THE RELATIONSHIP OF ADOLESCENT COPING

STRATEGIES TO PSYCHOSOCIAL

DEVELOPMENT, GENDER, AND

ETHNICITY

By

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CHAPTER I

INTRODUCTION

Developmental tasks related to adolescence bring about a distinctive set of demands which usher the teenager from childhood into young adulthood (Patterson & McCubbin, 1991). These primary developmental tasks include: dealing with recently acquired physiological and psychological changes of puberty (Newman & Newman, 1991); adjusting to new cognitive competence and the ability to think on a higher level (Elkind, 1984); the search for a sense of identity, both as part of a group and separately, as an individual (Erikson, 1968); completing academic requirements, choosing and preparing for a career (Erikson, 1963); and cultivating a set of values to cope with and guide adult roles within the context of culture (Newman & Newman, 1991; Patterson & McCubbin, 1987, 1991).

Means by which individuals manage these life events and other demands placed upon them by society is achieved through the process of coping. According to Patterson and McCubbin (1987), coping is a multidimensional process which involves "... cognitive and behavioral strategies directed at eliminating or reducing demands, redefining demands so as to make them more manageable, increasing resources for

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dealing with demands, and/or managing the tension which is felt as a result of experiencing demands" (p. 163). Defined in this way, coping can be understood as an ordinary characteristic shared by all human beings, as opposed to reflecting a clinical profile unique to the individual (Pearlin, 1989).

In the past few decades, educators, psychologists, and behavioral researchers have shown an increasing interest in the concept of coping as important in explaining and predicting human behavior. Valliant (1977) maintained that coping skills originating in childhood and further developed during adolescence have long-term importance. Therefore, specific coping strategies utilized in adulthood are the products of coping efforts learned, reinforced, and refined earlier in life. Yet the literature is in need of studies describing coping skills and behaviors in terms of early and late adolescence as related to psychosocial development (Jorgensen & Dusek, 1990), and particularly as associated with minority adolescents (Bell-Scott, 1987; Hoare, 1991).

Because the majority of coping studies are conducted with adult populations, researchers have generalized from these findings to the adolescent population. Two such examples from a longitudinal study cite the comparisons among middle-aged and older community-dwelling adults (McCrae & Costa, 1986). Both studies (N = 225, 151) examined the influence of personality on coping responses, and the effects of coping and personality on well-being

respectively. In these studies, personality traits of neuroticism, extraversion, and openness to experience were measured by both self- and spouse-reports as well as peer-ratings. These variables were then systematically related to coping methods.

Both studies indicated high correlations between individuals reporting effective, mature means of coping and those respondents describing higher levels of happiness and life satisfaction. McCrae & Costa (1986) recommended that future researchers should employ designs that allowed for evaluation of coping skills across personality development, suggesting the possibility that coping styles might partially be dependent upon psychosocial maturity as well as gratification in life and well-being.

In an attempt to focus awareness on adolescent coping, Jorgensen and Dusek (1990) conducted a study utilizing measures that examined the relationship between psychosocial adjustment and coping strategies in college freshmen. The results of their findings clearly indicated support for a covariation between psychological adjustment and coping behavior. However, the psychosocial adjustment instrument used in their study was developed and normed on an all male college population leading researchers to wonder about the appropriateness of this tool for university females respondents (Gilligan, 1982; Rosenthal, Gurney & Moore, 1981).

Gender differences have been variously described in the coping literature. Although Jorgensen and Dusek (1990) found no gender differences between coping strategies and overall psychosocial adjustment, other studies have confirmed the impact of sex differences consistent with male and female stereotypes. In a comparison of role strain and coping by gender and family structure, Bird and Harris (1990) reported that eighth grade female adolescents tend to use social support significantly more often than did their male counterparts, who typically used ventilation, such as swearing and verbally taking their anger out on others. Overall, both sexes reported diversion and self-reliance as the most frequently used coping strategies.

Patterson and McCubbin (1987, 1991) found that 10th, 11th, and 12th grade females used four coping behaviors significantly more frequently than did males: developing social support, solving family problems, investing in close friends, and developing self-reliance. Adolescent males typically reported the use of one coping strategy significantly more often than females: being humorous. The coping behavior most frequently used by both males and females was relaxing (i.e., daydreaming, listening to music, and riding around in a car), while the least used among both sexes was seeking professional support from a counselor or teacher.

Adolescent coping behaviors reported by Patterson and McCubbin (1987), and Bird and Harris (1990) correspond to

research which has described transcultural stereotypical expectations of what males and females are supposed to do and be to be acceptable. In a study on gender and ethnicity, Davenport & Yurich (1991) indicated that, for the most part, females are expected to be caregivers (i.e., nurturing, gentle, and dependable) while males are socialized to be strong, humorous, and stalwart at all times. This is consistent with findings of earlier studies on sex role conformity and adaptability to gender roles conducted by Bem (1975) and Scher (1979).

Coping studies with respect to cultural differences have provided less clear information. This may be due, in part, to the lack of research which has been conducted regarding coping strategies that adolescent youth employ in general. Another explanation is that there is an absence of research on middle-class, well-adjusted African-American adolescents (Bell-Scott, 1987). Bell-Scott and the Consortium for Research on Black Adolescence (Bell-Scott, 1987) strongly emphasized the need for studies that explore such issues as coping behavior, competency, and socialization in Black adolescence. There is also a need for researchers to use variates of race, culture, age, and gender across all levels of social class and psychological adjustment.

Another important domain of research in which there continues to be a severe deficiency with respect to ethnicity is in the area of psychosocial development

(Bell-Scott, 1987; Hoare, 1991; Phinney & Rosenthal, 1992; Taylor, 1987). Erikson (1968) has suggested the accomplishment of a positive, optimistic ego-identity is a basic adolescent task. Phinney and Rosenthal (1992) maintain that for African-American adolescents, however, this task has an added dimension because of their exposure to alternative sources of identification (Phinney & Rosenthal, 1992). They state that, "Growing up in a society where the mainstream culture may differ significantly in values and beliefs from their culture of origin, these youth face the task of achieving a satisfactory and satisfying integration of ethnic identity into a self-identity" (Phinney & Rosenthal, 1992, p. 145). Therefore, it is helpful for researchers to conceptualize identity formation as an additional domain in the process of self-identity development for minority adolescents.

One of the most challenging conceptual aspects facing contemporary researchers is in gaining understanding into the process of identity formation in minority adolescents (Hoare, 1991). It has been suggested that the formation of a positive, functional ethnic-identity is an essential aspect of self-identity and worth for minority youth (Hoare, 1991; Phinney & Rosenthal, 1992). Therefore, it is important that research be conducted with normal, middle-class, and upper-class African-American adolescents who live normal, healthy lives in ordinary neighborhoods. Bell-Scott (1987) points out, as with coping, there is a

tendency for researchers conducting Black minority studies to focus only on individual deviancy and family pathology.

In an attempt to identify the behavioral correlates which correspond to the development of ethnic-identity, Phinney (1989) conducted interviews with African-American adolescents. The results of her inquiry showed that more tenth graders than eighth graders had explored their ethnicity to some extent. She also found that minority university undergraduates scored significantly higher than minority high school 11th and 12th graders on a self-report measure of adolescent ethnic-identity achievement (Phinney, in press).

The previous studies have identified the major research conducted in the areas of coping strategies, psychosocial development, ethnicity, and gender. Utilizing the Theory in Jorgensen and Dusek's (1990) study of coping strategies in adolescence, no known attempt has been made to distinguish a relationship between Erikson's epigenetic stage theory and the development of increasingly mature coping strategies in late adolescence. Similarly, Davenport and Yurich's (1991) research on the relationship between gender and ethnicity provided important information regarding those variables, nevertheless, no studies were found that attempted to focus awareness on coping strategies, gender, ethnicity, and psychosocial development in the adolescent population. For this reason, Erikson's (1950, 1963) epigenetic theory of development throughout the life span, and in particular the

concept of identity formation during adolescence is
fundamental to this study. It is also important to note
that Erikson (1950) has provided the most comprehensive
analysis of the construct of development throughout one's
life cycle. Erikson stated:

> I think the potential for the development of ego
> strength comes out of the successful completion
> of all the earlier developmental processes. I
> would say that you could speak of a fully mature
> ego only after adolescence, which means, after
> all, becoming an adult (Evans, 1969, p. 31).

Moreover, Erikson linked the formation of identity to social
roles in the broader culture (Hoare, 1991; Phinney, 1990)
and with gender (Davenport & Yurich, 1991; O'Connell, 1981).
Finally he suggested that with maturing cognitive abilities,
the young adolescent has the capacity to manage the
increasing social demands of society and to cope with life
events (Erikson, 1963, 1968).

The purpose of this study, then, is to explore the
following questions: what is the relationship between
coping strategies and psychosocial development in late
adolescence? More specifically, what is the relationship of
adolescent coping strategies to psychosocial tasks (resolved
and unresolved psychosocial crises) and gender among
African-American and Caucasian college students?

Rationale

Erikson's (1950, 1963) psychosocial developmental theory serves as the theoretical framework for this study. According to Erikson, each individual passes through a succession of eight stage specific levels of development which encompasses an entire lifetime. These developmental levels are referred to as psychosocial stages, and reflect Erikson's belief that as the infant grows and as psychological changes occur, society's standards within the context of the individual's environment, geographical area, and culture simultaneously shape personality development. The first five stages are experienced from birth through adolescence and the remaining three during adulthood.

Erikson (1963, 1968) theorized that each psychosocial stage arises within a somewhat fixed chronological interval. Each ensuing stage permits the maturing individual to manage and cope with increasingly more complex developmental tasks. Simultaneously, the individual must come to terms with the above described psychosocial bipolar crises. According to Erikson, a crisis occurs when one is forced by internal maturation and external social demands to deal with concerns, thereby, either moving forward, or in the alternative remain static, becoming developmentally stagnant/inactive. Erikson chose the word crisis, using it in a developmental sense to indicate the idea of a turning point rather than a threat of disaster (Evans, 1969).

The developmental tasks accompanied by the bipolar
conflicts associated with adolescence and young adulthood
continue to be of interest to researchers who study human
development, stress, and coping domains. However, Compas
(1987b) cautioned that researchers must be cognizant of the
point in the developmental sequence in which coping with
stressful events are being studied. He admonished that
adolescent research must consist of more than accounting for
chronological age, as cognitive and social development do
not progress at a universal rate for all individuals.

A critical task in furthering the understanding of
adolescent development is the use of a unifying theoretical
base by which psychosocial factors and contextual
influences, such as race, gender, family dynamics, and
culture can be integrated. This is particularly critical
when attempting to assess the psychosocial development of
minority adolescents. It is imperative for researchers to
recognize that, for African-American youth, an understanding
that their ethnic group-identity as well as the ego-identity
must be integrated as part of their individual psychosocial
identity (Phinney & Rosenthal, 1992). Because Erikson
(1968) believed that culture contributes to and uniquely
shapes the individual's psychosocial identity, the ethnic
and cultural context is clearly important to the process of
identity formation (Phinney & Alipuria, 1987). Therefore,

among the questions proposed by researchers interested in human development, are those of systematically investigating psychosocial adjustment, ethnicity, as well as gender differences (Bell-Scott, 1987; Davenport & Yurich, 1991; Hoare, 1991; Phinney & Rosenthal, 1992).

With respect to adolescence, research studies have concluded that coping is a process that seems to cluster and focus on numerous demands, each of which seem to have a discrete purpose (Bird & Harris, 1991; Compas, 1987a; Patterson & McCubbin, 1991). Additionally, it has been concluded that coping behaviors appear to be multidimensional and serve more than one function simultaneously, such as problem solving and controlling one's emotions (Jorgensen & Dusek, 1990; McCrae & Costa, 1986; Patterson & McCubbin, 1987, 1991).

From the majority of research reviewed, it appears that a minimal amount of research has been conducted regarding coping strategies and psychosocial development in the Caucasian adolescent population (Jorgensen and Dusek, 1990). Even fewer studies have been conducted with the African-American population of the same age (Bell-Scott, 1987).

Mandelbaum (1982) has suggested that accurate explanations of another's reality take place only to the extent that the individual is able to transcend his/her own

perspective of culture, race, or gender, and understand from within the reality of another. The importance of this implication is this: in interrelated systems, if coping behaviors learned during the psychosocial stages of childhood and adolescence form the basis for one's adult coping style, then research is needed to establish these relationships between psychosocial development and coping strategies, across gender, and ethnicity.

Problem Statement

It is for the reasons stated above that this study is being proposed. This study attempts to answer this question: What is the relationship among the variables coping strategies as measured by Adolescent Coping Orientation for Problem Experiences (A-COPE) (Patterson & McCubbin, 1991), psychosocial development, as measured by Erikson Psychosocial Inventory (EPSI) (Rosenthal, Gurney, & Moore, 1981) for African-American and Caucasian female and male freshmen university students?

The Purpose of the Study

The purpose of the present study is to explore the relationship between coping strategies and psychosocialdevelopment in adolescence. An additional purpose was to determine how these coping efforts vary, depending upon ethnicity and gender.

Based on individual coping theory and family stress theory, McCubbin and his associates (1979, 1982, 1991) suggest that more mature, healthy coping strategies can be expected to be increasingly utilized by individuals who have optimally resolved the psychosocial issues of each stage prior to adolescence. Conversely, it can be anticipated that adolescents who have less optimally or negatively resolved the psychosocial crises of prior stages will continue to use more immature, stress relieving, and even hostile coping styles (Jorgensen & Dusek, 1990). Additionally, it is speculated that females will use a greater range of coping behaviors than males (Bird & Harris, 1990; Patterson & McCubbin, 1991).

The literature for the African-American, adolescent population presently remains unclear, regarding both coping behaviors and psychosocial development (Bell-Scott, 1987; Hoare, 1991). However, a recent study conducted by Phinney and Rosenthal (1992) indicates that a small body of research exists which has ". . . taken a developmental perspective and has looked at the process of ethnic identity formation" (p. 149) as part of the identity process.

Based on Eriksonian theory, the expected overall outcome is that as individuals progressively evolve psychologically and socially through the psychosocial stages, the more mature and socially acceptable coping efforts tend to become regardless of race or culture

(Erikson, 1963, 1968). The same conclusions would be expected among gender.

Definition of Terms

Coping Strategies

Coping strategies are defined as behaviors that adolescents find helpful in managing problematic situations (Patterson & McCubbin, 1987). Validity studies conducted during the development of the A-COPE demonstrate that two overall classes of coping strategies existed: complementary coping patterns and competing coping patterns (McCubbin, Needle & Wilson, 1985). Jorgensen and Dusek (1990) substantiate these findings in a study on adolescent adjustment and coping. Jorgensen and Dusek (1990) labeled the first factor Salutary Effort, representing more mature, salutary coping strategies (i.e., making appropriate decisions, seeking social support, or talking with family members about problems). The second coping factor was named Stress Palliation and reflected less mature coping behaviors (i.e., alcohol or tobacco use, verbal aggression, staying away from home for as long as possible or minimizing the importance of problems). For this study, the two levels of coping will be utilized with the first factor labeled Direct Coping strategies (DC), and the second factor designated Indirect Coping skills. For purposes of this study, coping strategies was operationally defined by scores obtained on

the two levels of coping. High scores on Direct coping indicate respondents' employment of more mature coping strategies, while high scores on Indirect Coping indicate participants' use less mature, hostile, and antagonistic coping strategies.

Psychosocial development

Early adolescent psychosocial development has been described as the beginning of the process of identity formation - founded in the context of family, race, or ideology. According to Erikson (1968), a healthy developed ego-identity (toward the end of adolescence) leads to the capacity to successfully cope with family, societal, and cultural demands. For purposes of this study, psychosocial development was operationally defined by scores obtained on Erikson Psychosocial Stage Inventory (EPSI) (Rosenthal, Gurney, & Moore, 1981). The EPSI is reported to measures the resolution of normative stage crises associated with the first six stages of Erikson's epigenetic stages theory. The EPSI generates a subscore for each of the six levels. An average subscale score is found by calculating the mean of the six subscores, yielding one psychosocial development score. Respondents are placed in one of two groups: Resolved Psychosocial Adjustment (RPA) reflected by positive mean scores, or Unresolved Psychosocial Adjustment (UPA) indicated by negative mean scores.

Ethnicity

For purposes of this study, ethnicity is defined as late adolescents that are either African-American or Caucasian and are between the years of 17 and 21 years of age. This information was obtained from the personal, self-report demographic questionnaire.

Statement of the Hypotheses

On the basis of previous research the following hypotheses were investigated in the present study. The alpha level selected to test the following null hypotheses was set at .01.

Hypothesis 1:

There are no significant differences in coping strategies between resolved and unresolved psychosocial developmental stages.

Hypothesis 2:

There are no significant differences in coping strategies between females and males (gender).

Hypothesis 3:

There are no significant differences in coping strategies between African-Americans and Caucasians (ethnicity).

Hypothesis 4:

There are no significant interactions in coping strategies between psychosocial development and gender.

Hypothesis 5:

There are no significant interactions in coping strategies between psychosocial development and ethnicity.

Hypothesis 6:

There are no significant interactions in coping strategies between gender and ethnicity.

Hypothesis 7:

There are no significant interactions in coping strategies among psychosocial development, gender, and ethnicity.

Assumptions and Limitations

The following factors should be considered when analyzing and generalizing the results of this study. First, it is assumed that the selected samples are representative of their respective populations. This study focuses on late adolescent male and female college freshmen who are either African-American or Caucasian. The results of this study are not representative of all populations of freshmen university students. Because the respondents were volunteers, they may have different characteristics than those university freshmen who did not volunteer to participate in this study. Moreover, these entering university subjects may have dissimilar attributes from college freshmen in the population as a whole.

