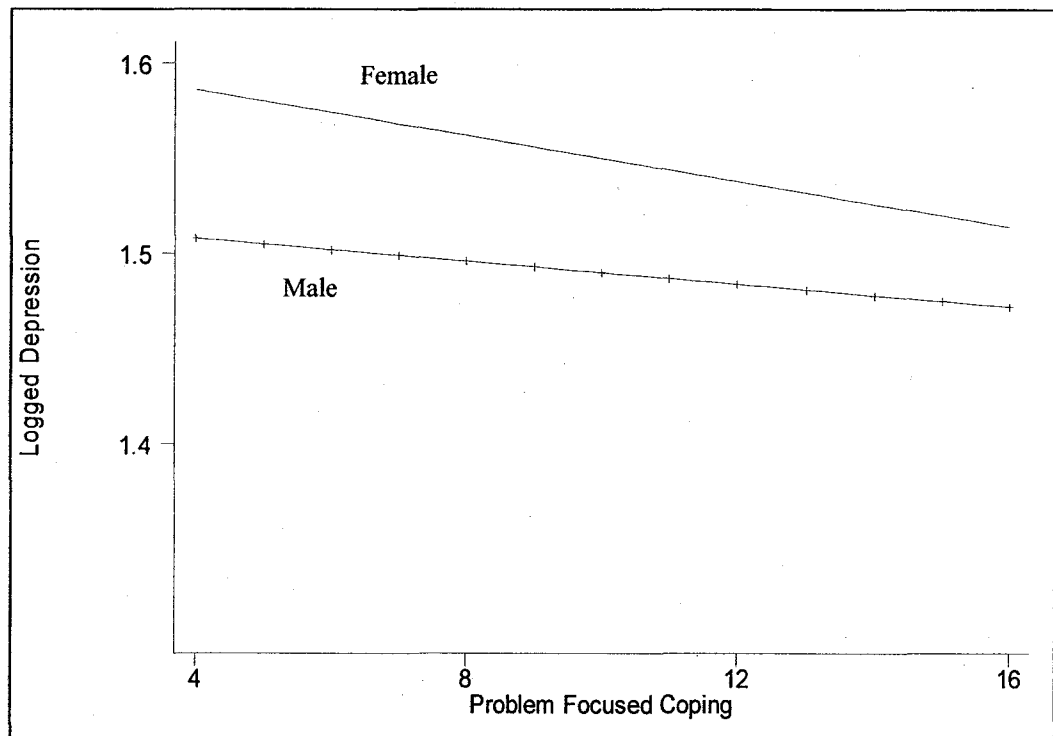
Significant conditional effects were also observed in equation 2 (Table

4.4); the gender x emotion-focused interaction term was positive and significant

(b=.007). This suggests that the non-significant effect of emotion focused coping

on depression displayed in Table 4.3 was misleading. When the interaction term

was solved, I found that for female respondents, emotion focused coping was

significantly negatively related to depression. While for male respondents

emotion-focused coping was significantly positively related to depression. Figure

4.3 illustrates the significant interaction term from equation 2 of Table 4.4.

Figure 4.3: The Effect of Emotion Focused Coping on Depression for Males and Females
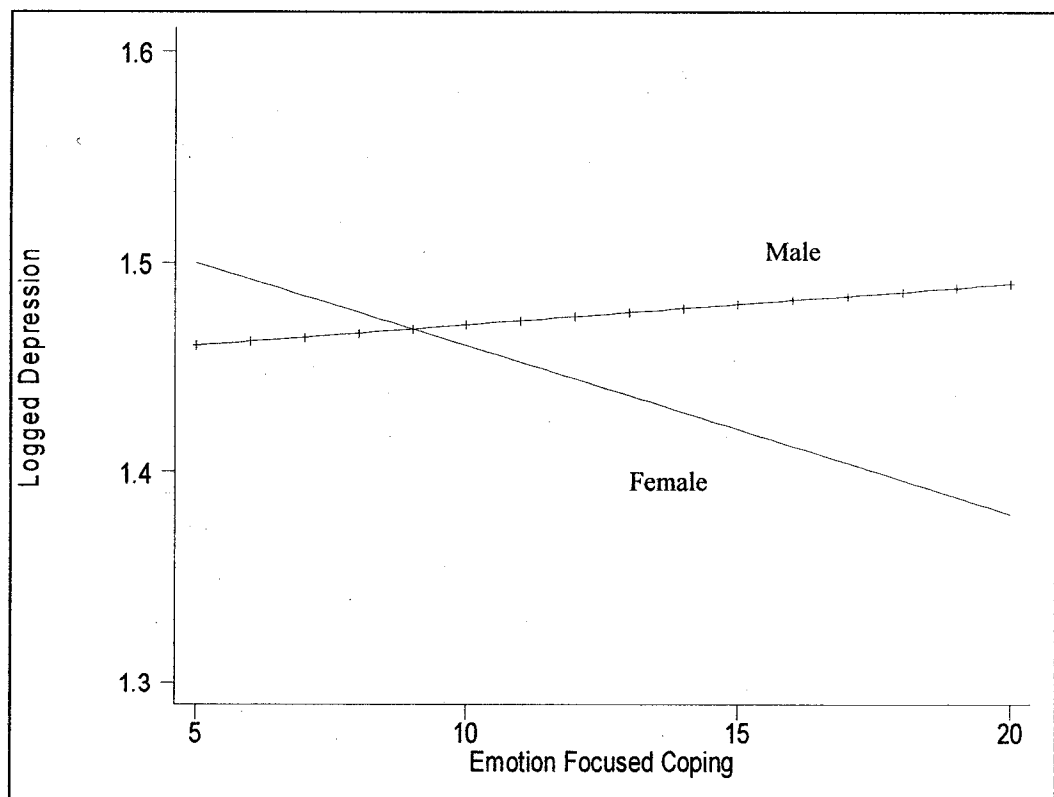
Equation 3 in Table 4.4 tested a gender x avoidance focused coping

interaction term. The interaction term in equation 3 was non-significant,

suggesting that the positive effect of avoidance focused coping on depression

was not significantly different for men and women. Figure 4.4 illustrates the

relationship between avoidant coping and depression by graphing equation 3

separately for men and women.

Figure 4.4: The Effect of Avoidance Focused Coping on Depression for Males and Females

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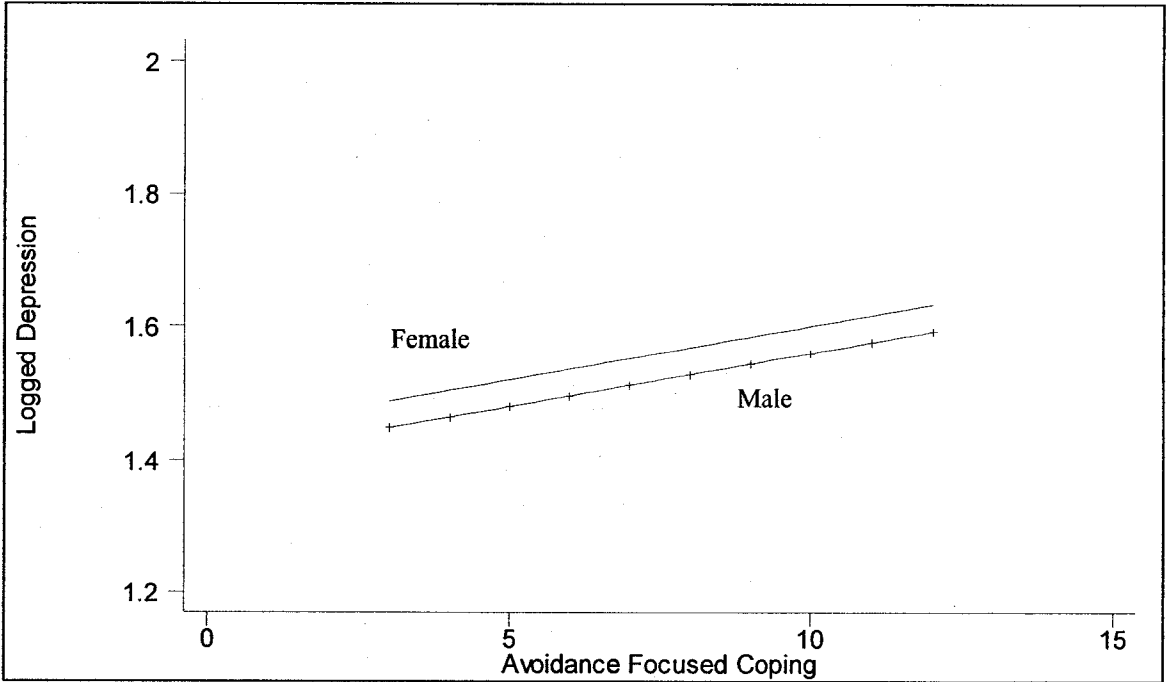
Effects of Coping Styles on Crime

The third set of hypotheses proposed in Chapter 3 concerned the relationship between coping styles and crime. Hypothesis H3a proposed that avoidance focused coping would be associated with more crime, and, that emotion-focused coping would be associated with more crime. Table 4.5 displays the logistic regression analyses used to examine these relationships. The only coping style that was significantly associated with crime is avoidance-focused coping. With adjustment for socioeconomic characteristics and chronic strain, avoidance focused coping remained significantly associated with increased criminal behavior (b=1.08).

