

AGE AND SEX DIFFERENCES IN MARITAL COPING BEHAVIORS

婚姻衝突因應行為之年齡與性別差異研究

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摘 要

本研究以美國東部某大學城附近197位已婚者（男性96人，女性101人）為研究對象。受試者的年齡分佈從23到82歲。受試者接受自我報告式的問卷訪問以回答當他們面對時常發生的嚴重婚姻衝突事件時所採取的各種因應行為的程度及一組問卷。經過ANCOVA統計分析，控制其他與個別因應行為相關的變項後，發現：(1)老年人比年輕人更可能採用自我興趣的因應行為，但較少採用尋求社會支援的因應行為；(2)女性比男性採用較多的爭執、自我責難、自我興趣與尋求社會支援的因應行為。

Abstract

197 married community residents (96 male and 101 female) ranging in age from 23 to 82 years were asked to self-report the extent to which they used a variety of marital coping behavior when they encountered the most serious recurring marital conflict and a set of scale. After statistically controlling the influences of variables that were significantly associated with individual marital coping behavior, the results show (1) Old people are more likely to use self-interest marital coping behavior and less likely to use seeking social support marital coping behavior than young people, (2) Women show greater use of conflict, self-blame, self-interest, and seeking social support marital coping behaviors than men.

The study of the nature and role of coping behaviors has evolved rapidly in recent years. The concept of coping has been broadened to include cognitive and behavioral responses that attempt to deal with the stressors (Lazarus, 1980). Lazarus and Folkman

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defined coping as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands as taxing or exceeding the resources of the person" (1984, p. 141). This definition considers coping to be an effortful process that changes cognitively and behaviorally to reduce stress. Coping refers to the thoughts (covert behaviors) and acts (overt behaviors) that people use to deal with the demands of stressful situations. These thoughts and acts can be aimed both at modifying the troubled person-environment transaction (problem-focused coping) and managing distressing emotions (emotion-focused coping).

Because coping is defined as cognitive and behavioral responses, coping responses are seen as conscious behaviors that can be studied directly through self-reports. Several empirical studies have developed different cross-situational taxonomies of coping (Carver, Scheier, & Weintraub, 1989; Feifel & Strack, 1989; Folkman & Lazarus, 1985; McCrae, 1982; Stone & Neale, 1984). Such coping typologies, by definition, assume some cross-situational, relatively stable coping tendencies in individuals. However, coping behaviors are considered to be the specific responses given by an individual to deal with a particular stressful encounter, rather than a persistent and cross-situationally unchangeable style. Folkman and Lazarus (1984), McCrae (1982), and Patterson, Smith, Grant, Lopton, Josepho, and Yager (1990) argued that coping styles seem more likely to be problem-specific than problem-invariant; thus, generalized coping styles may not fully capture the varying strategies people employ in dealing with specific problems. Consequently, recent researchers have requested subjects to describe their responses to a specific stressful event or circumstance. The goal of the present study is to investigate age and sex differences in coping with specific marital conflict situations.

In the present study, marital coping behaviors will be defined as specific actions taken in marital conflict situations that are intended to reduce a marital problem or strain. These marital coping efforts include positive approach, conflict, introspective self-blame, self-interest, avoidance (Bowman, 1990), and seeking social support. With regard to coping effectiveness, theoretical preferences for some coping styles over others were often recommended in the coping literature; however, those suggestions demand further empirical evidence of effectiveness. Folkman (1991) stated that regardless of the different taxonomies of coping behavior that are identified, it is clear that coping is a complex process that includes a variety of intrapersonal and interpersonal strategies for managing problems and regulating emotions. Interpersonal and problem-focused coping strategies are believed to be more active, adaptive, or effective for well-being than intrapersonal and emotion-focused coping strategies. On the basis of analysis of marital problems and coping efforts, Menaghan (1982) concluded that attempting to manage unpleasant marital feelings by resignation and

