

個人、社會支持、婚姻變項與婚姻 衝突因應行爲之相關研究

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摘 要

本研究探討個人、社會支持、婚姻變項與婚姻衝突因應行爲的關係。197 位已婚者接受自我報告式的問卷訪問，受試者的年齡分佈從 23 到 82 歲。研究使用探測性的路徑分析法探討婚姻衝突因應行爲可能的歷程模式。研究結果顯示婚姻衝突因應行爲和變項間的關係依不同因應行爲而有所不同。婚姻關係的滿意度與正向解決、逃避、爭執和自我責難因應行爲有顯著且直接的關係。年齡是對自我興趣和尋求支援因應行爲唯一且直接的影響因素。人格特質與三種負向的因應行爲有直接的關係。整體而言，婚姻衝突的認知評估與社會支持程度二因素係透過它們與婚姻滿意度或人格特質的關係而與婚姻衝突因應行爲有間接的關係。

Coping behaviors are an important aspect of the stress process. Coping with stressful life events usually has been viewed as a complex set of processes that may moderate the influences of stressful events on individuals' physical, social, and emotional functioning (Billings & Moos, 1981; Bowman, 1990; Folkman & Lazarus, 1980; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; Ilfeld, 1980; Menaghan, 1982; Pearlin & Schooler, 1978). Because the presence of coping behaviors has been linked to general well-being, such behaviors offer a potential point for therapeutic intervention. Teaching effective coping skills through interventions might have potential benefits for the individual. To teach or modify an individual's propensity to use effective coping behaviors, a fuller understanding of the factors that relate to effective coping behaviors is needed. Studies of coping behaviors in response to stress have centered on examining of the impact of coping behaviors on psychological and physical well-being and on the development of a typology of coping behaviors. Fewer studies have investigated factors that may affect the use of different coping behaviors. The purpose of the present study is to examine the possibly process-oriented determinants of marital coping behaviors.

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 (1980), 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 present study, therefore, focused on specific coping behaviors in marital conflict situations. This choice of conflict situations has several advantages. First, marriage is a central and important life style, with repeatedly demanding coping efforts. Second, Pearlin and Schooler (1978) found that coping responses directed at solving problems were more effective in the relief of marital and parenting strains than they were in relieving problems in occupational and economic strains.

Factors including personality characteristics and social support resources played a greater role in marital and parenting strains. Third, unlike the younger and middle-aged adults who more frequently face work stress or older adults who more frequently face health stress, marital conflict is a common stressful event across adulthood (Feifel & Strack, 1989). However, to date studies of coping behaviors and marriage have received little attention in the literature.

Because coping is defined as cognitive and behavioral responses that attempt to deal with the stressors (Lazarus, 1980), 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 et al., 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, some coping researchers, such as Folkman and Lazarus, questioned those assumptions and focused instead on specific coping efforts---behavioral or cognitive actions taken in specific situations, that are aimed at reducing a particular problem or strain. 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 specula-

tion. 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.

A review of the literature on adult general coping styles and specific marital coping reports indicates that many factors may play important roles in contributing to an individual's coping behaviors. These factors include age period (Folkman, Lazarus, Pimley, & Novacek, 1987), 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, Scheier, & Weintraub, 1989; Cooper & Baglioni, 1988), and social support (Fondacaro & Moos, 1987; Holahan & Moos, 1987).

Studies of the relationship between marital strain and coping behaviors have centered on examining the impact of coping behaviors on marital quality or marital distress (Bowman, 1990; Ilfeld, 1980; Pearlin & Schooler, 1978; Vega, Kolody, & Valle, 1988; Whiffen & Gotlib, 1989). Overall, these studies showed that marital coping behaviors are associated with marital strain or marital distress. Coping behaviors involving conflict, avoidance, selective ignoring, emotional discharge, introspective self-blame, and self-interest were positively correlated with marital distress, but coping behaviors involving positive approach, positive comparison, negotiation, and advice seeking were negatively correlated with marital distress.

Only a few studies have attempted to investigate the impact of marital strain on marital coping behaviors. Menaghan (1982) examined the predictors of marital coping efforts and found that level of current marital distress was the strongest predictor. Married people with relatively few problems were more likely to deal with their marital distress optimistically, more apt to negotiate marital problems, less prone to selectively ignore marital distress, and less likely to avoid marital

distress. It is also clear from these studies that marital strain and marital coping behaviors are mutually influenced. Persons with more marital distress are more likely to cope with difficulties by using strategies that are identified as relatively ineffective in reducing distress and unlikely to be associated with a satisfactory marriage. Persons with less marital strain are more apt to use effective marital coping behaviors and likely to lessen their marital problems.