Table 4.5. Odds Ratios of Problem Focused, Emotion Focused, and Avoidance Focused Coping on Crime, Controlling for Gender Race, SES, and Chronic Strain

	(1)	(2)	(3)	(4)	(5)
Female a	.390***	.319***	.317***	.307***	.302***
	(-5.88)	(-6.86)	(-6.88)	(-6.94)	(-7.07)
Hispanic b	1.05	.911	.912	.915	.896
	(.27)	(-.45)	(.45)	(.43)	(-.53)
African American	1.55*	1.29	1.28	1.29	1.20
	(2.09)	(1.17)	(1.14)	(1.17)	(.85)
SES	.934	1.03	1.04	1.02	1.05
	(-.83)	(.39)	(.48)	(.34)	(-.21)
Strain		1.06***	1.06***	1.06***	1.06***
		(.008)	(.008)	(.008)	(.008)
Problem Focused			.97		
			(.97)		
Emotion Focused				1.02	
				(1.18)	
Avoidance Focused					1.08*
					(2.17)
Psuedo R2	.034	.079	.079	.080	.082

Note: Odd ratios and (z-scores) for equations 1-5.
* $p<.05$ ** $p<.01$ *** $p<.001$
a Female= 1; Male = 0   b Omitted category is Non-Hispanic White

Problem-Focused Coping

Equations 1, 2, and 3 in Table 4.5 examined criminal behavior. In equation 1, crime was regressed on gender and sociodemographic variables. Equation 2 added the chronic strain variable to equation 1, and equation 3 added the problem-focused coping variable. As expected, equation 2 revealed that chronic strain was significantly associated with more criminal behavior (b= 1.06). However, comparison of the gender coefficients in Equation 1 and 2 revealed a minimal change with adjustment for chronic strain. That is, when chronic strain was adjusted for, females committed approximately 18% less crime. Comparing gender coefficients in equations 2 and 3 (from b=.319 to b=.317) indicates no significant change in the strength of the relationship between gender and criminal behavior.

Emotion Focused Coping

Equations 1, 2 and 4 in Table 4.5 examined the relationship between emotion-focused coping and criminal behavior. In equation 1, crime was regressed on gender and sociodemographic variables. Equation 2 added the chronic strain variable to equation 1, and equation 4 added the emotion focused coping variable. Comparison of the gender coefficients from equation 2 to equation 4 (from b=.319 to b=.307) revealed a slight decrease with adjustment for emotion focused coping. Thus, hypothesis H3b was not supported, emotion-focused coping did not partially mediate the relationship between gender and crime.

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Avoidance Focused Coping

Equations 1, 2, and 5 in Table 4.5 examined criminal behavior and avoidance focused coping. In equation 1, crime was regressed on gender and sociodemographic variables. Equation 2 added the chronic strain variable to equation 1, and equation 5 added the avoidance focused coping variable. Comparison of the gender coefficients in equations 2 and 5 indicated that the strength of the relationship between gender and criminal behavior decreased from b=.319 to b=.302 with adjustment for avoidance focused coping. Thus, hypothesis H3d is not supported, avoidance focused coping did not mediate the relationship between gender and crime. Conversely, the gender coefficient on depression decreased when avoidant focused coping was added to the model.

Moderating Effects

Interaction effects were examined to show the extent to which the effect of the respective coping styles on crime worked differently for young female and male respondents. Specifically, I assessed if coping style moderated the effect of gender on the two outcomes assessed. However, none of the interaction models were significant which suggests that the effects of the respective coping styles on crime did not differ significantly for men and women.

<u>The Net Effects of Coping</u>

Table 4.6 summarizes the net effects of the respective coping styles and chronic strain on depression and crime. Equations 1 and 3 regressed depression and crime, respectively, on sociodemographic variables, problem-focused

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coping, emotion-focused coping, and avoidance-focused coping. Equations 2 and 4 regressed depression and crime, respectively, on all of the above variables and chronic strain.

Results in Equation 1 show that, net of all sociodemographic variables and other coping styles, problem focused coping was significantly associated with less depression (b= -.004) and avoidance focused coping was significantly associated with more depression (b=.016). Equations 1 and 2 further indicate that there was no significant relationship between emotion focused coping and depression; however, this is presumably because of the significant interaction between emotion focused coping and depression for men and women as established in Table 4.4 (Equation 2). When chronic strain is added to the model (Equation 2) these relationships remained basically consistent.

Regarding crime, Equation 3 reaffirmed what analyses on the entire sample show: that problem focused and emotion focused coping were unrelated to criminal behavior, while avoidance focused coping was significantly positively related to crime (b=.127). However, when chronic strain was added to the model (Eq. 4) avoidance focused coping was no longer statistically significant (b=.069 p=.06). This indicates that chronic strain partly mediated the relationship between avoidant coping and crime such that most of the relationship between avoidance focused coping and crime was explained by greater exposure to chronic strain. That is, avoidance oriented coping increased levels of chronic strain, which in turn increased criminal behavior..

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4.6. The Net Effects of Problem Focused, Emotion Focused, and Avoidance Focused Coping and Chronic Strain on Logged Depression (Eq. 1-2), and Crime (Eq. 3-4) Controlling for Sociodemographic Characteristics and Chronic Strain

	Depression		Criminal Behavior	
	(1)	(2)	(3)	(4)
Gender *a*	.033***	.025***	-1.08***	-1.24***
	(6.75)	(5.51)	(6.46)	(-7.18)
SES	-.003	.001	-.020	-.060
	(-1.34)	(.47)	(-.24)	(.70)
Hispanic *b*	-.011	-.016**	.015	-.100
	(-1.81)	(-2.86)	(.08)	(-.49)
African American *b*	-014*	-.020**	.308	.194
	(-1.97)	(-2.97)	(1.42)	(.87)
Problem Focused	-.004***	-.005***	-.025	-.043
	(-3.96)	(-5.10)	(-.76)	(1.30)
Emotion Focused	.000	.001	.026	.033
	(1.00)	(1.49)	(1.04)	(1.31)
Avoidance Focused	.016***	.013***	.127***	.069♦
	(13.47)	(11.15)	(3.47)	(1.82)
Strain	-	.003***	-	.060***
		(13.52)		(7.08)
Constant	1.45	1.33	-2.31	-4.37
Adjusted R2/Psuedo R2	.162	.243	.045	.084

Note: Unstandardized regression coefficients and (t-scores) for equations 1-2; logistic regression coefficients and (z-scores) for equations 3-4.

* p<.05   **p<.01   ***p<.001   ♦ p=.06

a Female = 1; Male = 0

b Omitted category is Non-Hispanic White

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Summary

Depression.

Table 4.7 summarized the significant effects of problem focused coping, emotion focused coping, and avoidance focused coping on the two outcomes for young women and men separately. Equation's 1 and 2 regressed depression on the sociodemographic variables, chronic strain, and the problem focused, emotion focused, and avoidance focused coping variables for male and female respondents. Equations 3 and 4 regressed crime on sociodemographic variables, chronic strain, and the problem focused, emotion focused, and avoidance focused coping variables for men and women.