withdrawal actually increases marital distress, while negotiation mitigates later marital problems. This result is consistent with Folkman's speculation. Resignation and withdrawal reflect the intrapersonal emotion-focused coping style which has negative impact on individual well-being, whereas negotiation reflects the interpersonal problem-focused coping style which has positive impact on individual well-being. In the present study, marital coping behaviors of positive approach and seeking social support, which reflect interpersonal problem-focused coping styles, are viewed as active, adaptive, or effective marital coping behavior, and coping behaviors involving conflict, introspective self-blame, self-interest, and avoidance, which reflect intrapersonal or emotion-focused coping styles, are viewed as negative, maladaptive, or ineffective marital coping behavior.

Age differences in coping with the difficulties of various roles have received the most attention in the study of the relationship between demographic variables and coping behaviors. In general life events, the concept of age-related changes in coping behaviors has been interpreted from developmental, contextual, and dispositional perspectives. The developmental interpretation posits that there are inherent changes in the ways people cope as they age. The implication is that these changes are age-related rather than environmentally determined. The developmental interpretation contains two main, but different variations. First, old people adopt more maladaptive, primitive, and ineffective coping behaviors than do younger adults (Guttman, 1974; Pfeiffer, 1977); for example, they may become more hostile, avoidant, and egocentric. Second, old people use more mature, adaptive, and effective coping behaviors to deal with problems than do younger adults (Vaillant, 1977); for example, they may show higher use coping styles involving optimism, seeking support, and negotiation. The contextual interpretation proposes that age differences in coping are the result of changes in what people must cope with as they age. Specifically, it suggests that there should be no age differences in the ways people cope with similar sources of stress. The dispositional interpretation argues that coping behaviors are highly associated with personality traits. Because personality traits are known to be highly stable well into adulthood (Costa & McCrae, 1988, 1989; Siegler, George, & Okun, 1979), it seems likely that coping styles may also persist throughout adulthood. The dispositional viewpoint also suggests that there are no age differences in coping behaviors throughout adulthood.

Some recent cross-sectional studies of age differences in coping behaviors have supported the developmental interpretation. Some findings indicate that late adulthood is characterized by adaptive coping strategies (Irion & Blanchard-Fields, 1987; Labouvie-Vief, Hakin-Larson, & Hobart, 1987). Older people were found to use less maladaptive coping behaviors, such as escape-avoidance, distancing, hostile reaction, and self-blame.

However, some other findings support the notion that effective coping behaviors are used more by younger people (Folkman, Lazarus, Pimley, & Novacek, 1987; Quayhagen & Quayhagen, 1982). Younger people were found to use more problem-solving and help-seeking coping behaviors.

However, little or no age differences in coping behaviors have been reported in other studies, which supports the contextual and dispositional interpretations (Billings & Moos, 1981; Folkman & Lazarus, 1980; McCrae, 1982; McCrae, 1989). McCrae (1989) conducted a longitudinal study comparing results with a cross-sectional study (McCrae, 1982). He reported that cross-sectional analyses showed evidence of age differences in the use of several coping behaviors, but none of these effects consistently paralleled the repeated measures and cross-sequential analyses. These findings suggest that age per se does not have a detrimental influence on coping behaviors and indicate that cross-sectional studies of age effects on coping behaviors may be confounded with cohort differences. Test-retest correlations demonstrated modest stability in most coping behaviors, suggesting that coping behaviors are in part a function of enduring characteristics of the individual.

Because any comparisons among studies are made difficult by the differences in the concept of coping, coping scale, age range, and stressful event, it is still not clear whether there are age differences in coping with problems. However, Folkman (1991) concluded that to date the studies show interesting common patterns of age differences in coping behaviors. Younger people appear to use more interactive coping behaviors than older people, such as expression of emotion, information seeking, and negotiation, while older people appear to use more intrapersonal coping behaviors than younger people, such as distancing, selective ignoring, and reflection. Costa, Zonderman, and McCrae (1991) concluded that some age-related changes in the nature of the stressors encountered resulted in concomitant changes in the coping behaviors used. Once these situational effects are considered, however, there appear to be mixed or even no age differences in the use of coping processes. Consequently, coping appears to be a specialized response, more sensitive to the requirements of the situation and the enduring dispositions of the individual than to general maturational patterns.