Second, due to the fact that both of the instruments used in this research study required self-report responses,

the validity of the results were dependent upon the respondents' willingness to answer honestly. It must be assumed that the subjects responded honestly. The study required reflection on earlier behavioral actions and therefore reactions may not represent accurate perceptions of past events.

Third, this study required the participants to reflect about how often they used a coping behavior. It was not known whether the subjects employed one specific stressful situation, or several unrelated stressors in reporting their coping behaviors.

Finally, because ethnicity has not been explored as a component of the coping process or studied from the theoretical framework of Eriksonian stage theory, it must be considered an exploratory area. Therefore, the results of this study are not to be generalized to any other research group, race, or culture.

Need and Importance of the Study

David Elkind (1984) has described adolescents as a generation under stress. According to this child psychologist and author, teenagers "... have had a premature adulthood thrust upon them" (p. 3). He points out that contemporary American adolescents are expected to encounter life experiences and its related social pressures without adequate preparation time in which to develop a set of values to guide their upcoming adult roles. As a result, a

plethora of teenage behaviors from stress headaches and
depression to overt demonstrations of substance abuse,
sexual improprieties, eating disorders, and suicide continue
to increase (Elkind, 1989).

Many researchers who have investigated stress and
coping (Bell-Scott, 1987; Compas, 1987a; Jorgensen & Dusek,
1990; Patterson & McCubbin, 1987; McCrae & Costa, 1986) have
addressed the relevance of inquiry into the association
between psychosocial maturity and coping styles at all age
levels. Because most behavioral scientists have focused
their studies on adult coping behavior, few adolescent
studies have addressed these variables.

Jorgensen and Dusek (1990) stressed the importance of
research during the adolescent years because of the quantity
of cognitive, physical, and social changes occurring at this
time of life that are interrelated with coping and
psychosocial adjustment. Bell-Scott (1987) has pointed out
that a need explicitly exists for theory development of the
African-American adolescent population. She pointed out
that well designed studies based on representative samples
and carefully operationalized constructs have not been
conducted with Black adolescents.

The need and importance of this study is to shed
further light on the relationships of coping strategies to
psychosocial adjustment and gender among African-American
and Caucasian late adolescents. The findings from this
investigation could be used to facilitate individuals

closely associated with the late adolescent individuals. This study may provide needed insight to secondary teachers and counselors, university counseling center personnel, priests, ministers, and rabbis, behavioral researchers, and others who work with minority adolescents attempting to cope with stressful life events.

The information gathered from this study might also provide an impetus toward furthering research regarding coping and psychosocial adjustment and gender among the adolescent population. Finally, this study could add to the coping literature, which is in need of conceptual models that include variates of race, culture, and gender, as well as psychosocial development in the African-American adolescent population.

Summary

Coping is a normal, individual, multidimensional response to tension, anxiety, and stress. The degree of coping strategies ranges from ignoring stressors to redefinition of events in an effort to make the situation more manageable. During adolescence, the primary crisis to be resolved is that of identity formation, which leads either to mature or immature abilities to cope with family, social and cultural requirements in adulthood. Gender differences have been variously found to differ with regard to coping behaviors. Little is known about coping

strategies and differences between African-American and Caucasian adolescents. Erikson's epigenetic stage theory serves as the theoretical framework for this study.

CHAPTER II

REVIEW OF THE LITERATURE

This chapter includes a review of the literature with
discussions on the theoretical antecedents and foundations
of the coping concept as related to adolescent coping
behavior. Literature citing coping strategies as related to
gender and ethnicity differences is cited. Reviews of
research related to the concepts of Eriksonian psychosocial
theory and issues are examined with emphasis on recent
studies by interactional theorists. Research describing
resolutions of Erikson's stages regarding gender and
ethnicity issues are explored. The theoretical constructs
of coping strategies, gender and ethnicity and the possible
relationships of these variables to the resolution of
Erikson's psychosocial stages are cited.

Psychosocial Antecedents of
the Coping Construct

Although coping resources continue to play an important
role in contemporary theories of stress, relatively little
is known about the specific coping processes individuals use
in adapting to stressful life circumstances (Moos &
Billings, 1982; Patterson & McCubbin, 1987; Valliant, 1977).
This is particularly true during adolescence when normal

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developmental influences begin moving the child into young adulthood (Patterson & McCubbin, 1987). While various coping behaviors have been important in stress theory, there continues to be little information about the specific way individuals go about attempting to manage stressful life events (Compas, 1987a; Folkman & Lazarus, 1985; Patterson & McCubbin, 1991).

In a review of the coping literature, Moos & Billings (1982) discussed five theoretical perspectives which have resulted in the present conception of coping and measures of coping. These perspectives are: (a) the psychoanalytic and ego psychology perspective which emphasizes the importance of ego processes to distort reality and thus reduce tension; (b) the life cycle perspective which considers effective stage resolution an important component in facilitating and building a sense of competency and ego integrity; (c) the evolutionary and behavior modification perspective which stresses behavioral problem-solving skills in order to maintain individual and species survival and to establish a sense of self-efficacy; (d) the cultural and social-ecological perspective which place emphasis on the cooperative efforts of the physical and cultural environment; and (e) the integrative perspective which conceptually links life stress and functioning (as mediated both by personal and environmental resources) with cognitive appraisal and coping processes, and their interactions.

By linking the integrative perspective of coping discussed by Moos & Billings (1982), which views life events as developing from a combination of personal and environmental factors, with Erikson's life cycle perspective, a unique way to conceptualize the construct of coping across psychosocial stages begins to emerge. It is from this integrative perspective that the theoretical direction of the present study will be guided, with Erikson's psychosocial perspective serving as the overall framework.

From a theoretical life-cycle viewpoint, one hypothesis of coping is that when the neonate leaves it's ideal uterine environment, the infant has at birth an inborn ability to confront new demands for coping with and adapting to new surroundings (Newman & Newman, 1991). A basic assumption of Erikson's was, indeed, that the infant had the benefit of a relatively normal environment in which to grow and develop (Erikson, 1959).

From the time an infant is born, a myriad of challenging situations are potentially encountered which threaten development. According to Erikson, these threats require a psychological readiness for danger or the anticipation for discomfort. The mechanism by which individuals manage these threats and discomforts is through the process of coping. Personal coping behaviors, learned through the development of trust and autonomy in infancy and early childhood become integrated into the self-concept and

help determine coping abilities in adolescence, adulthood, and old age (Moos & Billings, 1982).

During puberty, emerging abilities allow the adolescent to think abstractly, draw inferences, and view life possibilities from several perspectives. To this end, puberty introduces the first opportunity to mentally construct a personal future with clear role possibilities and purposeful goal expectations. The development of a strong, positive ego identity in adolescence reinforces the ability to meet the requirements of these personally selected aspirations and to cope with the subsequent adult responsibilities and obligations to be encountered in adulthood (Erikson, 1963).

At each stage of human development, but particularly during adolescence, different threats and challenges are seen as demanding action and adaptation in order to cope with family, society, and cultural demands (Neugarten & Datan, 1973). According to Erikson, these challenges and demands create states of disequilibrium (or crises) which precede each subsequent stage of development. These universal stage crises are brought about primarily by the individual's need to adapt to the social environment, therefore, making healthy development possible. Erikson (1963) pointed out that healthy conflict resolution at each psychosocial stage resulted in the development of a sense of competence. This competence in turn, enables the maturing individual to reach adulthood with optimal cognitive,

psychological, and social abilities with which to manage
adult responsibilities and life events.

Theoretical Conceptualizations of Coping

Coping, as a separate and distinct construct, entered
the research literature in the early 1960's (Laux & Vossel,
1982). Because of the emphasis on psychoanalytic thought of
that era, much of the early coping literature focused on
basic personality characteristics or the presence of stable
structural elements within the environment (Haan, 1977; Laux
& Vossel, 1982; Moos & Billings, 1982).

Haan (1977), for instance, specifically defined
personality characteristics in terms of coping ability as "
... fundamental and persistent organizational strategies
that people used to interregulate various aspects of
themselves" (p. 1). Concurring with Haan's (1977) clinical
definition of coping, Webster's New Collegiate Dictionary
(1981) provides the following definition: "To maintain a
contest or combat usually on even terms or with success; ...
to deal [with] and attempt to overcome problems and
difficulties ... " (Webster's, 1981, p. 248). Following
that line of thought, coping then can be understood as a way
in which individuals are able to overcome difficult problems
through reaching out to others and/or looking within
themselves for resources to come to terms with their
difficulties (Haan, 1977).

Other researchers, leaning toward stress management through structural environmental organizations such as defined community support systems, have argued that social organizations within the community provide necessary resources for some individuals. These theorists have promoted coping as being a buffer or shock absorber between stress and states of well-being (Laux & Vossel, 1982; Wills, 1983).

This line of thinking has been characterized by a study designed by Cohen and Wills (1985). Through an extensive literature review, these researchers compared two separate processes of social support on stress and well-being on adults. The purpose of their inquiry was to determine whether the relationship between social support of friends, family, and co-workers and well-being was credited more to an overall positive effect of support (main-effect model), or to a process of support that protected the individual from potentially pathological effects of stressful life events (buffering model).

Cohen & Wills (1985) found supportive evidence for both models. There was justification for the main-effect model when the support measure assessed an individual's amount of integration within a community social network. Likewise, there appeared to be rationale for the buffering model when the social support measure assessed interpersonal resources that were sensitive to the individual's needs. Cohen and Wills (1985) concluded that both conceptualizations of

support were appropriate in various respects, and that each
concept represented a distinctly separate process through
which social support may affect coping and well being.
Cohen and Wills's (1985) work provided important background
support for later research conducted with adolescents.
In a study linking ethnic identity in adolescence to later
adult self-worth outcomes, Phinney and Rosenthal (1992)
suggested that a consideration of the early environment in
which children first acquire a sense of themselves as well
as contextual factors that influence adolescent years must
be considered when looking at strategies for measuring
feeling of self-worth in minority youth.

In questioning the psychoanalytic paradigm
traditionally employed in stress research, Lazarus and his
colleagues (Folkman & Lazarus, 1985; Lazarus, 1981; Lazarus
& Folkman, 1984; Lazarus & Launier, 1978) believed that
stress could be more adequately described in terms of a
transaction between the individual and environment. These
researchers believed that a paradigamatic crisis existed in
the stress and coping research of their time. In order to
make their position clear, Lazarus and Launier (1978)
stated:

> We are certain that only a radical change in outlook,
> research paradigm, and conceptual language, will allow
> us to escape the doldrums into which research and
> theory on psychodynamics and adaptation have lapsed

using the research models and language of the recent

past. (p. 321).

In Lazarus's (1981) viewpoint, a primary characteristic of

stress was the process by which stressors were managed.

Lazarus and Folkman (1984), suggested that coping styles do

not necessarily indicate the presence of underlying

personality traits. Likewise, the presence or non-presence

of environmental structures (social support agencies) do not

predispose individuals to respond in a specific way.

Additionally, they point out that studies based on

structural approaches are unable to detect differences in

degrees of coping or modifications in emotions as a specific

situation changes or as coping strategies change from

situation to situation (Folkman and Lazarus, 1985).

In order to examine the process of coping, Folkman &

Lazarus (1985) designed a study based on a cognitively

oriented, process-centered theory of stress and coping

ability. These researchers examined the proposed

hypotheses of stress and coping in a naturalistic setting

during college mid-term examinations. Data were collected

over three distinct stages: 1) an anticipatory stage, when

the student must prepare for the exam; 2) a waiting stage,

which occurs after the exam but before grades are announced;

and 3) an outcome stage, after learning the results of the

examination. These researchers also elicited information

about two stress-related sets of processes: emotion and

coping, which included the use of social support.

The results of Folkman and Lazarus' (1985)
investigation demonstrated that significant concurrent
changes occurred appropriately in emotions, coping, and the
use of social support as the examination process progressed.
Their overall findings offered support for the following
beliefs: (1) stressful events are powerful, changing
processes and not static, unitary occurrences; (2) at any
time during a stressful event, individuals may seem to
manifest seemingly conflicting states of mind and emotions;
(3) individuals cope with stress in complex ways; and (4) at
any given phase of a stressful event individual differences
in emotion are in operation, reflecting individual
differences in cognitive appraisal and coping.

Building on these hypotheses, behavioral researchers
have differentiated coping behaviors into three broad
categories based on 1) Effortful versus noneffortful
responses, 2) Functions of coping, and 3) Resources, styles,
and specific coping responses (Compas, 1987a). These three
general classes of coping behaviors are briefly described
below.

Effortful Responses to Stress

Various researchers have studied effortful responses
for coping and have described purposeful attempts to manage
reactions to stress (Folkman & Lazarus, 1985; Lazarus &
Folkman, 1984; Murphy and Moriarity, 1976; Patterson &
McCubbin, 1987). This viewpoint is best exemplified in

Lazarus and Folkman's (1984) work on stress, appraisal, and coping. They define coping ". . . 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" (p. 141). In their opinion, when individuals focus on effortful responses to stressful situations, they learn to cope with stress by avoiding, accepting, tolerating, or minimizing the stressing event. The researchers pointed out that purposeful coping is not limited only to appropriate successful coping behaviors but may include all deliberate attempts to manage stress regardless of its acceptability or effectiveness.

Functions of Coping

Various research efforts have been made to classify the functions of coping behavior (Compas, 1987a; Folkman and Lazarus, 1980; Menaghan, 1983; Moos and Billings, 1982; Pearlin and Schooler, 1978). The overall findings of this body of research indicates a tendency for theorists to conceptualize coping functions into three broad domains according to the primary use: (1) problem-focused, (2) emotion-focused, and (3) appraisal-focused coping. Problem-focused coping involves behaviors whereby individuals attempt to reduce or eliminate the stress or demands, accept and manage the consequences of a problem, or modify self-expectations in order to generate a more self-gratifying situation. Emotion-focused coping pertains

to thoughts and actions directed primarily at managing the feeling and tension evoked in a given situation. Appraisal-focused coping includes those actions used to understand the meaning of a situation. Appraisal-focused coping includes such behavior as logical analysis and cognitive redefinition of the anxiety, stress, or tension provoking situation (Compas, 1987a). Emotion-focused coping behaviors appear to regulate feelings aroused by the stressor whereas problem-focused coping operates to manage specific problems that cause distress (Bird & Harris, 1990).

Resources, Styles, and Specific Coping Responses

Researchers concerned with resources, styles, and specific coping responses have addressed the importance of social support being available to assist people in managing specific areas of stress. Supportive relationships with parents or other adults living in the community (Garmezy, 1983) as well as siblings and peers, (Cauce, Felner, & Primavera, 1982), have all been found to be beneficial resources for helping individuals cope with stress. High self-esteem (Garmezy, 1983), positive, appropriate interpersonal skills (Spivack & Shure, 1982) and impersonal problems solving skills (Dweck & Wortman, 1982) have been identified as personal resources that enable children and young adolescents to cope with stressors without feelings of helplessness.

Child and Adolescent Coping

The ability to cope with stress is particularly
important during late childhood and early adolescence
because of the many behavioral, cognitive, social, and
emotional changes occurring during this time of life.
Conceptualization and measurement of coping behavior during
adulthood has been characterized by increased focus and
clarification. This, however, has not been true in the
research and study of coping behavior among adolescents
(Compas, 1987a,; Jorgensen & Dusek, 1990; Patterson &
McCubbin, 1991). Instead, a variety of coping definitions
and measurements have evolved from such diverse disciplines
as individual coping theory, family stress theory, and
childhood and adult coping effectiveness research (Compas,
1987a; Bird & Harris, 1990; McCrae & Costa, 1986; Patterson
& McCubbin, 1987).

This diversity in conceptualizing adolescent coping may
be due, in part, because managing stress and tension does
not appear to be as straightforward as either adulthood or
child coping. Patterson and McCubbin (1987) suggest that
adolescent coping can act as both a buffer and shock
absorber against tension as well as a contributor to stress.
Additionally, adolescents are rarely called on to manage a
single demand. These young individuals are attempting to
develop a sense of identity, separate from the family while
continuing to stay connected, and fit into a peer group

(Patterson & McCubbin, 1991). Adolescent coping behavior appear to cluster and focus on numerous demands simultaneously, each having a discrete purpose (Bird & Harris, 1991; Patterson & McCubbin, 1991).

Patterson and McCubbin (1987) point out that during adolescence, young people have the most amount of stress and anxiety to manage, but have not yet developed stable coping skills on which they can rely. As a result, adolescents are often at high risk for making errors resulting from faulty judgement (Elkind, 1981, 1984). Spontaneous energy combined with a lack of experience and a sense of invulnerability often result in extreme reactions which lead to potentially serious consequences for these youth (Konopka, 1980). From this point of view, Barnett and Baruch (1987) suggest that coping strategies appear to be partially dependent on the stage of development from which one is operating, and whether or not the individual has appropriately resolved previous stages.

Accurate assessment and measurement of coping continues to be an area of neglect in adolescent literature (Compas, 1987a; Patterson & McCubbin, 1991). Although adult subjects typically have been queried about ways of coping in situation specific predicaments by means of self-report measures (Compas, 1987a), other researchers have questioned the soundness of this technique with adolescents (Jorgensen & Dusek, 1990).

Williams and Uchiyama (1989) point out that the differences in the assessment technique used with adolescents and younger children, besides the obvious item content, is that young children often require parent-report, while adolescents are more accurately assessed by self-report measures. Williams and Uchiyama (1989) maintain that information obtained by self-report is not only a statistically sound way to measure adolescent coping, but that it is cognitively sensible as well.