Results showed that, for both men and women, the chronic strain is related to more depression (equation 1:b=.003; equation 2:b=.003) and its effect did not differ for males and females. Problem focused coping was significantly associated with less depression for both females (b=-.006) and males(b= -.004), while avoidant focused coping was significantly associated with more depression for both females (b=.013) and males (b=.012). However, similar to results found in Table 4.3, the effect of emotion focused coping on depression was positive and significant for males only (Equation 2: b=.002). Whereas for females, the effect is not positive, nor significant which suggests that emotion-focused coping did not increase depression for females (b=.000). Lastly, avoidance focused coping was significantly positively associated with depression for both young women (b=.013) and young men (b=.012).

4.7. Summary of the Net Effects of Problem Focused, Emotion Focused, and Avoidance Focused Coping on Depression (Eq. 1-2), and Criminal Behavior (Eq. 3-4) for Females (N=804) and Males (N= 919)

	Depression		Criminal Behavior	
	(1) Women	**(2)** Men	**(3)** Women	**(4)** Men
SES	.001	-.000	.250	-.018
	(.51)	(-.00)	(1.64)	(-.18)
Hispanic b	-.024**	-.011	.103	-.166
	(-2.68)	(-1.53)	(.26)	(-.69)
African American b	-.036**	-.008	.471	.095
	(-3.34)	(-1.04)	(1.07)	(.37)
Chronic Strain	.003***	.003***	.071***	.055***
	(10.02)	(8.95)	(4.82)	(5.27)
Problem Focused	-.006***	-.004**	-.044	-.039
	(-3.91)	(-3.22)	(-.76)	(-.97)
Emotion Focused	-.000	.002**	-.001	.048
	(-.32)	(2.42)	(-.03)	(1.55)
Avoidant Focused	.013***	.012***	.022	.099*
	(8.26)	(7.47)	(.35)	(2.03)
Constant	1.38	1.32	-5.48	-4.48
Adjusted R2/Psuedo R2	.228	.180	.066	.058

Note: Unstandardized regression coefficients and (t-scores) for equations 1-2; logistic regression coefficients and (z-scores) for equations 3-4.
* p<.05 **p<.01 ***p<.001
b Omitted category is Non-Hispanic White

Crime

In the final set of equations in Table 4.7, criminal behavior was the dependent variable. Similar to depression, equation's 3 and 4 indicated that chronic strain was significantly related to more criminal behavior for both females (b=.071) and males (b=.055). Results showed that, for both men and women, there was no significant effect of problem or emotion focused coping on criminal behavior. However, the effect of avoidant focused coping on crime appeared to differ by gender. That is, when the analyses were limited to women only, avoidant focused coping was not associated with increased criminal behavior; whereas for men, there was a significant positive relationship between avoidant focused coping and crime (b=.09), even when chronic strain was controlled for. Although earlier analyses did not find significant interaction effects for avoid x gender (see Table 4.4, Eq. 3) these results showed that avoidant focused coping might work differently for males and females when within gender analyses are considered. However, this difference was not different enough to achieve statistical significance in the interaction model and should therefore be interpreted with caution.

The following chapter provides a discussion of the results with an emphasis on how they relate to the general literature on gender, coping, strain, and mental health

CHAPTER V

DISCUSSION

Gender Differences in Coping

The bivariate results presented in the first section of Chapter 4 (Table 4.1) are consistent with previous findings that suggested that men used problem focused coping more often than women, while women tended to employ emotion and avoidant oriented strategies more frequently than men (Billings and Moos 1984; Endler and Parker 1990; Milkie and Thoits 1993; Pearlin and Schooler 1978; Stone and Neale 1984;). However, similar to many of the previous studies, the simple bivariate analyses presented in Table 4.1 did not control for race, socioeconomic status and levels of chronic strain. When these factors were taken into consideration (Table 4.2) there were no significant gender differences in the reported use of problem focused coping, yet gender differences in emotion and avoidance coping still remained. That is, controlling for race/ethnicity, socioeconomic status, and levels of chronic strain, females still reported using more emotional and avoidance focused coping strategies than men.

My findings also tended to support others that showed that women tended to internalize symptoms, while men tended to externalize symptoms (American Psychiatric Association 1994; Kessler et al. 1993; Kessler et. al 1994; Rosenfield 1994; Van Gundy 2002). I specifically found that young women averaged higher depression levels than young men, while young men averaged higher criminal

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behavior than their female counterparts. Moreover, I found that young women reported significantly higher levels of exposure to chronic strain than the young men.

Effects of Chronic Strain

Whether gender differences in coping styles can be attributed to differential strain exposure, or, to differential socialization patterns is an important question that I have attempted to address in the first part of this dissertation. Psychological approaches to understanding gender differences in coping have generally operated from two perspectives: the "socialization" hypothesis of coping, and the "structural" position. The socialization hypothesis suggests that women are socialized to use expressive and emotion oriented coping styles when dealing with stress, whereas men are socialized to use more instrumental/problem focused coping styles (Mainiero 1986; Pearlin and Schooler 1978; Ptacek et al. 1992; Rosario et al. 1988). The perspective suggests that in similar stressful situations, women will employ emotion focused coping more frequently while men will use more instrumental/problem focused coping.

In contrast, the structural hypothesis of coping argues that gender differences in coping are largely attributable to the different kinds of, and quantity of stressful situations that females experience relative to men. (Folkman and Lazarus 1980; Billings and Moos 1981; Schwartz and Stone 1993) Thus, proponents of the structural hypothesis argued that studies that observe notable gender differences in coping styles really represent artifacts of measurement that fail to take context into consideration. Graham-Bermann et al. (2001) used the

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example of a battered woman to make the case for the structural view of coping, "Without an extensive conversation about her history, the meaning of the threat, and her plans for the future, it would be easy to mischaracterize her coping as passive or avoidant" (2001:1110). Thus, what accounts for the gender differences in coping that I have found? In an attempt to shed light on the some of these questions, below I discuss the extent to which gender differences in the respective coping styles can be explained by chronic strain, race, and socioeconomic status.

Problem Focused Coping

Regarding problem focused coping, I hypothesized that higher levels of chronic stress exposure among female respondents would explain their lower levels of reported problem focused coping. This hypothesis was not supported; rather, it was sociodemographic characteristics that explained most of the relationship between gender and problem-focused coping. That is, the significant negative relationship between gender and problem focused coping no longer held true when socioeconomic status was taken into account.

Although socioeconomic status was not a primary variable in my hypotheses, because of its significance in the utilization of coping strategies employed, it is important to include it in my discussion, especially considering that race and socioeconomic status have rarely been examined in the coping literature (Thoits 1999). Some studies that have found a positive relationship between socioeconomic status and problem focused coping, have suggested that the high ses individuals use more problem focused coping to the extent that

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they tend to think through their problems more than low ses individuals (Billings and Moos 1984;Veroff, Kulka, and Douvan 1981). Others suggest that persons who are of high socioeconomic status employ problem focused coping because they are more likely to feel in control of their lives than the poor (Ross and Mirowsky 1989). However, it may also be that individuals with high socioeconomic status use problem solving coping more frequently because they have the social and instrumental resources that enables them to do so. For example, if respondents with little money and/or education are invariably faced with stressors that only money and/or education can remedy, then a problem-solving coping style is unlikely to result in a positive outcome. As Pearlin maintains, "Certain kinds of life exigencies seem to be particularly resistant to individual coping efforts...[T]here are situations in which problem solving is not a realistic option" (1991:267). Moreover, this evidence is consistent with other research that finds social and economic contexts to influence variations in personal attributes (Turner and Lloyd 1999).

Although exposure to chronic strain did not explain the relationship between gender and problem focused coping, socioeconomic status did, and this finding is important because it speaks to the importance of taking contextual variables into consideration when examining gender differences in coping. As Graham-Bermann and colleagues maintain, "The coping style used by low income women is constrained by what the environment allows, as well as, or in combination with, what the woman finds desirable and possible. It is not reasonable to evaluate someone negatively for the compromises that result in

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lack of opportunity or institutional biases" (2001:1105). Thus, my findings regarding problem-focused coping favor the *structural* hypothesis of coping as opposed to the *socialization* hypothesis, as I found no gender differences in problem focused coping once socioeconomic status was taken into account.