The fact that the literature on sex differences in coping behaviors is rather limited is surprising since there appear to have some reasons to assert such discrepancies between males and females. The first reason is that there are dramatic sex differences in social knowledge. These differences have a profound effect on the development and the selection of problem-solving strategies in life tasks (Cantor & Kihlstrom, 1987). The second reason is the relationship between coping behaviors and personality (McCrae & Costa, 1986). McCrae and Costa (1986) found that Extraversion was associated with

increased use of rational action, positive thinking, substitution, and restraint; Openness was positively associated with the use of humor and negatively associated with the use of faith; Neuroticism was associated a wide range of maladaptive coping strategies, including hostile reaction, escapist fantasy, self-blame, sedation, withdrawal, wishful thinking, passivity, and indecisiveness. Several studies have revealed that the two sexes differ in such personality traits as neuroticism, dominance, self-esteem, mastery, dependence, and trait anxiety (Maccoby & Jacklin, 1974). The third reason is that men and women differ in terms of their role obligations. These distinctive role patterns can be hold responsible for sex differences in attempts to adapt to problematical situations.

Correlations were computed between sex and coping strategies for each of four role areas: marriage, parenting, household economics, and occupations, Pearlin and Schooler (1978) found many small, but significant correlations with sex. Selective ignoring was the favorite coping style of women, whereas self-reliance appeared to be a typically male coping strategy. Billings and Moos (1981) found statistically significant, but relatively small, sex differences in coping. Men reported a less frequent use of active-behavioral coping, avoidance, and emotion-focused coping than women. Stone and Neale (1984) found that men preferred direct action and that women used a variety of other coping strategies, including religion, catharsis, relaxation, distraction, and seeking social support. Endler and Parker (1988) found that females had significantly higher scores on the emotion and avoidance coping scales than males. Recently, Bowman (1990) paid attention to marital coping styles, he found that women showing greater use of conflict, self-blame, and self- interest coping styles, and men showing greater use of avoidance coping style.

The results of sex differences in coping are somewhat blurred, not only because every researcher has used his or her favorite questionnaires, which may result from several relevant aspects. For example, it is quite conceivable that specific stressful situations will produce outcomes that differ considerably from those obtained by focusing on coping in general. Moreover, differences in coping strategies between men and women might be possible that events are appraised very differently by men and women. Consequently, this will contribute to the choice of different coping behaviors. However, there is some correspondence in the results. Women appear to have a stronger tendency to passive emotion-focused coping, including the expression of emotion and the seeking social support. In contrast, men seem to prefer problem-focused coping and are less apt to accept passively.

The studies usually examined age and sex differences in coping behaviors without considering the confounding effect of other relevant variables. However, to investigate more informatively the role of age and sex on coping behaviors, researchers should

control for plausible variables which may contribute to the age and sex differences in coping behaviors. A review of the literature on adult general coping styles and specific marital coping reports indicates that many other factors may play important roles in contributing to an individual's coping behaviors. These factors include type of stressful events (e.g., loss, threat, or challenge) (Lazarus & Launier, 1978; McCrae, 1982), cognitive appraisal of stressful events (Folkman & Lazarus, 1985; Thoits, 1991), personality traits (Carver, et al., 1989; Cooper & Baglioni, 1988), and social support (Fondacaro & Moos, 1987; Holahan & Moos, 1987). Thus, the present study examined age and sex differences in marital coping behaviors of specific marital conflict situations after controlling for other factors which significantly contribute to marital coping behaviors.