Patterson and McCubbin (1987) presented a theoretical foundation for assessing adolescent coping. These researchers conceptualized adolescent coping using family stress theory as a framework within which to manage individual and family-related demands with competence. They suggest that successful coping behavior results in positive adaptation when the adolescent achieves a "fit" within both the family network and the community (Patterson & McCubbin, 1987, 1991).

Building upon this theoretical construct, Patterson and McCubbin (1981) developed a self-report coping instrument (Adolescent Coping Experience for Problem Orientation (A-COPE) which allows for psychometric assessment of adolescent coping strategies. This measure assesses self-reported coping strategies across various levels of peers, parents, and community.

Validity studies on the A-COPE (McCubbin, Needle, & Wilson, 1985) instrument indicated that although a final set

of 12 factors emerged, overall it appeared that two predominant classes of coping patterns emerged: complementary coping patterns and competing coping patterns. The coping factors each appeared to have an independent focus. According to Patterson and McCubbin (1991), these findings offered . . . "partial support for a hierarchical conceptualization of coping in terms of specific behaviors and in terms of generalized patterns or style" (p. 246). Many patterns of behaviors reported by subjects, particularly those coping behaviors associated with ventilating feeling and avoiding problems through substance use and staying away from home, are normatively evaluated as undesirable. Other coping behaviors appear to be in the domain of transformational coping (Maddi, 1981; Patterson and McCubbin, 1991).

These conclusions by Patterson and McCubbin (1987) led Jorgensen and Dusek (1990) to conduct an exploration of adolescent adjustment and coping strategies. An ego identity scale and the A-COPE were employed in the study. The subjects were 331 eighteen-year old undergraduates. Analysis of the data substantiated McCubbin's, et al. (1985) work, revealing that two separate coping factors existed. Jorgensen and Dusek (1990) labeled one factor as "salutary effort" and the second factor and "stress palliation" (p. 507), respectively. Respondents scoring high on salutary effort described themselves as being able to develop a direct plan of action regarding the problem or stressor,

utilize social resources for emotional support, and engage in physical, cognitive and intellectual activities that might lead to problem resolution in a positive way.

Conversely, those subjects scoring high on stress palliation reported that they indirectly managed stress through the use of stress eliminating or reducing maneuvers that included the use of tobacco, alcohol, or other substances use, daydreaming, sleeping, yelling and otherwise letting off steam, and blaming others for their personal problems. Jorgensen and Dusek (1990) concluded that coping strategies used by the stress palliation group reflected efforts to reduce tension in an avoidant, hostile manner. Additionally, they noted that subjects reporting high scores on stress palliation scored lower on ego identity than did the more optimally adjusted respondents. Jorgensen and Dusek (1990) noted no gender differences in their study. It is suspected that the composite score of the ego identity instrument, was not sensitive enough to reflect gender differences when scores across all psychosocial stages are summed collectively and reported as one score, rather than being measured separately in accordance with Eriksonian theory (Rosenthal, Gurney, and Moore, 1981).

Gender Differences in Coping

Very little empirically based information is available on how coping differs by gender (Bird & Harris, 1990). Despite inadequate and inconsistent research findings, one

primary concern to researchers is that of how coping is differentially accomplished by gender (Barnett & Baruch, 1987; Bird & Harris, 1990; Hoare, 1991; Jorgensen & Dusek, 1990; Phinney & Alipuria, 1987). In the past, researchers designed studies using male samples to measure the variables of interest, and then generalized those findings to females. Present day researchers appear to be relinquishing older, conventional, impersonal inquiries, in favor of research designs that are better able to detect true gender differences (Bird & Harris, 1990; Folkman & Lazarus, 1985; Gilligan, 1982, 1988; Hoare, 1991; Patterson & McCubbin, 1987, 1991; Phinney & Rosenthal, 1992).

In spite of these efforts, research studies on gender differences and coping continue to provide differential results. For example, in adult literature, coping patterns have been found to vary by life stage and by gender (Barnett & Baruch, 1987). Additionally, coping styles have been found to be situation specific and indicate individual preferences that appear to be consistent with personal beliefs, goals, and values (Compas, 1987a; Pearlin, 1989; Spivack and Shure, 1982). Pearlin and Schooler (1978) found that some coping strategies were viewed as more useful in the work place, whereas other coping behaviors were reported to be more efficient in the context of the home.

The association between chronic, life threatening situations and coping across gender have been frequently studied in adolescent medical research; however, studies

relating coping abilities with normal life demands have been less often explored (Bird & Harris, 1990). Adolescent stress and coping with critical life events have mirrored the findings reported in adult research, underscoring that gender variation in coping tend to be differentially related to depression and anxiety, suicide attempts, somatic health, and acting-out behavior (Compas, 1987b).

Lewis, Siegel and Lewis (1984) found gender and life events to be important factors in moderating the relationship between stress and behavioral or psychological problems in adolescence. Again consistent with adult research, these researchers found that adolescent females tend to rate life events as more stressful than did their male counterparts. The significant incidence of female reported negative life events presumably result in higher incidence of depression and anxiety reported by female adolescents, as well as a greater number of reports of stressful daily hassles (Compas, Davis, & Forsythe, 1985).

Past research has demonstrated gender differences in adolescent family role strain. In a review of the adolescent literature, Compas (1987a) found that coping strategies may be influenced by gender-role socialization, but that studies have only indirectly addressed this issue. Bird and Harris (1990) examined adolescent role strain differences and coping strategies by gender and family structure. Their findings reflected those of Pearlin (1989) that family structure and gender influence the stressors to

which individuals are exposed as well as the resources available for managing stressful situations.

In Patterson and McCubbin's (1983, 1987, 1991) ongoing investigation of adolescent coping style, behavior, and family dynamics, these researchers have found male and female adolescents tend to use coping behaviors that represent all three of the primary functions of coping identified above in the section of Functions of Coping: a) coping by direct action to modify the situation, b) coping by altering or controlling the meaning of experiences through perception and appraisal, and c) coping by managing tension or stress experienced. Both acceptable, transformational and avoidance coping behaviors (Maddi, 1981) were included in the coping measurement instrument developed by Patterson and McCubbin (1983, 1991). Patterson & McCubbin's (1987) research indicated that females scored higher on eight of the 12 coping patterns. This difference was significant in four of the coping styles relating to management of life problems through interpersonal relationships with siblings, parents, peers, and other adult friends. Males scored higher in one area: humor was used significantly higher than their female counterparts.

Ethnicity Differences in Coping

The development of a positive, robust, optimistic identity is a vital aim for adolescents. According to

Erikson, the critical task of adolescence is to consolidate

childhood identifications together with personal choices and

the opportunities afforded by the culture. Through these

opportunity and choices, adolescents begin establishing a

sense of who they are and what they wish to become (Phinney

& Rosenthal, 1992). Part of the process of self identity is

to eliminate who they are not, before they can proceed

developmentally (Hoare, 1991).

One primary concern to researchers interested in

ethnicity and related issues is that theoretical models of

psychosocial development, for African-American adolescents

specifically, and other minorities in general, have not been

clearly established. According to Bell-Scott (1987) theory

development and research of normal psychosocial development

issues have remained at the formative stages with regard to

Black adolescents. As a result, research measures have not

been adequately developed to clearly distinguish ethnic

differences (Bell-Scott, 1987; Phinney & Alipuria, 1987).

Phinney and Rosenthal (1992) state, "The research to date

has provided only a sketchy, fragmented picture of this

process, both because of limitations in the theoretical

frameworks used for studying ethnic identity and because of

methodological problems in the research itself" (p. 166).

In addition to the investigation of specific hypotheses

in any given study, an important expansion of behavioral

research is the development of a broad framework from which

to investigate additional variables of concern. In an

effort to link ego identity and ethnic identity in
adolescence, Phinney and Rosenthal (1992) conducted a study
that clearly established a differentiation between the two
concepts of ego identity and ethnic identity.

Phinney and Rosenthal (1992) suggested ethnic identity
(1) refers to a social identity, with principle meaning
stemming from the context of the culture to which the
individual belongs; (2) ethnic identity deals with the
individuals' heritage and therefore cannot be chosen,
although the degree and way of expressing ethnic identity
can vary; (3) the relevance and consequence of ethnic
identity vary among ethnic groups as well as between
majority and minority group members, and (4) ego identity
has been studied by psychologists and researchers focusing
on adolescence, while ethnic identity has been studied from
such various perspectives as social and developmental
psychologists, as well as sociologists and anthropologists.
Phinney and Rosenthal maintain that in spite of these
differences between ego identity and ethnic identity, the
framework provided by ego identity research provides
important parallels to the study of ethnic identity.

Phinney and Rosenthal (1992) believe minority youth
have additional issues and conflicts that must be resolved.
In addition to the typical identity issues with which all
adolescents must struggle, minority youth face a range of
other individual identity questions. Various life
experiences such as family structure and background,

contextual environments, and personal inner resources possessed by the adolescent will influence the manner in which minority youth will manage these life questions.

Close family ties and relationships with members of other minority or majority groups can cause contrasting views that are likely to cause ambivalent feelings and competing attitudes. The adolescents's ethnicity can therefore, provide supportive roots or limiting stereotypes; it can be a basis for pride or discomfort. The development of identity for minority adolescents requires an integration of these contrasting elements, together with one's own preferences and alternatives to achieve a unified sense of self as an ethnic group member. Following the achievement of these issues, ego identity can then be accomplished (Phinney and Rosenthal, 1992).

Members of the Consortium for Research on Black Adolescence (CROBA) (Bell-Scott, 1987) have identified several general areas which are in crucial need of exploration. Bell-Scott (1987), Project Director for CROBA, pointed out that studies which explore issues as psychosocial development, coping, and family-adolescent relationships are greatly needed. This assembly concluded that multi-method strategies between and among the variables of race, culture, class, age, gender, and family structure have yet to be developed for the African-American adolescent (Bell-Scott, 1987). Implementation of appropriately designed studies relating psychosocial development and the

way adolescents cope with their environment have been seriously neglected within the Black middle-class adolescent population.

Summarily, the coping process appears to be a complex and multidimensional concept in that any given coping behavior may serve more than one function (Patterson & McCubbin, 1987). New demands placed upon the individual, whether through biological development and maturation or from the family, community, or society, require new ways of managing stress. No one coping strategy is sufficient for all types of stress, anxiety, or tension (Compas, 1987a). In reviewing the literature, only a few studies have attempted to conceptualize and measure adolescent coping (Compas, 1987a,b,; Jorgensen & Dusek, 1990; Patterson & McCubbin, 1991) in regards to gender (Bird & Harris, 1990; Davenport & Yurich, 1991) or ethnicity (Bell-Scott, 1987; Hoare, 1991; Phinney & Rosenthal, 1992).

Psychosocial Theory

Psychosocial development has been characterized in various ways. The theory postulated by Erikson (1950, 1963, 1968) provides a relevant, overall framework for which many of the applicable issues of this study can be understood. Based on Freud's psychoanalytic theory and combining biological maturation with social and cultural development, Erikson established a paradigm that supports a healthy

perspective of human growth and development throughout the individual life span.

A basic assumption for Erikson was that the infant had the benefit of a relatively normal environment within which to grow and develop (Erikson, 1959). Erikson's hierarchical model of psychosocial development therefore focuses on healthy ego epigenesis whereby ". . . each stage adds something specific to all later ones and makes a new ensemble out of all the earlier ones" (Evans, 1969, p. 41). He relates these stages to Freud's psychosexual epigenesis, consequently laying the foundation for the concept of ego epigenesis (Evans, 1969).

To describe the individual's step-by-step progression through the psychosocial stages, Erikson borrowed the idea of epigenetic development from embryology. Epigenesis is defined in *Blakiston's Illustrated Pocket Medical Dictionary* (Hoerr & Osol, 1960) as "The theory that the fertilized egg gives rise to the organism by the progressive production of new parts, previously nonexistent as such in the egg's original structure" (p. 245). This theoretical position excludes the idea of there being any preformation of parts within the fetus.

Following this line of thought, Erikson generalized the epigenetic principle to human development in an effort to describe his stage theory. He stated, "Anything that grows has a ground plan, and that out of this ground plan the parts arise, each part having its time of special

ascendancy, until all parts have arisen to form a functioning whole" (Erikson, 1968, p. 92). In the same work, Erikson further pointed out that the developing individual continues to "unfold . . . in a prescribed sequence of locomotor, sensory, and social capacities" (p. 93), regardless of race or culture.

Each stage of the life cycle is characterized by a normative, stage-specific developmental crisis, or turning point which the individual must resolve. It is during these stages that life events may either go well or may not go well. Positive and/or negative stage resolution is not achieved once and for all (Erikson, 1963). Instead, a ratio between positive and negative qualities associated with each stage is accomplished, which, if balanced toward the positive direction, will assist the individual in successfully coping with later crises (Hamachek, 1986).

Having adequately managed the conflicts associated with a given stage crisis, the individual emerges from each stage with a sense of direction or purpose, which Erikson describes as a virtue or strength. Each psychosocial stage has a specific strength which exists intrinsically within the individual, but must have adequate resources from the environment for healthy development (Erikson, 1964). Each of Erikson's eight psychosocial stages, approximate time frames, primary tasks (or crises) to be resolved, along with the virtues, are described below:

Psychosocial Stages

The development of Erikson's psychosocial stages include a
psychological and a social component. Erikson
conceptualized the developmental sequence as taking place
within a social context with a critical dimension of social
interaction established during each stage. It is for these
reasons that Erikson's paradigm is used for the foundational
framework of this study.

Erikson's first psychosocial stage, Basic Trust versus
Mistrust, encompasses the infant's life from birth to about
18 months of age. This stage corresponds to the oral stage
in psychoanalytical theory and is therefore so described by
Erikson as the Oral/Sensory stage. In early infancy the
development of a sense of basic trust is seen as the
neonate's first developmental task to accomplish in life.
This sense of trust extends on a continuum from basic trust
at one extreme to basic mistrust at the other. The extent
to which a individual learns to trust the environment and
other people depends, to a great extent, upon the quality of
care received during this period. Hope is the first human
virtue (or outcome) originating from this stage.

The second of Erikson's stages is Autonomy versus Shame
and Doubt and occurs from approximately 18 months to 3 years
of age. Erikson described this stage as the Muscular/Anal
Stage, corresponding to the anal zone in psychoanalytic
theory. Erikson defined this period as a time for the

resolution of autonomy and self-doubt concerns. During this stage, the toddler gains a degree of self-control over eliminative functions and begins to explore the environment, thereby developing a sense of autonomy. A sense of self-doubt can develop if parents and other significant individuals in the child's environment shame and criticize excessively. Erikson believed, however, that less positive resolution of autonomy and self-doubt issues could be changed by positive events occurring later in the child's life. Will power is the virtue to emerge from this period.

Erikson's third psychosocial developmental stage involves the ability of the preschooler to initiate activities and establish a sense of purpose. Resolution of Initiative versus Guilt conflict occurs during the time frame of three to six years of age. This time span corresponds to the Locomotor/Genital Stage in classical psychoanalytic theory. Unless the child's activities are positively reinforced by parents, guilt and a passive acceptance of whatever the environment brings originates from excessive, restrictive, exploration and may persist throughout later life stages. Purpose is the basic strength of this stage.

In middle childhood, conflict resolution between the development of a sense of Industry at one extreme and a sense of Inferiority at the other occurs between the ages of six and approximately twelve years old. This period corresponds with the Latency Stage in Freudian psychology.

During this interval, the resolution of normal developmental issues depend on social interactions with other adults as well as the parents as caretakers (Elkind, 1982). The latency child is ready to learn the skills of the culture, passed on through teachers, ministers, friends, and neighbors. Achievement becomes a more prominent part of the child's life, cultivating a sense of industry. If, on the other hand the child's sense of accomplishment is not a rewarding effort, a sense of inferiority can develop, thwarting further endeavor. Competence is the unfolding virtue during this stage.

Stage five was defined by Erikson as a period for the resolution of Identity versus Identity Confusion issues. This critical conflict occurs during adolescence between the ages of twelve and 21 years, and corresponds to the Genital Stage (the final stage) in psychoanalytic theory. The adolescent is faced with searching for choices, questioning established parental and social values, and establishing an ego identity. If the young person explores these choices and questions in a healthy manner, then a positive identity will begin to take shape; alternatively, identity confusion predominates. The developmental issues of this stage require the integration of learned abilities from all previous stages be integrated into a psychosocial ego identity; a sense of who a person is, where he/she has been, and where he/she is going. Fidelity becomes the basic virtue during this stage.

The sixth stage, Intimacy versus Isolation, occurs in
early adulthood between the approximate time span from 22 to
35 years of age. Early adulthood brings stronger commitment
to an occupation and the opportunity to form a oneness with
a selected other. Erikson described intimacy as a part of
"individualness . . . with oneself, one's inner resources,
the range of one's excitements and commitments. Intimacy is
really the ability to fuse your identity with somebody
else's without fear that you're going to lose something
yourself" (Evans, 1969, p. 48). Failure to achieve this
dimension resulted in a sense of isolation. Love is seen as
the core human strength emerging during this period.

Erikson defined the seventh stage as Generativity
versus Stagnation, occurring in middle adulthood from about
35 years old into retirement. Defined along the continuum
of generativity versus stagnation, the adult in this stage
is ready to pass on to their culture and society what they
have learned by assisting the next generation toward
developing and leading useful lives. Unless previous
developmental crises have been adequately resolved, a sense
of stagnation can result, leaving the individual with
feelings of emptiness at having nothing to offer the next
generation. Care is the universal virtue ensuing from this
stage.

