Coping Behavior and Gender Differences in African American Adolescents

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Abstract
Both daily hassles and chronic stress have been shown to have negative effects on the physical and psychological well being of adolescents. A mediator of the relationship between stress and its effects is coping. The majority of the literature has found approach-oriented coping strategies to be associated with better outcomes than avoidance-oriented coping strategies; however, the majority of the literature has focused primarily on Caucasian samples. The few studies that have been done with the African American adolescent population have found avoidance-oriented coping to adaptive. It has been asserted that one reason for this disparity is that avoidance-oriented coping strategies may be useful in dealing with uncontrollable stressors and, in general, African American adolescents are exposed to more uncontrollable stressors than youth in other communities. While gender differences in the frequency of utilization of different types of coping strategies have been identified in the literature, the results are mixed. The current study examined the coping behavior of 24 African American adolescents in order to identify gender differences in the frequency of utilization of approach-oriented versus avoidance-oriented coping strategies and to explore the relationship between coping behavior and psychological well being. Although no gender differences were found, a significant positive relationship was found between avoidance-oriented coping and levels of psychopathology. These results indicate that higher frequency of use of avoidance-oriented coping strategies is associated with higher levels of psychopathology and poorer psychological well being. Limitations of the current study and directions for future research are discussed.

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COPING BEHAVIOR AND GENDER DIFFERENCES IN AFRICAN AMERICAN ADOLESCENTS

A THESIS

SUBMITTED TO THE FACULTY OF SCHOOL OF PROFESSIONAL PSYCHOLOGY PACIFIC UNIVERSITY HILLSBORO, OREGON

BY

SAMANTHA M. FORSYTHE

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

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Abstract

Both daily hassles and chronic stress have been shown to have negative effects on the physical and psychological well being of adolescents. A mediator of the relationship between stress and its effects is coping. The majority of the literature has found approach-oriented coping strategies to be associated with better outcomes than avoidance-oriented coping strategies; however, the majority of the literature has focused primarily on Caucasian samples. The few studies that have been done with the African American adolescent population have found avoidance-oriented coping to adaptive. It has been asserted that one reason for this disparity is that avoidance-oriented coping strategies may be useful in dealing with uncontrollable stressors and, in general, African American adolescents are exposed to more uncontrollable stressors than youth in other communities. While gender differences in the frequency of utilization of different types of coping strategies have been identified in the literature, the results are mixed. The current study examined the coping behavior of 24 African American adolescents in order to identify gender differences in the frequency of utilization of approach-oriented versus avoidance-oriented coping strategies and to explore the relationship between coping behavior and psychological well being. Although no gender differences were found, a significant positive relationship was found between avoidance-oriented coping and levels of psychopathology. These results indicate that higher frequency of use of avoidance-oriented coping strategies is associated with higher levels of psychopathology and poorer psychological well being. Limitations of the current study and directions for future research are discussed.

Keywords: African American, Adolescents, Stress, Approach Coping, Avoidance Coping, Gender Differences
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Introduction and Review of the Literature

The Concept and Effects of Stress

In recent years, stress and the effects of stress have become topics of interest. Defining stress is no easy task and many attempts have been made. One way to define stress is as a stimulus. This definition indicates that stress stimuli include both external events acting on the person and internal events such as drives (Lazarus & Folkman, 1984). Another way to define stress is as a response. Lazarus and Folkman note that the problem with this definition is that we would have no way of identifying what is likely to be a stressor and what is not. We would have to wait for the response to each stimulus and assess the reaction as stress or not stress in order to categorize the stimulus as a stressor. A more useful definition must take into account both the characteristics of the individual and aspects of the potentially stressful event. Lazarus and Folkman (1984, p. 21) state, “Psychological stress, therefore, is a relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being.” Compas (1987) supports the assertion that characteristics of the individual have an impact on stress, explaining that psychological and biological preparedness as well as development have an effect on stress. The stress-specificity model supports the theory that aspects of the potentially stressful event have an impact on stress. This model indicates that different types of stressful events will have a different impact on the individual (Carlson & Grant, 2008). Therefore, stress is not its own unique variable; it is a complex organization of many variables and processes (Lazarus & Folkman, 1984).

While the majority of the professional literature on stress is focused on adults, it is now accepted that children and adolescents experience stress as well. Band and Weisz (1988) found that children as young as 6 years old are able to identify situations they find stressful. Many
sources of stress during adolescence have also been identified. Chandra and Batada (2006) note that adolescents confront challenges in developing peer relationships, meeting academic expectations, facing family responsibilities, and adjusting to life in their neighborhoods. Furthermore, Chandra and Batada report adolescents perceive that adults do not acknowledge or understand their stress. In addition to these external sources of stress, Ebata and Moos (1991) explain that significant developmental changes occur during adolescence. It follows that the accumulation and interaction of internal and external sources of stress would lead to adolescence being a particularly challenging time of life.

Now that it is established that adolescents experience a great deal of stress, it is important to discern what effects stress has on physical and psychological well-being. Tolan, Gorman-Smith, Henry, Chung, and Hunt (2002) note that exposure to stress increases the risk for developing psychological symptoms. The diathesis-stress model of various mental disorders helps to explain how this may occur. According to this model, individuals may have predisposing risk factors for developing psychological symptoms and exposure to stress may activate these risk factors (Carlson & Grant, 2008). Many studies have illustrated the connection between stress and well-being. Wills (1986) investigated the relationship between stress and substance use in urban adolescents and found a positive relationship between stress and cigarette smoking and alcohol use, both of which can have detrimental effects on health. Carlson and Grant found a positive linear relationship between exposure to stress and psychological symptoms among a sample of African American adolescents. Grant, Compas, Thurm, McMahon, and Gipson (2004) reviewed 60 studies that have examined the relationship between stress and psychological symptoms. All of these studies controlled for initial levels of psychological symptoms. Grant et al. report that a significant effect was found in 53 of these
studies, meaning that 53 out of 60 studies found that stress was predictive of increases in psychological symptoms over time. In addition, significant effects were found across different types of measures and informants. Furthermore, stress was found to predict both internalizing and externalizing symptoms, with stronger relationships found between stress and internalizing symptoms than those found between stress and externalizing symptoms. In addition to the empirical evidence, adolescents themselves report that they believe stress is unhealthy (Chandra & Batada, 2006).

There appears to be a consensus in the current literature that there is a relationship between stress and psychological well-being. The next question is, does this relationship hold true for both specific stressful events and chronic stressors? In their review, Grant et al. (2004) found that both cumulative measures of stress and measures of specific stressful events predicted psychological symptoms. In addition, Lazarus and Folkman (1984) note that both single disastrous events and the accumulation of stress from daily hassles have an effect on adaptation and health. They go on to explain that although daily hassles are less dramatic than major stressors, they may be even more important to well-being. One explanation for this could be that daily hassles never go away and although major stressors may appear disastrous at the time, most individuals are able to deal with them and move on. Miller, Webster, and MacIntosh (2002) support the relationship between daily hassles and psychological well-being, stating that there is a relationship between daily hassles and anxiety, depression, and distress. It is important to remember, referring back to the relational definition of stress, that stress is a complex organization of many variables and processes. As can be witnessed in everyday life, the same stressor can have very different effects on different individuals. Lazarus and Folkman explain
that there is a need for research to focus on the contribution of the many variables and processes that act as mediators in the relationship between stress and psychological well-being.

