

Ways of Coping Among Low-Income Inner-City Women: The Multi-Axial Model Of Coping

Essie A. Riley-Eddins, Postdoctoral Fellow, Applied Psychology Center,
Kent State University

Stevan E. Hobfoll, Professor, Department of Psychology,
Director, Applied Psychology Center, Kent State University

Anita P. Jackson, Associate Professor, College of Education, Kent State University

Introduction

The use of coping strategies in response to life stress has been a major area of research interest (Anderson, 1991; Endler & Parker, 1990; Hobfoll, Dunahoo, & Monnier, 1994; Jackson, 1997; Lazarus & Folkman, 1984). A clear finding in this literature is that there are considerable differences in the ways people respond to stressors. However, despite research advances, there has been criticism that current research questions and approaches have been framed for the European-American experience, and thus, cannot adequately illuminate how African-Americans and European-Americans may differ in coping strategies (Broman, 1997; Cameron, Wells, & Hobfoll, 1996; Williams, Takeuchi & Adair, 1992; Tucker & Mitchell-Kernan, 1995). Coping strategies of women, of young, inner-city women and of young, inner-city, African-American women in particular, have not been well studied. As a result, we know little about how young, inner-city African-American women experience or cope with stress (Broman, 1997; Cameron, Wells & Hobfoll, 1996; Caldwell, 1997; Neighbors & Jackson, 1997).

The limited information concerning young, low-income, inner-city African-American women's coping strategies is of special concern, as epidemiological studies (Dohrenwend, 1973; Dohrenwend & Dohrenwend, 1969, 1981; Faris, & Dunham, 1939; Hollingshead & Redlich, 1958; House & Robins, 1983) link lower socioeconomic status with higher rates of exposure to stressful life events. Therefore, how young, low-income, inner-city African-American women cope with these events may be critical in determining their psychological and physiological responses to stress. Although stress is of concern for all low-income women, health risks for young, low-income African-American women are particularly high (Caldwell, 1997; Neighbors & Jackson, 1987).

To develop, implement, and evaluate culturally-competent health-promotion

interventions, it is critical to assess the coping strategies of the population served. Demographic data in the United States indicate that the largest proportionate increases in population across all ages will be among groups currently identified as racial and ethnic minorities (Angel & Hagan, 1991). Failure of research to illuminate differences in coping strategies of African-American women and of young, low-income, African-American women in particular, may contribute to the lack of success in implementing health delivery interventions in their communities (Becker, Hill, Jackson, Levine, Sillman, & Weiss, 1992). Conversely, research on coping strategies of young, inner-city African-American women may have the salutary effect of directing health interventions and health-promotion resources to ethnic minority communities that are desperately in need (Broman, 1997; Caldwell, 1997; Neighbors & Jackson, 1997).

Ethnicity and Coping

Coping research to date is generally consistent with psychology's basis in theories that value autonomy over communality (Cohen, 1992). However, the Afrocentric worldview of unity, cooperation, mutual responsibility and interdependence stands in contrast to the European-American principles of independence, competition, and individualism (Asante, 1987; Nobles, 1986; Jenkins, Lamar, & Thompson-Crumble, 1993). Recent theorists have called attention to the importance of trying to determine the universality of behavioral constructs across ethnic, gender, and cultural boundaries, modifying the models or measurements of constructs to capture a valid understanding of what is appropriate to the realities of particular subgroups of ethnic minorities and women (Hobfoll & Jackson, 1993; Hobfoll, Dunahoo, & Monnier, 1994; Landrine, 1992; Neighbors & Jackson, 1997; Triandis, McCusker, & Hui, 1990).

Research seldom considered coping in the context of African-American women's lives. In particular, the social nature of coping (i.e., the differences of language, religion, color, ancestry, and culture to which social meaning are attributed, and around which identity and formation occurs) has been ignored (Hobfoll, Dunahoo, & Monnier, 1994; Jackson & Inglehart, 1995). The traditional ancient African principles of unity, cooperation, mutual responsibility, and interdependence in the Afrocentric worldview have implications for the coping strategies that African-Americans use, but coping research often fails to emphasize these coping components (Asante, 1987; Aitihenbuwa, DiClemente, Wingood, & Lowe, 1992; Caldwell, 1997; Nobles, 1986).

