The Contributing Role of Relevant Experience in Efficacy of Coping Across the Life-Span

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https://dx.doi.org/doi:10.21220/s2-srnv-2167

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The Contributing Role of Relevant Experience in Efficacy of Coping Across the Life-span

A Thesis
Presented to
The Faculty of the Department of Psychology
The College of William and Mary in Virginia

In Partial Fulfillment
Of the Requirements for the Degree of
Master of Arts

by
Liisa J. Brown
1995
APPROVAL SHEET

This thesis is submitted in partial fulfillment of
the requirements for the degree of

Master of Arts

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Approved, June 1994

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DEDICATION

This thesis is dedicated with love to "Bubu", my grandmother, Lempi Peterson. Her memory continues to inspire my life. It was she that taught me the beauty and strength of aging and the undeniable value of life experience.
ACKNOWLEDGEMENTS

There have been many people who have contributed to the successful completion of this project. I would like to express my appreciation to each of them, for without their support and assistance this accomplishment would have been impossible.

First, I would like to thank Dr. Ellen Rosen, my chairperson, who encouraged me to pursue a topic of great interest and importance to me. Her continued guidance, support, and her persistence in facing the many challenges that arose were invaluable to the completion of this pursuit.

I am also grateful to Drs. Herbert Friedman and Deborah Green, my committee members, for their expertise and insight throughout the stages of this project.

I would also like to thank Mrs. Sarah Saliba and Mrs. Jacqueline Tucker for their indispensable assistance in the recruitment of participants. Their time and advocacy are greatly valued.

A special thanks to Mom, Dad, and my sister Leslie, for a lifetime of encouraging me to pursue my dreams and more importantly for standing by me as I struggle to pursue them.

Finally, my appreciation to Brian, who has graciously endured every aspect of this project by my side. His strength and assurance were, as always, invaluable.
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Abstract
The relationship of relevant past experience to self-perceived efficacy of coping was examined in a sample of 41 college age females and 29 females ages 50 and over. The older women were expected to possess a greater number of relevant past experiences than their younger counterparts, and thus a greater self-perceived efficacy of coping. This assumption was based on the belief that the passage of time results in a larger number of coping opportunities. Each participant viewed a series of three short video segments depicting people being informed of an automobile accident, a death, and a chronic illness. Subjects were asked to advise the person in each segment on how to most effectively cope with the situation. Subjects then viewed their videotaped responses and rated them for self-perceived efficacy of coping. They also rated the relative importance of the problem in each scenario and their experience with the given situation. Results indicated significant correlations between self-perceived efficacy of coping and both experience and age. A stepwise multiple regression showed participants' relevant experience to be the best predictor of coping efficacy, followed by mood and perceived importance of the scenarios. The discussion focuses on the implications of the findings, particularly that the significance of relevant experience is worthy of further inquiry.
THE CONTRIBUTING ROLE OF RELEVANT EXPERIENCE IN EFFICACY OF COPING ACROSS THE LIFE-SPAN
The Contributing Role of Relevant Experience in Efficacy of Coping Across the Life-span

Coping is defined as the behaviors individuals employ to avoid being harmed by the inevitable strains of life (Pearlin & Schooler, 1978). Due to its universal relevance, coping is a topic of interest to both the lay person and the psychological scientist.

Theory in this area has focused on processes and methods. One position is that coping is a trait-oriented process. This theory assumes that coping skills are part of the person, a personality trait, so that variations in the actual situation are irrelevant (Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986). An opposing position, the process-oriented-approach, postulates that coping behaviors are selected according to the environmental and psychological demands associated with the stressful situation (Folkman et al., 1986), and thus variations in the actual situation are extremely relevant.

