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Coping with Relationship Problems: A Gender Comparison

by

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Abstract

This study was conducted to explore the differences and/or similarities in how men and women cope with relationship problems. Aside from gender, various other demographic as well as attitude variables were explored in their relationship with coping. This study found that there was no difference in coping strategies used by men and women in coping with their relationship problems. Also, no statistically significant correlations were found between coping strategies and attitude/demographic variables. One significant canonical root was found for women between coping strategies and attitude/demographic variables.

Coping With Relationship Problems: A Gender Comparison
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Abstract

This study was conducted to explore the differences and/or similarities in how men and women cope with relationship problems. Aside from gender, various other demographic as well as attitude variables were explored in their relationship with coping. This study found that there was no difference in coping strategies used by men and women in coping with their relationship problems. Also, no statistically significant correlations were found between coping strategies and attitude/demographic variables. One significant canonical root was found for women between coping strategies and attitude/demographic variables.

How people cope with stressful situations has been a topic of interest for some time (for a history of this area of research, see Parker & Endler, 1996; Snyder & Dinoff, 1999). *Coping* has been defined in a variety of ways, including as a "special category of adaptation elicited in normal individuals by unusually taxing circumstances" (Costa, Somerfield, & McCrae, 1996, p. 45). More specifically, *coping style* has been defined as "a general propensity to deal with stressful events in a particular way" (Taylor, 1999, p. 211). The goal of studying coping strategies is both to examine different types of adaptive or maladaptive responses people make to stressful situations, and to explore the possible relations between people's use of coping strategies and their corresponding psychological distress and well-being. Broadly speaking, therapy "can be conceptualized as helping clients cope more effectively with their concerns or problems" (Heppner & Krauskopf, 1987, p. 372). Many studies have provided evidence that coping strategies play a mediating role between negative or stressful events and physical and psychological distress and well-being (e.g., Chang & Strunk, 1999; Frazier, Tix, & Klein, 2000; Pakenham, Dadds, & Terry, 1994; for a brief review, see Holahan, Moos, & Schaefer, 1996).

It is not clear how much men and women are different or similar in terms of how they cope with personal problems. Several studies have supported the hypothesis that men and women differ in their use of coping strategies in a variety of situations (e.g., Endler & Parker, 1990; Higgins & Endler, 1995; Kuiper, Olinger, & Air, 1989; Leong, Bonz, & Zachar, 1997). For instance, Hobfoll, Dunahoo, Ben-Porath, and Monnier (1994) suggested that men tend to use more problem-focused coping while women tend to use more emotion-focused coping. However, in a recent meta-analysis of gender differences in coping (Tamres, Janicki, & Helgeson, 2002), women were found to use almost all coping strategies more often than men, including problem-focused coping -- "in no case did men engage in a coping strategy more often than women" (p. 15). However, effect sizes were heterogeneous, and even when significant sex differences existed, the effect sizes were "quite small" (p. 16). Coping behaviors were also examined specifically for relationship problems. Women were more likely than men to engage in 6 of the 13 specified coping strategies (active coping, general problem-focused coping, seek emotional support, isolation, rumination, and seek nonspecific support), although "men were more likely than women to use avoidance and venting" (p. 19). This meta-analysis by Tamres et al. refuted some of the commonly held notions about gender differences in coping. Therefore, more research is needed to further unravel the confusion in this area.

A few studies have explored coping responses in relationship breakups, but the role of gender is often not specifically explored. For instance, Thompson and Cook (2000) examined how men and women coped with specific types of problems, including how they specifically coped with interpersonal problems, but did not explore gender differences. However, in the associated dissertation, Thompson (2000) found significant gender differences in coping with interpersonal problems. Specifically, women relied on social support more than men when dealing with this type of problem. Frazier and Cook (1993) found that coping appraisal and coping resources, specifically perceptions of controllability of the breakup, amount of perceived social support, and participant self-esteem, were related to current distress and recovery following a relationship breakup. However, specific effects of gender were not examined thoroughly. McCarthy, Lambert, and Brack (1997) demonstrated a model of coping, coping appraisals, and emotional reactions to a relationship breakup in sample of primarily female (85%) graduate students, specifically that preventive (i.e., preparatory to a stressor) and combative (dealing at the time with a stressor) coping strategies significantly predicted emotional reactions to the breakup. Therefore, coping does seem to be an important

predictor in the adjustment to relationship problems, but the potential moderating role of gender needs to be more thoroughly explored.