Stage eight of Erikson's life-span theory addresses the
issues of Integrity versus Despair. The eighth and final
stage of psychosocial development occurs during the

retirement years. Old age and maturity finds the individual looking back and evaluating what has occurred during their lifetime. Through various avenues, many older individuals have developed a positive outlook in each of the previous stages, acquiring an abiding sense of satisfaction or integrity (Erikson, Erikson & Kivnick, 1986). Through positive resolutions of the majority of the stages, and from the vantage point of being able to look back over a large span of time, it is easy to see why wisdom is the virtue and strength of this time of life. Conversely, if the majority of the life stage crises were resolved along the negative continuum, the accumulated results can produce doubts, and misgivings, causing a sense of despair to pervade their final stage of existence.

Erikson's developmental tasks have been used in a variety of studies to conceptualize human growth in many fields of study such as public and private education, history, social work, counseling, and early childhood, as well as nursing, medicine, psychology, and psychiatry (Boyd & Koskela, 1970). Hamachek (1988, 1990) has suggested that there is a sense of correctness about Erikson's stages and his conclusions regarding human development. In a study of ego development and maturation, Hamachek (1986) conceptualized the self's maturation using Erikson's psychosocial stages as a framework within which the self-as-object and self-as-doer were viewed as components of the self's development. Hamachek (1986) identified the

first five Eriksonian stages as " . . . fundamental to all that happens subsequently in one's life". (p. 7).

In Eriksonian theory, passage through the epigenetic stages are fixed, but the time it takes to progress through a given stage is relative to each individual (Erikson, 1959). Erikson, himself, wisely avoided specifying particular age periods to stages because he was concerned that there would be practitioners who might feel that children must have resolved trust/mistrust issues by the end of their first year or that adolescents must have settled stage five identity issues by nineteen (Hamachek, 1986).

Adolescence is a critical, transitional phase between childhood and adulthood in which young people struggle with issues of becoming independent. In most American families, the adjustment from childhood to young adulthood causes frustration and conflict as the developing young person struggles to be both a part of and yet separate from their family (Patterson & McCubbin, 1987). During adolescence, stage appropriate developmental tasks are focused on identity issues, but necessarily include resolutions of all earlier stages of psychosocial development (Erikson 1963, 1968).

Gender and Psychosocial Development

Research literature on gender differences and psychosocial development continue to provide differing results. Because the development of a sense of identity is

a critical task during adolescence, questions persist about the process of identity formation and its outcome on young men and women in our society (Newman & Newman, 1991). Some researchers have maintained that the concept of identity, as it has been conceived in Eriksonian theory, is a reflection of a male-oriented culture that focuses heavily on career and beliefs rather than on interpersonal commitments (Chodorow, 1978; Davenport & Yurich, 1991; Gilligan, 1982).

Hoare (1991) has suggested that because males and females experience life differently, they think differently and therefore behave differently. According to her, gender as related to psychosocial development is important in that it shapes and guides concepts and cognition. She points out that clearly the beginning of a mature ability to contemplate " . . .such self-determinations begins in adolescence, the period in which abstract future-oriented thought, physical maturity, expanding social roles, and for some, embeddedness in a self-chosen group set the stage for identity's initial achievement" (Hoare, 1991, p. 47).

Interestingly, few gender differences in identity status have been determined (Waterman, 1982). For both sexes, identity development is identified with strong, positive ego qualities. The main evidence for gender differences in psychosocial development has been in the content of the identity. Erikson maintains instead, that ideological and vocational commitments are central to identity formation.

Gilligan (1982) has criticized Erikson's viewpoint, arguing that the interpersonal content of identity formation may be more central for women, and clarification of interpersonal responsibilities then clears the way for pursuing more advanced, individual exploration in vocational and ideological areas. Mandelbaum (1982) suggested that overall, the precise interpretations of different realities occur only to the extent that individuals are capable of transcending their own point of view on gender, race or culture and understand from within the reality of another.

Ethnicity and Psychosocial Development

Erikson's concept of identity is important in ethnicity issues because he conceptualized the first full and most complete analysis of identity theory; Erikson is credited with introducing the term identity crisis. But more importantly, Erikson ties identity to social roles in the context of the individual's broader culture. In an interview with Evans (1969), Erikson stated "The culture can only aggravate or play down, and in that way make the stages more or less intense, or more or less prolonged. And it can aggravate or smooth out the transitions" (p. 23). For these reasons, Erikson's ideas of identity provides the nucleus of this discussion regarding the relationship to psychosocial development and culture.

The development of a healthy, adequate identity is the primary task or crisis resolution within the period of

adolescence, and which leads to the capacity or inability to cope appropriately with and manage family, societal, and cultural demands. One of the most challenging tasks facing contemporary adolescents is the formation of a positive self-identity (Patterson & McCubbin, 1991). For minority adolescents, this task may be more complex. Concurring with Erikson, Phinney and Rosenthal (1992) maintain that identity development is intrinsic to the culture to which one is born.

Hoare (1991) maintained that "identity is inseparable from the specific culture that shapes it" (p. 51). She indicated that culture has long been described as being integral to the process of how individuals "construct and perceive their reality" (Hoare, 1991, p. 45). This statement is descriptive of all individuals born into a society that passes on to its youth information and responsibilities necessary for molding individual self-identity. In turn, the child brings to adolescence a perspective of ethnic heritage that has been primarily shaped by familial influences (Phinney & Rosenthal, 1992).

This point of view is consistent with Eriksonian theory. As has been noted, Erikson traced ego development gradually through a progression of stages which advance from initial self involvement, through stages of identification and socialization, to increasing individuation and finally the establishment of an individual identity (ego identity).

Eriksonian theory emphasizes that this development occurs within an expanding network of significant relationships.

Although Erikson's epigenetic stages have been used in a variety of studies to conceptualize psychosocial development in Caucasian adolescents (Hoare, 1991; Phinney & Rosenthal, 1992), questions continue to be raised about the process of identity formation and its outcome for African-American adolescents. According to Bell-Scott (1987), these questions have centered around five general issues for African-American adolescents: (1) the lack of a theoretical framework to which empirical research is linked; (2) the use of theoretical models which disregard the intersection of race, class, gender, family context, and culture; (3) the lack of attention to and controls on middle-class and psychologically competent or well-adjusted adolescents and their families; and (5) the continuing focus on individual deviancy and family pathology (Bell-Scott, 1987).

Researchers interested in minority studies indicate that for these adolescents, the formation of a functional ethnic-identity is an essential property of self-identity (Hoare, 1991; Phinney & Rosenthal, 1992). Rotheram and Phinney (1987) described ethnic-identity as ". . . one's sense of belonging to an ethnic group and the part of one's thinking, perception, feelings, and behavior that is due to ethnic group membership (Rotheram & Phinney, 1987, p. 13). Phinney and Rosenthal (1992) have suggested that it is

helpful for researchers to view identity formation in minority adolescents as an additional domain in the process of self-identity development.

Because identity is inherently linked to the specific culture within which one is raised, contemporary developmental theorists have indicate that for minority adolescents, the formation of a functional, valued ethnic identity provides the foundational groundwork for the development of a strong, positive, self-identity (Hoare, 1991; Phinney & Rosenthal, 1992). The mechanism through which adolescents are able to accomplish a sense of self-identity from ethnic identity is accomplished through the process of socialization.

Phinney and Rosenthal (1992) suggest that while parents are the initial socializers of their children, they are not the only socializing influence. Initially, the family is able to provide a cultural context for their child. During adolescence, the effect of outside forces become more powerful than in earlier stages of development. As a result it becomes important for researchers to consider the way developmental and environmental contextual factors interact in the formation of ethnic identity in adolescents. Additionally, the cultural context and larger society must be considered as an important agent in the socialization of children.

A small body of research has been identified that addresses the formation of ethnic identity in minority youth

from a developmental perspective. According to this
viewpoint, ethnic identity is seen as developing from a
circumstance of low ethnic awareness, and often in
preference for the majority culture to a recognition for and
acceptance of one's ethnicity (Atkinson, Morten, & Sue,
1983; Cross, 1978; Phinney & Rosenthal, 1992).

An expansion of this developmental approach was
undertaken by Phinney and her associates (Phinney, 1989;
Phinney, 1990; Phinney & Alipuria, 1990; Phinney & Chavira,
in press; Phinney & Rosenthal, 1992). These researchers
drew from the ego identity literature of Erikson (1968) and
Marcia (1980) to establish ethnic identity within the
theoretical context of ego identity development (Phinney &
Rosenthal, 1991).

In a current longitudinal study, Phinney and Chavira
(in press) examined the changes from lower to higher stages
of ethnic identity in adolescents between the ages of 16 and
19. Their overall research findings indicated that with
increasing age, minority adolescents report having explored
and resolved questions about the meaning of ethnicity as a
component of self-identity significantly more than their
Caucasian peers.

The actual process by which minority youth struggle
with and resolve issues associated with self-identity,
cultural conflict, stereotypes, and discrimination, in order
to maintain a positive self-concept has been clarified, to
some extent, through interviews with minority high school

students (Phinney & Chavira, in press). Most of the
students, primarily Asian American, African American, and
Hispanic, reported having experience with both stereotypical
and discriminatory slurs. Almost all of the minority
students, including those who had explored their ethnic
identity to a great extent as well as to a low extent, felt
it was appropriate to ignore most ethnic affronts and
prejudice. Significantly more high ethnic identity
adolescents than lower scoring youth, when asked how they
coped with such incidents, reported they would respond
actively by pointing out why stereotypes were inaccurate
(Phinney & Rosenthal, 1992).

Other researchers (Hoare, 1991; Parham, 1989) have
suggested that even after minority adolescents begin to
formulate an ethnic identity, they may need to reexamined
certain issues as new conflicts aries. In spite of the
added stress produced by this "disjunction" (Hoare, 1991, p.
51) between the adolescent's sense of self and society's
expectations, many minority adolescents have developed
appropriate coping strategies for successfully managing
conflict associated with their particular social environment
(Phinney & Chavira, in press).

Erikson's notion of ego identity formation was based on
many clinical studies. His concept of ego identity suggest
that the adolescent's sense of identity is composed of
positive and negative components stemming from the
successful resolution of previous stages, regardless of the

specific culture within which one is reared. In a personal interview with Evans (1969) Erikson stated that:

> Identity means an integration of all previous identifications and self-images, including the negative ones. . . . identity formation is really a restructuring of all previous identifications in the light of an anticipated future. . . . Psychosocial identity transcends mere `personal' identity, that is, the knowledge of who you are. (p. 36-37).

Erikson's conceptualization of identity formation through crises resolution of previous stage tasks is important to the body of research that addresses adolescence, ethnicity, and self-esteem. Erikson's claim of a universal identity has provided the credibility for the development of an ethnic identity through the vehicle of his notion of group identity (Erikson, 1968).

In summary then, it is clear that the links between psychosocial development, ethnicity, and coping are not clearly straightforward. If psychosocial adjustment is differently shaped by gender and culture, a universal or homogeneous identity construct is unlikely. Erikson (1975) pointed out that there is a human inclination in each individual which drives species survival. He believed group identities take an inseparable stance in regard to exclusivity and superiority (Erikson, 1975). Additionally, he noted that species consciousness and care allow people to surpass individual identities "in order to become as truly

individual as . . . [one] will ever be. . . " (Erikson, 1968, p. 42).

Summary

The literature related to a study of the relationship of psychosocial development, ethnicity, gender, and coping strategies has been reviewed in this chapter. The theoretical antecedents of the coping concept were reviewed (Moos & Billings, 1982). These theoretical domains included the psychoanalytic perspective, life cycle viewpoint, evolutionary and behavior modification position, and cultural and social-ecological outlook. Finally, Patterson and McCubbin's (1991) integrative model whereby the adolescent is considered as one level within a larger contest of family and community (culture) was cited to define the basic parameters of this study.

While male and female adolescents have been found to variously utilize coping behaviors to reduce feelings of tension (Patterson & McCubbin, 1987), less information is available on how psychosocial adjustment in adolescence influences the coping process (Bird & Harris, 1990; Jorgensen & Dusek, 1990). Research findings have been less clear, variously pointing to gender differences in the resolution of psychosocial conflicts up to and including adolescence.

Research has been sketchy with respect to coping behavior and ethnicity. Studies are needed to provide a

basis of comparison for these correlates. Results of this study will begin to provide some basis from which to understand coping differences with respect to ethnicity, if variation exist.

Finally, Erikson's psychosocial developmental stages were outlined with supportive evidence given for a relationship between coping strategies, psychological resolution, and ethnicity among female and male adolescents.

CHAPTER III

METHODOLOGY

This chapter includes a discussion of the specific
procedures and techniques utilized in the investigation of
the relationship between coping strategies and psychosocial
development. More specifically, the relationship of
adolescent coping behaviors to psychosocial development
among male and female college freshmen is addressed.
Procedures used in the selection of subjects as well as the
sample size are described. A summary of the instruments
used for measuring the variables of this study is cited.
The design used in determining the degree of relationship
that exists between the variables is offered. The design
for other unhypothesized questions as well as the strategy
used in administering the instruments and the statistical
procedures used in data analysis is presented.

Subjects

The sample for this study was composed of 411 male and
female students attending freshmen classes at two state
universities in the southwest. One university is a
comprehensive, land-grant, doctoral degree granting
institution with the largest undergraduate enrollment in the

state. The other university is a smaller state institution founded in order to serve the needs of black students during a time when it was difficult for students of color to receive admittance into other state schools of higher education.

Freshmen at both universities began classes in September of 1992. These subjects were selected for study because they are within the probable psychosocial stage of development that Erikson (1963, 1968) describes as searching for a sense of identity that involves the merging of past identifications and future ambitions, considering cultural background.

Approval for this research investigation was sought from the human subjects review board of each university (Appendix A). Permission to assess these students was obtained from administrative units of academic affairs as well as the instructors of each class. The study was explained to each class separately. Students were invited to take part in the research, and participants were asked to read and sign two copies of the consent form prior to the administration of the questionnaires. Subjects were assured of confidentiality and told they may withdraw from the study at any time without penalty. One copy of the consent was for the participant's records and the other for the researcher.

Demographic data included information about the respondent's age, gender, marital status, ethnicity,

parents' ethnicity, and the ethnicity which the participant personally chose for self-identity. Information regarding high school GPA, composite ACT, and how their college education was primarily being financed was obtained in order to determine differences between student population between the two state universities, should there be significance in ethnicity.

Instrumentation

The instrument used to measure adolescent coping strategies was the Adolescent Coping Orientation for Problem Experiences (A-COPE; Patterson & McCubbin, 1991). The A-COPE was selected to assess the two primary levels (Direct Coping and Indirect Coping) of coping strategies employed by adolescents and serves as the dependent variable of this study. The instrument used to measure psychosocial development was the Erikson Psychosocial Stage Inventory (EPSI) (Rosenthal, Gurney, & Moore, 1981) was chosen to measure the resolution of stage conflicts associated with Erikson's (1963, 1968) epigenetic stages.

Adolescent-Coping Orientation
for Problem Experiences

The Adolescent Coping Orientation for Problem Experiences (A-COPE), developed by Patterson and McCubbin (1991) is an inventory constructed "... to identify the behaviors adolescents find helpful in managing problems or

difficult situations" (p. 235). The items used in the construction of this inventory were based on developmental tasks of adolescents which primarily center on the search and investigation for a personal identity, both as a member of a group and singularly as individuals. The stressful nature of adolescent identity formation is reflected in Patterson and McCubbin's (1991) statement "This pull between 'being connected to' and 'being separate from' one's family underlies adolescent coping behavior" (p. 235). The A-COPE, as a measure of coping, is a sound theoretical fit with the overall Eriksonian framework of this study.

The A-COPE is a self-report questionnaire consisting of 54 specific coping behaviors across as 12 factor array. Seven factors reflect direct coping strategies (mature, helpful ways to deal with problems), while five factors suggest indirect coping behaviors (less mature, passive, or hostile acts). Subjects respond on a 5-point Likert scale (1 = Never to 5 = Most of the time) to indicate how often they think they use each coping strategy when feeling anxious or facing a difficult problem. According to the recently revised A-COPE manual (Patterson & McCubbin, 1991) an adolescent coping score can be obtained by summing the respondents' score for each of the items. For nine items (7, 8, 19, 24, 26, 28, 42, 46, 49), the scores must be reversed (i.e., 5=1, 4=2, 3=3, 2=4, 1=5) to assure that all items are weighted in the same, positive direction for both the analysis and interpretation of results.

Three separate samples were utilized in the
development, construction, and validity testing of the
A-COPE (Patterson & McCubbin, 1983, 1991).

Sample 1. The first group of participants involved
thirty 10th, 11th, and 12th grade students from a suburban
midwestern high school. This study provided the conceptual
basis for the A-COPE and was developed by conducting
structured interviews with male and female participants.
These responses were grouped conceptually into the following
patterns:

**I. Developing and Maintaining a Sense of
Competence and Self Esteem.** Behaviors which
emphasize use of skills, talents, and cognitive
abilities to achieve and feel good about oneself.

**II. Investing in Family Relationships and Fitting
Into the Family Lifestyle.** Behaviors which focus
on open communication with family members, doing
things together, and following family rules to
minimize conflict.

**III. Investing in Extra-Familial Relationships and
Seeking Social Support.** Behaviors focused on
Peer involvement in dyads and groups, and the use
of community support systems.

**IV. Developing positive perceptions about Life
Situations.** These cognitive behaviors emphasize
belief in God, positive comparisons between self
and others, and viewing changes as challenges.