With respect to the variables of age, the trait theory predicts no change in coping styles and the process does not have a clear prediction. However, folk wisdom contains phrases such as "old heads are wiser", with ethnic traditions such as the Chinese and Japanese showing great deference to the wisdom of the elders.
Folkman and Lazarus (1983) report that coping styles remain the same throughout adulthood. Coping styles and abilities are like personality traits, which also remain stable during the adulthood years (McCrae, 1989). A seven year longitudinal study by McCrae (1989) supported the hypothesis that coping is an enduring individual characteristic. Participants rated the coping strategies that they had used in the coping experiences that they encountered closest in time to the testing period. The frequently used "Ways of Coping Scale" (Folkman & Lazarus, 1980) was used as a measure to determine the methods each individual employed for coping and to detect any changes in those methods that occurred over the seven years. He concluded that methods of coping did not change significantly over the seven years. Moreover, further research indicates that the same methods of coping that work for younger people also work for older people (Costa, Zonderman, & McCrae, 1991). These findings coincide with McCrae's findings, as according to this school of thought, coping styles may not need to change as the individual matures. The same styles may work throughout the life-span. There is a possibility, however, that these styles may improve over time and use, simply because of a practice effect.

McCrae (1989) asked what is the major determinant for coping if it is not
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age. Chronological age cannot be a causative agent except as it permits some process to occur. However, relevant experience may result in successful coping. Every experience of a stressful event provides an opportunity for the practice and enhancement of coping skills. Each successful coping attempt will enhance self-esteem, strengthening the perception of self-worth and providing reinforcement for that strategy. A positive view of self is seen as a positive psychological resource for coping (Lazarus & Folkman, 1984). If the world is seen as controllable more of a coping effort will be made (Lazarus & Folkman, 1984). Thus, relevant past experience in successful coping is likely to have instilled the belief that the individual has the power to control or affect outcomes, which gives the experienced coper an advantage over the inexperienced one. Tranquil times with no immediate demands for active coping will not increase efficacy of coping, but during this time preestablished coping patterns are available to be called upon if the need occurs (Pearlin & Schooler, 1978).

If coping is indeed an enduring characteristic or trait, then assessing ways of coping as a function of age by using a common measure such as the "Ways of Coping Scale" (Folkman & Lazarus, 1980) will give data that is incomplete and difficult to interpret. Instead, the focus must become the efficacy of those coping
traits in the individual's own repertoire across time. The individual may actually use similar coping skills over time, but learn how to use them more efficiently with experience. Through experience, practice, and feedback from consequences or outcomes, individuals may learn which of their coping skills are the most effective and in what situations.

Examining age groups without taking into account each individual's relevant experience is like comparing experienced bicycle riders to those with no bicycle to ride. In the past researchers of coping and aging compared people solely on the basis of age group, without accounting for relevant experience within the age group (i.e., McCrae, 1989; Folkman et al., 1986). Including those without a substantial amount of coping experience can seriously confound measures of the efficacy of coping skills within age groups. The result would likely be a large amount of variance between those with relevant coping experience and those who do not possess it, possibly accounting for the lack of significant results on coping and age in past studies (i.e., Costa & McCrae, 1988; Lazarus & DeLongis, 1983; McCrae, 1982; McCrae, 1989).

In many cultures the older generation is revered for their experiential knowledge, as they have access to a life-time of experience (Ehrlich, 1988). More
often than not this period of later life is also a time where individuals experience
the greatest concentration of losses and opportunities to practice coping skills.
These losses include the death of friends, spouses, the loss of health, and the loss
of independence (Ehrlich, 1988). However, other stressful events such as natural
disasters or day-to-day trials may become more difficult.

The elderly should possess a greater number of relevant past experiences
than a comparison group of college students, hence resulting in a greater level of
overall efficacy of coping. This is based on the assumption that the passage of
time allows for a larger number of relevant coping opportunities to have occurred
in the life of the elderly. McCrae (1982) examined coping mechanisms in adults
aged 21-91. The life-events checklist revealed definitive age differences in the
specific events that were experienced. For example, the birth of a child for the
younger adults or the death of a spouse for older adults. Younger adults
consistently reported more family or job related problems, while their older
counterparts often reported health difficulties for themselves and/or their spouses.
Although most older people were not experiencing the same challenges as the
younger people currently, it is probable that they did cope with those things when
they were young adults. If this is true then older adults should have experienced a
greater variety of stressful, challenging experiences which required them to use their coping skills. The present study investigated the hypothesis that older adults have more efficacious coping skills than younger adults. The strategies used were expected to differ in general content but the older individual were expected to evaluate their strategy as more effective.