One variable thought to be a mediator between stress and its effects is coping. When examining the impacts of stress, it is thought that the pure existence of stress is less important than how an individual copes with stress (Aldwin & Revenson, 1987). Tolan et al. (2002) state that there is a theoretical assumption that coping weakens the connection between stress and the risk for psychopathology. Lazarus and Folkman (1984) agree that while stress is an inevitable part of life for all individuals, it is the coping strategies that the individual utilizes that make the difference in outcome of the stressful event. Therefore, although the existence of stress has been found to be related to psychological well-being, to better understand this relationship, it is necessary to examine mediators such as coping and how differences in coping behavior impact the psychological outcome of the experience of stress.

The Concept and Effects of Coping

Coping is defined as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus & Folkman, 1984, p. 141). Lazarus and Folkman note this definition has four distinct advantages. First, the words “constantly changing” reflect the idea that coping is a dynamic process, not a trait. Traits are typically viewed as stable characteristics or dispositions, whereas coping is complex and variable, changing as the demands of the situation and/or the resources of the individual change. Second, defining coping as “efforts” makes the distinction between coping and automatized behavior; coping requires effort and automatized behavior does not. Third, this definition allows coping to include any coping behavior, regardless of the outcome of the behavior. It is necessary to study all coping behavior regardless of outcome in order to understand the connection between coping and well-being. Lastly, the word “manage”
avoids equating coping with mastery. Many stressors cannot be mastered and alternative coping behaviors such as acceptance may be required.

As stated in the above definition of coping, coping strategies are typically viewed as being either cognitive or behavioral in nature. According to Ebata and Moos (1991) cognitive coping strategies include activities such as logical analysis of the stressor, positive reappraisal, cognitive avoidance, and resigned acceptance. Behavioral coping strategies include activities such as guidance/support seeking, problem solving, seeking alternative rewards, and emotional discharge. It appears likely that cognitive and behavioral coping strategies are not always mutually exclusive. For example, in order to solve a problem an individual may begin by logically analyzing the stressor and then move on to behavioral problem solving.

Many attempts have been made to place various coping strategies into categories. The two most widely recognized conceptualizations of coping are problem-focused coping versus emotion-focused coping and approach-oriented coping versus avoidance-oriented coping. To understand why these distinctions have been made, it is necessary to explore the idea of control. Rothbaum, Weisz, and Snyder (1982) conceptualize control as a two-process construct: primary control and secondary control. Primary control involves attempts to alter the environment in some way to fit the individual’s needs whereas secondary control involves attempts to alter the self to fit into the environment. According to Lazarus (1981) neither of these processes tend to occur in pure form. Individuals may engage in both of these processes, such as when one compromises, or may alternate between the two. Therefore, it may be more accurate to think of this distinction as a difference in emphasis (Rothbaum et al., 1982).

In line with this conceptualization of control, Lazarus and Folkman (1984) state that coping serves two main functions: managing or modifying the stressor in the environment in
some way (problem-focused coping) and regulating one’s emotional response to the stressor (emotion-focused coping). Examples of problem-focused coping strategies include seeking information, generating solutions, and taking actions to modify the stressor. Examples of emotion-focused coping strategies include expressing emotions, seeking support, and avoiding the stressor. Compas, Connor-Smith, Saltzman, Thomsen, and Wadsworth (2001) point out that this distinction may be too broad, placing diverse types of coping strategies into two general categories.

Another framework used to classify coping strategies highlights the distinction between approach-oriented strategies and avoidance-oriented strategies (Billings & Moos, 1981). Ebata and Moos (1991) explain that approach strategies include cognitive efforts to analyze or change one’s thinking about a problem and behavioral efforts to resolve or deal directly with a problem. Avoidant strategies include cognitive efforts to deny or minimize a problem and behavioral efforts to avoid or escape from a problem or to lessen distress through emotional expression. Roth and Cohen (1986) point out that this distinction is not new and can be related back to psychoanalytic theories of defense mechanisms and working through. As with primary and secondary control, the use of approach and avoidant strategies is not mutually exclusive. Combinations of strategies may be utilized or individuals may vacillate between the two.

Ayers, Sandler, West, and Roosa (1996) point out that various coping strategies may have quite different outcomes and therefore may have different implications for well-being. They state that two-dimensional models of coping may be too simplistic to capture the full range of coping strategies and their differences. Ayers et al. attempted to develop a new theoretical categorization of children’s coping. They administered a coping checklist to 217 children, ages 9 to 13 years and then used the results to test both the emotion- versus problem-focused model and
the approach- versus avoidance-oriented model, neither of which proved to be an adequate fit to the data. Based on theory and empirical evidence, a four-factor theoretical model was proposed: active coping, distraction, avoidance, and support-seeking. Using confirmatory factor analysis, support was found for this model. Ayers et al. also replicated these results in an independent sample. They point out that one benefit of this four-factor model is the separation of support-seeking strategies from other categories of coping. Support-seeking can be used to help solve problems and to reduce emotional distress, therefore, support-seeking strategies do not fit neatly into either a problem- or emotion-focused dimension. In addition, when examining the approach- versus avoidance-oriented model, separating support-seeking out from other approach-oriented strategies may provide useful information in the study of coping strategies and their relation to well-being.

As stated above, it is thought that coping efforts have a strong impact on the effects of stress (Compas, 1987). The relationship between coping and psychological well-being is complex. Aldwin and Revenson (1987) examined the mechanism through which coping is linked to psychological well-being as well as the causal directionality of the relationship. First, they found the relationship between coping and psychological well-being to be bidirectional, meaning that coping efforts have an effect on mental health and mental health has an effect on selection and implementation of coping strategies. Second, they found evidence for two models that help to explain the relationship between coping and mental health: a main effects model and an interaction effects model. The main effects model indicates that coping has uniform effects on mental health regardless of the characteristics of the stressor. The interaction effects model postulates that coping has varying effects on mental health depending on the type or severity of the stressor. Interestingly, Aldwin and Revenson found that emotion-focused coping strategies
evidenced main effects on psychological symptoms whereas problem-focused coping strategies evidenced interaction effects on psychological symptoms. The authors propose a reason for this interesting finding: Emotion-focused strategies have more to do with characteristics of the individual and less to do with characteristics of the stressor and therefore the effects of emotion focused strategies would not tend to vary depending on characteristics of the stressor. Problem-focused strategies involve actively working with the stressor in some form; therefore it follows that the effects of problem-focused strategies would vary depending on the type and severity of the stressor.