Coping models have downplayed the social aspects of coping, despite the fact that women (White and Black) may principally differ from men based on their more social orientation in response to stress (Thoits, 1994). Moreover, failure to emphasize social aspects of coping disregards the uniqueness of African-American culture that is often frequently tempered by social, familial, and community-linked responsibility.

ities (Jackson & Inglehart, 1995). As a result, the coping literature tends to reinforce rather than illuminate stereotypical assumptions about women in general and African-American women in particular. African-Americans' presumed deficiencies in coping are perceived to account for their high rates in psychological ailments, such as depression and anxiety disorders (Broman, 1997; Williams, Tackeuchi, & Adair, 1992).

However, coping strategies of women, and of African-American women in particular, may only appear to be deficient due to reliance on models whose assumptions are based on individualistic, rational choice of determining behaviors (presuming that individuals have the resources to act in their own best interest), and ignoring or minimizing the importance of external economic and racial/ethnic factors that set the stage for people's behavior (Hobfoll, in Press). One study of African-American and European-American women by Krueger (1990) explored the relationship between hypertension and the experience of racial and gender discrimination. She found that among African-American women who believed they experienced unfair treatment, those who kept quiet and accepted it were four times as likely to have high blood pressure than those who talked to others or took other action in response to the unfair treatment. Interestingly, gender discrimination was unrelated to hypertension for European women. In addition, African-American women were six times more likely to respond passively to unfair treatment, suggesting that they, probably accurately, perceived themselves as having little control over their encounters. Krueger (1990) also found that African-American women who reported that they had experienced no incidence of racial or gender discrimination were two-to-three times as likely to have high blood pressure as those who reported having experienced unfair treatment. An internalized denial of racial bias may also lead to adverse changes in health status. Krueger's (1990) study suggests that racial discrimination may interact with personality characteristics and particular coping styles.

With the delineation of need for research in this area, there is a corresponding demand for creating and testing new theoretical models to understand how ethnicity shapes and is shaped in the social world and how these processes affect coping strategies. Models of coping that rely on individualistic approaches and that fail to consider effects of coping styles on communality and social behavioral relationships will not be seen as readily applicable to African-Americans.

Description of the Model

The Multi-Axial Model of coping was developed to assess both agenic and communal aspects of coping. It incorporates three axes: 1) prosocial-antisocial; 2) active-passive; and 3) direct-indirect. The three axes represent dimensions of general coping strategies, not particular behaviors, and they are not viewed as fully independent (Hobfoll, Cameron, Chapman, & Gallagher, 1996; Hobfoll, Dunadoo, Ben-Porath, &

Monnier, 1994). The active-passive dimension indicates the degree to which coping is actually addressing a goal or environmental demand. The prosocial-antisocial dimension reflects the degree to which coping is oriented in a prosocial, non-social, or antisocial manner. For example, coping may positively rely on, exploit, or be independent of others. Directness reflects the degree that coping behavior is addressing the problem in a straightforward or round about manner. Indirectness is prized in many cultures and may also be the only open coping avenue in situations of low power. Coping behavior is seen as existing along each of the three dimensions simultaneously.

In the Multi-Axial Model, a someone's strategy might be primarily active-prosocial-indirect and another's approach primarily passive-antisocial-direct, but both share some of the same behaviors. Directness in the model is more culturally and situationally dependent. Indirectness is not to be confused with passivity, but indicates more indirect ways of achieving goals. For example, efforts to shape the environment in order to facilitate a desired response are indirect, but not passive. Cultures that prize honor and eschew shame tend to promote indirect coping to avoid insult and dishonoring the self and others. The theory acknowledges that coping occurs in a social environment that allows for the universality of behavioral constructs across ethnic, gender, and cultural boundaries.