Emotion Focused Coping

To what extent do socioeconomic factors and chronic strain explain gender differences in the use of emotion focused coping? Because women have higher levels of chronic strain than men (Table 4.1), I hypothesized that gender differences in the utilization of emotion focused coping would be partially explained by exposure to chronic strain. However, my findings suggest that, adjusting for chronic strain, women are still more likely to employ emotion focused coping than men. That is, females are 1.53 times more likely to cope with problems by expressing their feelings or garnering emotional support from others. Interestingly, I also found that socioeconomic status is significantly positively related to emotion focused coping such that those with higher levels of socioeconomic status use emotion focused strategies more frequently. Perhaps those with more economic support, also have more social support enabling them to reach out to friends or family when they need assistance. It is also plausible that social support explains the relationship between gender and emotion-focused coping. That is, since it is well documented that women generally have more social support than men, perhaps women cope by garnering emotional support from others simply because they have the support networks that enable them to do so.

Notwithstanding, my findings regarding emotion focused coping suggest that there are clearly gender differences that cannot be explained by exposure to chronic strain, or socioeconomic variables, which largely supports the socialization hypothesis of coping. It is also unlikely that a measure of cumulative stress would explain these differences because previous research that examines stress from young adulthood through middle age finds that when assessed as "cumulative stress burden," stress exposure does not differ for young men and women (Turner et al. 1995; Van Gundy 2002). In all, my findings are consistent with previous findings (Frydenberg and Lewis 1991,1993; Mainiero 1986; Pearlin and Schooler 1978; Rosario, Shinn, Morch, and Huckabee 1988; Ptacek et al. 1992) that suggest that women are more likely to use emotion focused coping than men, particularly when emotion focused coping involves the use of support networks.

Avoidance Focused Coping

Do higher levels of chronic stress exposure among females explain higher levels of avoidance-focused coping for females? My hypothesis that higher levels of chronic strain would explain the relationship between gender and avoidant coping was not fully supported. Although socioeconomic status and exposure to chronic strain partly explained the gender gap in the use of avoidance focused coping, young women still use more avoidant focused coping than men. So then, why do women avoid focus cope more than men?

My findings suggest that both structural and socialization factors contribute to avoidant focused coping. Socioeconomic status and race explained

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around 7 percent of women's propensity to cope by avoidance or escape, while exposure to chronic strain explained about 17 percent. Thus, similar to the findings with respect to problem focused coping, it is clear that women with low socioeconomic status, and thus fewer resources, may rely on avoidant oriented strategies to the extent that they lack access to instrumental and/or social resources that make active coping possible (Cronkite and Moos 1984). As Fine notes, "Persons of relatively low ascribed social power – by virtue of social class position, ethnicity, race, gender, disability, or sexual preference- cannot control those forces that limit their opportunities" (1992:pg. 62).

Similarly, because exposure to chronic strain also explains some of the positive relationship between gender and avoidant coping, it is plausible that the effect of low status and chronic strain on coping is such that there is a stress proliferation effect among females. For example, a primary stressor such as losing a job may cause a decline in the family's resources, which may contribute to other stressors such as marriage problems– which presumably could curtail any further attempts to actively cope. High exposure to chronic strain and low levels of socioeconomic status are not factors that are favorable for active coping techniques. In other words, each unsuccessful experience that someone has had with active coping, may reduce further attempts at that coping style. Thus, if each attempt at problem focused coping is met with failure, then it is possible that avoidance focused coping style will develop as a result.

Mirowsky and Ross (1989) suggest that the conditions of powerlessness experienced by those with low socioeconomic status and by some women, inhibit

a problem focused coping style because it makes individuals feel as if they do not have any control over their outcome. These findings are consistent with previous findings that suggest that environmental factors are the most important predictors of women's tendency to avoid focus cope (Cronkite and Moos 1984).

My results also suggest that there is some support for the *socialization* hypothesis of coping, because controlling for structural factors, women still report more passive oriented coping techniques than men (e.g. giving up, or, trying not to think about the issue). All aspects of social life, from culture to institutions, interactions, and socialization are structured by gender (Ridgeway and Smith Lovin 1996). Given the ubiquity of gender inequality, it is improbable that the prevalence of gendered outcomes can be *fully* explained by statistical models (Van Gundy 2001). Presumably, there are many reasons that some women use avoidance oriented coping strategies more often than men. For instance, prior research examining coping socialization in middle adulthood suggests that mothers teach their daughters more often to avoid situations as a *way* of actively coping with stressful situations (Kliewer et al. 1996). For example, teaching their daughters to focus on something else whenever a stressful situation eventuates. This effect is also replicated in the achievement literature (Dweck, Davidson, Nelson, and Enna 1978) and thus may be at work in other socialization contexts.

Given that there are significant gender differences in reported coping styles, what then, are the implications of these processes? That is, if women and men cope differently, does this predispose them to higher rates of depression

and/or crime? The next two sections discuss the effects of the respective coping styles on two outcomes: depression and crime.

<u>Effects of Coping Styles on Depression</u>

Problem Focused Coping

Is problem focused coping harmful to, or helpful for social and psychological well being? Although previous studies regarding the effect of problem focused coping on depression are inconsistent, most find that problem focused coping is associated with lower levels of depression (Pearlin and Schooler 1978; Billings and Moos 1981; Mitchell,Cronkite, and Moos 1983; Zeidner 1994; Saklofske 1993; Sandler et al. 1995). Findings from this dissertation concur: problem focused coping is significantly associated with less depression among both young men and women. Thus, my hypothesis that problem focused coping would be negatively associated with depression, net of chronic strain, was confirmed. However, my hypothesis that problem focused coping would partially mediate the relationship between gender and depression, net of strain, was not confirmed. In fact, once socioeconomic status was taken into account there were no gender differences in the use of problem focused coping - making a mediating effect infeasible. Moreover, the effect of problem focused coping on depression does not work differently for males and females, there were no significant interaction effects.

Emotion Focused Coping

Is there a positive association between emotion focused coping and psychological distress, adjusting for strain? Although the research is mixed,

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many studies *have* found either no effects, conditional effects, or, that emotion focused coping increases levels of depression (Billings and Moos 1984; Mattlin et al. 1990; Mitchell, Cronkite and Moos 1983; Pearlin and Schooler 1978; Saklofske 1993; Zeidner 1994). However, many of the previous studies have not examined whether the effect of emotion focused coping on depression is different for males and females. As Thoits notes, "Coping researchers generally expect problem-focused coping to be more beneficial for well-being than emotion focused coping. Despite this belief, there is no clear consensus in the literature regarding which coping strategies are more efficacious in reducing psychological distress or ill health" (Thoits 1995: p. 61).

My hypotheses that (1) emotion focused coping would be associated with more depression, and (2) that emotion focused coping would mediate the relationship between gender and depression, were not supported. Based on my findings, there was a significant interaction effect such that effect of emotion focused coping on depression worked differently for males and females. For young women, there was a negative association between emotion-focused coping and depression; whereas for males, emotion focused coping increased predicted levels of depression. Despite prior evidence that suggested that emotion focused coping increased levels of depression, my findings suggest otherwise.

Why then, is emotion focused coping beneficial for women, yet detrimental to the mental health of men? I propose that the effect of emotion focused coping on depression differs for males and females largely because of different

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socialization experiences and corresponding conceptions of the self. As Rosenfield maintains, "The divisions by gender in these practices [socialization] generate divergent messages and thus split the core assumptions for males and females. The greater power and value of activities associated with masculinity convey messages that males are of high personal worth, in control of their world, and need others less than others need them" (1999: 215). Therefore, males who cope more frequently by garnering emotional support and advice from friends or by expressing discontent to others, may have increased symptomology because of the feminine meanings associated with these types of coping strategies.

This conceptualization is consistent with previous work that suggests that crying as an expression of sadness is socially conditioned such that it is appropriate behavior for females, yet inappropriate for males (Ross and Mirowsky 1984). As such, it is largely social norms that prescribe socially appropriate coping responses – where it is socially acceptable for women to behaviorally express their emotions, men are often negatively socially sanctioned for similar behavior (Graham-Bermann et al. 2001; Mirowsky and Ross 1984).

Avoidance Focused Coping

Is avoidance-focused coping beneficial for, or damaging to social and psychological well being? Previous studies suggested that the influence of avoidant focused coping on psychological well being was detrimental for the most part (Cronkite and Moos 1984; Holohan and Moos 1987), though many studies do not explicitly test this assumption (Frydenberg and Lewis 1991, 1993).