Tamres, Janicki, and Helgeson (2002) note that coping involves a complex interaction between the stressor, the appraisal, and the response and that because of this, coping behavior tends to change over time. Lazarus and Folkman (1984) stress the importance of the appraisal, stating that researchers must take into account the cognitive processes that occur between exposure to the stressor and the subsequent response. They identify two types of appraisal: primary appraisal and secondary appraisal. Primary appraisal involves evaluation of the situation encountered and determining whether the situation is irrelevant, benign-positive, or stressful. Secondary appraisal involves evaluating ones options as to what can be done in response to the situation. Both of these types of appraisal will involve evaluation of person factors such as perceived efficacy or vulnerability and evaluation of the situational context. The importance of the appraisal can be understood in terms of the cognitive-transactional model of stress and coping (Forsythe & Compas, 1987). This model asserts that the effectiveness of coping strategies cannot be determined without an understanding of the context in which the strategies were used. This is why the same coping strategy that is effective in one situation may be ineffective in a different situation.
Keeping in mind the importance of appraisal and the varying quality of coping responses, it is important to examine the effects various types of coping strategies have on well-being. Compas et al. (2001) conducted a review of the current literature regarding the relationship between coping and psychological symptoms. They reported that the majority of the literature found approach-oriented coping and problem-focused coping to be related to fewer internalizing symptoms and fewer externalizing symptoms. Avoidant-oriented coping and emotion-focused coping were both found to be related to more internalizing symptoms. Emotion-focused coping was also found to be related to more externalizing symptoms. The results regarding the relationship between avoidant-oriented coping and externalizing symptoms were mixed, with half of the studies showing more externalizing symptoms and half of the studies showing fewer externalizing symptoms. Compas et al. point out that one weakness of the existing coping literature is its generalizability to diverse populations as the majority of the current literature has focused primarily on Caucasian samples of middle socioeconomic status.

Looking at some of the literature in more detail, Ebata and Moos (1991) examined the coping responses of adolescents 12-18 years of age and the relationship between these coping responses and overall adjustment. Controlling for stressor characteristics, they found use of approach-oriented coping strategies such as guidance/support seeking and problem-solving to be related to higher levels of overall well-being and lower levels of distress. In addition, they found use of avoidant-oriented strategies such as resigned acceptance and emotional discharge to be related to higher levels of distress. Furthermore, Ebata and Moos note that adolescents with emotional and/or behavior problems were more likely to utilize avoidant-oriented coping strategies, providing evidence for the bidirectionality of the relationship between coping and well-being.
Wills (1986) evaluated the relationship between coping and substance use in a sample of seventh- and eighth-grade urban adolescents. He found behavioral coping strategies such as information gathering and problem solving, cognitive coping strategies such as focusing on positive aspects of the situation, and relaxation to be negatively related to substance use. In addition, distraction, aggression, and peer support were found to be positively related to substance use. These results provide further support for the idea that approach-oriented strategies such as problem solving are generally adaptive and avoidant-oriented strategies such as distraction are generally maladaptive.

Wilson, Pritchard, and Revalee (2004) examined the relationship between coping and health symptoms in a sample of adolescents 10-19 years of age. They found that emotion-focused coping strategies were related to the reporting of more health symptoms. In addition, they found problem-focused coping strategies to be related to fewer depressive symptoms whereas avoidant-oriented coping strategies were found to be related to more depressive symptoms. This study not only provides support for the idea that avoidant-oriented coping strategies are related to poorer psychological well-being, but also provides evidence indicating that coping strategies have a relationship with physical health. Further support for the relationship between coping and health comes from a study conducted by Ruchkin, Eisemann, and Hagglof (2000). They examined the relationship between coping and both psychological and somatic symptoms among a sample of delinquent males, 15-18 years of age. They found avoidant-oriented coping strategies to be positively related to emotional problems, behavior problems, and somatic complaints.

Overall it appears that the consensus in the current literature is that approach-oriented coping strategies are positively related to well-being and that avoidant-oriented coping strategies
are negatively related to well-being. Many theorists have provided potential explanations for why this may be the case. Roth and Cohen (1986) assert both approach-oriented and avoidant-oriented coping strategies have potential benefits and costs depending on the characteristics of the stressor. The potential benefits of approach-oriented coping strategies are appropriate action, ventilation of affect, and assimilation and resolution of trauma whereas the potential costs are increased distress and nonproductive worry. The potential benefits of avoidant-oriented coping strategies are stress reduction, allowance for dosing, and increased hope and courage whereas the potential costs are interference with appropriate action, emotional numbness, intrusions of threatening material, disruptive avoidance behaviors, and a lack of awareness of the relationship of symptoms to trauma.

Roth and Cohen (1986) explain that although approach-oriented coping strategies are typically associated with better overall well-being, avoidant-oriented coping strategies may be more beneficial in certain situations. One type of situation where avoidant strategies may be beneficial is when the stressor is uncontrollable. This makes sense because when one encounters an uncontrollable stressor, any attempts to actively modify or eliminate the stressor will be unsuccessful and likely will lead to feelings of frustration and/or failure. In contrast, when the confronted stressor is controllable, it appears logical that approach strategies would be more beneficial, providing feelings of control and self-efficacy. Mosher and Prelow (2007) found support for this idea in a study of the relationship between coping and depressive symptoms among a sample of urban adolescents. They found that approach strategies led to increased coping efficacy and to fewer depressive symptoms. In addition, Kort-Butler (2009) reports that avoidant strategies may inhibit appropriate action which leads to a decreased sense of control and may possibly result in a depressed affect. Roth and Cohen also point out avoidant strategies may
be useful in the short-term when confronted with a severe stressor, so as to prevent anxiety from becoming crippling. Richards and Steele (2007) agree, stating that avoidant strategies may be adaptive as long as cognitive and behavioral efforts are also utilized.

As stated previously, the relationship between coping and well-being is complex. It appears that, generally, approach-oriented coping strategies have been found to be related to better outcomes with the exception of situations where the stressor is uncontrollable. In addition, coping strategies are not trait-like; they vary depending on the perceived characteristics of the stressor (Band & Weisz, 1988). Therefore, as Compas (1987) states, effective coping likely requires the ability to accurately appraise the stressor and to be flexible in adapting one’s coping behavior to that appraisal. Due to the fact that coping styles are changeable, therapeutic interventions in the area of coping may lead to more adaptive coping styles (Ruchkin et al., 2000). In a study with a sample of children 10-14 years of age, Compas, Malcarne, and Fondacaro (1988) found that coping strategies become more fully developed with age. Perhaps interventions providing psychoseducation regarding appraisal and coping would aid children and adolescents in this developmental process. The relationship between coping and well-being that has been supported in the current literature illustrates the vital role coping plays in both physical and psychological health. Unfortunately, as stated previously, one problem with the current coping literature is its generalizability to diverse populations. The majority of studies have focused primarily on Caucasian samples; therefore, the next step is to examine the limited amount of literature that is currently available on the effects of coping in diverse populations.
Coping Behavior in African American Adolescents

Recent studies have shown that rates of suicide and depression are rising in the African American community (Chandra & Batada, 2006). In addition, Chandra and Batada point out there is a lack of mental health resources to serve this population. These facts, along with the theory that coping behavior is a mediator between stress and psychological well-being, illustrate the importance of examining how the African American community copes with stressors. As stated above, there is a paucity of research on this topic; however, the literature that is available has evidenced some interesting differences from those typically found in studies of Caucasian adolescents.

Edlynn, Gaylord-Harden, Richards, and Miller (2008) examined various coping strategies as either protective or vulnerability factors for 240 African American adolescents who have been exposed to community violence. They found approach-oriented coping to be neither a protective factor nor a vulnerability factor for this sample. Furthermore, avoidance-oriented coping was found to be a protective factor against the development of anxiety. In a three-year longitudinal study of coping behavior in African American children, Steele, Forehand, Armistead, Morse, Simon, and Clark (1999) found avoidant coping strategies to be unrelated to behavior problems. In addition, they report that the frequency of use of various coping strategies remained stable over the three years, providing evidence that this pattern is not a chance finding. Mosher and Prelow (2007) examined approach and avoidant coping, coping efficacy, and the relationship to depressive symptoms among 129 African American and 114 European American urban adolescents. Among the European American sample, approach-oriented coping was found to be related to coping efficacy and to fewer depressive symptoms whereas among the African American sample, avoidance-oriented coping was found to be related to coping efficacy and to
fewer depressive symptoms. These three studies indicate that while approach-oriented coping has typically been associated with fewer emotional and behavior problems, this may not be the case for the African American community.