The Multi-Axial Model of coping is based on a long-standing premise in personality research that healthy coping is both active and prosocial (Adler, 1939; Sullivan, 1993). Therefore, behavior that is seen as active and prosocial is seen as potentially more psychologically healthy (Hobfoll, Cameron, Chapman, & Gallagher, 1996). The early work of Adler (1939) and others is further supported by research showing mastery and social support to work more beneficially in tandem (Kobasa & Puccetti, 1983; Lefcourt, Martin & Selah, 1984; Sandler & Lakey, 1982). Hoboll and Lerman (1989) and Kobasa (1983) have argued in this regard, that an active, prosocial style underlies the positive influence of social support.

The Multi-Axial Model focuses on behavioral strategies and de-emphasizes the emotional aspects of coping upon which other models place great emphasis (Carver, Scheier, & Weintraub, 1989; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986). Hobfoll (1994) gives two reasons for this altered direction: (1) current measures of coping have had good success predicting outcomes from emotion-focused measures of coping; and (2) emotion-focused coping may, perhaps, never be disentangled from the emotional outcomes of coping. For example, when people respond to emotion-focused items on questionnaires, they may easily slip from the issue of how they are behaviorally coping (e.g., "I use alcohol") with stressors (which is what we wish to address) to how they are responding to the outcome of stress (e.g., alcohol

abuse) (Hobfoll, Dunahoo, Ben-Porath, Monnier & Stone, 1994). Coyne (1992) has argued that this confounding cannot be avoided methodologically.

The Multi-Axial Model is tested with the Strategic Approach to Coping Scale (Hobfoll, Dunahoo, Ben-Porath, & Monnier, 1994; Cameron, Wells, & Hobfoll, 1996; Hobfoll, Cameron, Chapman, & Gallagher, 1996). The review of the literature revealed that there are no other existing scales that measure both the use of agenic and communal aspects of coping.

Conclusion

The Multi-Axial Model of Coping, which emphasizes both the individual and social context of coping, was examined to determine if the Strategic Approach to Coping Scale-Dispositional (SACS-D) would predict young, low-income, inner-city African-American women's coping strategies, as well as young, low-income, European-American women's coping strategies.

The analyses support the reliability and internal validity of the SACS-D. They further suggest that the Multi-Axial Model of Coping is a viable framework to examine coping strategies. The reliability and internal validity of the SACS-D suggest that the Multi-Axial Model of Coping is defensible in both statistical and conceptual terms. The subscales correlate with each other in that predictable patterns are reasonably independent of one another and appear to tap different constructs. The Ways of Coping Questionnaire (Folkman & Lazarus, 1980; Lazarus & Folkman, 1984) and the Dual-Axis Model of Coping Questionnaire (Hobfoll & Dunahoo, 1991; Hobfoll, Dunahoo, Ben-Porath, & Monnier, 1994) underwent several major revisions in development. The Strategic Approach to Coping Scale may benefit from future research findings based on the entire scale (9 subscales), controlling for socio-economic status and ethnicity.

Low-income, inner-city, African-American women's coping strategies were not more indirect and prosocial, as predicted by the hypothesis. Why might African-American women not appear more communal in their coping than European-Americans? One explanation is that their coping is not as voluntary as we assumed. Rather, it may be environmentally constrained. Consistent with this argument, Baryard and Graham-Bermann (1993) reported that African-American women make different coping choices in the context of role-definitions that limit their behavioral repertoire. Lykes (1983) reported that African-American women used more direct instrumental coping styles and showed flexibility by using more than one strategy. King, Taylor, Albright, and Haskell (1990) reported that the appropriateness of using direct action to cope with a situation is dependent on the task and how appropriate it would be to participate actively in the situation. For example, an inner-city, African-American woman's in-

direct prosocial actions are unlikely to be effective when she is dealing with the bureaucratic welfare system. In addition, the situation of low-income, African-American women does not lend itself to social joining external to family and community. Therefore, being direct, active and prosocial may be more appropriate. Low-income, African-American women may be having to successfully cope in difficult situations, and in ways that are more direct than their European-American counterparts.