It is evident that marital quality and marital coping behaviors are mutually influenced. In addition, marital functioning is found to be related to cognitive appraisal of events (Camper, Jacobson, Holtzworth-Munroe, & Schmaling, 1988; Doherty, 1982; Fincham, 1985; Fincham, Beach, & Baucom, 1987; Fincham & O'Leary, 1983; Madden & Janoff-Bulman, 1981). In fact, Folkman and colleagues (Folkman & Lazarus, 1980; Folkman, Lazarus, & Dunkel-Schetter et al., 1986; Lazarus & Folkman, 1984) emphasized the importance of cognitive appraisal in understanding stress and coping processes. Thus, it seems plausible to expect that cognitive appraisal of marital events might be related to marital coping behaviors. Several empirical studies showed that coping behaviors were strongly related to cognitive appraisal (Carver et al., 1989; Collins, Baum, & Singer, 1983; Folkman, 1984; Folkman & Lazarus, 1985; Folkman, Lazarus, & Dunkel-Schetter et al., 1986; Patterson et al., 1990; Scheier, Weintraub, & Carver, 1986; Stone & Neale, 1984; Thoits, 1991). Coping behaviors that are viewed as active and adaptive are more likely to be used when people appraise the stressful situations as controllable. On the other hand, when people appraise the stressful situations are uncontrollable, they tend to use negative and maladaptive coping behaviors. However, no studies have examined how cognitive appraisal of personal control over marital conflicts relates to coping behaviors in the marital domain. Accordingly, one goal of the present study is to examine relations between cognitive appraisal of marital conflict and marital coping behaviors for the first time.

Interest in social support and the coping processes has been sparked by studies suggesting that social resources and coping efforts may buffer individuals from stress and reduce their subsequent risk for psychological and physical disorders (Dunkel-Schetter, 1984; Hirsch, 1979; Pearlin & Schooler, 1978). The major focus has been on demonstrating the links between adaptation and varied modes of so-

cial support and coping (Cohen & Wills, 1985; Lazarus & Folkman, 1984). However, more work is needed to clarify the mechanisms by which social support influences the coping process. Likewise, information is needed about the ways in which coping behaviors can change social support. Fondacaro and Moos (1987) pointed out the plausibility of either social support as a determinant of coping or coping as a determinant of social support. Individuals who have close, intimate relationships are at reduced risk for various psychological and physical disorders. One mechanism by which social support may promote adaptation is through its impact on coping processes. On the other hand, the use of coping skills can help establish supportive social relationships. Thus, individuals who rely on less effective coping responses may find it harder to develop and maintain supportive social ties.

Some studies have focused on clarifying the multidimensional nature of social support and coping constructs in the examination of their interrelationships (Lazarus & Folkman, 1984; Moos & Billings, 1982). Thoits (1986) suggested that both quantity and quality of social support influence adaptation by facilitating the use of more active coping strategies. Recent evidence is consistent with this view: Better quality of social relationships and greater amounts of social support from family and friends were associated with more reliance on approach and less reliance on avoidance coping (Billings & Moos, 1982; Cronkite & Moos, 1984; Fondacaro & Moos, 1987; Holahan & Moos, 1987; Moos & Moos, 1984). Previous studies have not been designed to examine the relationship between social support and marital coping behaviors. Thus, one goal of the present study is to investigate how social support influences marital coping behaviors.

There are few studies designed to examine how age and personality traits impact marital coping behaviors (Bowman, 1990; Vega et al., 1988). Evidence for the relationships between age period, personality traits and coping behaviors or specific marital coping behaviors shows mixed findings of age period on marital coping behaviors and a weaker relationship between personality traits and coping behaviors. 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 et al., 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 (Billings & Moos, 1981; Folkman & Lazarus, 1980; McCrae, 1982; McCrae, 1989).

General personality traits may influence the choice of specific coping behaviors in a particular situation. Some evidence suggests that an orientation toward mastery, high self-esteem, and optimism relates to more active and adaptive coping styles (Carver et al., 1989; Elliott, Troef, & Stein, 1986; Fleishman, 1984; Holahan & Moos, 1985; Holahan & Moos, 1987; Kobasa, Maddi, & Kahn, 1982; Parkes, 1984; Scheier et al., 1986; Vega et al., 1988; Wells-Parker, 1982). Although Carver et al. (1989) and Fleishman (1984) argued that these personality variables tend to correlate with coping behaviors, the correlations were not strong. In fact, several studies have shown that personality traits were not significant predictors of coping behaviors (Cohen & Lazarus, 1973; Lazarus, Averill, & Opton, 1974).