V. Relieving Tension through Diversions.
Behaviors which provide avenues of escape, denial,
or sublimation (e.g., sleeping, reading, watching
TV, strenuous exercise, or recreational
activity).

**VI. Relieving Tension through Substance Use and/
or Expression of Anger.** Behaviors focused on drug
or alcohol consumption and letting off steam
verbally, through reckless activity, or through
revenge.

VII. Avoiding Confrontation & Withdrawing.
Behaviors which show deliberate avoidance of
people situations or stimuli which are difficult
or unpleasant.
                    (Patterson & McCubbin, 1991, p. 235-236)

From these responses, 95 coping behavior items were

developed, reflecting a developmental hierarchy for

developing a sense of identity and distinguishing themselves

from the family while at the same time preserving

appropriate ties. Two overall classes of coping patterns

were defined: (a) acceptable and desirable behaviors and (b)

negative or normatively considered as undesirable coping

actions. Maddi (1981) described these contrasting actions

which can variously operate in opposition to one another as

transformational and avoidant behaviors. Along with

positive, appropriate, and pleasing coping behaviors, items

were also included that are generally considered to be

negative and/or detrimental (e.g. using drugs, drinking

liquor) ways of coping.

Sample 2. In order to determine the underlying factor

structure, the 95 items generated from Sample 1 were

administered to a group of junior and senior high school

students. Teachers from a suburban midwestern school

district solicited volunteer participants and asked them to

complete the instrument during class time. The subjects

were predominantly from middle to upper-middle socioeconomic

status families.

Sample 3. This study was undertaken as a means of establishing validity of the A-COPE. Adolescents and their families participated in this study, which will be discussed below under the topic of validity.

Reliability. Patterson and McCubbin (1991) factor-analyzed the 95 items (Sample 2) during the development of the A-COPE. Twenty-seven of the 95 original A-COPE items were deleted based on two criteria: 1) items that had minimal variance among the subjects and 2) items that were never selected as respondent choices. The 68 items which remained were factor analyzed using the SPSS principal components, with varimax rotation procedure. An iterative factor analysis resulted in the final set of 54 coping behavior items. A factor loading criteria of .40 was maintained and yielded a twelve factor array, with eigenvalues of 1.0 or greater. Patterson and McCubbin (1991) report that these twelve factors account for 60.1 percent of the variance of the original correlation matrix.

The twelve factors were clustered into two overall classes of coping strategies. McCubbin, Needle and Wilson (1985) define complementary coping patterns as behaviors which appear to complement substance use (i.e., ventilating feelings, investing in close friends, and developing social support) which appear to complement substance use, whereas competing coping patterns (i.e., coping directed at solving family problems, seeking spiritual support, and engaging in demanding activity) compete against substance use.

TABLE I is an overview of the Factor structure of the
A-COPE and its factor loadings which Paterson and McCubbin
(1991) report have alpha coefficients ranging from .50 to
.76 with a median of .72.

TABLE I

A-COPE FACTOR STRUCTURE & FACTOR LOADINGS

Coping Factors & Behaviors	Factor Loadings
Factor 1: Ventilating Feelings	
19. Get angry and Yell at people	0.737
28. Blame others for what's going wrong	0.701
49. Say mean things to people: be sarcastic	0.651
26. Swear	0.586
51. Let off Steam by complaining to friends	0.571
22. Let off steam by complaining to family members	0.547
Factor 2: Seeking Diversions	
48. Sleep	0.733
37. Go to a Movie	0.617
11. Go shopping; buy things you like	0.589
2. Read	0.554
33. Work on a hobby you have (sewing, modeling, building, etc.)	0.525
43. Watch T.V.	0.502
9. Use drugs prescribed by a doctor	0.456
53. Play video games (Space Invaders, Pac-Man) pool, pinball, etc.	0.420

Factor 3: DEVELOPING SELF-RELIANCE

    32. Try, on your own, to figure out how
         to deal with your problems or tension   0.662
    25. Organize your life and what you
         have to do   0.594
    15. Try to think of the good things in
         your life   0.551
    47. Try to make your own decisions   0.450
    45. Try to see the good things in a
         difficult situation   0.446
    40. Get a job or work harder at one   0.409

Factor 4: Developing Social Support

    30. Try to help other people solve their
         problems   0.651
    52. Talk to a friend about how you feel   0.605
    14. Cry   0.539
    35. Try to keep up friendships or
         make new friends   0.465
    18. Say nice things ("warm fuzzies") to
         others   0.451
     4. Apologize to people   0.342*

Factor 5: Solving Family Problems

    50. Talk to your father about what
         bothers you   0.782
    31. Talk to your mother about what
         bothers you   0.690
    41. Do things with your family   0.570
    39. Talk to a brother or sister about
         how you feel   0.570
    12. Try to reason with parents and talk
         things out; compromise   0.000*
     1. Go along with parents' requests
         and rules   0.000*

Factor 6: Avoiding Problems

    24. Use drugs (not prescribed by a doctor)   0.801
    46. Drink beer, wine, liquor   0.745
    42. Smoke   0.660
     8. Try to stay away from home as much
         as possible   0.000*
    36. Tell yourself the problem(s) is not
         important   0.000

Factor 7: Seeking Spiritual Support

    23. Go to church   0.807*
    44. Pray   0.782
    21. Talk to a minister/priest/rabbi   0.505

Factor 8: Investing In Close Friends

    29. Be close with someone you care about   0.813
    16. Be with a boyfriend or girlfriend   0.810

Factor 9: Seeking Professional Support

    34. Get professional counseling (not a
         school teacher or school counselor)   0.773
     6. Talk to a teacher or counselor at
         school about what bothers you   0.562

Factor 10: Engaging In Demanding Activity

    54. Do a strenuous physical activity
         (jogging, biking, etc.)   0.771
    10. Get more involved in activities
         at school   0.632
    13. Try to improve yourself (get body
         in shape, get better grades, etc.)   0.553
    27. Work hard on schoolwork or school
         projects   0.369

Factor 11: Being Humorous

    20. Joke and keep a sense of humor   0.789
     3. Try to be funny and make light of it all   0.737

Factor 12: Relaxing

    38. Daydream about how you would like
         things to be   0.653
     5. Listen to music - stereo, radio, etc.   0.597
     7. Eat food   0.401
    17. Ride around in the car   0.000*

    * Although these items did not load on the final
      set of 12 factors, they were retained for
      conceptual reasons and were included in the
      alpha reliability analysis.

Validity. The validity of the A-COPE to identify

coping behaviors and patterns was demonstrated from the

population of students in Sample 3 mentioned above. This

sample consisted of 709 adolescents and their families

(n = 509) involved in a three-year longitudinal study to

examine the influence of family variables on adolescent

substance use (Patterson & McCubbin, 1991). Young people

and their parents were visited at home and asked to

confidentially and independently complete several documents

and questionnaires. The assessment packet for the

adolescents included the A-COPE and a substance use

questionnaire, which was used as an annual evaluation in the

three-year project.

In order to determine the concurrent validity of

A-COPE, adolescent coping patterns were examined in

relationship to use of cigarettes, beer, wine, liquor, and

marijuana (Sample 3). Three of the twelve coping scales

(seeking diversions, relaxing, and being humorous) were not

included in the coping assessment because of the

investigators' desire to have a shorter instrument.

The results of the Sample 3 participants reflected

overall, that two classifications of coping patterns

emerged: 1) complementary coping patterns and 2) competing

coping patterns (McCubbin, Needle, & Wilson, 1985).

Ventilating feelings, investing in close friends, and

developing social support appeared to complement substance

use; whereas, coping directed at solving family problems,

seeking spiritual support, and engaging in demanding activity competed against substance use. Likewise, in this present study, two overall classes of coping strategies emerged; they will be referred to as indirect coping skills and direct coping behaviors, respectively.

As was noted above, at the end of Table I: A-COPE Factor Structure and Factor Loadings, Patterson and McCubbin (1991) indicated the items that failed to load on the final set of 12 factors, but were retained for conceptual purposes; alpha coefficients of the retained items were included in the analysis.

Likewise, in this study, four items failed to load or had alpha coefficients less than .300. Therefore in an attempt to establish the most parsimonious set of research items for the present sample, the original A-COPE (Patterson & McCubbin, 1983, 1991) was modified for this study. All 54 A-COPE items were factor analyzed using SYSTAT principal component analysis procedure with varimax rotation technique (Wilkinson, 1989, p. 371). This technique produced 50 items across a ten factor array, with alpha coefficients greater than .3000 for the sample in this study (n=411).

Because factor analysis is specific to each sample, an attempt was made to retain items that measured like behaviors while simultaneously separating out dissimilar items. Items which were deleted from the original A-Cope instrument included item number: 24, Use drugs (not prescribed by a doctor); 36, Tell yourself the problem(s) is

not important; 42, Smoke; and 46. Drink beer, wine, liquor. These four items comprised four of five items from Patterson and McCubbin's (1983; 1991) Factor 6: Avoiding problems. It is interesting to note these four items comprised four of the five items from Factor 6: Avoiding problems (Patterson & McCubbin 1983; 1991).

Erikson Psychosocial Stage Inventory

The Erikson Psychosocial Stage Inventory (EPSI) (Rosenthal, et al., 1981) is a 72-item instrument, designed to measure the resolution of the first six Eriksonian stages. This self-report inventory contains seventy-two items; twelve items for each of the six subscales. Six of the items reflect positive, successful resolution of the Eriksonian stages while the remaining six items are believed to reflect an unsuccessful resolution of the developmental tasks.

Requiring about 20 minutes for completion, EPSI respondents mark one of five positions on a Likert-type rating scale from "hardly ever true" (A) to "almost always true" (E) for each item. According to (Rosenthal et al., 1981) the EPSI average subscale scores utilized in analysis reflect a more meaningful representation of resolution than a total adjustment score. Rosenthal et al. (1981) stated, "This is considered more meaningful than computing an overall `psychosocial maturity' score because the notion of

a unitary concept of maturity is inconsistent with Erikson's theory" (p. 528).

The construction of this self-report measure arose from "the need for a measure of Erikson's psychosocial stages suitable for administration to a large sample of subjects in early and late adolescence" (Rosenthal, et al., 1981, p. 527). The EPSI was developed with the intention of assessing adolescents and their relationship to adjustment regarding parental attitudes, school attitudes, social networks, and ethnic differences.

During the first phase of the development of the EPSI, key words and phrases from Erikson's theoretical statements (1959, 1963, 1986) were selected and used to develop items for the first six stages of Erikson's stage developmental theory. The items were screened for ambiguity and face validity by three judges, and language was simplified.

The pilot sample consisted of secondary school students. The scales were administered using a five point Likert scale. Another category, labeled do not understand, was included in order to identify items causing difficulty in understanding. Greenberger and Sorensen's (1974) Psychosocial Maturity Inventory (PSM), Form D, was administered as a check of construct validity.

The data were analyzed and resulted in two items being removed from the questionnaire. Although there was not always a clear one-to-one correspondence between the idea of maturity expressed by Erikson (1950, 1963) and Greenberger

and Sorensen (1974), the correlations between subscales of the EPSI and the PSM items provided support for construct validity for the experimental assessment instrument.

The EPSI items were then administered to a test sample of adolescent high school students. Alpha coefficients were recalculated using this norming sample. Comparisons between gender and grade level were made using a two-way analysis of variance. The findings are discussed below.

Reliability. Reliability measures for the EPSI were obtained with Australian adolescents. Interscale correlations ranged from 0.48 for trust and identity to 0.63 for autonomy and identity. Rosenthal and her colleagues (1981) pointed out that the removal of one item from each of three subscales increased the alpha level (Trust: from alpha = 0.53 to alpha = 0.68 with the removal of "I have few doubts about myself"; Autonomy: from alpha = 0.63 to alpha = 0.69 if "I can stand on my own two feet" is removed; and Initiative: from alpha = 0.55 to alpha = 0.64 if "I can stop myself doing things I shouldn't be doing" is removed). In addition, reported alphas ranged from 0.57 to 0.75 (Rosenthal et al., 1981).

Validity. Construct validity of the EPSI was examined in two separate ways (Rosenthal, et al., 1981). 1. The subscale scores were correlated with the subscales of Greenberger and Sorensen's (1974) Psychosocial Maturity Inventory (PSM), Form D. The PSM is a self-report attitude inventory with three primary scales, each having three

subscales. The first scale is defined as Individual
Adequacy and its subscales are self-reliance, work
orientation, and identity. The second scale is labeled
Interpersonal Adequacy, with the subscales of communication
skills, enlightened trust, and knowledge of major roles.
The last scale, Social Adequacy, is comprised of the
subscales of social commitment, openness to sociopolitical
change, and tolerance of individual and cultural
differences. The PSM subscales were derived from
Greenberger and Sorensen's (1974) model of the dimensions of
psychosocial maturity.

2. An investigation was made, using the test sample,
of the differences between gender and older and younger
subjects (years 9 and 11) on the EPSI. It was hypothesized
from Erikson's theory that, for each of the subscales, older
students would realize higher scores, simply because they
have had more time to work through each of the crises.
Comparison of year 9 and 11 groups showed, as expected,
older students scored higher in the positive direction on
each of the subscales. Gender differences were evident for
the EPSI subscales, with males scoring higher on autonomy
and initiative and females scoring higher on intimacy.
These findings were consistent with male and female
stereotypes. There were no significant interactions between
grade level and gender on any EPSI subscales. Rosenthal and
her colleagues (1981) found those subjects who accomplished
adequate resolution of later stage tasks also reported

having satisfactorily resolved earlier stage crises. In summary, Rosenthal, et al. (1981) state that "... the EPSI exhibits psychometric properties of reliability and validity which are acceptable" (P. 533).

In a validity study of the EPSI, Gray, Ispa and Thornburg (1986) extended the work of Rosenthal et al. (1981) using a sample of 17 to 20 year-old late adolescents. These researchers conducted a principal component factor analysis of the data suggested construct validity for identity and aspects of intimacy in the form of dating and friendship relationships.

In a telephone conversation to K. Thornburg (personal communication, February, 12, 1993), she stated that the EPSI was believed to have been developed intuitively, therefore, it was appropriate to average the EPSI subscale scores for each individual, yielding one overall psychosocial adjustment score. Thornburg indicated that a psychometric assumption of equal distance existed between the scale points [(almost always true (5) to hardly ever true (1)].

A review of EPSI literature, to date, has not revealed specific usage of the EPSI as a categorical variable, as used in this study. Therefore it was decided to follow Thornburg's directions. For each individual (1) a total score was obtained for all positive items; (2) a total score was found for all negative items; (3) the total score from the negative items was subtracted from the total score for the positive items to obtain the "difference." For this

study, scores of zero or greater were classified as resolved, while scores of negative one (-1) or less were classified as unresolved.

In an attempt to examine adolescent adjustment and coping strategies, Jorgensen and Dusek (1990) examined 331 university freshmen, using the A-COPE (Patterson & McCubbin, 1987) and an adolescent psychosocial adjustment measure. A factor analysis with promax rotation was performed on the A-COPE scales in order to find similarities in the coping strategies and relate them to psychosocial adjustment.

The outcome of Jorgensen and Dusek's (1990) factor analysis on the A-COPE resulted in a two factor solution, confirming McCubbin, Needle, and Wilson's (1985) notion that two overall levels of coping patterns existed. Jorgensen and Dusek's (1990) first factor contained seven significant scale loadings comprised of mature coping strategies labelled Salutary Effort. The subscales for Salutary Effort (Factor 1) and the corresponding alpha coefficients were: Engaging in Demanding activity, alpha = 0.72; Developing Self-Reliance and Optimism, alpha = 0.65; Developing Social Support, alpha = 0.48; Seeking Diversions, alpha = 0.47; Solving Family Problems, alpha = 0.45; Seeking Spiritual Support, alpha = 0.45; and Investing in Close Friendships, alpha = 0.40. In contrast, the second factor, Stress Palliation, consisted of three scales: Relaxing, alpha = 0.42; Ventilating Feelings, alpha = 0.42; and Avoiding problems, alpha = 0.41.

Jorgensen and Dusek (1990) concluded that the analyses of their data clearly established that, relative to total coping efforts, optimally adjusted adolescents exhibited a greater percentage of mature, salutary coping efforts than their less psychologically adjusted peers. This study provided evidence that a covariation existed between the ways adolescents tended to cope and psychological maturity. Moreover, the A-COPE factors appear to be consistent with studies conducted by McCubbin and his associates (1985, 1982, 1991). Jorgensen and Dusek found that the relationship between salutary effort and psychosocial adjustment was of similar strength for both male and female subjects.

The relationship between stress palliation coping strategies and less well psychosocially adjusted individuals was not as clear. Jorgensen and Dusek (1990) hypothesized that adolescents who reported a low full scale psychosocial score appeared to be associated with a proportionately greater use of coping behaviors that failed to facilitate positive problem situations.

Because of the lack of clarity regarding the assumed relationship between antagonistic reactions and psychosocial maladjustment, Jorgensen and Dusek (1990) suggested that additional research is needed to distinguish the degree to which relationships between coping behavior and measures of psychosocial adjustment vary as a function of psychosocial development. For example, they cite the positive resolution

of Erikson's first stage, Trust versus Mistrust. Positive resolution is presumed to result in a sense of trust in self and others and, according to Erikson (1963, 1968), is necessary for utilizing social supports to cope with stress. Similarly, optimal resolution of subsequent stages result in the acquisition of healthy characteristic which develop into traits that enhance one's perceptions of personal control (Erikson, 1963, 1968), and has been linked to more competent coping abilities (Folkman, 1984).