Because coping may be situation-specific, according to the process model, a comparison of efficacy of coping skills must be based on the same stressful experiences for both age groups. This approach differs from the McCrae (1989) study in that subjects were rated on how well they coped across a variety of different stressful events in their own lives. This method resulted in a comparison of subjects' coping abilities on different stress-producing events. Coping resources are viewed by researchers as conscious behaviors, which can be studied directly through self-report (Costa, Zonderman, & McCrae, 1991). As a consequence, most researchers request participants to describe their responses to a particular circumstance. The current study uses this procedure: all subjects are asked to report and evaluate their coping responses to the same stimuli.

There are a number of confounds, commonly associated with coping, that were examined. One potential confound was identified as the amount of material
resources that people had available. The ways in which people cope partially
depend upon the resources available to them. Resources include health and
energy, positive beliefs, problem-solving skills, and social skills. An individual
who has an unusual number of physical ailments has significantly less energy to
expend on coping mechanisms (Lazarus & Folkman, 1984). Yet, numerous
studies show that people can still cope remarkably well despite diminished health
and energy (Bulman & Wortman, 1977; Dimsdale, 1974; Hamburg & Adams,
1967; Visotsky et al., 1961).

Other possible sources of confounding are lack of education, inexperience
with tests, and a greater cautiousness (Reese, 1985). These factors were therefore
also assessed in this study either by direct measurement or by a subject selection
criterion for inclusion of a minimum of a high school education and the use of a
straight-forward, non-age biased testing procedure.

Another possible source of confounding is the amount of social support
available to the subject. The ability to communicate and behave effectively and
appropriately in social situations involves social skills. These skills help to
facilitate group problem solving and increase the likelihood of enlisting the social
support of others (Lazarus & Folkman, 1984). Research shows that the elderly
are actually involved in strong social supportive ties (Brody, 1980; Shanas & Maddox, 1986). Social support systems in old age resemble the social support networks people had in their younger years (Field & Minkler, 1988). Antonucci and Akiyama (1987) compared older and younger people and they did not find any significant difference in the number of people in the participants' social support networks. Despite these findings regarding age, social support remains a variable of potential significance in coping and was therefore also assessed.

Finally, material resources increase coping options by allowing the individual to have access to medical, legal, financial and other types of assistance. A potential confounding variable may be material resources available to the individual. The lack of resources can serve as an additional source of stress for the coper. The level of material resources, available to participants, was also measured in this study.

In summary this research project is based on the assumption that enduring individual traits may serve as a potential coping resource. Relevant experience across the life-span, opportunities to practice and modify coping strategies, may be the best predictors of coping efficacy. The factors of health resources, social support, mood, and material resources were expected to be distributed normally in
both of the populations and thus not significant factors in differential coping efficacy. The level of coping ability was predicted to be primarily a function of the number of successful coping experiences regardless of the age of the subject.

In order to test these primary hypotheses subjects were asked to evaluate the videotaped coping advice they gave in response to videotaped scenarios of an older woman who suffered the loss of a loved one, a young woman who had just received the news of a serious automobile accident, and a middle-aged man receiving the news of a chronic illness. Women aged 50 and over were expected to have more overall experience with these situations than the college women and would, therefore, have higher ratings of self-efficacy.

Method

Participants

There were two groups of participants. One group consisted of women 18-25 enrolled in an introductory psychology class, while the other group consisted of women aged 50 and over. All participants were female, as there are more women than men available in the 50 and over age group and among those
enrolled in introductory psychology.