This study explores the moderating role of gender by examining how male and female college students cope specifically with recent relationship problems. Research questions include the following:

- 1) How do men and women compare in the coping strategies (i.e., reflective, reactive, and suppressive) they use to deal with relationship problems?
- 2) How do the relations between coping strategies and various attitude and demographic variables (i.e., self-esteem, attitudes toward women, sex role ideology, adherence to sexual double standard, frequency of religious behaviors, types of religious beliefs) compare for men and women?

It was hypothesized that men and women would differ both in how they coped with a relationship problem and with how their use of coping strategies was related to attitude and demographic measures. Based on the findings from the meta-analysis by Tamres et al. (2002), it was hypothesized that women would use more reflective coping, less suppressive, and less reactive coping than men in dealing with relationship problems. More specific hypotheses could not be made at this time due to the mixed results which have been found in past studies.

Method

Participants

172 college students from a large southwestern university (79 men and 93 women) participated in the study. The mean age was 20.25 years ($SD = 4.47$). Of the 172, 108 were currently in a relationship. Most of the participants self-identified as Caucasian ($n = 133, 77.3\%$), while other participants identified as Hispanic ($n = 28, 16.3\%$), African American ($n = 5, 2.9\%$), and other ($n = 6, 3.5\%$). Ninety-six percent of the participants described their sexual orientation as heterosexual.

Measures

The **Problem-Focused Styles of Coping (PF-SOC)** (Heppner, Cook, Wright, & Johnson, 1995) measures three types of coping: Reflective, which is characterized by a tendency to plan and examine causal relationships in coping, Suppressive, which is characterized by denying problems and avoiding coping activities and Reactive, which is characterized by coping activities which distort the problem or deplete the individual. A preliminary version of the PF-SOC was used in this study, which consisted of 31 coping items and asked participants to describe how they dealt with a relationship problem, which they had experienced in the past 2 months. Scale scores were derived based on the published, 18-item, dispositional version of this measure published by Heppner et al.

The **Rosenberg Self-Esteem Scale** (Rosenberg, 1965) consists of 10 items on a 4-point likert scale ranging from "strongly agree" to "strongly disagree". Higher scores on the Rosenberg Self-Esteem Scale indicates higher levels of self-esteem.

The **Sex Role Ideology Scale (SRIS)** (Kalin & Tilby, 1978) measures one's attitudes towards gender role scripts for men and women. Consisting of 30 items on a seven-point scale, higher scores are viewed to indicate more egalitarian attitudes. The test-retest reliability was .87 while the split half reliability ranges from .57 to .91 (Kalin & Tibly).

The **Sexual Double Standard Scale (SDSS)** (Muehlenhard, 1990) measures agreement with the sexual double standard. 26 items are answered on a 4-point scale ranging from "disagree strongly" to "agree strongly". Higher scores indicate more acceptance of the sexual double standard.

The **Attitudes Toward Women – Short Form (ATW)** (Spence, Helmreich & Stapp, 1973) is designed to measure beliefs about appropriate roles for women in the areas of vocation, education and intelligence. The short form consists of 25 items scored on a likert scale ranging from 0 to 3. Higher scores indicate more feminist or non traditional attitudes. Analysis conducted finds correlations of over .95 between the short form and the original 55-item scale.

Demographic information was also collected on a variety of different variables, including the size of the city that the participant was "raised in," grade point average, and several items assessing different aspects of religiosity/spirituality. Considering that participation in or attendance of various religious activities has been found to be one of the strongest predictors of mental and physical health variables (George, Larson, Koenig, &

McCullough, 2000), an item assessing religious attendance and an item assessing frequency of prayer was combined to form a measure of religious activity. Internal consistency (Cronbach's alpha) of this measure was acceptable at .70.

Procedures

Students in Introductory Psychology classes participated in this study as one option to satisfy course requirements. This data set was part of a data set included in another study as described by Cook, Bjorgo, and Goetz (2000). Demographic information was gathered first, followed by the SDSS, with the remaining measures following in counterbalanced order. Informed consent was obtained and other ethical procedures were followed.

Results

Descriptive statistics were computed on relevant variables. Skewness and kurtosis were examined for each of the variables under consideration in this study, and a few variables, including the self-esteem scale, were not considered for analyses because of problems with normality which violated assumptions for analyses. Means and standard deviations for the three coping variables as well as other variables included in the analyses are included in Table 1.

Research Question #1

T-tests were conducted to evaluate the first research question in terms of how men and women would compare in their self-reported use of coping strategies with relationship problems. T-tests for the three coping strategies were not statistically significant (see Table 1), indicating that there is no support for the hypothesis that men and women would differ in their use of coping strategies with this type of problem.