Method

Subjects

Subjects were recruited from the Morgantown and Fairmont areas, West Virginia, U.S.A., through visits to Senior Centers and local churches, an informational letter, home visits and personal contacts. Married persons of either gender ranging in age from 25 to 80 years old were asked to participate. While efforts were made to preclude subjects' spouses from participating in the present study, it is not completely clear whether spouses were in fact excluded due to the recruitment of large samples in churches. The analyzed sample included 197 adults: 76 young adults, ages 23 to 40 years ($M = 32.26$, $SD = 4.96$); 71 middle-aged adults, ages 41 to 60 years ($M = 46.54$, $SD = 5.27$); and 50 old adults, ages 61 to 82 years ($M = 68.90$, $SD = 6.37$). Overall, subjects in the present study were predominantly middle class, as revealed by their income, occupation, and education, and were in their first marriage, in good physical health, and Protestant. In addition, old subjects in the present study were of lower social class than either the young or middle-aged subjects.

Measures

Background measures. Several background variables were obtained. Demographic information included subject's sex, age, occupation, religion, educational years, current marriage years, number of children in current marriage, self-report health status, family's annual income, marital status, and experience of marital therapy as well as spouse's age, educational years, occupation, and marital status.

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Mastery characteristic measure. Mastery was measured with a scale developed by Pearlin and Schooler (1978) for use with a community-residing adult sample. The 7-item scale assesses the extent to which one regards one's life changes as being under one's control in contrast to being fatalistically determined. Subjects responded to each item on a 4-point Likert scale with items coded so that a higher score represents a greater sense of mastery. Items were averaged to create a total mastery score for each subject. The internal consistency coefficient (alpha) of this scale is .67.

Self-esteem characteristic measure. Self-esteem was measured with the 10-item Rosenberg Self-Esteem Scale, a scale developed by Rosenberg (1965). Subjects indicated their extent of agreement or disagreement on a 4-point Likert scale for each item statement. The scale contains both positively and negatively worded items, which were averaged to obtain a self-esteem score. A higher score indicates a greater self-esteem. The internal consistency coefficient (alpha) of this scale is .83.

Optimism characteristic measure. Optimism was measured with the 8-item Life Orientation Test (LOT) (Scheier & Carver, 1985). Subjects responded on a 4-point Likert scale about the extent to which they agreed or disagreed with each item statement. A higher average score indicates greater optimism. The internal consistency coefficient (alpha) of this scale is .74.

Marital coping behavior measures. Marital coping behaviors were measured with the Marital Coping Inventory developed by Bowman (1990) and the addition of some selected seeking social support items. Bowman's Marital Coping Inventory measures meaningful patterns of marital coping behaviors. Through principal-factor analysis and item analysis, he found that a five-factor solution best fit the marital coping construct. The Conflict scale includes 15 items reflecting conflict, criticism, sarcasm, and revenge. The Introspective Self-blame scale includes 15 items of troubled feelings, self-blame, worry and disturbances of sleeping and health. The Positive Approach scale includes 14 items reflecting gestures of physical affection, fun, and initiating shared activities and good memories. The Self-interest scale consists of 9 items reflecting deliberate, increased activity outside marriage. The Avoidance scale has 11 items including denial, repression, and suppression of feelings.

Seeking social support was found to be an important factor of marital coping ignored in Bowman's Marital Coping Inventory. Therefore, 5 items of seeking social support (Ilfeld, 1980; Pearlin & Schooler, 1978; Menaghan, 1982) were added to the Marital Coping Inventory. To avoid response set, the same subscale items were distributed across the Inventory rather than listed successively. Subjects responded on a 5-point Likert scale (1 = never through 5 = usually) about the extent to which they used each of item statements when they faced the marital conflict situations. A higher average

score in each subscale indicates that correspondent coping behavior is used more frequently. The internal consistency coefficient (alpha) of subscales ranged from .75 to .91.