Forty-three women enrolled in an introductory psychology class participated in this investigation. Forty-one of these women completed the study. The mean age of the women was 18.85 years, with a range of 18-25. They received credit toward fulfilling a research participation requirement.

Twenty-nine women ages 50 and over, residing in the community also served as voluntary participants. Their mean age was 70.62 with a range of 50-92. These subjects were free of any cognitive or conspicuous physical impairment and upon initial contact subjectively labeled themselves as being in good health. These women were recruited from various independent living, residential areas. In order to insure that subjects could read and understand the questions, those who had lower than a high school education were not included in this study.

The recruitment for those over 50 involved the mailing and personal distribution of letters describing the procedure of the investigation and listing a phone number to call if they were interested (see Appendix A). All letters were distributed and signed by research assistants to prevent any possible coercion on the part of the experimenter.
Procedure

Participants were informed that the study in which they were about to participate would involve the measurement of coping strategies (for script see Appendix C). They were told that the subject matter would deal with sensitive topics including people being told about death and illness. If these topics made them uncomfortable, they were told not to participate. Participants were further informed that they would be watching three short video segments and that they would be asked a series of questions, some of which would be in response to the tape. It was also made clear that their responses to these questions would be videotaped. Moreover, they would be asked to view and rate their taped response. Subjects who found the video-taping procedure upsetting were reminded that participation was strictly voluntary and they should not feel obligated to participate. The two college students withdrew at this point. Two other subjects read and signed the informed consent (see Appendix D).

First, each participant was asked for their highest level of education completed. They were then asked for their chronological age and if they were still in good health. Additionally, they were asked to rate themselves on the extent of their travels via a rating scale ranging from "never left this state" to "lived more
than 1 year in a foreign country" (see Appendix B).

Participants were then asked a shortened version (6 questions) of the Marlowe Crowne (1960), which is a measure of social desirability (see Appendix C). Responses were given in a yes/no format. Answers to questions were recorded by the experimenter.

Subjects were informed prior to being taped that their videotaped responses would be viewed by the experimenter and her research advisor. Upon final data analysis these tapes will be destroyed, approximately 1 year from the day of taping.

Subjects were shown a video with three segments. The first segment was approximately 1-2 minutes and depicted an older women receiving news about the death of a loved one (see Appendix E). The participant was then asked (via a videotape message from the investigator) to visualize and state the ways in which the woman shown in the video segment might effectively deal with the particular situation. Their statement of coping advice for the woman pictured in the segment was videotaped. All participants had an opportunity to reflect before they gave their advice. Participants were then shown the next segment involving a teenager receiving the news of her friend's serious automobile accident. The
questioning and taping occurred as above. The third segment involved a middle aged man being diagnosed with a chronic illness and the procedure also occurred as above.

Participants were then shown a tape of their response to the first segment. They were asked to put themselves in the position of the actor. If they had both received and taken this advice, how helpful would the advice be if the goal is to cope effectively? Subjects were then shown an enlarged 7 point rating scale in a vertical style ranging from "extremely helpful" to "not at all" to answer the question (see Appendix B).

Following the previously described question subjects were asked how important the problem presented in the segment was to them. The answer to this question was also answered via an enlarged vertical rating scale ranging from "very important" to "not at all important" (see Appendix B). The intent behind this question was to account for possible differences between the age groups in the perceptions of the import of the problems.

Subjects were then asked if they had ever experienced this situation. They were asked to rate their experience on the scale of a "six or more times" to "never". Participants were then questioned as to whether they have suffered
similar traumatic experiences other than the ones they just reported from which they drew to advise the person in the segment. The rating scale format for the answer ranged from "six or more similar traumatic experiences" to "no similar traumatic experiences". Due to limitations in the subject pool it was impossible to select subjects who had the same experience with a particular traumatic event. This question measured the variability of experience with similar traumatic events and permitted an assessment of the effectiveness of experience. This process continued with all three segments. Enlarged vertical rating scales were also used to answer the following questions (see Appendix B): How happy are you? How adequate do you feel your material resources are? How much support to you get from others? These measures were used in order to measure how much control the subjects felt that they have in their lives. People in good health, who report having adequate resources, still feel vital and are more likely to feel able to cope.