Thus, few studies have examined the factors that may affect the use of coping behaviors, especially in marital conflict situations. These studies usually examine relations between two variables in isolation without considering the effects of other relevant variables. Based on Lazarus and Folkman's approach to stress and coping, coping styles are considered in the context of the changing environment. Responding to or coping with marital conflict situations may be a complex process and a complex process-oriented approach will be necessary to investigate this phenomenon. The relationships of age, personality traits, social support, marital conflict appraisal, and marital strain to marital coping behaviors were analyzed through a series of exploratory path analyses conducted to examine the process-oriented nature of marital coping behaviors. A confirmatory path analysis was not conducted because of the preliminary nature of the mechanisms of marital coping behaviors; instead a post hoc path model was developed using multiple regression techniques.

Method

Subjects

Subjects were recruited from the Morgantown and Fairmont areas, West Virginia, 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.

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 chances 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.

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.

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.

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.

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 ratings 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. 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. 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.

Results

Reliability of the Personality and Marital Coping Subscales

To confirm the internal consistencies of the scales, item analyses were conducted on subscales of the Self-Awareness Inventory and subscales of the Marital Coping Inventory with the total sample. In addition, internal consistency estimates for the same subscales were also calculated separately for each age group to confirm their reliability homogeneity across age groups.

Internal consistency for each subscale was relatively high, ranging from .67 to .91 for the total sample. As compared to the internal consistencies from the other studies indicated, Alpha coefficients of marital coping measures (.75-.91) were more reliable than Alpha coefficients of personality measures (.67-.82). However, the evidence for high internal consistency of the subscales demonstrated that measures of personality traits including mastery (alpha = .67), esteem (alpha = .82), and optimism (alpha = .74) and marital coping measures including avoidance (alpha = .75), conflict (alpha = .91), positive approach (alpha = .85), self-blame (alpha = .89), self-interest (alpha = .81), and seeking social support (alpha = .77) were adequately reliable. Internal consistency comparisons between of this study and original studies consistently confirm the internal reliability of each subscale.

Internal consistency of mastery, esteem, conflict, positive approach, self-blame, self-interest, and seeking social support subscales did not differ reliably for the three age groups, but the optimism subscale (alpha = .60) and the avoidance subscale (alpha = .57) showed relatively low consistency for the old sample. Overall, the results also moderately confirm the homogeneity of the internal reliability of each subscale across age groups.

Relationships of Marital Coping Behaviors with Age, Personality Traits, Marital Conflict Appraisals, Marital Strains, and Social Supports

Pearson product-moment correlations were calculated between marital coping behaviors scores and age, personality traits, marital conflict appraisals, marital strains, and social supports. The results are presented in Table 1.

Table 1

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

	Avoidance	Conflict	Positive approach	Self-blame	Self-interest	Seeking social support
Age	.07	-.26***	.18**	-.06	.21**	-.20**
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.

Conflict and seeking social support coping efforts decreased with age, while positive approach and self-interest coping efforts increased with age. 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.

Building Models for the Marital Coping Behaviors

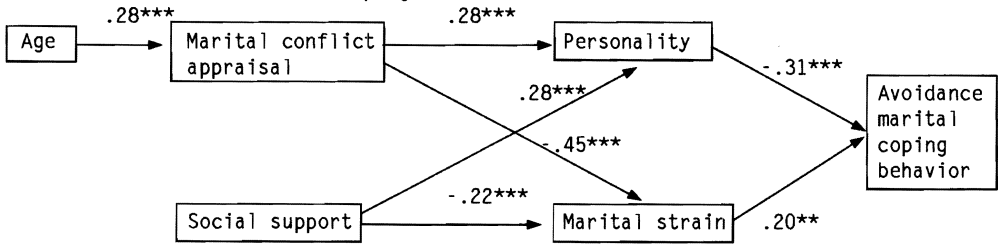
To explore the possible process-oriented nature of selected quantitative variables on marital coping behaviors, exploratory path models were developed using stepwise multiple regression techniques (Madden & Janoff-Bulman, 1981). An average personality standardized score based on the simple sum of the standardized score of mastery, esteem, and optimism, an average marital conflict appraisal standardized score based on the summation of standardized score of appraised controllability and reverse standardized score of appraised stressfulness, an average marital strain standardized score based on the summation of the standardized score of verbal conflict, physical conflict and reverse standardized score of marital relationship, and an average social support standardized score based on the simple sum of the standardized score of social support availability and social support satisfaction, were created to gain parsimony in model building analyses. Empirical justification for the composites of variables derived from the high intercorrelations among or between the corresponding conceptually identical variables. The average correlation coefficient among mastery, optimism, and optimism was .61. The correlation coefficient between appraised controllability and appraised stressfulness was -.45. The average correlation coefficient among marital relationship, verbal conflict, and physical conflict was .40. The correlation coefficient between social support availability and social support satisfaction was .33. All these correlation coefficients reached the $p < .001$ statistical level of significant. Also, it should be noted that age and marriage years were highly correlated ($r = .81, p < .001$).