When a person is asked about how he/she usually copes, the response also might reflect personality disposition. Generally, there is a poor relationship between what people say they usually do and what they actually do in specific instances (Folkman & Lazarus, 1980). The best way to learn about the demands of situations and how people cope with them is to describe how people actually cope in specific stressful encounters, rather than providing a generalized, hypothetical situation for people to respond to (Folkman & Lazarus, 1980). In the present study, the instruction included in the Marital Coping Inventory asked subjects to indicate how they actually coped with the marital conflict situations. The instruction was, "To answer these items, first, you have to recall the most serious recurring marital conflict you have experienced, then, please decide to what extent you used the items in responding to that stressful event."

Appraised stressfulness and controllability measures. In the present study, primary appraisal of a stressful event was referred to as the extent to which subjects regarded the conflict situations as stressful, and secondary appraisal of a stressful event was referred to as the extent to which subjects regarded the conflict situations as controllable.

The appraised stressfulness and controllability of the most serious recurring marital conflict was assessed with two questions which concomitantly follow the end of the Marital Coping Inventory. The severity of the marital conflict situations was assessed by a single question: "In this question, please circle the level of stress you recall that you felt during your most serious recurring marital conflict situation." Perceived control over marital conflict situations was assessed by a single question: "In this question, please circle the extent to which you felt that you could change or control the situation to be less stressful during your most serious recurring marital conflict situation." Subjects responded to both questions on a 9-point rating scale (0 = are not stressful or very uncontrollable through 8 = very stressful or very controllable) that assessed the extent to which they regarded the marital conflict situations as being stressful and controllable. Higher rating of stressfulness or controllability indicates that subjects thought the marital conflict event was more stressful or controllable, respectively.

Marital strain measures. Marital functioning was assessed with the Locke-Wallace Marital Adjustment Test (MAT; Locke & Wallace, 1959) and the Straus Conflict Tactics Scale (CTS; Straus, 1979). The MAT has been shown to be a reliable and valid assessment of marital adjustment. Split-half reliability (corrected by Spearman-Brown formula) of this instrument was reported to be .90. Discriminant validity was established by a comparison of the scores of couples known to be extremely well adjusted in

marriage with a matched clinically distressed sample of couples (Locke & Wallace, 1959). In addition, MAT scores positively associated with positive marital interactions coded by objective observers (Gottman, Markman, & Notarius, 1977). A lower score indicates greater marital strain.

The CTS, a 19-item scale that assesses interspouse hostility, consists of three subscales which tap Reasoning Conflict Tactics, Verbal Conflict Tactics or verbal aggression, and Physical Conflict Tactics or physical violence as means of dealing with disagreements. The internal consistency coefficient (α) is moderate for the Reasoning subscale (.50-.76) and high for the Verbal conflict and Physical conflict subscales (.77-.88) (Straus, 1979). There is substantial evidence for the concurrent and construct validity of the CTS (see Straus, 1979, for a summary). Subjects are asked to rate on a frequency scale how often each behavior had been performed by themselves and their spouse during the past year. The frequency scale ranged from zero ("never") to 6 ("more than 20 times"). Straus's regular scoring system involves summing the frequency ratings over the corresponding items. Higher average scores of verbal conflict and physical conflict indicate greater marital strain.

Social support measures. Social support was assessed with a 6-item brief Social Support Questionnaire (SSQ6) (Sarason, Sarason, Shearin, & Pierce, 1987). The brief SSQ6 was derived from the twenty-seven-item Social Support Questionnaire (SSQ) (Sarason, Levine, Basham, & Sarason, 1983). Most of the items in both SSQ and SSQ6 deal with emotional support or reflect the affective aspects of relationships (Sarason et al., 1987; Tardy, 1985). Thus both SSQ and SSQ6 might best be used only to assess emotional support.