Data Collection Procedures

Data were collected for this study during the Fall of 1992 at two southwestern state universities. The procedure followed was for the researcher or administrator to enter the classroom, make introductory statements (Appendix D), and distribute the data collection packets. The participants were informed that: (a) the study was dissertation research; (b) participation was voluntary and that they could withdraw from the project at any time without penalty; (c) as subjects, they would not be paid and there were no costs as a participant; and (d) the study was designed to be confidential and anonymous, as no names or other identifying information was requested.

The first two pages of the data collection packet were identical and provide information regarding informed consent; one copy was for the participant's files and one was held by the researcher. After reading the informed

consent document (Appendix B), subjects were asked to date and sign both copies, if they consented to participate in the study. The participants were then asked to remove both copies of the consent form, keeping one for their records, and pass the second copy forward, to be collected and placed in a folder to be held by the researcher.

The second part of the packet requested demographic data about each participant (Appendix C). Participants were asked their age, gender, marital status, ethnicity/race, parents ethnicity/race, and the ethnicity/race which they personally affirmed for self-identity purposes. Additional questions were gathered in order to determine differences between populations at the two state universities. These background questions concerned information regarding high school GPA, composite ACT, and how their college education was primarily being financed (Appendix C). Questions were responded to and clarified (Appendix D), particularly as they related to question #6 on the demographic questionnaire (Appendix B).

Respondents then completed the *Erikson Psychosocial Stage Inventory* (EPSI; Rosenthal, Gurney & Moore, 1981), and the *Adolescent Coping Orientation for Problem Experiences* (A-COPE; Patterson & McCubbin, 1991) using the provided computer score sheet. Directions for completing the instruments were included with the questionnaires, and the subjects were allowed to proceed at their own pace. Completion of the assessment packet required about 45

minutes. The completed data packets were collected by the researcher or designated administrator in charge.

Statistical Analysis

A 2 X 2 X 2 factorial multiple analysis of variance (MANOVA), following the procedures outlined in Huck, Cormier, and Bounds (1974) was used to analyze the data and test the seven hypotheses. The two dependent variables were 1) direct coping strategies, representing more mature, beneficial and functional attempts to manage stress, and 2) indirect coping strategies, exemplifying immature, avoiding, hostile, or aggressive reactions, as measured by responses on the A-COPE. In a study of adolescent adjustment and coping strategies, Jorgensen and Dusek (1990) labeled these two A-COPE factors Salutary Effort and Stress Palliation, respectively. The independent variables were psychosocial development, as measured by responses on the EPSI, ethnicity (African-American and Caucasian adolescents), and gender. The variables ethnicity and gender were obtained from subject responses on personal demographic data information.

The MANOVA was used for this study to determine if there is a statistical significant relationship between the two dependent variables (direct coping strategy and indirect coping strategy) and the three independent variables (psychosocial development, ethnicity, and gender). This multivariate approach was utilized instead of a separate

univariate analysis for each of the two dependent variables to adjust for possible correlations among them. (Huck, et al., 1974). An alpha level of .01 was used to test all hypotheses. The data analyses utilized *The System for Statistics for the PC* computer program (SYSTAT) (Wilkinson, 1989). Additionally, the SYSTAT computer package was used to generate descriptive statistics from the information subjects provided on the demographic data questionnaire.

CHAPTER IV

PRESENTATION OF RESULTS

The purpose of this study was to investigate the
relationship of coping strategies to psychosocial
development, gender, and ethnicity in adolescence. Scores
for these variables were obtained from three self-report
instruments which comprised the assessment for this study.
The assessment instruments were administered to 485
volunteer male and female incoming college freshmen enrolled
in entry level education courses at two state universities
in southwestern United States. These subjects were selected
for this study because they characterize the probable
Eriksonian stage associated with normal developmental tasks
of adolescence that focus on a search for identity, both as
part of a group and as individuals. Age, gender, and
ethnicity identification for all participants were
determined from personal demographic information collected
as a part of this study. Each subject reported ethnicity by
selecting one item from a response categories of [A]
American Indian, [B] African-American, [C] Asian/Pacific
Islander, [D] Caucasian, [E] Hispanic/Latino, or [F] Other.

Coping strategies were determined by scores obtained on
the Adolescent Coping Orientation for Problem Experiences

(A-COPE). The A-COPE contains 54 items across a 12 factor array. Seven factors indicated direct coping strategies (mature, helpful way to cope with problems) while five factors reflected indirect coping behaviors (less mature, passive, or aggressive acts). For this study, two levels of coping were calculated; Direct Coping and Indirect Coping. All items in factors 3, 4, 5, 7, 8, 9, and 10 were summed for a total score on Direct Coping. Likewise, all items in factors 1, 2, 6, 11, and 12 were summed for a total score on Indirect coping.

A confirmatory factor analysis was conducted on the present sample. The outcome of the confirmatory factor analysis yielded similar results to those of Paterson and McCubbin (1983, 1991). TABLE II (refer next page) presents an overview of the factor structure of the A-COPE and its factor loadings obtained from the sample for this study. The confirmatory factor analysis yielded 50 items across a ten factor array with factor loadings greater than .300. Four items failed to load or had factor loadings less than .300.

Two overall coping strategies were obtained from this modified instrument. They were labeled a) direct coping, depicting constructive, practical, or mature ways of dealing with difficult situations directly; and b) indirect coping, reflecting avoiding, hostile, or immature means of managing disturbing situations indirectly. Respondents' individual

TABLE II

A-COPE FACTOR STRUCTURE & FACTOR
LOADINGS (CONFIRMATORY)

Coping Factors & Behaviors	Factor Loadings

Factor 1: Seeking Family Support

31. Talk to your mother about what bothers you	.685
12. Try to reason with parents and talk things out; compromise	.660
50. Talk to your father about what bothers you	.598
41. Do things with your family	.579
1. Go along with parents' requests and rules	.470
39. Talk to a brother or sister about how you feel	.468
4. Apologize to people	.322

Factor 2: Verbalizing Feelings

49. Say mean things to people; be sarcastic	.677
51. Let off steam by complaining to your friends	.648
19. Get angry and yell at people	.635
22. Let off steam by complaining to family members	.480
28. Blame others for what's going wrong	.467
14. Cry	.308

Factor 3: Passively Avoiding Problems

5. Listen to music -- stereo, radio, etc.	.555
17. Ride around in the car	.530
8. Try to stay away from home as much as possible	.486

Factor 4: Spiritual Support

23. Go to church	.738
44. Pray	.687
21. Talk to a minister/priest/rabbi	.666
26. Swear	.532

Factor 5: Professional Support

34. Get professional counseling (not a school teacher or school counselor)	.597
6. Talk to a teacher or counselor at school about what bothers you	.569

Factor 6: Developing Self Dependence

47. Try to make your own decisions	.733
32. Try , on your own, to figure out how to deal with your problems or tension	.724

Factor 7: Social Support

29.	Be close with someone you care about	.655
52.	Talk to a friend about how you feel	.542
30.	Try to help other people solve their problems	.527
35.	Try to keep up friendships or make new friends	.495
16.	Be with a boyfriend or girlfriend	.441
18.	Say nice things ("warm fuzzies") to others	.379
15.	Try to think of the good things in your life	.352
45.	Try to see the good things in a difficult situation	.326

Factor 8: Taking Charge Of Self

13.	Try to improve yourself (get body in shape, get better grades, etc.)	.713
27.	Work hard on schoolwork or school projects	.618
25.	Organize your life and what you have to do	.534
54.	Do a strenuous physical activity (jogging, biking, etc.)	.507
10.	Get more involved in activities at school	.501
40.	Get a job or work harder at one	.342
2.	Read	.333

Factor 9: Being A Comedian

3.	Try to be funny and make light of it all	.758
20.	Joke and keep a sense of humor	.734

Factor 10: Avoiding Problems

33.	Work on a hobby you have (sewing, model building, etc.)	.635
7.	Eat food	.624
48.	Sleep.	.598
43.	Watch T.V.	.598
11.	Go shopping; buy things you like	.543
37.	Go to a Movie	.538
53.	Play video games (Space Invaders, Pac-Man) pool, pinball, etc.	.508
9.	Use drugs prescribed by a doctor	.438
38.	Daydream about how you would like things to be	.330

Item numbers 24, 36, 42, and 46 yielded alpha
coefficients less than .300 and were deleted
in this study.

scores were summed to obtain a total score for direct coping and a total score for indirect coping. The mean total score for direct coping and indirect coping for all respondents were the two dependent variables for this study.

Psychosocial stage resolution for each subject was determined by scores obtained from the second instrument, Erikson Psychosocial Stage Inventory (EPSI). The EPSI consists of six subscales associated with Erikson's first six stages of psychosocial development: Trust vs. Mistrust, Autonomy vs. Shame and Doubt, Initiative vs. Guilt, Industry vs. Inferiority, Identity vs, Identity Confusion, Intimacy vs. Isolation. These subscales measure the degree of psychosocial development or conflict resolution at each of the first six stages. Each of the six subscales has twelve items: six positive and six negative. A total score was obtained for all the positive items and similarly, a total score was obtained for all the negative items. The total score for the negative items was then substracted from the total score for the positive items to obtain the "difference". Respondents with a "difference" score of zero or greater were classified as resolved, while those with a score of negative one (-1) or less were classified as unresolved.

This chapter summarizes the results of data collected from 411 volunteer adolescent participants. A Multiple Analysis of Variance (MANOVA) procedure was performed,

comparing two levels of the criterion variable (direct coping and indirect coping) with psychosocial development (resolved and unresolved), ethnicity (African-American and Caucasian), and gender (female and male).

Demographic Results

Although 485 subjects participated in this study, 50 respondents were excluded from this study because of inappropriate age, that is age was reported as being over twenty-one, less than seventeen, or no age indicated (on the questionnaire). An additional 24 subjects' protocols were deleted because they reported being Indian, Asian/Pacific Islander, Hispanic/Latino, or Other. These age levels and ethnicity categories were beyond the focus of this study. The total number of usable subject protocols for this present study was 411.

From the sample of 411 first semester freshmen, the participants ranged in age from 17 to 21 years, with an overall mean age of 18.95 years (Figure 1, next page). As was expected of this university population, the vast majority of respondents in this sample was between the ages of 18, 19, and 20 years, comprising 79.81% of the sample. The remaining proportion (20.19%) was comprised of younger and older subjects who reported being 17 years old (5.35%), and 21 years old, respectively.
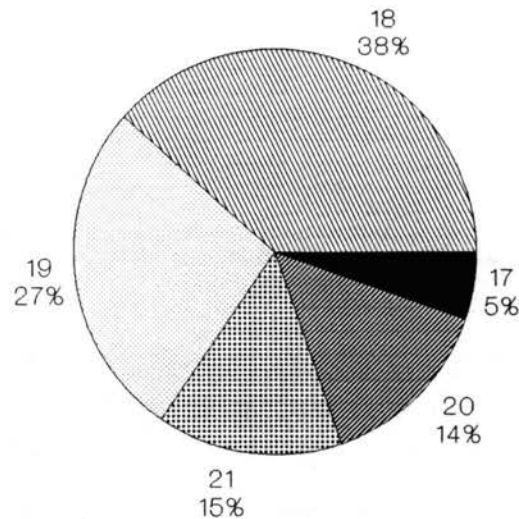
Figure 1. Percentage of Respondents
By Age

The overall percentage of subjects by ethnicity was
calculated in order to determine and compare the
distribution of African-American and Caucasian subjects in
these categories (Figure 2, next page). Nearly two-thirds
of the respondents (239) or 58.15% were classified
Caucasian, while 41.84% (172) were categorized African-
American.

An interesting pattern was presented when variables for
ethnicity and age were cross tabulated (Figure 3,
next page). The overall mean age of the African-American
sample was 18.47 years. The greatest proportion (84.3%) of
African-American students fell between the ages of 18, 19,
and 20 years old. On the other hand, the overall mean age
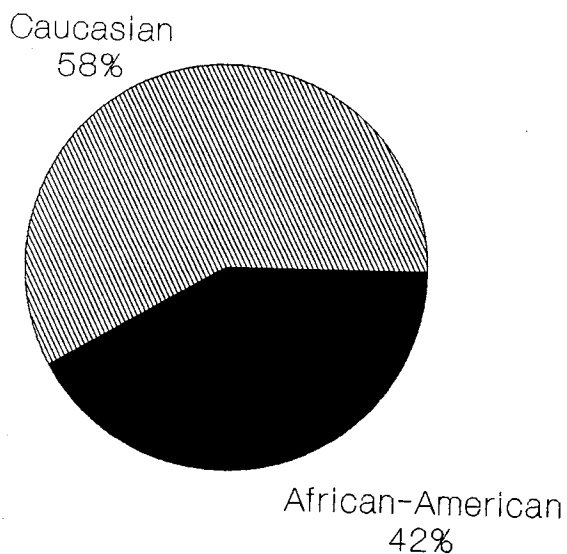
Figure 2. Percentage of Respondents
By Ethnicity
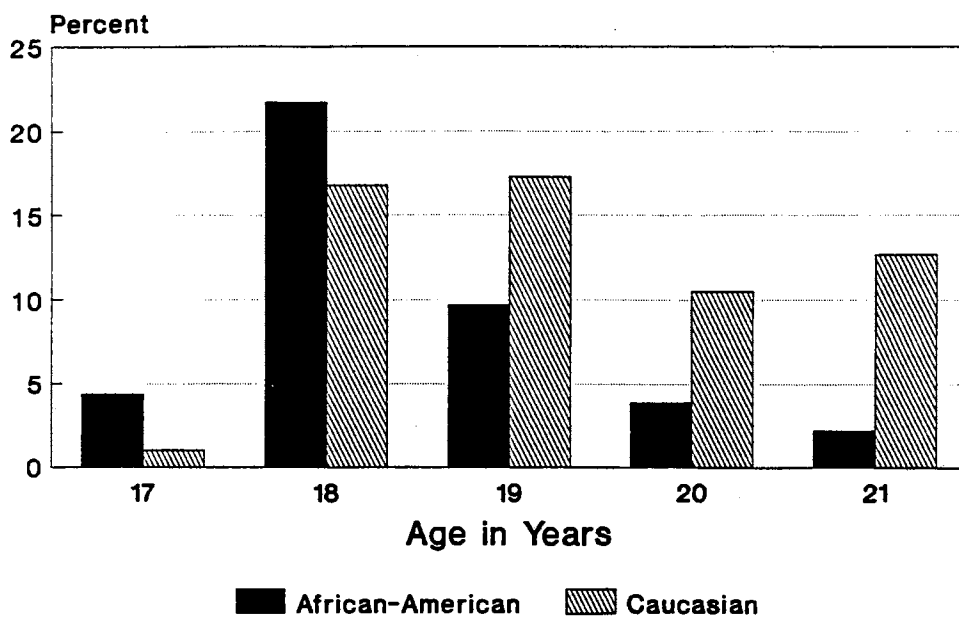
Figure 3. Age By Ethnicity

of the Caucasian group was 19.29 years. A little over one-half (56.6%) of the Caucasian students fell between the ages of 18, 19, and 20 years old.

A distribution of gender and ethnicity was obtained (Figure 4, next page). The overall composition of
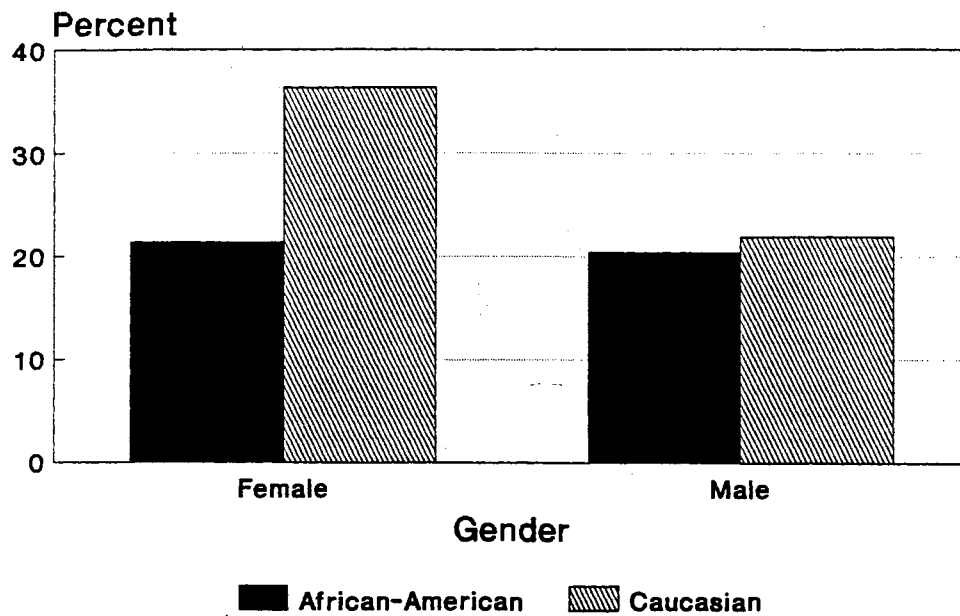
Figure 4. Gender By Ethnicity

respondents by gender was obtained, with 237 females representing 57.66% of the participants and 174 males comprising the remaining 42.34%. Distribution of the African-American subjects by gender was nearly balanced, with 51.2% being females and 48.8% comprising males. The

female/male ratio for Caucasians was more variable; 62.3%
(149) were female and 37.7% (90) were male.