A second interpretation of the findings may indicate that, although collectivist in their outlook, inner-city African-American women are not more behaviorally collectivist. Long-term exposure to racism, increasing splintering of collectivist structure (i.e., reduction of extended families) among African-American families, and exposure to the greater agenic culture may have changed the way African-American women cope. Consistent with this interpretation, other studies have found women who have close relationships and undergo chronic stress feel less likely to benefit from social support (Hobfoll & London, 1986; Riley & Eckernode, 1986). Finally, although paradoxical, African-American women may be behaving more directly and independent of others to shelter their loved ones. Riley and Eckernode (1986) found high levels of stress contagion among African-American women when they share their problems. Their communal outlook may, therefore, ironically cause them to "go it alone," so as to not bring loved ones harm.

Researchers and theorists are recognizing the limitations of existing models for the study of ethnic-minority groups and women. However, now that we have recognized the problem, we must develop models which are genuinely relevant to the groups that we are interested in studying. As we develop these models, we must take into account community-level processes and social contexts instead of relying on individual-level explanations for psychological and behavioral phenomena (Coyne & DeLongis, 1986).

The Multi-Axial Model of Coping is one attempt to account for the interactive nature of coping. The model emphasizes both the individual and social context of coping, and the ways relationships, roles, gender, ethnicity, norms, and structural situations (and interaction among these) may shape behavior and outcomes. We should continue to explore the applicability of this model of personal and social resources to the experiences of diverse populations. How these women's coping behavior influences their stress outcomes is the apparent next step for coping research.

References

- Adler, A. (1939). *Social Interest. A Challenge to Mankind*. New York: Putnam.
- Airithenbuwa, C., DiClemente, R., Wingood, G., & Lowe, A. (1992). HIV/AIDS Education and Prevention among African-Americans: A Focus on Culture, AIDS

- Asante, M. (1987). *The Afrocentric Idea*. Philadelphia, PA: Temple University Press.
- Anderson, L. (1991). Acculturative Stress: A Theory of Relevance to Black Americans. *Clinical Psychology Review*, 11, 685-702.
- Anastasi, Ann (1986). *Psychological Testing*. (7th ed.). New York: Macmillan.
- Aneshensel, C. & Pearlin, L. (1987). Structural contests of sex differences in stress. In R. Barnett, L. Biener, & G. Baruch (Eds.), *Gender and Stress*. New York: Free Press.
- Angel, J., & Hogan, D. (1991). The demography of minority aging populations. *The Task Force on Minority Issues in Gerontology: Minority Elders: Longevity, Economic and Health*, pp. 1-3.
- Washington, DC: Gerontological Society of America. Banyard, V. & Graham-Bermann, S. (1993). Can Women cope? *Psychology of Women Quarterly*, 17, 303-318.
- Becker, D., Hill, D., Jackson, J., Levine, D., Stillman, F., & Weiss, S. (1992). Health behavior research in Minority Populations: Access, Design, and Implementation (NIH Publication No. 92-2965).
- Billings, A. & Moos, R. (1981). Coping, Stress, and Social Resources among Adults with Unipolar Depression. *Journal of Personality and Social Psychology*, 46, 877-891.
- Broman, C. (1989). Race and Responsiveness to Life Stress. *National Journal of Sociology*, 3, 49-64.
- Broman, C. (1997). Coping with Personal Problems. In H. Neighbors & J. Jackson (Eds.), *Mental Health in Black America*, (pp. 117-129), Thousand Oaks: Sage Publications.
- Broman, C., Hoffman, W., & Hamilton, V. (1994). Impact of Mental Health Services use on Subsequent Mental Health of Auto Workers. *Journal of Health and Social Behavior*, 35(1), 80-95.
- Caldwell, C. (1997). Predisposing, Enabling, and Need Factors Related to Patterns of Help-seeking Among African Americans. In Neighbors & J. Jackson (Eds.), *Mental Health in Black America* (pp. 117-129), Thousand Oaks: Sage Publications.