A stepwise multiple regression was first conducted, using individual marital coping behavior as the criterion measure and entering age, personality, marital conflict appraisal, marital strain, and social support as possible predictors. The predictors of individual marital coping behavior were identified as the factors whose individual contribution was significant at .01 level or less. A stepwise multi-

ple regression was then conducted for each of the significant predictors, entering the remaining nonsignificant variables into the analyses. Again the same criteria were used to identify the best predictors. Each significant predictor, then, became a criterion variable to be predicted by the remaining nonsignificant factors. The procedure was continued until significant predictors were no longer produced by the analyses. The path models estimated by these regressions are shown in Figure 1 to Figure 6.

Each marital coping behavior was explained in a path model described by a chain of regressions. In conventional path analysis, direct effects are the standardized regression coefficients (standardized path coefficients) obtained from ordinary least squares regression; indirect effects are obtained by a summing of multiplying successive path coefficients when two variables are separated by intervening variables. Direct and indirect effects are added together to obtain total effects (Cohen & Cohen, 1983). In exploratory path analysis, predictors show either direct or indirect effects. The results of each predictor's direct, indirect, and total effects on each marital coping behavior are presented in Table 2.

Figure 1
Path Model of Avoidance Marital Coping Behavior



Note. Values shown are standardized path coefficients with significant predictors included in the regressions.
p < .01. *p < .001.