In a technique used on those with some type of neurological damage the scales were pictorially represented so that the older adults, who were not familiar with rating scales were not at a disadvantage. Research on humor revealed that these types of interval scales were isomorphic with and had as much power as ratio scales regarding the same materials (Derks, Lewis & White, 1988). Pictorial
representations included increasing numbers of: smiley faces, material goods and people surrounding a figure which represented the subject.

Results

Two groups of participants, college women and women 50 and over had similar mean scores for the predictor variables of travel, social support, and material resources as shown in Table 1.

| Insert Table 1 about here |

None of these factors were significantly correlated with age.

The participants 50+ women were on a similar socio-economic level as the college women. The levels of material resources available to the two groups were found to be similar. This point was confirmed statistically by noting the subjects' responses to a 7 point (0-6) rating question regarding material resources (see Appendix B). The means and standard deviations for level of resources for the college group and the 50+ group were, \( M = 3.85, SD = 1.24 \) and \( M = 4.24, SD = 1.41 \), respectively. The correlation, \( r(69) = .212 \), for age with material resources was not significant. Subjects were also questioned via a seven point (0-6) rating question as to how widely traveled they were (see Appendix B). This was done in
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an attempt to statistically account for differences in a variety of life experiences. The means for travel were 4.20 for college students with a standard deviation of 1.24 and 4.28 for their older counterparts with a standard deviation of 1.41. Mean ratings in Table 2 show that the subjective importance of each of the three video scenarios differed only minimally between the two groups. They were not significantly correlated with age: for scenarios one, two, and three respectively (r(69) = .006, r(69) = .199, r(69) = .190).

Insert Table 2 about here

Means for social desirability on the six question Marlowe Crowne questionnaire were 2.62 for the women who were 50+, and 1.83 for the college students, both had a range of 0-3. A t-test revealed a significant difference between the scores for the two age groups [t(1, 68) = .53; p < .01].

As predicted, the group means for relevant past experience with all of the three scenarios were unequal (see Table 2). The past experience scores for each scenario were positively correlated with age: for scenarios one, two and three respectively (r(69) = .61, p < .001; r(69) = .75, p < .001; r(69) = .75, p < .001).

The corresponding self evaluation ratings for efficacy of coping were also
higher in the 50+ age group, which is seen in Table 2. Self-evaluation was significantly correlated with age for all three of the scenarios one, two and three respectively: \( r(69) = .60, p < .001; r(69) = .75, p < .001; r(69) = .49, p < .001 \).

Pearson correlations revealed a significant, substantial relationship of self-evaluation with relevant experience \( r(69) = .70, p < .001 \), and age \( r(69) = .65, p < .001 \). Obviously, the group variable, which was broken down according to age, was also correlated with self-evaluation \( r(69) = .67, p < .001 \). As predicted, age was also highly correlated with relevant experience \( r(69) = .83, p > .001 \). The grouping variable, simply a dichotomous version of age, correlated identically \( r(69) = .83, p < .001 \). Age was not significantly correlated with importance or experience \( r(69) = .44 \) for both.

A multiple regression analysis was performed. Self-evaluation of coping skill was the dependent variable. It was defined as each participant's mean score, calculated across the three scenarios, on perceived competence in coping strategies. The predictor variables were age, group, relevant past experience, similar past experience, subjective interpretation of the seriousness of the problem, mood, material resources, and how widely traveled the subjects were. Rating scores for importance, relevant experience, and similar experience were
Relevant Experience

averaged across the three scenarios to form a single score for each measure.

The stepwise regression revealed the variables of experience, importance, and mood, to be the best predictors of the dependent variable, self-evaluation. Screen Table 3 indicates the results.