As expected for this adolescent student sample, 95.3%
(392) of the overall sample reported marital status as never
married, with the remainder reporting either being married,
separated, or divorced. Distribution of marital status by
thnicity indicated that African-American subjects reported
98.8% never married, 0.6% separated, and 0.6% divorced.
None of the African-American respondents reported being
married. Caucasian subjects reported 92.9% never married,
5.0% married, .4% separated and 1.7% divorced.

Two indications of educational achievement, reflected
by GPA and the composite ACT score, were cross tabulated
with ethnicity. The first index, GPA, was contrasted by
ethnicity. Distribution of GPA scores by ethnicity
indicated that 10.7% African-American and 29.2% Caucasian
students earned high school GPA scores between 3.0 and 4.0.
Both groups (27.2%) reported equally balanced percentages of
GPA scores ranging from 2.0 to 2.99. When this percentage
was further broken down, 14.8% of African-Americans and
18.75% of the Caucasians reported GPA scores ranging between
2.5 and 2.99, with 12.4% and 12.4% reporting scores ranging
from 2.0 to 2.49, respectively. Only 3.8% of the Caucasian
group and 1.5% African-Americans reported GPA scores ranging
from 1.5 - .99.

The second educational index variable, represented by
high school composite ACT score, was also tabulated for

African-American and Caucasian students.   African-American

participants reported nearly one third   (29.6%) of their

composite ACT scores ranging from below 17 to 22, with an

added 4.1% of the scores falling between 23 to 31.

Caucasian respondents reported the greatest proportion of

scores (30.2%) ranging from below 17 to 22, with an

additional 19.5% occurring between 23 to greater than 31.

One and one-half percent of the Caucasian group reported

composite ACT scores above 32 with 1.2% of the

African-American sample reporting the same.

Figure 5 portrays the source of money for funding

three-fourth or more (>75%) of students' college education.

For both African-American and Caucasian students combined,

Percent

```
70 |
   |
60 |- - - - - - - - - - 56.2 - - - - - - - - - - - - - - - - - -
   |
50 |
   |
40 |                              32.1
   |
30 |                                        22.6
   |
20 |  17.2
   |                                                  12.7
   |                                                            9.5
10 |
   |
 0 |_____
     Self    Family   Nonpay   Repay   Academic  Athletic
```

Source of Funding
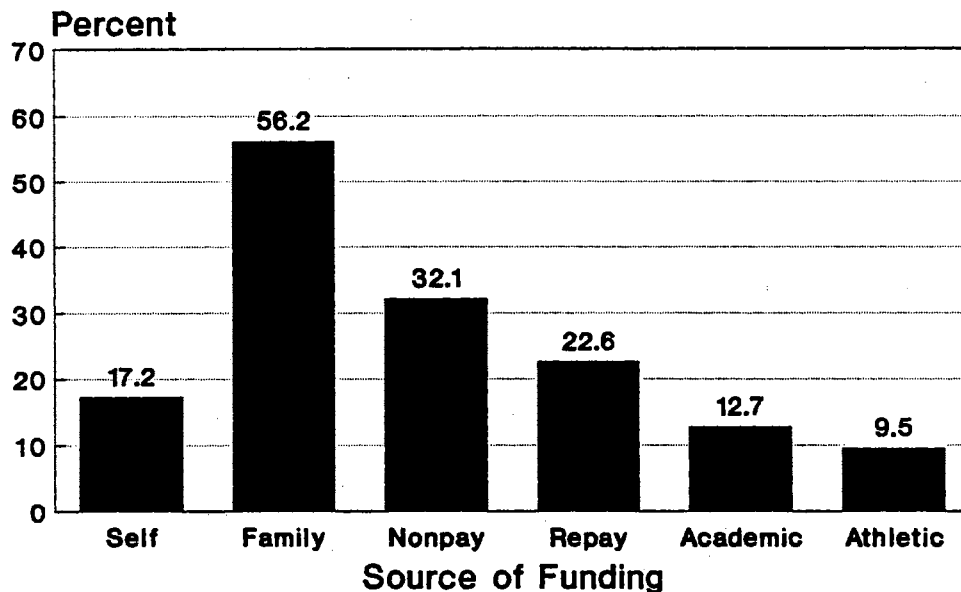
Figure 5. > 75 % College
Funding Overall

17.5% of the sample population reported financing their own college education and 56.2% reported having family help, comprising nearly three-fourths (73.7%) of the sample population who report financing their college education either by themselves or with family help. One-third (32.1%) of the sample reported financing was primarily provided by non-repayable grants, while 22.6% obtained repayable loans (31.10%). The remaining financial support was provided by academic (12.7%) or athletic (9.5%) scholarships.

When respondents' were grouped according to ethnic category and source of college financing (refer Figure 6), the distribution of subjects by ethnicity reflected nearly twice as many Caucasian students (17.5%) reported providing their own financial support for college, while 9.7% of the
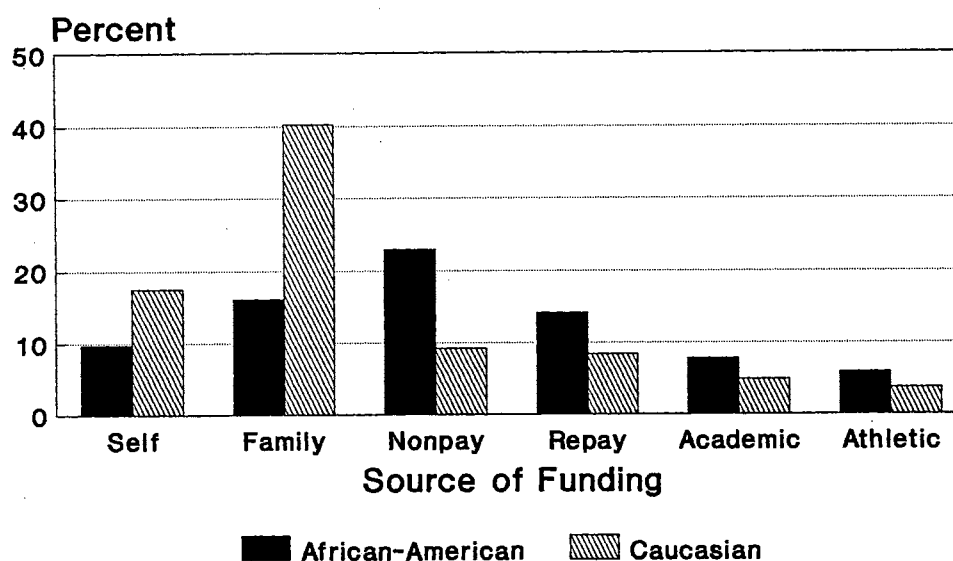
Figure 6. > 75 % College Funding
By Ethnicity

African-American respondents reported self-financing for their education. A full two-fifths (40.2%) of the Caucasian participants and 16.1% of African-American respondents indicated they received family financial help. Only 9.2% of the Caucasian respondents and 21.9% of the African-American subjects received non-repayable grants, while 8.4% and 14.1% respectively obtained repayable financial aid loans. Nearly five percent (4.8%) of the Caucasians and 7.8% of the African-American students received academic scholarships while 3.7% and 5.7%, respectively, received athletic scholarships.

Analysis of Data According to Hypotheses

A multiple analysis of variance (MANOVA) was performed using the System for Statistics for the PC (SYSTAT) package for data analysis. The three independent variables of the study were psychosocial development (resolved, unresolved), ethnicity (African-American, Caucasian), and gender (male, female). Two levels of the dependent variable (direct coping, indirect coping) were inspected for differences in psychosocial development resolution, ethnicity and gender. Each of the following seven hypotheses were tested at the 0.01 level of significance.

<u>Hypothesis 1</u>:

The first hypothesis was there would be no significant differences in coping strategies between resolved and unresolved psychosocial development adolescents.

The mean scores and standard deviations for resolved and unresolved psychosocial development on direct and indirect coping are presented in Table III. The mean scores for resolved psychosocial development on direct coping and indirect coping were 76.35 (n=257) and 88.18 (n=258), respectively. For unresolved psychosocial development on coping, group values of 74.44 for direct coping (n=149) and 86.60 for indirect coping (n=150) were generated.

TABLE III

MEAN AND STANDARD DEVIATION OF COPING
SCORES FOR PSYCHOSOCIAL
RESOLUTION

	Direct Coping	Indirect Coping
<u>Resolved:</u>		
Mean	76.35	88.18
SD	10.27	8.59
	n=257	n=258
<u>Unresolved:</u>		
Mean	74.44	86.60
SD	9.05	8.50
	n=149	n=150

An examination of the analysis revealed a nonsignificant value (Wilks's lambda = 0.990; Approximate F-Statistic = 1.932; df = 2/396, p = 0.146) for the set of dependent variables. Therefore, the null hypothesis was not rejected.

<u>Hypothesis 2</u>:

The second hypothesis was there would be no significant differences in coping strategies between male and female subjects.

Table IV presents the means and standard deviations for male and female adolescents on coping strategies. Examination of the data indicated that coping strategies for males and females were overall quite similar.

TABLE IV

MEAN AND STANDARD DEVIATION OF COPING
SCORES FOR GENDER

	Direct Coping	Indirect Coping
<u>Female:</u>		
Mean	76.21	87.82
SD	9.66	8.27
	n=235	n=235
<u>Male:</u>		
Mean	74.88	87.29
SD	10.13	9.01
	n=171	n=173

The calculated mean scores for females were 76.21 and 87.82 for direct and indirect coping, respectively; coping scores for males were 74.88 and 87.29. Standard deviation scores for male subjects had a wider range of distribution (SD = 9.01 to 10.13) than their female counterparts; that is, male respondents had a higher representation of scores toward the ends of the distribution. The multivariate tests (Wilks's lambda = 0.996; Approximate F-Statistic = 0.810, df = 2/396, p = 0.446) indicated that no statistical significant differences existed for coping between male and female adolescents, therefore the null hypothesis was not rejected.

Hypothesis 3:

The third hypothesis was there would be no significant differences in coping strategies between African-American and Caucasian adolescents. Table V (refer next page) presents the group means and standard deviations for ethnicity with respect to coping strategies. Calculated means scores for African-Americans (n=170) were 77.30 and 89.71 for direct and indirect coping, respectively, while the mean score for Caucasian respondents on direct coping was 74.46 (n=236) and for indirect coping was 86.09 (n=238). The standard deviations indicated that direct coping scores for African-American adolescents (SD = 10.05) had a wider range of distribution; that is, African-American subjects had a higher representation in the extreme ends of the

TABLE V

MEAN AND STANDARD DEVIATION OF COPING
SCORES FOR ETHNICITY

	Direct Coping	Indirect Coping
<u>African-American:</u>		
Mean	77.30	89.71
SD	10.05	8.53
	n=170	n=170
<u>Caucasian:</u>		
Mean	74.46	86.09
SD	9.59	8.32
	n=236	n=238

distribution for direct coping strategies. Caucasian
adolescents were similar to the African-American subjects in
their distribution (SD = 9.59) for direct coping strategies.
Both African-American and Caucasian adolescents were
distributed more closely about their group means (SD = 8.53;
8.32), respectively on Indirect coping strategies.
Inspection of these results indicated that there was a
multivariate main effect attributable to ethnicity **(Wilks's
lambda = 0.953; Approximate F-Statistic = 9.753, df = 2/396,
p < 0.001),** therefore the null hypothesis was rejected at
the 0.001 level.

<u>Hypothesis 4</u>:

The fourth hypothesis was there would be no
significant interaction between psychosocial development and

gender. The mean scores and standard deviations for psychosocial resolution by gender are shown in Table VI.

The group means for psychosocial resolution and gender indicated that resolved females had the highest mean score (88.70) on indirect coping strategies. Both resolved

TABLE VI

MEAN AND STANDARD DEVIATION OF COPING
SCORES FOR PSYCHOSOCIAL
RESOLUTION BY GENDER

	Female		Male	
	DC	IC	DC	IC
Resolved:				
Mean	77.14	88.70	75.11	87.37
SD	10.07	7.83	10.51	9.64
	n=157	n=157	n=100	n=100
Unresolved:				
Mean	74.33	86.05	74.55	87.18
SD	8.55	8.87	9.62	8.11
	n=78	n=78	n=71	n=72

(87.37) and unresolved (87.18) males had the next highest mean scores on indirect coping. Unresolved females (74.33) and males (74.55) had the lowest mean scores on direct coping strategies.

An inspection of the results revealed that no

significant interaction (Wilks's lambda = 0.996; Approximate F-Statistic = 0.865, df = 2/396, p = 0.422) existed between pychosocial development and gender. Therefore, the null hypothesis was not rejected.

Hypothesis 5:

The fifth hypothesis was there would be no significant interaction between pychosocial development and ethnicity. The means and standard deviations for direct and indirect coping with respect to psychosocial development and ethnicity are presented in Table VII.

TABLE VII

MEAN AND STANDARD DEVIATION OF COPING
SCORES FOR PSYCHOSOCIAL RESOLUTION
BY ETHNICITY

	African-American		Caucasian	
	DC	IC	DC	IC
Resolved:				
Mean	77.76	90.27	75.39	86.77
SD	11.20	8.79	9.50	8.19
	n=104	n=104	n=153	n=154
Unresolved:				
Mean	76.58	88.82	72.74	84.85
SD	7.92	8.10	9.56	8.45
	n=66	n=66	n=83	n=84

The group means for psychosocial resolution and ethnicity indicated that resolved, African-Americans had the highest mean score (90.27) on indirect coping strategies. Unresolved, African-American individuals had the next highest mean score (88.82) on indirect coping strategies, followed by resolved (86.77) and unresolved (84.85) Caucasians on direct coping. Unresolved Caucasians had the lowest mean score on direct coping strategies.

Examination of the data revealed that there is no significant interaction between psychosocial resolution and ethnicity (Wilks's lambda = 0.999; Approximate F-Statistic = 0.254, df = 2/396, p = 0.776), therefore the null hypothesis was not rejected.

Hypothesis 6:

The sixth hypothesis was there would be no significant interactions in coping strategies between gender and ethnicity, as shown by group means. Table VIII presents the means and standard deviations for coping strategies in regards to ethnicity and gender. The two highest mean scores on indirect coping strategies for African-American male (89.71) and female (89.70) were nearly equivalent. The next highest mean score (86.75) was for female Caucasians on indirect coping, followed by male Caucasians (85.00) also on indirect coping strategies. The lowest scores were obtained by male (73.57) and female (74.99) Caucasian adolescents on direct coping behaviors.

TABLE VIII

MEAN AND STANDARD DEVIATION OF COPING
SCORES FOR GENDER BY ETHNICITY

	African-American		Caucasian	
	DC	IC	DC	IC
Female:				
Mean	78.29	89.70	74.99	86.74
SD	8.93	7.53	9.90	8.50
	n=87	n=86	n=148	n=149
Male:				
Mean	76.27	89.71	73.57	85.00
SD	11.06	9.49	9.03	7.93
	n=83	n=84	n=88	n=89

An examination of these data indicate that a significant relationship does not exist (Wilks's lambda = 0.995; Approximate F-Statistic = 0.995, df = 2/396, p = 0.369) between the mean scores for African-American and Caucasian adolescents on coping strategies. Therefore, the null hypothesis was not rejected.

Hypothesis 7:

The seventh hypothesis was there would be no significant interactions in coping strategies among levels of psychosocial development, gender, and ethnicity, as shown by group mean scores. Table IX presents the mean and standard deviation scores for the three-way interaction of coping for resolved and unresolved psychosocial development

among female and male adolescents, who are categorized as
African-American and Caucasian.

TABLE IX
MEAN AND STANDARD DEVIATION OF COPING
SCORES FOR PSYCHOSOCIAL RESOLUTION
BY GENDER AND ETHNICITY

	Female		Male	
	DC	IC	DC	IC
African-American				
Resolved				
Mean	79.10	90.55	76.07	89.91
SD	9.74	6.97	12.71	10.72
	n=58	n=58	n=46	n=46
Unresolved				
Mean	76.66	87.93	76.51	89.47
SD	6.86	8.45	8.76	7.87
	n=29	n=28	n=37	n=37
Caucasian				
Resolved				
Mean	75.99	87.62	74.30	85.24
SD	10.12	8.14	8.23	8.14
	n=99	n=99	n=54	n=55
Unresolved				
Mean	72.96	85.00	72.41	84.62
SD	9.20	9.00	10.19	7.69
	n=49	n=50	n=34	n=34

The results of the MANOVA indicated there was no

significant difference (Wilks's lambda = 0.999; Approximate
F-Statistic = 0.254, df = 2/396, p = 0.776) for the
three-way interaction of psychosocial resolution, gender,
and ethnicity on group means for coping strategies.
Therefore, the null hypothesis was not rejected.

Summary

A multivariate analysis of variance (MANOVA) was
employed to test the seven hypotheses of this study.
Examination of the data indicated that the mean scores on
direct and indirect coping yielded no significant main
effects for psychosocial development resolution and gender.
The absence of a significant relationship for psychosocial
resolution indicated that resolved and unresolved
adolescents performed similarly on coping behaviors as
measured by the A-COPE. Therefore hypothesis one was not
rejected. Similarly, the results of the data analysis
results showed that female and male adolescents performed
comparably on coping strategies.

A significant multivariate main effect was observed
for ethnicity, attributing that African-American and
Caucasian adolescents deal with direct and indirect coping
strategies in different ways.

No significant findings for the two-way interactions
(psychosocial development by gender, psychosocial
development by ethnicity, and gender by ethnicity) were
observed. There was also no significant three-way

interaction of psychosocial development, gender, and
ethnicity.