Figure 2
Path Model of Conflict Marital Coping Behavior

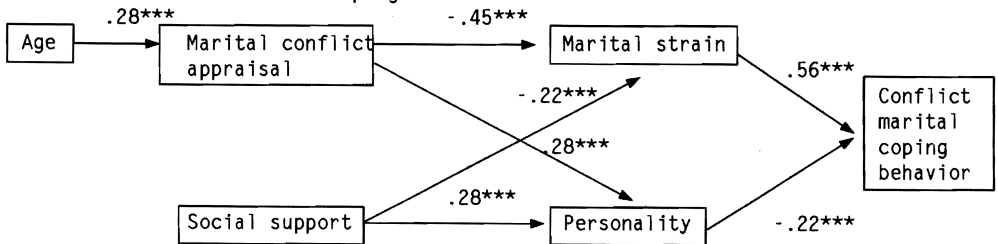


Figure 3

Path Model of Positive Approach Marital Coping Behavior

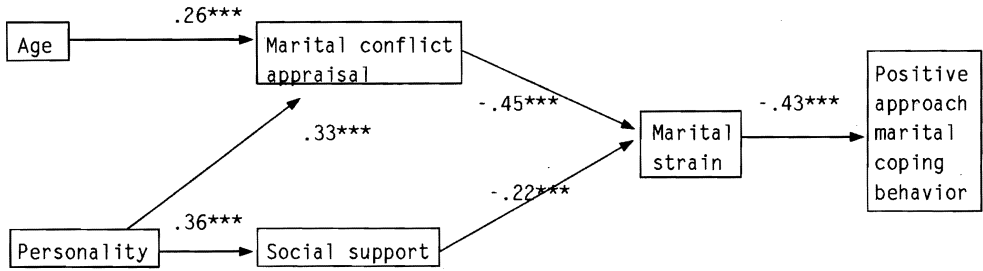


Figure 4

Path Model of Self-Blame Marital Coping Behavior

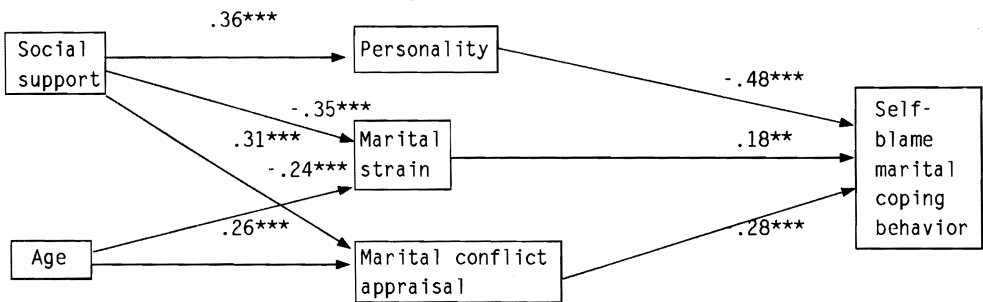


Figure 5

Path Model of Self-Interest Marital Coping Behavior

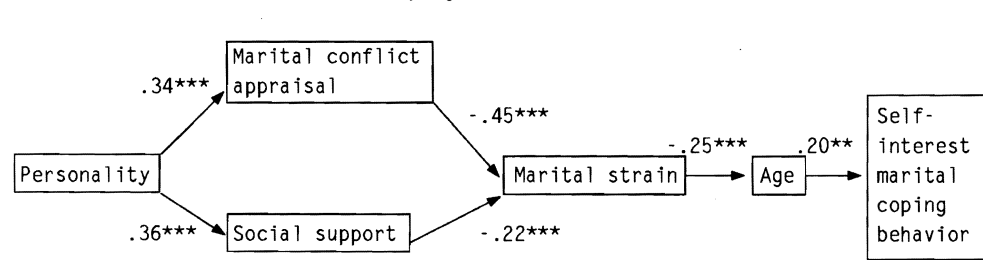


Figure 6

Path Model of Seeking Social Support Marital Coping Behavior

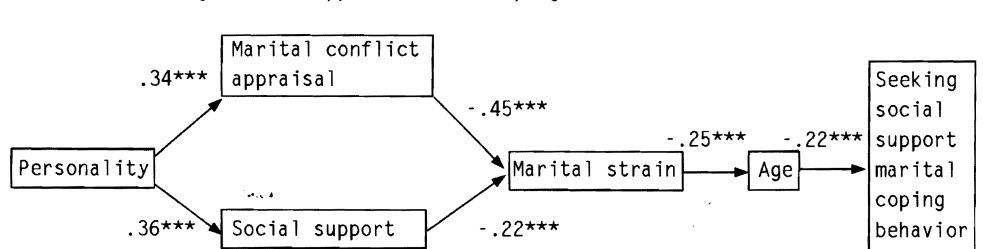


Table 2
Decomposition of Significant Predictors of Marital Coping Behaviors

Variables	r	Direct effect	Indirect effect	Total effect
Avoidance				
Age	.07		-.05	-.05
Personality	-.38***	-.31***		-.31
Marital strain	.30***	.20**		.20
Marital conflict appraisal	-.20**		-.18	-.18
Social support	-.31***		-.13	-.13
Conflict				
Age	-.28***		-.09	-.09
Personality	-.41***	-.22***		-.22
Marital strain	.63***	.56***		.56
Marital conflict appraisal	-.38***		-.31	-.31
Social support	-.23***		-.18	-.18
Positive approach				
Age	-.20**		.05	.05
Personality	.31***		.10	.10
Marital strain	-.43***	-.43***		-.43
Marital conflict appraisal	.39***		.19	.19
Social support	.34***		.09	.09
Self-blame				
Age	-.12		-.12	-.12
Personality	-.58***	-.48***		-.48
Marital strain	.42***	.18**		.18
Marital conflict appraisal	-.45***	-.28***		-.28
Social support	-.24***		-.32	-.32
Self-interest				
Age	.20**	.20**		.20
Personality	.03		.01	.01
Marital strain	.10		-.05	-.05
Marital conflict appraisal	.06		.02	.02
Social support	.12		.01	.01
Seeking social support				
Age	-.22***	-.22***		-.22
Personality	-.03		-.01	-.01
Marital strain	.14		.06	.06
Marital conflict appraisal	-.14		-.03	-.03
Social support	.04		-.01	-.01

Note. Direct effect values indicate standardized regression coefficients. Indirect effect values represent summing of multiplying successive standardized regression coefficients.

p < .01. *p < .001.

Avoidance marital coping behavior. Avoidance marital coping behavior was best predicted by personality and marital strain. Two paths emerged from each of these two variables. Marital conflict appraisal and social support significantly predicted personality. Marital strain also was significantly predicted by marital conflict appraisal and social support. In addition, marital conflict appraisal was in turn predicted by age. The results indicated that personality and marital strain had direct effects on avoidance marital coping behavior. Marital conflict appraisal and social support had strong indirect effects, affecting avoidance marital coping behavior through personality and marital strain. Age had weak indirect effects, affecting avoidance marital coping behavior through marital conflict appraisal, personality, and marital strain.

Conflict marital coping behavior. The built model of conflict marital coping behavior was identical to the built model of avoidance marital coping behavior. Conflict marital coping behavior was best predicted by marital strain and personality. The following paths were the same as the paths of avoidance marital coping behavior model. The results showed that marital strain and personality had direct effects on conflict marital coping behavior. As in the avoidance marital coping behavior model, marital conflict appraisal and social support affected conflict marital coping behavior through personality and marital strain. Age affected conflict marital coping behavior through marital conflict appraisal, personality, and marital strain.