Cameron, R., Wells, J., & Hobfoll, S. (1996). Stress, Social Support, and Coping in Pregnancy: Taking Gender and Ethnicity into Account. *Journal of Health Psychology*, 2, 195-208.

- Carver, S., Scheier, F., Weintraub, K., (1989). Assessing Coping Strategies: A Theoretically Based Approach. *Journal of Personality and Social Psychology*, 56, 267-283.
- Coyne, J. (1992, August 16). But life is not a controlled experiment: Problems in the assessment of coping. In Y. S. Ben-Porath, What is coping and does it matter? Symposium conducted at the meeting of the American Psychological Association, Washington, DC.
- Coyne, J. & Fiske, V. (1992). Couples Coping with Chronic and Catastrophic Illness. In T. J. Akamatsu, M. A. P. Stephens, S. E. Hobfoll, & J. H. Crowther (Eds.). *Family Health Psychology* (pp.129-149). New York: Hemisphere.
- Dohrenwend, B. (1973). Social status and Stressful Life Events, *Journal of Personality and Social Psychology*, 28(2), 225-235.
- Dohrenwend, B. & Dohrenwend, B. (Eds.). (1969). *Social Status and Psychological Disorder: A Casual Inquiry*. New York: John Wiley.
- Dohrenwend, B. & Dohrenwend, B. (Eds.). (1981). *Stressful Life Events and their Contexts*. New York: Prodist.
- Dunahoo, C., Monnier, J., Hobfoll, S., Hulsizer (1996). Even the Long Ranger had Tonto: There's more than Rugged Individualism in Coping. Manuscript submitted for publication, Kent State University, Kent, Ohio.
- Endler, N., & Parker, J. (1990). Multidimensional Assessment of Coping: A Critical Evaluation. *Journal of Personality and Social Psychology*, 58, 844-854.
- Erickson, E. (1968). *Identity: Youth and crisis*. New York: Norton.
- Faris, R. & Dunham, H. (1939). Mental disorder in urban areas: An Ecological study of Schizophrenia and other Psychoses. Chicago: University of Chicago Press.
- Folkman, S., Lazarus, R., Dunkel-Schetter, C., DeLonges, A., & Gruen, R. (1986). Dynamics of a Stressful Encounter: Cognitive Appraisal, Coping, and Encounter Outcomes. *Journal of Personality and Social Psychology*, 50, 992-1003.

Hobfoll, S., Cameron, H., Chapman, H. & Gallagher, R. (1996). Social Support and Social Coping in Couples. Handbook of Social Support and the Family, edited by Gregory R. Pierce, Robert R. Sarason & Irwin G. Sarason, Plenum Press, New York, 1996.

Hobfoll, S. (1991) Stress, Culture and Community: The Psychology and Philosophy of Stress. New York: Plenum.

Hobfoll, S., Dunahoo, C., Ben-Porath & Monnier, J. (1994). Gender and Coping: The Dual-Axis Model of Coping. American Journal of Community Psychology, Vol. 22, No. 1, 1994.

Hobfoll, S., & Dunahoo, C. & Monnier, J. (1994). Preliminary Test Manual: Strategic Approach to Coping Scale (SACS). Applied Psychology Department. Kent State University.

Hobfoll, S., & Jackson, A. (1993). Conservation of Resources in Community Intervention. American Journal of Community Psychology, 19, 111-121.

Hobfoll, S., & Lemman, M. (1989). Predicting Receipt of Social Support: A Longitudinal Study of Parents Reaction to their Child's Illness. Health Psychology, 8, 61-77.

Hobfoll, S., & London, P. (1986). The Relationship of Self-concept and Social Support to Emotional Distress among Women during War. Journal of Social and Clinical Psychology, 4, 189-203.

Hobfoll, S., & Vaux, A. (1993). Social Support: Resources and Context. In L. Goldberg & S. Breznitz (Eds.), Handbook of Stress (2nd ed.), New York: Free Press.

Hollingshead, A. & Redlich, F. (1958). Social Class and Mental Illness. New York: John Wiley.