When comparing GPA, as an indicator of education
achievement, with ethnicity, nearly three times as many
Caucasian as African-American students earned high school
GPA scores between 3.0 and 4.0. Distribution of both groups
reporting GPA scores between 2.0 and 2.99 was nearly
balanced. Although few in proportion, about half as many
Caucasian subjects reported GPA scores ranging from 1.5 to
.99 as did African-Americans.

When comparing composite ACT, as a second index of
educational accomplishment, the vast majority of
African-American students reported scores ranging from 22 to
below 17, with an additional 4% earning scores between 22
and 31. Caucasian students reported the greatest percentage
of scores ranging from below 17 to 22, with an additional
20% occurring between 23 and 31. Although few in number,
Caucasians reported composite ACT scores greater than 31.

When respondents were grouped according to ethnicity
and source of college financing, nearly twice as many
Caucasians reported providing their own financial support
for college education or receiving family help, as their
African-American counterparts. This trend was reversed with
respect to non-repayable grants, financial aid loans and
academic and athletic scholarships, with African-Americans
receiving from one-fourth to over twice the amount in each
category.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

The purpose of this study was to investigate the relationship between two levels of coping strategies (direct and indirect), psychosocial development (resolved and unresolved), ethnicity (African-American and Caucasian), and gender of first semester college freshmen. The subjects (n=411) for this study were 237 female and 174 male volunteer students enrolled in entry level education courses at two state universities in the southwestern United States.

Data used for analyses was compiled from three self-report instruments. The Adolescent Coping Orientation for Problem Experiences (A-COPE), was used to assess two overall levels of coping strategies (direct and indirect coping), and were the dependent variables of this study. The EPSI (developed by Rosenthal, Gurney, and Moore; 1981), was used to categorize the subjects into two groups: resolved or unresolved. Additionally, a personal demographic questionnaire was utilized to obtain background about the subjects (i.e.,. gender and ethnicity). Seven hypotheses were tested using a multiple analysis of variance procedure (MANOVA) with an alpha level of 0.01.

Major Findings

The results of this study were presented in detail in Chapter IV. The major findings were:

1. The main effects for ethnicity was found to be statistically significant at the 0.001. Mean scores for indirect coping were higher than were the means for direct coping, for both African-American and Caucasian adolescents. However, African-American youth appear to utilize indirect coping strategies to a proportionately greater extent. Both African-American and Caucasian youth tended to use a wide variety of direct coping strategies.

2. There was a greater number of 17- and 18-year-old African-American students enrolled in college than their Caucasian counterparts. This trend reversed, however, as age increased. That is, there were fewer African-Americans entering college for the first time by ages of 19, 20 and 21. Conversely, more Caucasian students reported entering college from 19 to 21 years of age.

3. There were about the same number of female and male African-American students in this sample, but in the Caucasian group, the distribution of female and males was more varied with two-thirds being female.

Discussion and Implications

Although Jorgensen and Dusek (1990) reported significant finding indicating that subjects reporting

optimal psychosocial resolution was associated with adolescents who additionally reported greater use of appropriate, mature coping behavior as a means of dealing with difficult situations, this study failed to support those findings. Rather, subjects reporting positive psychosocial resolution appear to be associated with greater use of tension-relieving efforts that failed to change or facilitate stressful events. However, previous research with adults (McCrae & Costa, 1986; Moos & Billings, 1982) has reported these differential findings because of the interrelatedness of psychosocial adjustment and coping strategies.

Despite indications in the reviewed literature demonstrating gender differences on the A-COPE (Patterson & McCubbin, 1983, 1987, 1991) there were no significant differences in coping between male and female adolescents. Examination of the results of coping scores for gender indicated a trend for greater use of indirect coping behaviors by both female and male respondents. One possible explanation is that because students are away from home and experiencing the freedom of university life, their coping efforts and behaviors are in the process of changing. An alternate explanation is that the stress of leaving home for the first time could account for a greater use of indirect coping behavior. The results of this study support with the findings of Jorgensen and Dusek (1990) with respect to gender.

This study revealed that coping strategies vary according to ethnicity and the cultural contextual influences within which one is reared. Such findings are in agreement with previous studies. Patterson and McCubbin (1987) pointed out that adolescent coping behaviors can act as both a shock absorber against tension as well as contributor to stress. Given that adolescents are rarely called on to manage a single demand (Folkman & Lazarus, 1985), Phinney and Rosenthal (1992) maintain that early environmental and cultural factors influence adolescence that must be considered when conducting multicultural coping research.

According to current views about coping behavior, learned coping patterns in early childhood influence the ways in which one manages stressful situations. As children grow older and as cognitive and maturational development change the way situations are viewed, differential coping strategies come into play. Interfaced into these learned cognitive and behavioral coping efforts is the influence of culture. Through parental training, the child learns how to manage (conquer, reduce, or endure) a troubled individual/environment relationship. Each culture, then, defines its traditional values and means for coping with stress in this relationship.

This study lends support for these apparent individual/ cultural differences in coping strategies between African-American and Caucasian adolescents. If apparent

differential relationships in coping strategies are noted between African-American and Caucasian adolescents as this study suggested, then features of the ethnic community and society at large must be taken into account when conducting multicultural coping research. This notion is supported by researchers (Hoare, 1991; Phinney & Rosenthal, 1992) who maintain that identity is inseparably defined by the culture into which an individual is born.

The demographic data revealed some interesting information. When comparing age of respondent to ethnicity in this study, there was a greater number of 17- and 18-year-old African-American students entering college for the first time than Caucasian students. This trend reversed with age, thus fewer African-Americans entered college after 19 years of age. Proportionately fewer Caucasians were enrolled by age 18, while a greater number of Caucasian students entering college between 19 and 21 years of age.

It is interesting to speculate on the reasons for this phenomena. One explanation might be that as African-American adolescents graduate from high school, they are encouraged by their families to go to college before being encumbered by marriage and children. This interpretation fits in well with the reported distribution of marital status by ethnicity, where 98.8% of the African-Americans reported never married, with 1.2% being either separated or divorced. None of the African-Americans reported presently

being married. On the other hand Caucasian respondents reported 93% never married, 5% married and 2% divorced.

An alternate explanation for college entry out of high school by African-American adolescence is presented by Phinney & Alipuria (1992). These researchers suggest that overall, African-Americans have explored and evaluated their ethnic-identity more fully than have Caucasian subjects. Therefore, African-American adolescents may have defined choices about their lives in the ethnic-identity process and entry into college is an effort to exercise options toward early self-determined life goals.

Conversely, more Caucasian subjects, may be delaying college entry in order to investigate alternative identity roles. This is what Erikson (1968) has referred to as moratorium, or a time out to search for an identity without making a commitment. Research has pointed to the fact that western Caucasian adolescents are delaying marriage and family life longer, and opting to stay at home to work before entering college (Newman & Newman, 1991).

The distribution by gender for African-American adolescents was nearly balanced, suggesting that there are equivalent numbers of females and males entering higher education directly out of high school. For the Caucasian participants, the distribution was more varied with two-thirds of the sample being female. This finding is probably most adequately explained because this sample was

drawn from students enrolled in freshmen entry level courses in education.

Recommendations

The following recommendations for future research are proposed:

1. Empirical studies have been slow to emerge in regard to minority adolescents. There is a need for assessment tools to measure adolescent coping abilities for minority youth, as well as to define the antecedents of coping behavior. To this end, researchers have encountered many difficulties designing models that are integrative in nature and incorporate both psychological and societal factors (Phinney, in press). Bell-Scott (1987) points out that more studies need to be conducted on well-adjusted black adolescents, with attention to appropriate theory development, and sensitivity to the interrelatedness of race, class, gender, family context, and culture.

2. There is a need for research on antecedent personal and social variables and the interactional processes involved in the development of a unifying theoretical framework to which empirical research is linked regarding coping behaviors in adolescence. Suggestions similar to this have been advanced by the Consortium for Research on Black Adolescents (Bell-Scott, 1987) and other researchers (Phinney & Chavira, 1991, Phinney & Rosenthal, 1992)

interested in adolescent studies in general, and adolescent studies of minority youth, in particular.

3. Research data is needed to explore the inter-relationships among psychological, social and family variables involved in developing coping strategies. Although recent conceptualizations are being developed to study coping in adolescence, methodological weakness has characteristically permeated the field of adolescent coping behaviors. Problems with design deficiencies, and conceptual models which ignore the comparisons of race, gender, family context, and culture point toward a need for research on middle-class and psychologically competent and well-adjusted adolescents and their families and away from a focus on individual deviancy and family pathology.

4. Finally, There is a need for other studies which take into account the limitations of the present research, to verify the results reported here. For example, this study was cross-sectional in design, and therefore could not address changes in adolescents coping behavior over time. Longitudinal research is needed for such assessment. Additionally, this study relied on self-report indicators of coping. Future research could benefit from multiple-informants in which family, friends (peers), or others who have observed the subject's coping behavior fill out coping measures. Studies using direct observation would further enlighten and enrich the body of information available on coping in adolescence.

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APPENDIXES

APPENDIX A

INSTITUTIONAL REVIEW BOARD FOR HUMAN

SUBJECTS RESEARCH APPROVAL

OKLAHOMA STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD
FOR HUMAN SUBJECTS RESEARCH

Proposal Title: __A STUDY OF ADOLESCENT COPING STRATEGIES, PSYCHOSOCIAL__

__LEVEL, GENDER, AND ETHNICITY__

Principal Investigator: ___DIANE MONTGOMERY/ JOANNE NECCO___

Date: _8-7-92_   IRB # ___ED-93-011___

This application has been reviewed by the IRB and

Processed as: Exempt [X] Expedite [ ] Full Board Review [ ]

        Renewal or Continuation [ ]

Approval Status Recommended by Reviewer(s):

       Approved [XX]   Deferred for Revision [ ]

       Approved with Provision [ ]   Disapproved [ ]

Approval status subject to review by full Institutional Review Board at next meeting, 2nd and 4th Thursday of each month.

Comments, Modifications/Conditions for Approval or Reason for Deferral or Disapproval:

    PROVISIONS RECEIVED

Signature: _Marcia L. Tilley_   Date: ___8-10-92___
     Chair of Institutional Review Board

APPENDIX B

INFORMED CONSENT

Oklahoma State University
ABSED Graduate Study
CONSENT FORM

The purpose of this dissertation research study is to examine the relationships among coping strategies, psychosocial development, gender, and ethnicity/race. If learned childhood coping skills form the basis for adult coping behavior, then research is needed to establish these linkages among the above mentioned variables.

I _____, hereby authorize Joanne Necco (dissertation researcher), or associates or assistants of her choosing, to perform the following procedures as part of an ongoing research project:

I will be given two questionnaires, Erikson's Psychosocial Stage Inventory (EPSI) and Adolescent Coping Orientation for Problem Experiences (A-COPE). I will also provide demographic (background) information about myself, but my name will **not** be used in any way and my responses will remain completely confidential.

I understand that participation is voluntary, that there is no penalty for refusal to participate, and that I am free to withdraw my consent and participation in this project at any time without penalty after notifying the project director. I also understand that I will not be paid and that there will be no cost to me as a subject.

I may contact Joanne Necco at telephone number (405) 341-3366 should I wish further information about the research study. I may also contact Dr. Diane Montgomery, Applied Behavioral Studies, OSU at (405) 744-6036.

I have read and fully understand the consent form. I sign it freely and voluntarily.

Date: _____ Time: _____(a.m./p.m.)

Signed: _____
                              (Signature)

I certify that I have personally explained all elements of this form to the subject before requesting the subject to sign it.

Signed: _____

APPENDIX C

DEMOGRAPHIC QUESTIONNAIRE

Oklahoma State University
ABSED Graduate Study

Thank you for agreeing to participate in this study. Please complete the following questionnaires and follow the directions on each page. Use the provided computer score sheet and a #2 soft-lead pencil. Completely fill in the circle that corresponds to your selected answer and go on to the next question. Make no other pencil marks on the computer score sheet.

Note: Anytime the word parent(s) is used, it also means step-parent, step-mother, foster parent, etc..

1. Age (select one):
   _____16;   _____17;   _____18;   _____19;
   [A]   [B]   [C]   [D]

   _____20;   _____21;   _____22 or older.
   [E]   [F]   [G]

2. Gender: _____Female;   _____Male.
                [A]   [B]

3. Marital status (select one):

   _____Never Married;   _____Married;   _____Separated;
   [A]   [B]   [C]

   _____Divorced;   _____Widowed.
   [D]   [E]

4. Your ethnicity/race (select one):

   _____African-American;   _____American-Indian;
   [A]   [B]

   _____Asian/Pacific Islander; _____Caucasian;
   [C]   [D]

   _____Hispanic/Latino;   _____Other.
   [E]   [F]

5. Your parent's ethnicity/race (select one):

   _____African-American: _____American Indian;
   [A]   [B]

   _____Asian/Pacific Islander; _____Caucasian;
   [C]   [D]

   _____Hispanic/Latino;   _____Other.
   [E]   [F]

6. The ethnicity/race you have personally adapted for self-identity purposes regardless of the ethnicity/race of your parents (select one):

____African-American;   ____American Indian;
[A]   [B]
____Asian/Pacific Islander; ____Caucasian;
[C]   [D]
____Hispanic/Latino;   ____Other.
[E]   [F]

7. High school GPA (select one):

____3.5 - 4.0;   ____3.0 - 3.49;   ____2.5-2.99;
[A]   [B]   [C]
____2.0 - 2.49;   ____1.5 - 1.99;   ____1.0-1.49;
[D]   [E]   [F]
____0.5 - 0.99.
[G]

8. High school composite ACT score (select one):

____32 and above;   ____29 - 31;   ____26 - 28;
[A]   [B]   [C]
____23 - 25;   ____20 - 22;   ____17 - 19
[D]   [E]   [F]
____below 17.
[G]

For questions 9 through 14 use the following scale:

A = Less than 10%;   B = 10 - 24%;   C= 25 to 49%;
D = 50 - 75%;   E = more than 75%.

9. Percent of college being financed by self (select one).

10. Percent of college being financed through family support (select one).

11. Percent of college being financed through non-repayable financial aid grant(s) (select one).

12. Percent of college being financed through repayable financial aid loan(s) (select one).

13. Percent of college being financed through academic or humanities scholarship(s) (select one).

14. Percent of college being financed through athletic scholarship(s) (select one).

APPENDIX D

INSTRUCTIONS FOR DATA

COLLECTION

INFORMATION SHEET FOR DATA COLLECTION

TO: All professors, instructors, and/or teaching
         assistants who have agreed to assist in data
         collection for Joanne Necco's dissertation
         entitled:

         A STUDY OF ADOLESCENT COPING STRATEGIES,
         PSYCHOSOCIAL DEVELOPMENT, GENDER, AND ETHNICITY.

FROM: Joanne Necco,
         Graduate student in Applied Behavioral Studies.

RE: **INSTRUCTIONS FOR ADMINISTERING TEST-PACKET:**

1.   Hand out the questionnaire packet to the students.

2.   Instruct the students that this is an OSU
     dissertation data collection packet.

3.   Explain that this packet contains one demographic
     (background) information page and two (2) questionnaires
     which asks their opinions about things that they
     believe to be true about themselves.
     There are no right or wrong answers.

4.   Ask the students to **read, sign, date, and note the
     time on both consent forms.** They are identical.
     Have them remove the top form for them to keep for
     their files, the other is to be turned in with
     their data packet when they complete the
     information.

5.   Answer any other questions the students may have.

     ** **Note:** Students may have questions regarding
     item #6 on the demographic page. Any response or
     help you can give them to clarify the notion of
     self-identity is in order.

6.   Ask that they not talk or compare answers until
     every one is finished.

7.   The time required to respond to all questions will
     be approximately 45 minutes.

     Thank you very much for allowing me to utilize your
     class time for the collection of this data for my
     dissertation.

E. Joanne Necco

Candidate for the Degree of

Doctor of Philosophy

Thesis: THE RELATIONSHIP OF ADOLESCENT COPING STRATEGIES
          TO PSYCHOSOCIAL DEVELOPMENT, GENDER, AND ETHNICITY

Major Field: Applied Behavioral Studies

Biographical:

> Personal Data: Born in Klamath Falls, Oregon, the
>   daughter of Mr. and Mrs. Joseph R. Painter.
>   Marriage and the birth of a daughter, Laura
>   Louise, and a son, Douglas Furman, followed.
>
> Education: Graduated from Anchorage High School,
>   Anchorage, Alaska; attended Oklahoma Baptist
>   University Nursing Program 1959-1961; received a
>   Bachelor of Science degree in Education (1979) and
>   Master of Education in Special Education (1985)
>   from Central State University; completed
>   requirements for the Doctor of Philosophy degree
>   at Oklahoma State University, Stillwater,
>   Oklahoma, in May, 1993.
>
> Professional Experience: Employed as Medical-Surgical
>   assistant, Oklahoma City Clinic 1961-1968; special
>   education teacher (learning disabilities) Oklahoma
>   City Public Schools, 1978-79; Edmond (Oklahoma)
>   Public Schools, 1979-1983; co-founder, owner
>   Learning Development Clinic, Inc, Edmond, 1983-
>   1993; graduate teaching assistant, Oklahoma State
>   University 1987-1991; completed a full-time
>   internship in school psychology split between
>   Stillwater Public Schools, Stillwater, Oklahoma,
>   and Edmond Youth Council, Inc. Employed part-time
>   at Central State University for supervision of
>   graduate level practicum students in special
>   education and teaching developmental psychology
>   and parent education classes, 1989 to present;
>   employed part-time at Oklahoma City University to
>   teach Survey of Exceptional Children and Child
>   Development Classes, 1991 to present.