Positive approach marital coping behavior. Positive approach marital coping behavior was best predicted only by marital strain. Two paths emerged from marital strain. Marital conflict appraisal significantly predicted marital strain, and marital conflict appraisal was in turn predicted by age and personality. Social support also significantly predicted marital strain, and social support was in turn predicted by personality. The results showed that marital strain had direct effects on positive approach marital coping behavior. Marital conflict appraisal and social support had strong indirect effects, affecting positive approach marital coping behavior through marital strain. Age and personality had relatively weak indirect effects: Age affected positive approach marital coping behavior through marital conflict appraisal and marital strain, and personality affected positive approach

marital coping behavior through social support, marital conflict appraisal, and marital strain.

Self-blame marital coping behavior. Self-blame marital coping behavior was best predicted by personality, marital strain, and marital conflict appraisal. Social support significantly predicted personality, marital strain, and marital conflict appraisal. Age also significantly predicted marital strain and marital conflict appraisal. The results indicated that personality, marital strain, and marital conflict appraisal had direct effects on self-blame marital coping behavior. Social support had strong indirect effects, affecting self-blame marital coping behavior through personality, marital strain, and marital conflict appraisal. Age had weak indirect effects, affecting self-blame marital coping behavior through marital strain and marital conflict appraisal.

Self-interest marital coping behavior. Self-interest marital coping behavior was best predicted by age. Marital strain significantly predicted age, in turn, marital strain was significantly predicted by marital conflict appraisal and social support. Personality significantly predicted marital conflict appraisal and social support. The results indicated that age was the only direct effect on self-interest marital coping behavior: Old people tended to use more self-interest marital coping behavior than young people. Other variables had very weak indirect effects on self-interest marital coping behavior.

Seeking social support behavior. The built model of seeking social support marital coping behavior was identical to the built model of self-interest marital coping behavior. Seeking social support marital coping behavior was best predicted by age. The following paths were the same as the paths of self-interest marital coping behavior model. The results indicated that age had direct effects on seeking social support marital coping behavior. Young people tended to use more seeking social support marital coping behavior than old people. Other variables also had weaker indirect effects on seeking social support marital coping behavior.

Discussion

A planned confirmatory examination of the internal consistency of personality traits and marital coping measures preceded the investigation of specific hypothe-

ses. The evidence of high internal consistency of measures confirmed reports of previous studies (Bowman, 1990; Folkman et al., 1986; Rosenberg, 1979; Scheier & Carver, 1985) and indicated that the measures were adequately reliable. With the exception of the relatively low consistency in two subscales (optimism and avoidance) for the old sample, internal consistency of each measure did not show reliable differences across the three age groups. The results supported the homogeneity of the internal reliability of each measure across the three age groups.

In the present study, univariate and multivariate analyses were employed simultaneously to analyze obtained data; however, important and valid results should be drawn from the multivariate analyses. First of all, it is worth noting that two styles of marital coping behavior (self-interest and seeking social support) were specifically different from the other four styles of marital coping behavior. For these two styles of marital coping behavior, age appears to play the only and important contributing role; other variables do not show a significant association with these two styles of marital coping behavior. Young people tended to use more active or effective marital coping behavior (seeking social support) and less negative or ineffective marital coping behavior (self-interest) than old people. 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. 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. This is a mutual activity in which the individual disengages from society and society from individual. Along with the withdrawal and decreased social interaction, there is an increased

preoccupation with the self, a lessening of emotional involvement with others, and decreased investment in the affairs of the world. Havighurst, Neugarten and Tobin (1968) found that both social and psychological disengagement increase with age. 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.

Overall, marital strain and personality trait were found to be directly or significantly associated with avoidance, conflict, positive approach, and self-blame marital coping behaviors. Persons with more optimistic personality traits (such as more mastery, higher self-esteem, and more optimism) or a satisfactory marital relationship tended to use more active or effective marital coping behavior (positive approach) and less negative or ineffective marital coping behaviors (avoidance, conflict, and self-blame) than persons with negative personality traits or a stressful marital relationship.