The cognitive-transactional model of stress and coping asserts that the effectiveness of coping strategies should not be examined independent of the context in which the coping strategies are used (Forsythe & Compas, 1987). As can be seen above, the majority of the research on coping behavior in African American adolescents involves urban samples and adolescents who have been exposed to violence. Adolescents in urban environments are more likely to be exposed to uncontrollable stressors such as poverty, community violence, domestic violence, substandard housing, malnutrition, poor medical care, inadequate education, and family disruptions (Steele et al., 1999). Roth and Cohen (1986) point out that avoidant coping strategies tend to be adaptive in uncontrollable situations whereas approach coping strategies tend to be helpful in controllable situations. Therefore, it follows that adolescents exposed to uncontrollable stressors may find avoidant strategies to be more effective.

Gaylord-Harden, Gipson, Mance, and Grant (2008) report that African American adolescents are more likely than youth in other communities to be exposed to the uncontrollable stressors listed above. In addition, African American adolescents are more likely to face another type of uncontrollable stressor: racial discrimination. Gaylord-Harden and Cunningham (2009) report that 90% of African American youth report experiencing at least one incident of discrimination. Furthermore, they state that African American adolescents report higher levels of distress in response to racial discrimination than youth of other ethnicities and that this may be due to the fact that the African American community has a higher level of racial identity. They explain that a higher level of racial identity makes it more likely that an event will be appraised
as discriminatory and that negative evaluations of one’s group may complicate identity development. Indeed, Gaylord-Harden and Cunningham found discrimination to be related to higher levels of depressive and anxiety symptoms, with discrimination adding unique variance to these internalizing symptoms. Fisher, Wallace, and Fenton (2000) examined the relationship between perceived racial discrimination and self-esteem in a sample of 177 adolescents. The sample consisted of 21% African American, 23% Hispanic, 25% East Asian, and 23% non-Hispanic White adolescents. They report that at least half of the African American adolescents reported being perceived as dangerous or not smart because of ethnic prejudice. In addition, a substantial number of the African American sample reported being hassled by store personnel and by police because of their race. Lastly, Fisher et al. state that a negative relationship was found between perceived racial discrimination and self-esteem.

In summary, the current literature points out that African American adolescents are more likely to be exposed to uncontrollable stressors and that this may be why avoidance-oriented coping has been shown to be adaptive for this population. Going back to the cognitive-transactional model of stress and coping, Edlynn et al. (2008) state the protective functions of avoidant coping strategies are likely to be due to contextual factors such as the uncontrollable nature of stressors and not to ethnicity per se. Furthermore, in a study of 149 adolescents, Tolan et al. (2002) found that ethnic differences in utilization of various coping strategies did not translate to different levels of psychopathology, illustrating that multiple coping styles can be adaptive depending on the context.

African American adolescents are more likely to be exposed to chronic, uncontrollable stressors and these stressors have been associated with both internalizing and externalizing symptoms (Steele et al., 1999). However, Steele et al. report that 80% of these at-risk
adolescents do not display any disruptive or abnormal behavior and that coping is thought to be one variable that may mitigate the relationship between these chronic, uncontrollable stressors and psychological problems. As Compas et al. (1988) point out, a mismatch between perceived control and coping strategies utilized is associated with higher levels of emotional and behavior problems. This knowledge illustrates the idea that intervention programs need to talk about context and should not necessarily discourage avoidance-oriented coping (Edlynn et al., 2008).

In addition, due to the fact that different ethnic groups may be more likely to experience different types of stressors, Mosher and Prelow (2007) assert that there is a need for intervention programs to be sensitive to cultural diversity. The next question is, if differences in coping have been found among different ethnic groups, do differences in coping exist among gender?

**Gender Differences in Coping Behavior**

It is to be expected that the natural course of development will lead to changes in coping behavior. During adolescence both males and females increase their use of emotion-focused coping strategies and gender differences begin to appear (Wilson et al., 2004). Gaylord-Harden et al. (2008) report that although gender differences have been found in utilization of specific coping strategies, factor analysis provided no evidence that coping strategies cluster differently for males and females. Therefore, the distinctions that have been made between approach-oriented and avoidance-oriented coping strategies and between problem-focused and emotion-focused coping strategies appear to be appropriate for use with both males and females. As stated above, gender differences have been found in utilization of specific coping strategies; however, the results reported in the current literature are mixed.

Kort-Butler (2009) examined gender differences in coping behavior among 5,954 male and 6,316 female adolescents. She reports that among this sample, males were more likely to
use approach-oriented or problem-focused coping strategies whereas females were more likely to use avoidance-oriented or emotion-focused coping strategies. Kort-Butler hypothesizes that different coping styles may develop because of gender socialization. She explains that males are taught to control their emotions and to engage in independent problem solving whereas females are taught to express their emotions and to seek social connections. It follows that lessons learned through gender socialization may transfer over into the way an individual deals with stressors and solves problems.

The majority of the current literature reports results counter to those reported by Kort-Butler (2009), with males engaging in more avoidance-oriented coping behavior than females and females engaging in more approach-oriented coping behavior than males. In a study of 1,990 children in Germany aged 7-16 years, Eschenbeck, Kohlmann, and Lohaus (2007) found that males utilized avoidance-oriented coping strategies more often than females and females utilized approach-oriented coping strategies such as seeking social support and problem solving more often than males. It has been noted that the gender difference, found in Caucasian samples, of males utilizing avoidant coping more frequently than females and females utilizing approach coping more frequently than males, has also been found in samples of African American youth (Gaylord-Harden et al., 2008). Chandra and Batada (2006) examined gender differences in the coping behavior of 26 African American adolescents. They report that males utilized avoidant strategies such as distraction more often than females and females utilized approach strategies such as support seeking more often than males. In addition, males in this sample did not report utilizing approach strategies such as thinking about the problem or planning in order to deal with stressors whereas females did. Providing further evidence for this distinction, Carlson and Grant (2008) report that among a sample of 1,200 African American adolescents, males utilized
avoidant strategies such as distraction and physical release of emotion more often than females and females utilized the approach strategy of seeking social support more often than males.

Differing from the majority of the current literature, in a study of 361 adolescents, Mullis and Chapman (2000) did not find any gender differences in coping behavior. They state that the reason for this unusual finding is unknown. Tamres et al. (2002) conducted a meta-analysis of recent studies involving gender differences in coping behavior. They report that overall, females are more likely to use both approach strategies and avoidant strategies and that males did not use any type of coping strategy more often than females. Tamres et al. also report that of 26 studies, 17 found that females appraised a stressor as more severe than males. Therefore, perhaps females use all types of coping strategies more often than males because they tend to appraise stressors as more severe. However, looking at relative coping (comparing frequency of utilization of one strategy to that of other strategies), Tamres et al. report that males utilize avoidant coping more often than females and females utilize the approach strategy of seeking social support more often than males.