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\text{Insert Table 3 about here}
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\]

The effect of relevant experience, as predicted, was significant \([F(1,68) = 61.65, p < .0001]\). It should be noted, however, that the adjusted \(R^2\) dropped to .48, taking into account the number of variables in the equation and the sample size. Despite this fact, Table 3 indicates that all factors add to \(R\) and \(R^2\). The variables of mood and importance were also shown to be significant \([F(2,67) = 38.45, p < .0001; F(3,66) = 29.86, p < .0001]\).

The final results for the significance of the multiple regression when the three predictors were combined are presented in Table 3. Notice that the predictors of importance and mood are significant at the .01 level and experience is significant at the .001 level.
Relevant Experience

Discussion

This study was an initial inquiry into the potential positive relationship of relevant past experience and efficacy of coping. The main hypothesis was that relevant past experience would be associated with self-perceived efficacy of coping; this prediction was supported. A secondary hypothesis was that the older participants would possess a greater number of relevant past experiences than a comparison group of college students. The result would be a higher overall level of self-rated efficacy of coping. This hypothesis was also supported.

Other potentially confounding variables in the coping equation including social support, material resources, and general experience achieved through travel did not differ between the two age groups. None of these variables were related to age or to perceived efficacy.

There is clinical relevance in the ability to predict efficacy of coping. Relevant experience, mood, and perceived importance of the problem turned out to be the best indicators of efficacy. Relevant experience was originally selected as the best predictor. Age appears to be redundant, because overall mood and importance add more to the ability to predict efficacy of coping. The acquisition of experience can be spread out over a period of time or can be compressed into a
short period of time.

The correlations show that if material resources, travel, similar experience, and education (77% of the older age group held a minimum of a bachelors degree) provide a general indicator of broad life experience, then the groups do not differ greatly in that category. Broad life experience may not be the same as having opportunities to cope. For example when traveling as a young person, an adult would address any problems that may arise. In contrast, differences between the groups in the areas of relevant experience and self-perceived efficacy are glaringly evident in the high, significant correlation between these two factors and age. The relationship with age and experience was stronger than between any other variables. This makes sense based on the simple fact that the mere passage of time should account for a large number of coping opportunities for the elderly.

The second strongest correlational relationship was between self-evaluation and experience, followed by self-evaluation and age. Coping may be an enduring characteristic or trait as Folkman and Lazarus (1980) claim. The individual, who may use similar coping skills over time, could come to learn to use them more efficiently with experience. Through experience, that often comes with age, people may come to find which of their coping skills are most effective
Relevant Experience

and in which situations. Corresponding ratings of self-efficacy would reflect this point.

The relationship between experience and self-evaluation was also

confirmed in the results of the stepwise regression analysis. There may be a

number of reasons why experience turned out to be a significant predictor, while

age did not, but the probable reason is that age and experience were very highly

correlated. Because relevant experience was more highly correlated with self-
evaluation it was entered into the regression first. In many cultures the older

generation is revered for their experiential knowledge (Ehrlich, 1988). Therefore,
>this high correlation between age and experience is not surprising.

Mood and subjective importance of the problem also turned out to be

predictors. College women had a lower mean mood than their older counterparts,

but mean ratings of importance between the two groups were very similar. This

result is contrary to stereotypes that older people are unhappy. It is possible that

mood's relation with age accounts for its predictive value. Importance, however,

was not related to age or experience. It was significantly correlated with self-
evaluation. This may be a result of response bias. Some people generally rate

higher or lower on the scales. Hence, a higher rating on self-evaluation would
correspond to a higher rating on importance. This is one of the problematic aspects of self report. It is possible that if the participants did not feel effective they down played the importance of the events to make themselves feel better.

This study was divergent from past research on coping. An ideographic approach based on self-rating as an evaluative form of coping efficacy strayed from the traditional use of the "Ways of Coping Scale" developed by Folkman and Lazarus (1980). Past research compared subjects' coping abilities on uncommon, idiosyncratic events, while the present study compared them on the same events.