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I hypothesized that avoidance focused coping would be positively associated with depression, net of socioeconomic variables and chronic strain. I also hypothesized that avoidance focused coping would partially mediate the relationship between gender and depression. My findings upheld the conclusions of previous studies that documented a positive relationship between avoidant coping and depression. My results also showed that chronic strain mediated a small portion of the gender gap in depression. That is, net of chronic strain, avoidance focused coping explained around twenty-two percent of the relationship between gender and depression.

Why then, besides structural factors, are those who employ avoidance oriented strategies more likely to be depressed than those who do not? There are several possible explanations for this phenomenon, three of which I will briefly discuss. First, as Mirowsky and Ross (1989) suggested, some people may rely on passive/avoidance oriented strategies to the extent that they lack an internal locus of control. That is, the sense of not controlling one's life is likely to contribute to passive oriented coping, which in turn results in depression, anxiety and other forms of distress. Second, as Zeidner (1994) suggests, there may be a selection effect such that those people who are already depressed are more likely rely on avoidance oriented strategies than those who are not. Lastly, it is plausible that avoidance focused coping affects the nature of the stressor itself such that it increases the duration of the stressor. This concept is consistent with findings from Harnish et al. (2000) who find that, "Individuals who avoid a stressor from the start end up experiencing that stressor for a longer period of

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time than individuals who do not avoid a stressor" (p. 133). Although the specific mechanisms by which avoidance coping leads to depression is ultimately an empirical question, these results clearly indicate the need further research in the area of coping.

<div align="center">

Effects of Coping Styles on Crime

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Do the respective coping styles, problem focused, emotion focused, and avoidance focused, influence criminal behavior? To my knowledge, there have been few, if any, empirical studies that examine this question. Because this work is exploratory and based on theoretical assumptions (Agnew 1992) I did not make hypotheses regarding problem focused coping - though this variable was included in all analyses, and was non-significant in all analyses. Below I discuss my findings regarding the two major coping styles that I hypothesized about: emotion focused and avoidance focused.

Emotion Focused Coping

Agnew's (1994) general theory of strain suggests that criminal behavior may be avoided to the extent that individual's employ appropriate coping strategies to minimize strain. As such, I hypothesized that emotion focused coping would be negatively associated with crime, net of strain, and that emotion focused coping would partially mediate the relationship between gender and crime, net of strain. None of my hypotheses regarding emotion focused coping and crime were supported, it appears that after controlling for all of the sociodemographic variables and chronic strain, there was no relationship between emotion focused coping and criminal behavior. However, in accordance with Agnew's general

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theory of strain, chronic strain was significantly positively related to criminal behavior in all analyses.

Avoidance Focused Coping

To what extent does avoidance focused coping influence criminal behavior? Based on Agnew's work, I hypothesized that avoidance focused coping would increase predicted criminal behavior because, presumably, when individuals utilize avoidance focused coping they are not particularly managing the source of strain but are avoiding it. Based on my findings, it appears that avoidance focused coping is associated with increased criminal behavior, controlling for sociodemographic variables and chronic strain. This is consistent with previous work that finds a positive relationship between avoidant coping and conduct disorder (Sandler et al. 1994). My hypothesis that avoidance coping would mediate some of the relationship between gender and crime was not supported.

However, analyses in Table 4.6 suggest that avoidance focused coping may mediate the relationship between chronic strain and crime. That is, when all coping styles are included in the model, the positive effect of avoidance focused coping on crime is no longer significant when chronic strain is controlled for. This suggests that chronic strain partly mediates the relationship between avoidant coping and criminal behavior such that avoidant coping leads to chronic strain, which leads to increased criminal behavior This is consistent with previous work that indicates that avoidant coping affects the nature of the stressor itself such

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that the stressor tends to be longer in duration if it is managed in an avoidant manner (Harnish et al. 2000).

Lastly, there were no significant moderating effects; the effect of avoidant coping on criminal behavior did not differ by gender when included in the main model. When the effect of coping style on criminal behavior is examined separately for males and females (see Table 4.7), it appears as if avoidance focused coping does work differently by gender such that for men it is associated with criminal behavior, where for women it is not. However, this difference did not achieve statistical significance, which indicates that it is not different enough to conclude that this process works differently for men and women.

Summary of Results

Overall, the results of this dissertation impart somewhat complex relationships among gender, coping, chronic strain, and stress outcomes in young adulthood. It appears that considering sociodemographic characteristics, socioeconomic status for example, is key to understanding gender differences in the utilization of coping strategies. There is a great deal of variation with regards to the "structural" versus "socialization" debate within the coping literature. That is, similar to the exposure/vulnerability debate within sociology, neither of the theories are entirely supported. Moreover, it appears as if the validity of each of the respective arguments largely depend on the coping style being examined.

For instance, my findings suggest that contrary to much of the coping literature, there are no gender differences in the utilization of problem focused coping once socioeconomic status and race is taken into account. Further

analyses (not shown) suggest that socioeconomic status is responsible for most of the relationship between gender and problem focused coping. This supports the structural hypothesis of coping, which maintains that gender differences in coping are a result of situational factors rather than inherently different coping styles. However, the female respondents clearly used more emotion focused strategies than the male respondents, even after strain and sociodemographic factors were taken into account. Thus, this finding is more supportive of a socialization hypothesis of coping. When examining gender differences in the use of avoidance focused coping, I found that both structural and socialization factors were at work. As such, socioeconomic status and chronic strain explained some of the relationship between gender and avoidance coping; however, there were still gender differences in the use of avoidant coping after these factors were accounted for. As Ptacek (1992) suggests, "Socialization and structural factors are neither mutually exclusive nor necessarily incompatible with each other" (p. 52). For instance, socialization processes may influence the *types* of stressors that men and women encounter, as well as the reinforcement of specific coping styles. It is likely that both factors contribute to gender coping outcomes.

With regards to race, there were important differences in the coping styles that are worth clarification. It appears as if the same factors that were significant for explaining gender differences in coping seem to be important for explaining racial/ethnic differences in coping as well. For instance, when examining racial differences in problem focused coping, the second model in Table 4.2 showed

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that Hispanics and African Americans were less likely to use problem focused coping strategies than Non-Hispanic Whites. However, similar to the effects on gender, when socioeconomic status was taken into account, there were no longer racial differences in the use of problem focused coping. Similarly, the results also suggest that African Americans and Hispanics are more likely to employ avoidance focused coping strategies than Non-Hispanic Whites. However, part of this relationship, approximately 33% and 61% respectively, was explained by socioeconomic status and exposure to chronic strain. This suggests that SES and chronic strain mediate part of the relationship between race and avoidant coping – though African Americans and Hispanics are still more likely to use avoidance oriented strategies than Non-Hispanic Whites, even after adjustment for these. By extension, it can be inferred that there is support for both socialization and structural hypotheses when examining racial/ethnic differences in coping.

Overall, this suggests that the same conditions, i.e. low education, income, and occupational prestige, and high levels of chronic strain, are crucial for understanding the coping process. In other words, many people are limited by the social constraints of their environments such that active problem focused coping is not invariably a realistic option. As such, these factors must always be taken into consideration when examining social differences in coping so that the risk of misclassification bias is minimized.

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The results also suggested that consideration of the effects of the coping styles on multiple outcomes is key to understanding the ramifications of gender differences in coping. For instance, problem focused coping decreases predicted levels of depression for both men and women, though it had no influence on criminal behavior. Further, avoidance focused coping appeared to be associated with increased levels of depression and criminal behavior for both men and women, suggesting that avoidance or passive coping is an attribute that is detrimental in more than one domain. The results also indicated that specific coping styles could operate differently for male and female respondents. For example, emotion focused coping, formerly thought to be a maladaptive coping style in most studies, increased predicted levels of depression for males, but had no effect or reduced levels of depression for female respondents. However, there was no relationship between emotion-focused coping and criminal behavior.

Adjusting for chronic strain in the analyses also demonstrates the complex relationship between gender, ongoing daily stressors, coping and outcomes. Although problem focused and emotion focused coping did not explain any of the relationship between gender and depression, avoidance focused coping appears to explain a small portion of the gender gap in depression. Chronic strain also seems to explain some of the relationship between avoidant coping and criminal behavior such that avoidant coping increased chronic strain, which in turn increased criminal behavior. Thus, the extent to which the respective coping

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styles are beneficial or damaging is contingent upon gender, chronic strain

exposure, sociodemographic variables, and the stress outcomes assessed.