Subjects supplied the names or initials of available supporters on each of 6 items and then indicated how satisfied they were on a 6-point scale (1 = very dissatisfied through 6 = very satisfied) with each item statement. The availability score was calculated by dividing the total number of people providing support by 6 items and the satisfaction score was calculated by dividing the summed score by 6 items. Higher average availability and satisfaction scores reflect greater social support. The internal consistency coefficient (α) for SSQ6 ranged from .90 to .93 for both availability and satisfaction score (Sarason et al., 1987).

Results

Relationships of Marital Coping Behaviors with Relevant Variables

The zero-order correlations between marital coping behaviors and educational

years, spouse's educational years, marriage years, marital status, spouse's marital status, number of children, health status, and family's annual income were calculated. The results are presented in Table 1. Most quantitative demographic variables did not correlate with the marital coping behaviors. There were significant relations between marriage years with conflict and seeking social support, and between health status and self-blame. Marriage years was negatively correlated with conflict and seeking social support. Persons who are married more years are less likely to use conflict and seeking social support behaviors. Health status was correlated positively with self-blame. Married persons with lower health ratings are more likely to use self-blame coping behavior when they encounter marital conflict situations.

The zero-order correlations were calculated between marital coping behaviors scores and personality traits, marital conflict appraisals, marital strains, and social supports. The results are presented in Table 2.

Table 1. Zero-Order Correlations between Marital Coping and Quantitative Demographic Characteristics

Variables	Marital coping					
	Avoidance	Conflict	Positive approach	Self-blame	Self-interest	Seeking social support
Educational years	-.05	.05	-.09	.00	.06	-.01
Spouse's educational years	-.16	-.01	.05	-.02	.04	.07
Marriage years	.05	-.20**	.11	-.06	.14	-.17**
Marital status	.07	-.07	.15	.02	.10	-.07
Spouse's marital status	.06	-.02	.13	.01	.07	-.07
Number of children	.02	-.08	-.06	-.05	-.02	.02
Health status	.16	.06	-.05	.26***	-.05	-.02
Family's annual income	-.07	.03	-.01	-.11	.07	.07

Note: N = 185.

p < .01. *p < .001.

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Table 2. Zero-Order Correlations between Marital Coping Behaviors and Personality Traits, Marital Conflict Appraisals, Marital Strains, and Social Supports

Marital coping Variables	Avoidance	Conflict	Positive approach	Self- blame	Self- interest	Seeking social support
PERSONALITY TRAITS						
Mastery	-.35***	-.25***	.21**	-.42***	-.01	-.02
Esteem	-.28***	-.37***	.25***	-.61***	.07	-.06
Optimism	-.33***	-.43***	.34***	-.47***	.01	-.01
MARITAL CONFLICT APPRAISALS						
Appraised stressfulness	.12	.33***	-.25***	.39***	.04	.16
Appraised controllability	-.22***	-.32***	.41***	-.38***	.14	-.08
MARITAL STRAINS						
Marital relationship	-.44***	-.57***	.52***	-.47***	-.12	-.14
Verbal conflict	.20**	.59***	-.41***	.35***	.04	.09
Physical conflict	.09	.35***	-.06	.21**	.10	.09
SOCIAL SUPPORTS						
Social support availability	-.19**	-.04	.14	-.08	.05	.14
Social support satisfaction	-.32***	-.34***	.42***	-.32***	.14	-.07

Note: N = 189.

p < .01. *p < .001.

Positive approach coping effort was positively related to three personality traits, while avoidance, conflict, and self-blame coping efforts were negatively related to these three personality traits. Conflict and self-blame coping efforts were positively related to appraised stressfulness, while positive approach coping effort was negatively related to appraised stressfulness. Positive approach coping effort was positively related to appraised controllability, while avoidance, conflict, and self-blame coping efforts were negatively related to appraised controllability. Conflict and self-blame coping efforts were negatively related to the quality of marital relationship reported and positively related to the verbal conflict and physical conflict reported. In addition, marital relationship and verbal conflict were also found to significantly relate to avoidance and positive approach marital coping behaviors. Positive approach coping effort was positively related to the quality of marital relationship reported and negatively related to

the verbal conflict reported. Positive approach coping effort was positively correlated with social support satisfaction, while avoidance, conflict, and self-blame coping efforts were negatively correlated with social support satisfaction.