Perhaps, the most significant connection between this and past studies was that, as in previous research, age in itself was not found to be a major determinant in coping (McCrae, 1989; McCrae, 1988; Costa & McCrae, 1988; Folkman et al., 1986; Lazarus & Delongis, 1983; McCrae, 1982). Age alone may not be a major determinant, but age in the context of relevant experience appears to be. Each experience of a stressful event provides a building block for successful future coping. In the current sample most all of the people in the older group had a substantial amount of coping experience. Without prompting, 14 out of 29 older women specifically cited their own life experiences with coping in their
videotaped advice, while only 3 out of 41 college women did. A self-selection bias may have played a role in this result, as only a small, select group, of older women responded to the letter.

The majority of these older women were highly educated and well traveled. Their life circumstances were probably similar to the future circumstances for the college students. It is highly probable that a larger random sample would include some older people with lower levels of relevant experience. A random sample would also include some young adults that were not in school and might have more "real world" experience.

Older adult's thinking is characterized by more subjectivity in reasoning, a reliance on intuition, and a reference to an appropriate social context (Labouvie-Vief, 1986). Young adults are more literal, formal and rigid in their thinking. The characteristic response for the college women in the advice for the woman who had lost a loved one was to seek out a therapist or some other outside source to advise and help them. This was a seemingly more "text-book" response, than that of the older women who suggested helping themselves through helping others and suggested solutions that were not commonly known, but had worked for them in their own life experience. The relationship with experience and age is not
thought to be linear. It is expected that experience with the events of death and chronic illness, in particular, would be clustered mostly at the higher end of the age spectrum.

Although men were not included in this study there is no reason to believe that relevant experience is not a factor in their self-evaluated coping efficacy as well. Both older men and older women are survivors, who in a Darwinian sense, must have had adequate coping skills.

The main finding is that age is not a variable that should be dismissed too quickly as it may be hidden within other significant predictors like experience. Stagnation in approach has been problematic in past coping literature. A look at the area of ideographic methods may be appropriate. The importance of testing peoples' coping skills on common, shared, events should not be underestimated. Moreover, the predictor of relevant experience should be examined more thoroughly.

In the current study people were also required to derive the methods or "ways of coping" without any prompts. The ideas were truly their own, not simply ideas that were suggested by someone else in the "Ways of Coping Scale" (1980), that were checked off. This is an important, perhaps critical
methodological variation. Finding accurate predictors of coping efficacy could be invaluable to clinical pursuits. For instance, if relevant past experience is a variable in the equation for successful coping, are those experiences transferable in any way to others? Research already indicates that methods of coping that work for younger people also work for older adults (Costa, Zonderman, & McCrae, 1992).

There are a number of limitations in this study. As initially stated, this design was used in order to determine whether this new topic was worthy of future investigation. Some compromises had to be made to insure the psychological well-being of the subjects. The largest problem was that there was no measure of the extent of each experience. The death of one's mother may not be appropriately counted as the same quantity of experience as the death of one's cousin.

The next point involves why the evaluation of advice by the participant was chosen as the best measure of coping efficacy. First, there is no better judge of what works for the person than the person herself. Coping resources are viewed as conscious behaviors, which can be studied directly through self-report (Costa, Zonderman, & McCrae, 1991). As a consequence most recent research
requests participants to describe their responses to a particular circumstance.

Besides checking for social desirability, there is very little that the experimenter can do to assure the validity of the subjects' responses, with the exception of the utilization of clinical experts as raters. Significant differences on social desirability scores between the two age groups are of some concern because of the possibility that significance on self-rating was achieved because the older women had a general tendency to give themselves higher ratings. Yet, the raw data do not appear to support this explanation.

All assessments, including those on mood and social support were brief and based on singular rating questions. Although more complete assessments may be used in the future, they were thought to be too cumbersome and time consuming for participants in their 80's and 90's. Research has continually shown that the decrease in adult performance as compared to that of young people is not due to actual difference in abilities, but factors such as inexperience with tests and lack of education (Reese, 1985). The simplicity of method and minimum education requirement in the current study were used in an attempt to eliminate this problem.