The following chapter considers the implications, limitations, and future research

directions implied by the results.

CHAPTER VI

CONCLUSION

This concluding chapter discusses the main contributions and limitations of this dissertation. In the first section, I summarize the general objectives of my dissertation and the main findings related to coping styles, chronic strain, socioeconomic status, crime, and depression. The second section discusses some of the main limitations of this dissertation. In the second section I suggest directions for future research on gender, coping styles, and the stress process. The last section describes several conceptual and practical implications of my findings.

General Summary

Drawing from social psychological theories of stress and strain, this dissertation built on earlier approaches to gender and coping by applying the stress process model to both mental health and criminological outcomes within a representative sample of 1,785 young adults in Miami-Dade County, Florida. Specifically, I examined the extent to which there were gender differences in coping styles: problem focused, emotion focused, and avoidance focused (Endler and Parker 1990). In addition, I assessed the extent to which gender differences in coping styles could be explained by gender differences in chronic strain and sociodemographic variables. I also examined the extent to which gender differences in depression and crime could be explained by gender differences in

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coping, net of strain. Finally, I assessed whether the effects of the different coping styles on multiple outcomes of depression and crime are different for young women and men.

This dissertation attempted to build upon earlier coping related research in a number of ways. First, it built on recent efforts by some scholars to synthesize the strain/criminology and stress/mental health literatures (Aneshensel 1999; Hoffman and Su 1998; Horwitz, White, and Howell-White 1996; Van Gundy 2002); and goes a step beyond by integrating both psychological and sociological coping literatures. Similarly, by examining internalizing and externalizing outcomes, I reduced the chance of misinterpreting the impact of stress on women and men (Aneshensel 1999). Further, I went beyond the dichotomous emotion/problem focused typology by using a more comprehensive measure of coping that included avoidance focused coping, which was suggested by many researchers to be a different construct than emotion-focused coping (Amirkhan 1990; Endler and Parker 1990;).

In addition to simply examining gender differences in coping, I investigated the extent to which gender differences were influenced by exposure to chronic stress and sociodemographic variables such as race/ethnicity and socioeconomic status. Furthermore, because many previous studies of coping did not examine the extent to which specific coping strategies operate differently for men and women, I built on the literature by examining pertinent interaction effects. Finally, the data that I used to examine gender differences in coping is unique in that approximately ninety-three percent of the sample participants were

between the ages of eighteen and twenty-one years old. Considering that this is a key period in the life cycle during which rates of depression and delinquency appear to be the most pronounced (Agnew 1997; Turner et al. 1995) this research offers the opportunity to examine coping processes during a critical period in the life course.

In general, some of my findings reaffirm what previous researchers have found, and some contradict prior research. Overall, the young women in this sample were more inclined towards internalizing disorders, such as depression, while the men had higher levels of criminal behavior. With adjustment for socioeconomic status, there were no gender differences in the use of problem focused coping, which suggests that structural forces play an enormous role in the choice of coping strategies. Female respondents were much more likely to employ emotion-oriented strategies than the male respondents, but it appears that this is not fundamentally harmful for females as prior work has suggested. That is, the effects of using emotion focused coping strategies, such as the expression of feelings, increased depression for men, but not for women. Conversely, avoidance focused coping, a coping style that females used more frequently, increased predicted levels of depression and crime for both women and men.

Similar to problem focused coping, socioeconomic status and exposure to chronic strain mediated some of the relationship between gender and avoidant focused coping such that women with the lowest resources and highest exposure to chronic strain were more likely to cope by avoidance. Nevertheless, females

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were still more likely to cope by avoidance than young men were, which suggests that socialization factors might have an influence on coping styles.

Given the findings from this dissertation, it appears as if both women and men are disadvantaged by avoidance oriented strategies, benefit from problem oriented strategies, and are influenced differently by emotion focused strategies. However, as Mirowsky and Ross (1995) suggested, emotion focused coping might only be harmful for men, to the extent that they adhere to traditional gender roles. These findings are thus supportive of Pearlin's (1989) claim that "variations in stress exposure and coping resources arise significantly out of life conditions and that important differences in such conditions of life are delimited or defined by one's social statuses" (in Turner and Lloyd 1999: 391).

Limitations

Despite the contributions if this dissertation, several methodological limitations of this study should be noted. One limitation concerned the general measure of coping. A general summary measure of coping such as the one used in this dissertation has its limits because it cannot assess how well coping styles meet the demands of specific stressful events. For example, as some suggest (Holohan and Moos 1987) avoidance focused coping *may* be beneficial in the short term, particularly for dealing with uncontrollable stressors. Yet, a problem focused coping style may be harmful when managing uncontrollable stressors such as a chronic illness. However, prior research did not support this argument and conversely found that avoidant focused coping was the most ineffective early on in the course of a stressor because individuals who avoid a

stressor from the start experience the stressor for a longer period of time (Harnish et al. 2000). Despite the above limitations, a summary coping measure would be useful for studying how coping influences the additive effects of chronic stress because psychological distress generally results from cumulative effects across multiple stressful events (Sandler et al. 1995).

Another limitation of this dissertation was the measure of criminal behavior. Although the measure of crime used in this dissertation was a multi-item measure, it was used as a dichotomous variable because it was highly skewed. Therefore, due to the lack of range that it offered, it was presumably less precise than a continuos multi-item measure such as the CES-D. Thus, it is conceivable that coping styles are more closely related to criminal behavior than this dissertation has suggested. There is also the possibility that a dispositional coping style such as the one assessed in this dissertation is simply more closely related to depression than criminal behavior. For instance, some theories of crime posit that criminal behavior is often spontaneous and/or related to opportunity and situational factors (Cohen and Felson 1979; Katz 1988). Thus, using criminal behavior as an outcome of coping styles may have less utility than depression, because of the spontaneous nature of its occurrence.

Another limitation of this study concerned the age of the cohort under study. While studying a young cohort such as this is useful for generalizing about this particular age group, young adults in the transition to adulthood, the findings in this dissertation can not necessarily be generalized to other ages across the life course. Moreover, since young adulthood is a period of the life

course during which work and parental related stress is more pronounced than middle or old age (Turner et al. 1995) it is probable that the gendered coping strategies found in this dissertation might be specific to this phase of the life course. Developmental work suggested that coping strategies changed throughout the life span because of the different types of social roles that young adults tend to occupy relative to middle aged and older adults (Folklman et al. 1987). There is also empirical evidence that indicates that gender differences in coping strategies become less pronounced with age such that women become more active and aggressive, while men become more passive with their coping strategies (Lowenthal et al. 1975). Thus, the differences that I have found in my dissertation may be specific to young adults. Nonetheless, since this particular sample of young adults is held to be the largest cohort of young adults in this age group studied so far in the United States (Turner, Taylor, and Van Gundy 2004) this cohort is particularly appropriate for answering the research questions in this dissertation. On a similar note, despite the important findings regarding racial/ethnic differences in coping styles, the extent to which these results can be generalized to other regions of the country is questionable given the uniqueness of the ethnic composition of South Florida.

In addition, my findings may or may not exhaust the ways in which coping strategies condition risk for mental health and criminal behavior, nor does it provide an exhaustive inventory of the different ways that people cope. In other words, there are alternative ways in which people can cope with their problems (e.g. substance use, prayer, etc.) all of which I could not assess here. For

example, instead of actively attempting to solve the problem that they are faced with, individuals may deliberately increase their involvement in other roles or activities to compensate for their problems. Ideally, increasing activity in other domains that are perhaps rewarding (i.e. church or family) may offset the psychological distress associated with unsolved situations (Thoits 1994). Future research should try include multiple measures to assess coping (e.g. open-ended measures of coping responses) and measures of young adults coping from multiple informants.

Moreover, since coping styles are not mutually exclusive, perhaps it is most beneficial for individuals to have a wide repertoire of coping types. It is possible that a combination of coping styles contribute to favorable outcomes, while the reliance on one type of coping style is the most harmful. For instance, avoidant focused coping may not be harmful when used infrequently, and in combination with other coping types, yet might be the most detrimental when relied upon exclusively. Thus, future research should examine coping and coping styles as a more balanced process rather than examining them independent of one another.