Looking at why gender differences in coping behavior may exist, Tamres et al. (2002) propose two different hypotheses. The dispositional hypothesis states that characteristic differences between males and females may be responsible for different coping choices. For example, social forces may inhibit males from seeking social support whereas females are socialized to respond to problems emotionally and to discuss problems. The situational hypothesis asserts that males and females may appraise stressors differently leading to variation in coping choices. Tamres et al. found support for both of these hypotheses. The dispositional hypothesis was supported by the finding that gender differences for certain coping strategies such as seeking social support were robust across type of stressor. However, Tamres et al. point
out that utilization of certain coping behaviors such as withdrawal was clearly influenced by the 
nature of the stressor. Overall, results from this meta-analysis indicate that the most robust 
finding regarding gender differences in coping behavior is that females utilize the approach 
strategy of seeking social support more frequently than males. In summary, although there are 
some discrepancies in the current literature, the most consistent finding appears to be that males 
utilize avoidance-oriented coping strategies more frequently than females and females utilize 
approach-oriented coping strategies more frequently than males.

**Purpose of the Current Study**

This review of the current literature has made several things apparent. First, adolescence 
has been found to be a challenging time for many individuals, and adolescents experience stress 
much the same as adults do. In addition, exposure to stress increases risk for the development of 
both internalizing and externalizing symptoms. Second, coping is known to be a mediator 
between stress and the effects of stress and various coping strategies may have quite different 
outcomes and, therefore, may have different implications for well-being. The consensus in the 
current literature appears to be that approach-oriented coping strategies are positively related to 
physical and psychological well-being and that avoidant-oriented coping strategies are negatively 
related to well-being. However, this finding has not been replicated in the African American 
community. The paucity of research that is available regarding the coping behavior of African 
American adolescents indicates that avoidance-oriented coping strategies may be adaptive for 
this population. Furthermore, it is thought that the protective functions of avoidant coping 
strategies are likely to be due to contextual factors such as the uncontrollable nature of stressors 
that are more common in the African American community and not to ethnicity per se. Third, 
research indicates that gender differences in utilization of specific coping strategies exist.
Findings have been mixed, with the majority of the literature indicating that males utilize avoidance-oriented coping strategies more frequently than females and females utilize approach-oriented coping strategies more frequently than males.

The current study is intended to add to the current literature regarding the coping behavior of African American adolescents and the relationship between use of specific types of coping strategies and psychological well-being. Specifically, it is hypothesized that avoidance-oriented coping behaviors will be associated with lower levels of psychopathology. In addition, the current study will help to clarify gender differences in the coping behavior of African American adolescents. It is hypothesized that males will endorse a higher frequency of use of avoidance-oriented coping strategies than females and females will endorse a higher frequency of use of approach-oriented coping strategies than males. The current literature in this area illustrates the need for youth development programs and other interventions to be sensitive to cultural diversity and to be tailored by gender. Due to the fact that certain coping strategies may serve a protective function against psychopathology, it is the hope that clarification of both cultural and gender differences may lead to more effective intervention programs for the African American adolescent population.

**Method**

**Participants**

All participants included in this study were recruited from Self Enhancement, Inc. Self-Enhancement, Inc. is a youth development organization serving over 2500 young people in the Portland, Oregon area. The majority of students at Self Enhancement, Inc. have experienced significant barriers to success such as homelessness or family substance use. Programs at Self Enhancement, Inc. include in-school services such as academic mentoring or tutoring, after-
school programs, culturally competent support services for youth and their families, and summer programs and camps. In addition, the Self Enhancement, Inc. Academy Charter Middle School provides a full-time education option. Every student enrolled in programs at Self Enhancement, Inc. has their own case manager who monitors each child’s progress and provides individual assistance when necessary. Outcome data from the programs at Self-Enhancement, Inc. has been positive. Overall, 98% of students at Self-Enhancement, Inc. graduate high school and 85% go on to pursue higher education.

The participants included 24 adolescents who were enrolled in programs at Self Enhancement, Inc. and who were between 12-14 years of age. All participants were African-American and the sample consisted of 10 (42%) males and 14 (58%) females. Regarding exclusion criteria, adolescents who were not African American, who were below the age of 12 or above the age of 15, whose parent or guardian did not give consent to their participation, and/or who did not provide assent to participate were excluded from the study.

Measures

Coping Scale for Children and Youth. Two self-report measures were utilized in this study. The first was the Coping Scale for Children and Youth (CSCY; Brodzinsky et al., 1992). The CSCY is a 29-item self-report measure assessing frequency of use of various coping strategies. This measure may also be administered orally to limited literacy adolescents. The 29 items represent 29 different coping strategies that the participants ranked on a 4-point Likert scale as to frequency of use. The measure has a four-factor structure: Assistance Seeking, Cognitive-Behavioral Problem Solving, Cognitive Avoidance, and Behavioral Avoidance. Assistance Seeking and Cognitive-Behavioral Problem Solving are viewed as approach-oriented coping strategies, whereas Cognitive Avoidance and Behavioral Avoidance are viewed as
avoidance-oriented coping strategies. The CSCY provides four subscale scores: one for each factor. Brodzinsky et al. reported an acceptable level of internal consistency reliability for each category: Assistance Seeking, $r = .72$; Cognitive-Behavioral Problem Solving, $r = .81$; Cognitive Avoidance, $r = .80$; and Behavioral Avoidance, $r = .70$. In addition, Brodzinsky et al. found the CSCY to be positively correlated with other established measures of coping.

In the present study, this measure was intended to identify the categories of coping strategies used by the participants in the sample. The data was used to determine if any gender differences exist in the frequency of use of the categories of coping behavior. The data was also used to determine if any relationships exist between the usage of certain types of coping strategies and the existence of symptoms indicating potential psychopathology.

**Youth Outcome Questionnaire – Self Report 2.0.** The second measure used in the present study was the Youth Outcome Questionnaire-Self Report 2.0 (Y-OQ-SR 2.0; Wells, Burlingame, Lambert, Hoag, & Hope, 1996). The Y-OQ-SR 2.0 is a 64-item self-report measure originally constructed to serve as a device to track progress throughout the course of treatment. Wells et al. note that the Y-OQ-SR 2.0 may also be used as an intake measure to assess severity of symptoms. This measure may also be administered orally to limited literacy adolescents. The Y-OQ-SR 2.0 consists of six subscales: Intrapersonal Distress, Somatic, Interpersonal Relations, Critical Items, Social Problems, and Behavioral Dysfunction. The Y-OQ-SR 2.0 also provides an overall score which is the sum of the scores from the six subscales. Wells et al. reported an acceptable level of internal consistency reliability for each category: Intrapersonal Distress, $r = .93$; Somatic, $r = .74$; Interpersonal Relations, $r = .89$; Critical Items, $r = .74$; Social Problems, $r = .85$; and Behavioral Dysfunction, $r = .92$. Acceptable evidence of convergent and discriminant validity was also provided by the test authors.
In the present study, this measure was intended to serve as an indicator of the existence of symptoms that may point to the presence of psychopathology. The data acquired from this measure was used to determine if any correlations exist between the existence of symptoms indicating potential psychopathology and the usage of certain types of coping strategies.