House, J. & Robbins, C. (1983). Age, Psychosocial Stress, and Health In M. W. Riley, B. B. Hess, and K. Bond, (Eds.), Aging, in Society: Selected Reviews of Recent Research (pp. 175-197).

Hillsdale, NJ: Erlbaum. Jackson, J. & Inglehart, M. (1995). Reverberation Theory: Stress and Racism in Hierarchically Structured Communities. In S. E. Hobfoll & M. W. DeVries (Eds.), Extreme Stress and Communities: Impact and Intervention. Dordrecht: Kluwer.

Jenkins, B., Lamar, V., & Thompson-Crumble, J. (1993). AIDS among African Ameri-

cans, The Journal of Black Psychology, 19, 108-122.

King, A., Taylor, C., Albright, C., Haskell, W., (1990). The Relationship between Repressive and Defensive Coping Styles and Blood Pressure Responses in Healthy, Middle-aged Men and Women, Journal of Psychosomatic Research, 4, 461-471.

Kreuger, R. (Ed.) (1990). Focus groups. A Practical Guide for Applied Research. Newbury Park, California Sage Publications, Inc.

Kobasa, S. & Puccetti, M. (1983). Personality and Social Resources in Stress Resistance. Journal of Personality and Social Psychology, 45, 839-850.

Landrine, H. (1992). Clinical Implications of Cultural Differences: The Referential Verses the Indexical Self. Clinical Psychology Review, 12, 401-415.

Lefcourt, M., Martin, R., & Selah, E. (1984). Locus of Control and Social Support: Interactive Moderators of Stress, Journal of Personality and Social Psychology, 47, 378-389.

Lykes, M. (1983). Discrimination and Coping in the Lives of Black Women. Analyses of Oral History Data, Journal of Social Issues, 39, 79-100.

Mays, V. & Jackson, J. (1991). AIDS Survey Methodology with Black Americans, Social Science and Medicine, 33, 47-54.

Neighbors, H. & Jackson, J. (1997). Mental Health in Black America, Sage Publications. Thousand Oaks.

Nobles, W. (1996). African Psychology: Toward its Reclamation, Reascension and Revitalization. Oakland, CA: Institute for the Advanced Study of Black Family Life and Culture.

Pearlin, L. & Schooler, C. (1978). The Structure of Coping. Journal of Health and Social Behavior, 19, 2-21.

Riley, D., & Eckemrode, J. (1986). Social Ties: Subgroup Differences in Costs and Benefits, Journal of Personality and Social Psychology, 51, 770-778.

Sandler, N., & Lahey, B. (1982). Locus of Control as a Stress Moderator: The Role of Control Perceptions and Social Support, American Journal of Community Psychology, 10, 65-80.

Sullivan, H. (1953). *The Interpersonal Theory of Psychiatry*. New York: Norton.

Thoits, P. (1987). Gender and Marital Status Differences in Control and Distress: Common Stress Versus Unique Stress Explanations, *Journal of Health and Social Behavior*, 28, 7-22.

Triandis, H., McCuskar, C., & Hui, C. (1990). Multimethod Probes of Individualism and Collectivism. *Journal of Personality and Social Psychology*, 59, 1006-1020.

Tucker, M. & Mitchell-Kerman, C. (1995). *The Decline in Marriage among African Americans: Causes, Consequences and Policy Implications*. New York: Russell Sage.

Williams, D., Tackeuchi, D., & Adair, R. (1992). Socioeconomic Status and Psychiatric Disorder among Blacks & Whites, *Social Forces*, 71, 179-194.

Authors note:

This research is part of the study of AIDS Prevention Among Inner-City Women II, supported by a grant made possible, in part, from the National Institute of Health (#2 R01 MH45669-04A1), the Kent State University Applied Psychology Center, and by a postdoctoral fellowship to Essie A. Riley-Eddins from the National Institute of Health and Applied Psychology Center, Kent State University.

The author acknowledges the project director, Jennifer P. Sloan. All correspondence should be addressed to Essie A. Riley-Eddins, PhD, RN, SM, Applied Psychology Center, Kent Hall, Kent State University, Kent, Ohio 44242-0001, USA.