Personality traits were significantly and directly associated with maladaptive marital coping behaviors but not adaptive marital coping behaviors. Persons with more pessimistic personality traits can be confidently expected to use more negative marital coping behaviors such as avoidance, conflict, and self-blame. The possible explanation for these results is that persons with negative personality traits (e.g., less mastery, less optimism, lower self-esteem) are more likely to be ambivalent about expressing emotion and less likely to engage in self-disclosure coping behaviors that are likely to elicit beneficial reciprocation (King & Emmons, 1990). Another plausible explanation may be that persons with negative personality traits are more likely to have inadequate commitments, beliefs, or sense of self-efficacy that leads them to engage in the use of maladaptive coping strategies (Bandura, 1982; Lazarus & Folkman, 1984). These results seem to contradict some previous findings (Cohen & Lazarus, 1973; Lazarus et al., 1974) demonstrating that personality traits are not significant predictors of coping behaviors. One possible explanation for this discrepancy is that personality traits may exert their influences on coping with close interpersonal strains (e.g., marital strains, parental

strains) more than on coping with impersonal strains (e.g., economic strains, occupational strains). This issue needs to be examined further.

Persons with satisfactory marital relations used more positive approach marital coping behavior and less avoidance, conflict, and self-blame marital coping behaviors. The possible explanation for these results may be that satisfactory marital relations, by reducing feelings of threat and discouragement, dampening impulses toward termination, and generating positive expectations, tend to function as self-efficacy and in turn lead persons to use effective coping strategies rather than ineffective coping styles (Menaghan, 1982). Another explanation for why unsatisfactory marital relations are positively related to maladaptive marital coping styles might be that distressed couples are more likely to exchange negative behaviors (Hahlweg, Revenstorf, & Schindler, 1984) or have unrealistic assumptions and inaccurate expectancies about intimate relationships (Eidelson & Epstein, 1982) and distorted attributions of partner's behaviors (Fincham et al., 1987; Fincham & O'Leary, 1983) that escalate negative interactions. In general, these results are consistent with previous findings (Bowman, 1990; Menaghan, 1982; White, 1983). However, it should be noted that the present correlation/ regression study cannot show the direction of effects. That is, the links between these four marital coping behaviors and marital strain may reflect that avoidance, conflict, self-blame, and less positive approach marital coping styles lead to increased marital strain or, alternatively, marital strain prompts these four marital coping behaviors. The significant patterns of relations found between marital coping efforts and marital quality may involve causal relations of significance, as marital coping or marital interaction /communication has been found to exert directional effects on later marital satisfaction in longitudinal studies (Markman, 1979).

Furthermore, overall, marital conflict appraisal and social support tended to play an indirect role on these four marital coping behaviors through their associations with personality and marital strain. That is, persons with optimistic marital conflict appraisal and more satisfactory social support tended to have less marital strain and positive personality traits; and these latter characteristics, in turn, may determine the choice of marital coping behaviors.

Cognitive appraisal of marital conflict situations was expected to be directly

associated with marital coping behaviors based on Folkman and Lazarus' (1985) contentions about the role of cognitive appraisal in coping. These expectations were not corroborated. A plausible interpretation of these disappointing results is that cognitive appraisal is mediated by other variables that play a foremost role on certain marital coping behaviors. The mediated interpretation has been already mentioned. Another possible interpretation is that the measures of marital conflict appraisal in the present study were less adequate because a single appraisal item did not entirely reflect the complex nature of cognitive appraisal. However, a major finding of the present study is that cognitive appraisals of marital conflict situations do not play a direct role in contributing to marital coping behaviors, but rather, their effects operate indirectly through marital quality or personality trait or are moderated by one's level of social support on marital coping behaviors.

Social support indirectly related to marital coping behaviors through its associations with marital strain and personality trait. These results are consistent with Fondacaro and Moos' (1987) speculation that the provision of social support may serve to enhance an individual's self-esteem, sense of self-efficacy, and general satisfaction, which, in turn, may facilitate one's ability to access and enact coping strategies. These results also suggest a possibility that the quality of marriage is an important source of emotional support. In a distressed marriage, the support available from the spouse is diminished and will lead to a less satisfactory level of emotional support.

Based on the possible nature of reciprocal influences of marital coping and marital quality, these results have noteworthy implications for marital therapy or marital counseling and may provide useful directions for therapeutic interventions with distressed couples. For improving or ameliorating marital happiness, efforts should be directed toward training the target person to think optimistically, establish intimate relations with others, adopt active coping styles (e.g., positive approach), and avoid the use of negative coping styles (e.g., avoidance, conflict, and self-blame).

Limitations and future research

First, 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. A higher proportion (43%) of subjects were recruited from churches; hence the results are not necessarily generalizable to the general population. In addition, a higher proportion (64%) of old subjects came from senior centers; therefore, they may not be proportionally representative of the old 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.