**Procedure**

**Recruitment Procedure.** The principal investigator provided the staff at Self Enhancement, Inc. with letters explaining the study and with parental consent forms. The staff at Self Enhancement, Inc. sent one letter and two copies of the parental consent form (one to be signed and one for the parent/guardian to keep for his or her records) home with each potential participant, instructing the potential participant to share the materials with his/her parent/guardian. The potential participants were offered an incentive to return the consent form in the form of points. Self Enhancement, Inc. utilizes a point system with all of their students. Students receive points for things such as academic and behavioral accomplishments and the students save up these points to purchase items such as movie tickets. The parental consent form included a section for the parent/guardian to respond as to whether or not they gave their permission for their child to participate in the study. This way, the child still received points for returning the parental consent form even if their parent/guardian did not want them to participate in the study. Once read and signed, the potential participants returned the form to the staff at Self Enhancement, Inc. The staff at Self Enhancement, Inc. then returned the collected forms to the principal investigator prior to data collection. Once the principal investigator received the consent forms, a follow up letter was sent to the parents who had provided permission for their child to participate in the study thanking them for their time and permission.
**Study Procedure.** On the day of data collection, the principal investigator verbally explained the study procedure to the participants including confidentiality procedures. In addition, the participants were informed of their right to stop participation in the study at any time. Next, an age appropriate child assent form was distributed to the participants to be signed and returned to the principal investigator. Once the signed assent forms were received, the principal investigator administered the two self-report measures in the classrooms at Self Enhancement, Inc.

The first measure (CSCY) was administered to participants from whom parental consent and child assent had been received. The principal investigator provided verbal instruction as to how to complete the measure and then the participants were given the time required. The second measure (Y-OQ-SR 2.0) was then administered using the same procedure as that used for the CSCY. There were no limited literacy adolescents participating in the study; therefore an oral administration was not required.

Both of the measures were administered as a group administration. Those who were in the classroom but did not participate were told to use the time to work on any homework assignments that they had to complete. Once all participants completed both measures, they were thanked for their time and offered a small treat in the form of candy. Next, the principal investigator left and the participants returned to their normal classroom activities. Once the study was completed, any parents that requested a summary of the results were provided with that information.

**Statistical Analyses**

To answer the question of whether any gender differences exist among the participants in terms of utilization of different types of coping behavior, two one-way multivariate analyses of
variance (MANOVAs) were conducted. For the first MANOVA, the independent variable was gender and consisted of two levels: male and female. There were two dependent variables: approach-oriented coping and avoidance-oriented coping. The approach-oriented coping score consisted of the sum of the scores from the Assistance Seeking and Cognitive-Behavioral Problem Solving subscales of the CSCY. The avoidance-oriented coping score consisted of the sum of the scores from the Cognitive Avoidance and Behavioral Avoidance subscales of the CSCY.

For the second MANOVA, the independent variable was again gender and consisted of two levels: male and female. There were four dependent variables in this analysis: Assistance Seeking, Cognitive-Behavioral Problem Solving, Cognitive Avoidance, and Behavioral Avoidance. The data for the dependent variables came from the scores on each respective subscale of the CSCY.

To look at the relationship between coping behavior and psychopathology, six Pearson product-moment correlation coefficients were calculated. First, the correlation between approach-oriented coping and the overall score from the Y-OQ-SR 2.0 was computed with the approach-oriented coping score consisting of the sum of the scores from the Assistance Seeking and Cognitive-Behavioral Problem Solving subscales of the CSCY. Second, the correlation between avoidance-oriented coping and the overall score from the Y-OQ-SR 2.0 was computed with the avoidance-oriented coping score consisting of the sum of the scores from the Cognitive Avoidance and Behavioral Avoidance subscales of the CSCY. Lastly, correlations between the Y-OQ-SR 2.0 and the scores from each of the four subscales of the CSCY (Assistance Seeking, Cognitive-Behavioral Problem Solving, Cognitive Avoidance, and Behavioral Avoidance) were
computed. Using the Bonferroni approach to control for Type I error across the six correlations, a $p$ value of less than .008 ($0.05/6 = 0.008$) was used to assess for significance.

**Results**

The means and standard deviations for the scores on the measures used in this study are provided in Table 1 and Table 2. Table 1 includes the means and standard deviations for the approach-oriented coping total score, the avoidance-oriented coping total score, and the Y-OQ-SR 2.0 total score. Table 2 includes the means and standard deviations for the four subscales of the CSCY. All means and standard deviations are provided by group: females, males, and total. Higher scores on the subscales of the CSCY indicate higher frequency of use of that particular type of coping behavior. Higher scores on the Y-OQ-SR 2.0 indicate a larger number of problems endorsed and, therefore, a greater likelihood of distress and the presence of psychopathology. From the descriptive statistics it appears that males and females scored similarly on all of the above listed scores. In general it appears that both the males and females in this sample utilize avoidance-oriented coping strategies more frequently than approach-oriented coping strategies. In addition, the group means for the Y-OQ-SR 2.0 are slightly higher than the suggested clinical cutoff score of 47, indicating that the youth in this sample are indeed experiencing some form of distress.

<table>
<thead>
<tr>
<th>Group</th>
<th>Approach Total</th>
<th>Avoidance Total</th>
<th>Y-OQ-SR 2.0 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
<td>$SD$</td>
<td>$M$</td>
</tr>
<tr>
<td>Females</td>
<td>28.36</td>
<td>7.74</td>
<td>37.1</td>
</tr>
<tr>
<td>Males</td>
<td>29.00</td>
<td>8.07</td>
<td>39.10</td>
</tr>
<tr>
<td>Total</td>
<td>28.62</td>
<td>7.71</td>
<td>37.9</td>
</tr>
</tbody>
</table>
Table 2

Means and Standard Deviations of the Four Subscales of the CSCY by Gender

<table>
<thead>
<tr>
<th>Group</th>
<th>Assistance Seeking</th>
<th>Problem Solving</th>
<th>Cognitive Avoidance</th>
<th>Behavioral Avoidance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
<td>$SD$</td>
<td>$M$</td>
<td>$SD$</td>
</tr>
<tr>
<td>Females</td>
<td>9.71</td>
<td>3.05</td>
<td>18.64</td>
<td>5.21</td>
</tr>
<tr>
<td>Males</td>
<td>9.90</td>
<td>3.38</td>
<td>19.10</td>
<td>6.26</td>
</tr>
<tr>
<td>Total</td>
<td>9.79</td>
<td>3.12</td>
<td>18.83</td>
<td>5.55</td>
</tr>
</tbody>
</table>

Gender Differences

A one-way multivariate analysis of variance (MANOVA) was conducted to evaluate whether frequency of utilization of approach-oriented coping strategies and that of avoidance-oriented coping strategies differed between genders in this sample. The independent variable had two levels distinguishing between genders: female and male. There were two dependent variables. The first dependent variable was the participants’ approach-oriented coping score which consisted of the sum of the participants’ scores on the Assistance Seeking and Cognitive-Behavioral Problem Solving subscales of the CSCY. The second dependent variable was the participants’ avoidance-oriented coping score which consisted of the sum of the participants’ scores on the Cognitive Avoidance and Behavioral Avoidance subscales of the CSCY.