The relevant variables that significantly contributed to individual marital coping behavior were statistically controlled in subsequent ANCOVA analyses.

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Tests were performed with one-way analysis of covariance (ANCOVA) to assess age and sex differences in marital coping behaviors after controlling for the demographic, personality, marital conflict appraisal, marital strain, and social support variables that were significantly related to individual marital coping behavior. The results are presented in Table 3 and 4.

Three age groups showed significant differences only for self-interest marital coping behavior ($F(2, 194) = 5.33, p < .01$) and seeking social support marital coping behavior ($F(2, 192) = 4.06, p < .05$). Tukey tests were performed on these two marital coping behaviors. The results revealed significant differences in the use of self-interest marital coping behavior and seeking social support marital coping behavior between the

Table 3. Adjusted Means and Standard Deviation for Marital Coping Behaviors by Age Group with Covariates, with Significance Tests of the Age Differences

Marital Coping	Means & SD	Age			Univariate F
		Young (N=76)	Middle-aged (N=71)	Old (N=50)	
Avoidance		2.46	2.49	2.58	.65a
SD		.57	.65	.50	
Conflict		2.16	2.02	1.84	2.96b
SD		.59	.61	.63	
Positive approach		3.20	3.22	3.33	.92b
SD		.63	.60	.56	
Self-blame		2.36	2.37	2.39	.93b
SD		.59	.67	.67	
Self-interest		2.34	2.47	2.71	5.33**c
SD		.62	.68	.57	
Seeking social support		2.02	1.82	1.71	4.06*b
SD		.70	.64	.62	

aF (2, 186). bF (2, 192). cF (2, 194).

*p < .05. **p < .01.

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Table 4. Adjusted Means and Standard Deviation for Marital Coping Behaviors by Sex with Covariates, with Significance Tests of the Sex Differences

Marital Coping	Means & SD	Sex		Univariate F
		Male (N=96)	Female (N=101)	
Avoidance		2.53	2.47	.52a
SD		.57	.59	
Conflict		1.95	2.15	5.30*b
SD		.61	.62	
Positive approach		3.30	3.19	2.26b
SD		.62	.60	
Self-blame		2.29	2.53	12.49***b
SD		.58	.67	
Self-interest		2.37	2.59	6.01*c
SD		.66	.62	
Seeking social support		1.74	1.98	7.29*b
SD		.52	.70	

aF (1, 188). bF (1, 194). cF (1, 196).

*p < .05. **p < .01. ***p < .001.

old group and young group. Old people were more likely to use self-interest marital coping behavior and less likely to use seeking social support marital coping behavior than young people.

Significant sex differences were found for conflict marital coping behavior ($F(1, 194) = 5.30, p < .05$), self-blame marital coping behavior ($F(1, 194) = 12.49, p < .001$), self-interest marital coping behavior ($F(1, 196) = 6.01, p < .05$), and seeking social support marital coping behavior ($F(1, 196) = 7.29, p < .01$). The results revealed that women were more likely to use these four marital coping behaviors than men.

Discussion

The main purpose of the present study is to investigate age and sex differences after statistically controlling for the influences of other variables that were significantly associated with individual marital coping behavior. The results from the analysis of covariance showed that only self-interest and seeking social support marital coping behaviors revealed significant age differences. That is, when old people encounter

marital conflict situations, they are more likely to engage in solitary activities outside the marriage and less likely to seek help from social resources than young people.