Refinements in the measurement of coping dimensions may also enhance understanding of gendered influences on psychosocial outcomes. Inconsistencies in the literature with respect to gender differences in coping may reflect the multitude of assessments of these concepts (Stanton et al. 1994). For example, many items included in the measures of emotion focused coping are confounded with emotional distress - thus frequently leading to the mistaken

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conclusion that emotion focused coping is harmful (Stanton et al. 1994). Although I have tried to address this problem in my dissertation, more detailed assessments of the ways in which women cope in particular, may be necessary for a comprehensive measure of coping.

A related concern is that the cross sectional nature of the data leaves open the possibility of reverse temporal ordering. For example, people who are depressed may be more likely than non-depressed people to avoid problems when they occur. In other words, there may be a social selection effect at work such that depressed persons are more likely to avoid issues and are thus less likely to employ problem oriented strategies. There is also the possibility that the relationship is bi-directional such that depressed people are more likely to avoid their problems, and, people who tend to avoid their problems are more likely to be depressed. The same is true of the positive benefits of problem focused coping that I found. One could plausibly argue that people who are less depressed tend to use more approach-oriented strategies because they are essentially more capable of using active coping strategies. Despite these possibilities, evidence for causal links between stressful circumstances, coping, and depression in prior research indicate support for social causation processes (Turner et al. 1995).

Finally, assessments of coping primarily relied on participants' self reports. Thus, there is the possibility that gender differences in reported use of emotion focused coping were largely a result of reporting bias such that male respondents were less likely to report emotional expression than the female respondents.

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However, I do not think that the results from this dissertation were artifacts of reporting bias. As Ross and Mirowsky note, "The literature on emotional well being consistently finds that response styles such as acquiescence and the tendency to give socially desirable responses do not bias results (Gove and Geerken 1977; Clancy and Gove 1974; Klassen et al., 1975; Phillips and Clancy 1970) and Bem (1975) finds that the tendency to give socially desirable responses is unrelated to describing oneself in masculine or feminine terms (1984:144).

Similarly, some researchers suspect that differences in women's level of distress may be artifacts of reporting bias because women are socialized to be more emotionally expressive than men (Nolen-Hoeksema 1987). Others suggest that gender differences in reported levels of distress are largely because women's symptoms (depression and anxiety) are measured more frequently than men's symptoms (anger, hostility) thus giving the false appearance that women have higher levels of psychological distress (Dohrenwend and Dohrenwend 1976). Despite these arguments, prior researchers that controlled for the effects of response bias and that included measures of anger, still found that women's level of distress still exceeded men's levels (Mirowsky and Ross 1995). Consequently, it is unlikely that gendered response biases explain the gender differences in stress outcomes.

Suggestions for Future Research

While informative, the results of this dissertation leave a number of gaps to be filled in future research efforts. One of the primary concerns for prospective research in the area of coping and gender should be how the various coping styles meets the demands of specific stressful events. As Thoits notes (1995:56), "[i]f depression and substance use are alternative ways of reacting to stressors, then perhaps we should [ask] what kinds of stressors lead to one psychological response as opposed to another." If women experience different types of stressors than men, then divergent coping strategies and thus gendered stress outcomes may be a reflection of this. For instance, women may experience increased stress in domains that are considered uncontrollable than men (i.e. parental stress) and may employ more avoidant coping strategies as a result. Consequently, research that examines the nature of the stressor and the corresponding coping strategy employed, would certainly be a contribution to the existing literature.

Given that it is well documented that avoidant coping is associated with negative outcomes such as depression and crime, and problem focused coping is associated with decreased levels of depression, examining the mechanisms by which these processes occur is an area for additional research. For instance, Mirowsky and Ross (1985) suggested that those who passively or avoid focus cope, lack mastery, which essentially inhibits the use of problem focused coping as a viable strategy. Thoits suggests further examination of the mechanisms

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that are related to *problem focused coping* in particular, as a necessity for coping research:

> One might argue that the crucial distinction for mental health lies in attempting versus not attempting, to solve difficulties, regardless of success or failure. Simply taking action may be sufficient to bolster a sense of control or self esteem and thus to reduce psychological symptoms (1994: 145).

There also may be a social selection effect such that people with low mastery and self esteem are less capable of employing problem focused coping and thus have higher levels of psychological distress. Thus, a more detailed explication regarding the effects of problem focused coping on personality characteristics such as mastery and self esteem, seem warranted in future research.

Furthermore, since my findings suggested that avoidance coping may actually extend the *duration* of the stressor, prospective research might *further* examine the complex relationship between avoidant coping, chronic strain, and multiple outcomes. For instance, the relationship between chronic strain and avoidant coping may be bi-directional such that consciously ignoring or passively coping with a problem leads to increased chronic strain, or, that high levels of chronic strain lead to an avoidant coping style, or both. On a similar note, these processes may also be at work when examining the relationships between avoidant coping, chronic strain, and crime. Because my results indicate that chronic strain may mediate the relationship between avoidant coping and crime, more research in this area would be helpful for fully explicating these processes.

There are also several areas of research potential regarding the dimensions of emotion focused coping that I have discussed. The findings in this dissertation generally concur with prior work that finds that women use more

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emotion focused coping. Although I can speculate that women use these strategies more often than men because of socialization processes, this is ultimately an empirical question. Prospective research might ask respondents questions about their parents coping styles to determine why female respondents use this strategy more frequently than male respondents.

Also, since men are seemingly disadvantaged by emotion focused coping, further research might investigate whether this disadvantage is conditioned by views about traditional versus non-traditional gender roles. That is, prior researchers suggested that men who adhere to traditional sex roles are less likely to cry than those who hold nontraditional views (Ross and Mirowsky 1984). Thus, research that examines the effects of emotion focused coping on depression for traditional versus non-traditional males would be a further area for empirical examination. With regard to emotion-focused coping and the male disadvantage, it would also be useful to examine the role of perceived and actual social support in this process. For instance, it is possible that emotion focused coping is harmful for men because they are less skilled at garnering social support, and have fewer support networks than women. If this is the case, then men who emotion-focus cope more frequently may find that they are unsuccessful with this and may be at increased risk for distress.

My findings also suggest that researchers should pay careful attention to the items that are being included in scales used to assess coping strategies. Researchers who suggested that emotion focused coping was maladaptive might have be included content reflecting distress in their items, thus confounding

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emotion focused coping with emotional distress (Stanton et al. 1994). Such misleading conclusions are harmful, particularly to the extent that these assumptions are being used to support the sentiment that women's coping strategies are emotional and thus maladaptive.

Because this dissertation found significant racial/ethnic differences in the utilization of coping strategies, future research would profit from examining the implications of these differences. Previous work on this sample (Taylor, Van Gundy, and Turner 1999) found that there were not racial ethnic differences in levels of depression, but that African Americans were exposed to higher levels of social stress than were non-Hispanic whites. Findings from this dissertation showed that African Americans and Hispanics employed avoidant focused coping strategies more often than non-Hispanic whites, even after controlling levels of chronic strain, and socioeconomic status. Although my results suggested that avoidance focused coping is associated with increased levels of depression and criminal behavior for both males and females, the results may differ by race and ethnicity. Thus, examining whether the effects of the respective coping styles work differently for African Americans, Hispanics, and non-Hispanic whites is an important area of research that deserves further examination.

Finally, further research should also consider the influence of gender and coping in stress processes across the life course. Because internalizing disorders tend to decrease after young adulthood (Mirowsky and Ross 1992) and externalizing disorders generally peak in young adulthood then steadily decline

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(Sampson and Laub 1999) examining coping styles after young adulthood seems to be an important area for future research. Developmental researchers suggest that as the roles associated with being a young adult become less salient (e.g. parental and work roles), coping styles will tend to evolve correspondingly. A longitudinal study that examines stress and coping processes during several stages of the life cycle would be important because gender differences in the use of coping strategies may be a consequence of the different types of roles that young women experience relative to young men. Conversely, it may be that as people age their coping repertoire changes regardless of the types of roles that they inhabit. Thus, a study of this nature would be useful to determine the extent to which coping changes over the life course.