In order to determine whether any outliers existed in the sample, Mahalanobis Distance scores were calculated and compared against the $\chi^2$ critical value of 13.82. This critical value was determined using $p < .001$ and $df = 2$. If any participant’s score had exceeded 13.82, they would have been determined to be an outlier. However, in this sample no outliers were found.

As for the assumption of independence, there is no reason to believe that the multiple observations made within this sample were dependent on one another. To test the assumption of normality, skewness and kurtosis coefficients were examined to ensure that these scores were
less than twice the standard error of each respective score. This condition was met for both dependent variables. In addition, histograms for the dependent variables were produced and examined and it was determined that roughly normal distributions existed for both dependent variables. The assumption of linearity was tested by looking at bivariate scatterplots of the relationship between the dependent variables to ensure that there was indeed a linear relationship among the dependent variables. In addition, a Pearson product moment correlation coefficient was calculated. The relationship between the dependent variables was not strong but did not appear to be curvilinear, therefore the assumption of linearity was met. Lastly, Box’s Test of Equality of Covariance was not significant therefore the assumption of homoscedasticity was not violated.

The MANOVA results indicated that there was not a significant difference between genders in frequency of utilization of approach-oriented coping and avoidance-oriented coping (Wilks’ $\Lambda = .989$, $F(2, 21) = .119, p = .88$, $\eta^2 = .01$).

To ensure that gender differences were not being missed at the subscale level, a second one-way MANOVA was conducted. The independent variable again had two levels distinguishing between genders: female and male. There were four dependent variables which consisted of the participants’ scores on each of the four subscales of the CSCY: Assistance Seeking, Cognitive-Behavioral Problem Solving, Cognitive Avoidance, and Behavioral Avoidance.

Mahalanobis Distance scores were calculated and compared against the $\chi^2$ critical value of 18.47 to determine whether any outliers existed at the subscale level. This critical value was determined using $p < .001$ and $df = 4$. If any participant’s score had exceeded 18.47, they would have been determined to be an outlier. However, in this sample no outliers were found.
As for the assumption of independence, again there is no reason to believe that the multiple observations made within this sample were dependent on one another. To test the assumption of normality, skewness and kurtosis coefficients were examined to ensure that these scores were less than twice the standard error of each respective score. This condition was met for all four dependent variables. In addition, histograms for the dependent variables were produced and examined and it was determined that roughly normal distributions existed for all dependent variables. The assumption of linearity was tested by looking at bivariate scatterplots of the relationships among the dependent variables to ensure that there was indeed a linear relationship among the dependent variables. In addition, a Pearson product moment correlation coefficient was calculated. The relationships between the dependent variables were small and did not appear to be curvilinear, therefore the assumption of linearity was met. Lastly, Box’s Test of Equality of Covariance was not significant therefore the assumption of homoscedasticity was not violated.

The MANOVA results indicated that there were no significant differences between genders in frequency of utilization of Assistance Seeking, Cognitive-Behavioral Problem Solving, Cognitive Avoidance, and Behavioral Avoidance (Wilks’ $\Lambda = .939$, $F(4, 19) = .310$, $p = .87$, $\eta^2 = .06$). Therefore, it appears that in this sample, the various types of coping strategies were used at a similar rate between genders.

**Relationship Between Coping Behavior and Psychopathology**

To evaluate the relationship between coping behavior and psychopathology six Pearson product-moment correlation coefficients were calculated. Using the Bonferroni approach to control for Type I error across the six correlations, a $p$ value of less than .008 (.05/6 = .008) was required for significance. First, a boxplot of the total scores from the Y-OQ-SR 2.0 was
examined for outliers and none were found. As stated for the previous analyses, the assumption of independence is met due to the fact that there is no reason to believe that the multiple observations made within this sample were dependent on one another. To test the assumption of normality, skewness and kurtosis coefficients were examined to ensure that these scores were less than twice the standard error of each respective score. This condition was met for all seven of the variables being studied in the correlational analysis. In addition, histograms for these variables were produced and examined and it was determined that roughly normal distributions existed for all seven variables. The assumption of linearity was tested by looking at bivariate scatterplots of the relationships among the variables to ensure that any relationship found was indeed a linear relationship. The scatterplots confirmed that the assumption of linearity had been met.

Three out of the six correlations were found to be statistically significant. First, a significant positive relationship was found between avoidance-oriented coping and the Y-OQ-SR 2.0 total score, \( r(22) = .71 \). See Figure 1 for a scatterplot of this relationship. Next, correlations were computed between the subscales that make up the avoidance-oriented coping total score and the Y-OQ-SR 2.0 total score. A significant positive relationship was found between Cognitive Avoidance and the Y-OQ-SR 2.0 total score, \( r(22) = .68 \). See Figure 2 for a scatterplot of this relationship. A significant positive relationship was also found between Behavioral Avoidance and the Y-OQ-SR 2.0 total score, \( r(22) = .61 \). See Figure 3 for a scatterplot of this relationship. The relationship between approach-oriented coping and Y-OQ-SR 2.0 total score, \( r(22) = .16 \), was not found to be significant. Correlations were computed between the subscales that make up the approach-oriented coping total score and the Y-OQ-SR 2.0 total score. The relationship between Assistance Seeking and the Y-OQ-SR total score, \( r(22) \)
= -.03, was not found to be significant. Lastly, the relationship between Cognitive-Behavioral Problem Solving and the Y-OQ-SR 2.0 total score, \( r(22) = .24 \), was not found to be significant.

These results indicate that among participants in this sample, higher frequency of use of avoidance-oriented coping strategies was associated with higher levels of psychopathology. The results also indicate that both Cognitive Avoidance and Behavioral Avoidance contribute to this relationship. In addition, the results indicate that frequency of use of approach-oriented coping strategies was not related to levels of psychopathology in either direction. This result was consistent for both Assistance Seeking and Cognitive-Behavioral Problem Solving.

Figure 1

*Relationship Between Avoidance-Oriented Coping and the Y-OQ-SR 2.0 Total Score*
Figure 2

Relationship Between Cognitive Avoidance and the Y-OQ-SR 2.0 Total Score

Figure 3

Relationship Between Behavioral Avoidance and the Y-OQ-SR 2.0 Total Score

Discussion
The purpose of the current study was to examine gender differences in the utilization of different types of coping strategies as well as the relationship between frequency of utilization of different types of coping strategies and psychopathology among African American adolescents. In order to examine these topics, two hypotheses were tested. The first hypothesis was that males would endorse a higher frequency of use of avoidance-oriented coping strategies than females and females would endorse a higher frequency of use of approach-oriented coping strategies than males. The results from the current study do not support this hypothesis. Specifically, the results indicate that in this sample, the various types of coping strategies were used at a similar rate between genders. It is worthwhile to consider why the current results run counter to the majority of the literature.

First, it is possible that the results were affected by limitations of the current study. One limitation of the current study is the small sample size of 24 African American adolescents. It is possible the small sample size did not provide enough statistical power to detect real gender differences that may in fact exist in the population of interest. Another limitation of the current study is that all participants in the sample were enrolled in programs in a youth development organization. In addition, the participant group was limited to those for whom parental consent and child assent was received. These considerations lead to the possibility that the participants in the sample were not representative of the African American adolescent population as a whole.