The developmental perspective of age differences in coping behaviors suggests that there are inherent changes in coping behaviors in either an adaptive or maladaptive way as people age (Guttman, 1974; Pfeiffer, 1977; Vaillant, 1977). Folkman (1991) concluded that younger people appeared to use more interactive coping behaviors and less intrapersonal coping behaviors than older people. However, Billings and Moos (1981) and McCrae (1982, 1989) found mixed or no age differences in coping behaviors to support the developmental interpretation. The results of age differences in marital coping behaviors indicated in the present study support the developmental perspective only for self-interest and seeking social support marital coping behaviors. Young people are more likely to use active or interactive social support seeking marital coping behavior and less likely to use negative or intrapersonal self-interest marital coping effort. This finding is consistent with Folkman's conclusion. However, it must be recalled that the present study is cross-sectional, and it is plausible to argue that these differences represent generational differences. Recent cohorts have grown up in a context that encourages their use of interactive rather than intrapersonal coping styles when they deal with problems. Conversely, old people are more likely to engage in solitary activities and less likely to seek help from social relationships than young people. This finding supports the disengagement theory (Cumming & Henry, 1961) which proposes that old persons gradually withdraw from the outer world.

However, these results in the present study may have occurred from sample selection bias since a higher proportion of old subjects were recruited from senior centers. Married old persons who visit senior centers are more likely to have less sufficient social networks and engage in more solitary activities outside the marriage than the general old population.

An interesting finding was that the middle-aged group fell between young and old groups in the use of each marital coping behavior; although the use of marital coping behaviors by the middle-age group did not significantly differ from that of the other two age groups. This trend supports the developmental perspective of coping behaviors, but it showed that marital coping behaviors develop in both adaptive and maladaptive ways rather than in either an adaptive or maladaptive way as people age. People develop toward adaptive marital coping involving less conflict, less self-blame, and more positive approach and toward maladaptive marital coping involving more avoidance, more self-interest, and less seeking social support as they age.

Sex differences were shown in four types of marital coping. Women showed greater use of conflict, self-blame, self-interest, and seeking social support marital

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coping behaviors than men. This result supports Bowman's findings (1990). Sex differences, with women reporting more conflict, worry, and seeking out of distracting activities as a response to marital problems, suggest a relatively strong emotional involvement in marriage that is congruent with studies finding that women count on their relationships with men to provide emotional support more than vice versa (Argyle & Furnham, 1983). Although there were no significant sex differences in the use of avoidance and positive approach marital coping behaviors, a trend was found for men to use these two marital coping behaviors more than women. This finding is consistent with Markman and Kraft's (1989) statements that men are more likely to emotionally withdraw from and rationally deal with marital conflict situations than women. The results also suggest an interactional pattern in which wives employ negative behaviors that function to escalate the levels of conflict, increase self-blame and self-interest, whereas husbands employ negative behaviors that are designed to avoid the confrontation of disagreements. On the other hand, wives employ positive behaviors that function to increase outside supports, while husbands employ positive behaviors that are designed to resolve disagreements.

It is worth noting that limitations in the generalizability of this study may have resulted from sample selection. In the present study, subjects voluntarily participated in this research project; hence, they may be representative of a subpopulation that has certain unique traits such as greater life satisfaction or a greater willingness to help others than the general population. Further, research participants in the present study were predominantly middle class, in their first marriage, in good physical health, and Protestant; hence they may not be broadly representative of the general population.

One of major purposes of the present study was to investigate age differences in marital coping behaviors. However, age was confounded with the number of years the subjects were married. Although age differences in marital coping behaviors were examined by statistically partialling out the effects of years married, the confounding effects of marriage years cannot be fully separated from age effects because of their high correlation ($r = .81$).

Future studies can benefit from the use of other kinds of measures to assess marital coping behaviors besides self-report. Observational research, for example, can corroborate the information obtained from self-report measures. Future research will also do well to obtain data from significant others or spouses to obtain a more complete picture of age and sex differences in marital coping behaviors.

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