A brief evaluation of the limitations of the measures used in the present study should be included. For the assessment of marital coping behaviors, research participants were asked to recall the most serious recurring marital conflict they have experienced, then, decide to what extent they used the items listed in responding to that stressful event. Readers may wonder whether participants would follow the instructions for responding. If participants did not follow the instructions or could not recall a significant recurring marital conflict, responses to items would reflect a generalized marital interaction style rather than a specific coping response to marital conflict. In a similar vein, appraised stressfulness and appraised controllability of marital conflict situation may reflect one's general evaluation of marriage and general locus of control. In addition, as mentioned above, both appraised controllability and appraised stressfulness were assessed with a single item; as a result, the validity of these two measures are questionable. To remedy the dubious psychometrics of cognitive appraisal measures, efforts need to be made to design a larger scale with multiple items.

A primary focus in the present study involved the assessment of marital coping behaviors. Therefore, how to precisely assess marital coping behaviors is an important issue for future research. In conducting research on coping with marital conflict, one choice is to ask respondents to generate conflict from their own marriage experiences and respond to the extent they deal with this conflict as the

present study conducted. This strategy has methodological limitations as discussed earlier in that respondents may not follow the instructions or can not recall significant marital conflict events. Another problem is that if a study is based solely on responses to questions about conflicts generated by respondents, it can readily be argued that the respondent's responses are idiosyncratic, reflecting their reactions to the individual conflicts they choose to discuss. Since the conflicts would differ markedly from one another, it would be premature to conclude that marital coping behaviors reflect general tendencies which might be related to other variables across the respondents. Coping behaviors may be a function of the type of stressful events (e.g., loss, threat, or challenge) which people encountered (Lazarus & Launier, 1978; McCrae, 1982). Differences in marital coping behaviors could be a product of the different types of marital conflict situations that respondents chose to discuss. To control for systematic differences in the types of conflict situations, researchers can provide standard scenarios so that respondents all react to the same situations. Using this technique, researchers are able to draw valid inferences from their data, but they are not informed about respondents' coping behaviors for actual problems. Therefore, future research on this issue can obtain marital coping data by using both standard marital conflicts and marital conflicts generated by respondents from their own experiences. Information about actual marital conflicts within marriage can be solicited, and information obtained from standardized scenarios used to ensure that valid inferences are drawn. In particular, the results from the standard scenarios can be used as a check on the marital conflicts generated by the respondents.

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 the influences of variables on marital coping behaviors.

Future research in this area should focus on the possible multidimensional nature of cognitive appraisal and social support. For example, as Thoits (1982) showed, social support can be characterized in terms of types, amounts, sources, and structures of the support networks; as Lazarus and Folkman (1984) suggested, the indi-

vidual's appraisal of the personal significance of stressful situations can be characterized in terms of threats to self-esteem, financial security, the well-being of another, one's own physical well-being, and the extent to which the situations are controllable.

An important theoretical constraint relates to the present study as well. As Lazarus and Folkman (1984) indicated, the stress-coping process is "transactional" in nature. That is, the occurrence of stress (e.g., marital strain) is variable, and coping responses (e.g., marital coping) will also change as the meaning of the stress or other variables varies. The present study was designed to investigate a recursive relationship with static cross-sectional data, leaving open the possibility that several presumed predictive factors may follow rather than precede marital coping behaviors. For example, a tendency toward avoidance marital coping behavior might escalate marital strain, reduce self-confidence and self-esteem, and impede the development of supportive social relations. Thus, regression/ correlation analyses reveal relationships among variables but do not imply that the relationships are causal or unidirectional. Therefore, it remains for future research to examine more explicitly the causal nature of the relations between marital coping and other variables. Naturalistic methods of marital coping measurement and longitudinal investigations constitute the most promising direction for future research on this issue. However, if these two features are not accessible, on the basis of the path models that the present study have shown, possible reciprocal causal relations among variables could be examined further using techniques such as structural equation analysis with latent variables (LISREL; Jöreskog & Sörbom, 1983).

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Personal, Social Support, and Marital Variables Related to Marital Coping Behaviors

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ABSTRACT

This study examined some plausible factors that were expected to contribute to marital coping behaviors when married couples face marital conflict situations. Self-report measures were administered to a sample of 197 married community residents ranging in age from 23 to 82 years old. Exploratory path analyses were employed to examine the process-oriented nature of marital coping behaviors. Overall, the results revealed that connections between marital coping behaviors and the expected variables varied by the modes of coping examined. The models showed that marital strain plays an important and direct relation to positive approach, avoidance, conflict, and self-blame marital coping strategies. Age was found to play the only, and direct role, in contributing to self-interest and seeking social support marital coping strategies. Personality traits also were found to be directly related to three negative marital coping behaviors. A primary finding of the analyses was that marital conflict appraisal and social support were found to be indirectly associated with marital coping behaviors through their associations with marital strain or personality traits. The implications of these conclusions for clinical practice, the limitations of the study, and issues of future research are discussed.