Implications

In summary, the transition to adulthood is a period of transformation. It is a time where coping mechanisms are at the same time being actively constructed and structurally constrained (Ptacek 1992). In this dissertation I found support for both the structural and socialization hypotheses of coping. That is, although the socialization hypothesis cannot truly be empirically confirmed, there was evidence to suggest that men and women did differ in their choice of coping strategies and in consequences of these strategies. At the same time, structural considerations such as socioeconomic status and exposure to chronic strain limited women's choice of coping strategies such that there were no gender differences in the use of problem focused coping once these factors are taken into account. Thus, similar to *exposure* explanations for gender differences in

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depression, gender differences in coping were partially explained by greater exposure to social strain. Moreover, this research was consistent with the *vulnerability* hypothesis that argues that women are more susceptible to depression because they are more vulnerable to the effects of stress than men. That is, women may develop different personal attributes somewhat early in life such that they may be more vulnerable to the adoption of maladaptive coping strategies.

My results also carry useful applied applications. Specifically, if women benefit from coping through emotional expression, whereas men are disadvantaged from emotion focused coping, traditional advise offered by therapists (e.g. talk therapy or emotional expression) may not be warranted in all cases. Although this pattern may be conditioned by the extent to which males adhere to traditional gender roles, therapists and counselors should take heed before encouraging full emotional expression from male clients. Also, an avoidant coping style explained twenty-two percent of the gender gap in depression for the female respondents. Since avoidant focused coping appeared to be maladaptive for both men and women, individuals should be advised to be aware of such maladaptive coping patterns.

However, despite apparent individual differences in the use of coping styles, therapists should also be aware that individual's coping repertoires are also largely shaped by structural factors such that approach oriented coping is not always a realistic option given certain structural constraints. Thus, the primary issue with "advising" or "encouraging" psychological and individualistic

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strategies for coping lies in the risk associated with reinforcing existing power inequities. That is, by promoting individual level coping strategies, there is the assumption that all people have the capability and/or desire to change or confront the problems that exist. By promoting individual modification there is the hazard of obstructing structural change and thus justifying existing structures of inequality (Fine 1992). Thoits discussed that hazard of this in the coping literature, "... [I]ronically, in these areas of research, we may lose sight not of people's agency but of structural constraints of that agency" (1995: 79).

As this dissertation suggested, individual coping efforts were clearly influenced by *various* social forces including gender, race, stress, and socioeconomic status. As Banyard noted, "A reformulated theory of coping would not assume that female/male differences were the most important but would instead understand that coping occurs in a context shaped by social forces based on gender, race, class, age, and sexual orientation" (1993:311). Thus, future work in the area of gender and coping should invariably include contextual considerations when assessing and reporting such differences. All of the evidence suggests that there is a great deal of tension between structural determinacy and agency; as Mills (1961) reminds us, individual problems are often deeply embedded in the larger social structure in which they occur and are thus are often resistant to wholly private solutions. In accordance with Mills' convictions, this dissertation has demonstrated that even a seemingly individual response as such as 'coping' is structured by the social milieu in which we reside.

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Coping:

This questionnaire asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.

Problem-Focused: (alpha = .67)
1. You concentrate your efforts on doing something about it.
2. You try to come up with a strategy about what to do.
3. You think about what steps to take.
4. You take on additional action to try to get rid of the problem.

Emotion-Focused: (.72)
1. You try to get advice from someone about what to do.
2. You try to get emotional support from friends or relatives.
3. You let your feelings out.
4. You ask people with similar experiences what they did.
5. You feel a lot of emotional distress and you find yourself expressing those feelings a lot.

Avoidance-Focused: (.65)
1. You say to yourself "this isn't real".
2. You admit you can't deal with it and quit trying.
3. You refuse to believe that it has happened.

Depression:

How often IN THE LAST MONTH have you had each of the following feelings or experiences?

1. You were bothered by things that usually don't bother you.
2. You did not feel like eating.
3. You felt that you could not shake off the blues.
4. You felt that you were just as good as other people.*
5. You had trouble keeping your mind on what you were doing.
6. You felt depressed.
7. You felt that everything you did was an effort.
8. You felt hopeful about the future.*

9. You thought that your life had been a failure.
10. You felt fearful.
11. Your sleep was restless.
12. You were happy.*
13. You talked less than usual.
14. You felt lonely.
15. People were unfriendly.
16. You enjoyed life.*
17. You had crying spells.
18. You felt sad.
19. You felt that people disliked you.
20. You could not get "going."

* Reverse coded.

Crime/Delinquency:

Please tell me whether you have done each behavior IN THE LAST MONTH.

1. Used force to get money or expensive things from another person
2. Broken into and entered a home, store, or building
3. Damaged or destroyed property on purpose that didn't belong to you
4. Taken a car for a ride without the owner's permission
5. Taken something worth more than $50 when you weren't supposed to
6. Carried a hand gun when you went out
7. Taken more than $20 from family or friends without permission
8. Taken part in gang fights

Chronic Stressors (by domain)

General
1. You're trying to take on too many things at once.
2. There is too much pressure put on you to be like other people.
3. Too much is expected of you by others.

Employment
1. Your supervisor is always watching what you do at work.
2. You want to change jobs but don't feel you can.
3. Your job often leaves you feeling both mentally and physically tired.
4. You don't get paid enough for the job you have.
5. Your work is boring and repetitive.

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Unemployment
1. You are looking for a job and can't find the one you want.

Relationships
1. You have a lot of conflict with your girlfriend/boyfriend/partner.
2. Your girlfriend/boyfriend/partner doesn't understand you.
3. Your girlfriend/boyfriend/partner expects too much of you.
4. Your girlfriend/boyfriend/partner doesn't show enough affection.
5. Your girlfriend/boyfriend/partner is not committed enough to your relationship.
6. You are not sure you can trust your girlfriend/boyfriend/partner.

Children
1. One of the worst things about being a parent is that you feel you can't get out.
2. Children get on your nerves if you have to be with them all day.
3. You often feel that you can't stand the child(ren)/kid(s) a moment longer.

Residence
1. The place you live is too noisy or polluted.
2. When coming or going from your neighborhood, you have to plan carefully to avoid being a victim of violence or crime.
3. There are some places in your neighborhood where you would never feel safe.
4. You often hear gunshots in your neighborhood.
5. Gang-related crime or violence is a problem in your neighborhood.
6. There are a lot of drugs and drug sales in your neighborhood.

In School
1. You are not sure that you will be able to complete your education.
2. You are concerned about your ability to keep up your grades.
3. You find it difficult to balance school demands with your social life and/or work.

Not in School
1. You want to go to college but you don't have the money to pay for it.
2. You want to go to college but you don't have the grades to get in.

Relationship with Parents/Guardians
1. Your parent(s) don't really remember what it was like to be your age.
2. Your parent(s)' beliefs are old fashioned.
3. Your parents(s) expect you to act like they did in the old days when they were young.
4. Your parent(s) are unwilling to see you as an adult.
5. Your parent(s) are too controlling.

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6. Your parent(s) ask you too many questions about where you've been or what you've been doing.
7. Your parent(s) try to protect you too much.

Discrimination
1. You are treated with less courtesy than other people.
2. You are treated with less respect than you deserve.
3. You receive worse service than other people at restaurants and stores.
4. People act as if they think you are not smart.
5. People act as if they are afraid of you.
6. People act as if they think you are dishonest.
7. People act as if they are better than you are.
8. You are called names or insulted.
9. You are threatened or harassed.

Socioeconomic Status

Occupational Prestige
1. What kind of work did (the major financial provider of your family) do for a living most of the time while you were growing up?
2. Can you tell me a little more about what he/she did on his/her job?

Educational Attainment
How far did (the major financial provider of your family) go in school?

0. No formal education
1. Grade/Elementary
2. Middle School/Junior High School
3. Some High School, but did not graduate
4. High School Graduate or GED
5. Technical/Vocational School
6. Some college but no degree earned
7. Earned Associate's Degree
8. Earned Bachelor's Degree
9. Some post-graduate education but no additional degree earned
10. Master's Degree
11. Doctorate Degree (Ph.D., MD, JD)

Income (asked only of parents)
What was your annual household income last year?

1. less than $10,000
2. $10,000 to $19,000
3. $20,000 to $29,000
4. $30,000 to $39,000
5. $40,000 to $49,000
6. $50,000 to $59,000
7. $60,000 to $69,000
8. $70,000 to $79,000
9. $80,000 to $89,000
10. $90,000 to $99,000
11. more than $100,000

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