Second, it is important to remember gender differences in coping behavior are just beginning to emerge in adolescence (Wilson et al., 2005). As stated previously, Tamres et al. (2002) proposed two different hypotheses as to why gender differences in coping may exist. The dispositional hypothesis states that characteristic differences between males and females may be responsible for different coping choices. These characteristic differences may be due to genetics
or to gender socialization. The situational hypothesis asserts that males and females may appraise stressors differently leading to variation in coping choices. These two hypotheses appear to be related, in that differences in appraisal between genders implies some type of characteristic difference that, again, may be due to genetics or to gender socialization. These hypotheses shed some light on why gender differences in coping behavior do not emerge until adolescence. Adolescence is when the genetic differences between the sexes begin to be expressed. Furthermore, adolescence is a time when social pressures begin to have a bigger impact on behavior. It is possible that, for the participants in the current study, gender differences in coping behavior have not yet emerged or are just beginning to emerge and have not reached a level that would be considered to be statistically significant.

Kort-Butler (2009) emphasizes the role of gender socialization in coping style. She explains that the lessons learned about gender roles in society may transfer over into the way an individual copes with stressors. Traditionally, males are taught to control their emotions and to be independent whereas females are taught to express emotions and to establish social connections. Sue and Sue (2008) note that traditional gender roles may not be adhered to in African American families. For example, African American males are more accepting of female’s work roles and are more willing to take part in duties traditionally assigned to females (Sue & Sue, 2008). Perhaps these more egalitarian views on gender roles are being passed on to African American children and, therefore, are reflected in the similarity of coping choices made by the current sample.

Lastly, it should be noted that while gender differences in utilization of specific coping strategies have been found, the results reported in the literature are mixed. While the majority of studies show that males engage in more avoidance-oriented coping behavior than females and
females engage in more approach-oriented coping behavior than males (e.g. Carlson & Grant, 2008; Chandra & Batada, 2006; Eschenbeck et al., 2007), other studies have found the opposite result (e.g. Kort-Butler, 2009) or found no gender differences at all (e.g. Mullis & Chapman, 2000). Perhaps gender differences in coping behavior cannot be universally defined and have more to do with individual differences. If this is the case, the results of the current study would provide further evidence of this theory.

It is not possible to determine which of the above explanations for the current results are correct or incorrect. It appears that further research is necessary to determine the role of gender socialization in coping behavior and to take a look at between-group differences versus within-group differences when examining gender differences in coping behavior.

The second hypothesis tested in the current study was that avoidance-oriented coping behaviors would be associated with lower levels of psychopathology. The results do not support this hypothesis, either. Interestingly, the results indicate the exact opposite: Avoidance-oriented coping behaviors were associated with higher levels of psychopathology. In addition, both types of avoidance-oriented coping behaviors assessed for (Cognitive Avoidance and Behavioral Avoidance) evidenced this effect. Although the majority of studies in the literature indicate that avoidance-oriented coping behavior is associated with psychological problems (e.g. Compas et al., 2001; Ebata & Moos, 1991; Wilson et al., 2004), substance use (e.g. Wills, 1986), and somatic complaints (e.g. Ruchkin et al., 2000); the original hypothesis was asserted because the majority of studies have focused primarily on Caucasian samples. Furthermore, studies of the African American adolescent population, though few in number, have found avoidance-oriented coping behavior to be related to less anxiety symptoms (Edlynn et al., 2008), less behavior problems (Steele et al., 1999), increased coping efficacy, and fewer depressive symptoms
(Mosher & Prelow, 2007). It is important to consider why the results from this study are more in line with those from studies of Caucasian samples.

First it is possible that the limitations described above impacted the results of the study in relation to the second hypothesis. The small sample size and the fact that all students were enrolled in a youth development program limits the generalizability of the results from the current study to the African American adolescent population at large. It is possible that the experience of being in a youth development program had an effect on the adolescents’ coping behavior. The literature shows that avoidance-oriented coping behavior tends to be associated with good outcomes when dealing with uncontrollable stressors (Roth & Cohen, 1986). In addition, it is thought that African American youth are more likely than youth in other communities to be exposed to uncontrollable stressors such as poverty, malnutrition, inadequate education, family disruptions, and racial discrimination (Gaylord-Harden et al., 2008). It follows that African American youth would find avoidance-oriented coping strategies to be adaptive in dealing with these uncontrollable stressors and better outcomes would result. The participants in the current study were enrolled in programs at Self Enhancement, Inc. that are intended to protect students from some of these uncontrollable stressors. For example, students at Self-Enhancement, Inc. are fed up to three meals per day ensuring that they do not suffer from malnutrition. Programs for parents are also available and are intended to assist the family as a whole in creating a healthy and safe home life. Furthermore, the sense of community provided to the students at Self-Enhancement, Inc. may alleviate some of the stress due to racial discrimination. It is plausible that the participants in the current study encounter less uncontrollable stressors than the African American adolescent population overall. In addition, when the participants do encounter stressors, they have a support network to turn to. It is
possible that these factors may be one reason why the results of the current study run counter to other studies of African American adolescents and are more in line with studies of Caucasian adolescents. This points to the need to focus on the nature of the stressor and the appraisal of the stressor when educating children and adolescents about adaptive coping skills. As Tolan et al. (2002) note, multiple styles of coping can be adaptive depending on the context. Coping psychoeducation programs and skills training should educate youth about the different types of coping strategies, different types of stressors, and what type of coping strategy works best with what type of stressor.

The discrepancy between the current results and the literature may also be explained by the fact that very few studies on the coping behavior of African American adolescents have been done and the majority of these studies have been done with African American youth living in poverty without a support network. It is possible that the results found in the literature are based more on context than on ethnicity per se. It seems likely that adolescents of any ethnicity would find avoidance-oriented coping strategies useful when dealing with a multitude of uncontrollable stressors. Future research should test this theory by studying the coping behavior of inner city youth who are not African American and the coping behavior of African American youth living in middle class families. This research may make it possible to tease apart the effects of ethnicity and environmental context on the utility of different types of coping behaviors.

There are many limitations to the current study, several of which have already been mentioned: small sample size, limited sampling pool of adolescents enrolled in a youth development program, and the fact that only adolescents for whom parental consent and child assent was received could be included. Another potential limitation is the use of self-report measures. One major problem with self-report measures is that they are subjective as opposed to
objective. A question, an answer, or a scale may be interpreted differently by different people. The social desirability bias poses another problem: Individuals may not answer truthfully in an attempt to portray themselves in a positive light. This issue may be lessened if participants are assured that their answers will be kept confidential as was the case in the current study. Another problem is that self-report measures rely on memory which is not always reliable or accurate.

Overall, the methodology of the current study could be improved upon by having a larger sample size and by controlling for contextual factors through statistical methods or through the use of comparison groups. Despite the limitations, the results of this study should not be ignored as they shed light on the possibility that context plays a more important role than ethnicity in determining the utility of different types of coping strategies. This knowledge is important as it can be incorporated into coping skills training curricula, hopefully leading to more effective intervention programs for adolescents of all ethnicities. In addition, although no gender differences were found in coping behavior in this sample, results that are not significant still provide information. Due to the fact that the results on gender differences in coping are mixed in the current literature, the current study adds more evidence to the possibility that gender differences in coping behavior cannot be universally defined and may have more to do with individual differences and/or context. Hopefully, future research will continue to shed light on these topics as it is widely agreed that adaptive coping leads to physically and psychologically healthier adolescents.

References