Research Question #2

To evaluate whether the relations between coping strategies and various attitude and demographic variables would compare for men and women, Pearson correlations were conducted initially (see Table 1). An alpha level (p value) of .01 was used to indicate statistical significance to protect against Type I error due to multiple tests. None of the relations between coping strategies used for dealing with relationship problems and the other variables were statistically significant.

To further examine whether coping strategies for dealing with relationship problems were related to the variables included in this study, canonical correlations were computed with attitudes about the sexual double standard, attitudes toward women, sex role ideology, social desirability, city of origin size, grade point average, and religious activity predicting reflective, reactive, and suppressive coping. The results suggest no statistically significant canonical correlations for men and one statistically significant canonical correlation for women ($p < .05$; see Table 2). To interpret the first canonical root which was significant for women, structure correlations (also known as loadings or variate-variable correlations) were examined, using a .40 cutoff (see Table 3). This significant root consisted of a very large loading for less usage of suppressive coping, and moderately large loadings for less usage of reflective coping, less traditional views of sexual standards, small city of origin, a high grade point average, and less egalitarian/feminist views of sex roles. It is unclear what this relation indicates.

Discussion

This study found no support for the hypothesis that men and women differ in how they cope with relationship problems. Also, no relation was found between coping variables and the attitude/demographic variables used in this study. Since this sample was relatively homogenous, at least in terms of age, education level, ethnicity, and sexual orientation, gender differences in coping with relationship problems in broader populations might possibly be obscured. Alternatively, it might be, as this study indicates, that men and women are more similar than different in how they cope with relationship difficulties. As Tamres et al. (2002) proposed, perhaps previously found gender differences in coping are due less to differences in actual coping behavior and more to the type of stressor encountered and the type of appraisal made of the stressor. In therapy, it may be more important to focus on these aspects of the stress/coping transaction in our clients than on traditionally perceived, possibly stereotypical gender differences in coping behavior. The significant root in the canonical correlation is very difficult to interpret. This indicates that it may be fruitful to conduct further research in to the multivariate relations between coping and attitude/demographic variables. Further research should also explore the comparative relations for men and women between coping with relationship problems and distress/well-being variables.

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Table 1

T-tests, Correlations, Means, and Standard Deviations for Men/Women

Variables	Reflective	Reactive	Suppressive	<i>M</i>	<i>SD</i>
<i>t</i>	.803	.870	.640		
Sexual Double Standard	-.21/.11	.35/.3	.14/.33	11.1/7.7	5.6/4.4
Sex Role Inventory	-.12/.04	.23/.22	.01/.35	118.7/120.8	12.6/12.0
Attitudes Toward Women	-.01/.09	-.21/.08	-.22/-.03	22.1/23.1	2.8/3.0
Social Desirability	-.01/.20	-.09/-.18	-.17/-.03	13.6/14.4	4.1/4.3
City of Origin Size	.08/.25	-.24/.24	-.06/.23	3.4/3.5	1.1/1.4
Grade Point Average	-.20/-.29	.11/.08	-.01/-.21	27.8/28.9	6.2/5.9
Religious Activity	-.03/-.08	.11/-.15	.18/.15	7.0/6.6	2.7/3.0
<i>M</i>	19.3/19.6	13.9/14.0	14.7/14.2		
<i>SD</i>	5.7/5.5	4.0/4.9	4.3/5.6		

Note. (*n*'s = 43 to 47). A slash distinguishes statistics by gender – statistics for men are on the left of the slash, statistics for women are on the right of the slash.

**p* < .01.

Table 2

Canonical Correlation Analyses for Coping Strategies & Attitude/Demographic Variables for Men & Women

	Root	R _c	CR	df	F
<i>Men</i>					
1	.62	.38	21	.81	
2	.37	.14	12	.37	
3	.18	.03	5	.17	
<i>Women</i>					
1	.68	.46	21	1.78*	
2	.48	.23	12	1.15	
3	.35	.12	5	.91	

Note: R_c = Canonical correlation coefficient. CR – canonical root (square of R_c)

**p*<.05

Table 3

Structure Correlations for Canonical Analysis of Coping Strategies and Attitude/Demographic Variables for Women

Variable	Root 1
<i>Attitude/Demographic Variables</i>	
Sexual Double Standard	-.53
Sex Role Ideology	-.40
Attitudes Toward Women	-.11
Social Desirability	-.10
Religious Activity	-.18
City of Origin Size	-.50
Grade Point Average	.50
<i>Coping Strategies</i>	
Reflective	-.49
Reactive	-.34
Suppressive	-.90



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