Memory is relied upon heavily in this study and problems with accuracy
of memories are inevitable with self-report methods. The videotaping procedure was used to insure accurate short term memory, but questions that rely on long term memory remain problematic.

Despite its limitations, this study shows that the significance of relevant experience in the coping equation is worth pursuing. Experience is a key factor in acquiring a variety of skills. It seems logical that it is also imperative in attaining proficiency in coping.
References


Coping behavior under extreme stress. *Archives of General Psychiatry, 5*, 423-448.
### Table 1

**Mean Rating for Social Support, Travel, and Material Resources for College Women and Women Aged 50+**

<table>
<thead>
<tr>
<th>Variable</th>
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Table 2

Mean Ratings for the Three Video Scenarios for the Predictor Variables of Subjective Importance, Relevant Experience, and Self Evaluation for College Women and Women 50+

<table>
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<tr>
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<td>SD</td>
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Mean Ratings for the Three Video Scenarios for the Predictor Variables of Subjective Importance, Relevant Experience, and Self-Evaluation for College Women and Women 50+

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Table 2 (Continued)

Mean Ratings for the Three Video Scenarios for the Predictor Variables of Subjective Importance, Relevant Experience, and Self Evaluation for College Women and Women 50+

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### Table 3

#### Summary Table of Stepwise Multiple Regression Results \((n = 70)\)

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<th>SE B</th>
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<td>.611**</td>
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<tr>
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<td>Mood</td>
<td>.176</td>
<td>.069</td>
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</table>

Note. \( R^2 = .48 \) for Step 1; \( \Delta R^2 = .53 \) for Step 2; \( \Delta R^2 = .58 \) for Step 3 (\( ps < .001 \)).

**p < .001; *p < .01
Appendix A

Relevant Experience

39

Recruitment letter.

Dear Madam,

I am a student at William and Mary, assisting Liisa Brown, another student who is working on her Masters degree in psychology. She is conducting research on the topic of coping. We need the help of some women who are fifty years old and over in order to carry out this research. Your name was obtained via the Williamsburg telephone directory or via a mutual acquaintance.

If you choose to participate you will be asked to watch three short video segments, of two people talking briefly about the passing of a mutual friend, illness, and an automobile accident. Before we ask you to answer a series of questions regarding these segments we will ask you for your chronological age, your level of education, and how widely you have travelled. We will also ask you to rate your level of material resources, health status, level of social support, and your mood. Moreover, you will be asked to answer 6 questions regarding how you would react in a social situation. Additionally, you will be videotaped giving advice to three different actors in three different segments. Following this
procedure you will be asked to rate and view the videotape of your self giving advice to the people in the segment. You will be asked about your own past experience with these and similar traumatic events as well as how important these events seem to you. The videotape of your responses will be viewed by Liisa Brown and her research advisor and will be destroyed upon completion of the data analysis in approximately one year.

The study will involve about one half hour and will be conducted by Liisa Brown. Would you be willing to participate? If you are able to help out with Liisa's research (or have any questions), please telephone her at 221-8225 and she will be able to arrange a convenient time for you.

Thank you for your time.
Relevant Experience

Appendix B

How widely traveled

6  Lived for more than 1 yr. in a foreign country
5
4  Traveled out of the United States
3
2  Traveled to 2 or more states (within the United States)
1
0  Never traveled out of the state

"Helpfulness" of advice

6  Extremely Helpful
5
4  Somewhat Helpful
3
2  Rather Unhelpful
1
0  Not Helpful at All
Relevant Experience

Importance of problem

6       Extremely Important
5
4       Somewhat important
3
2       Rather unimportant
1
0       Not important at all

Happiness

6
5
4
3
2
1
0
Relevant Experience

Material Resources
6
5
4
3
2
1
0

Social Support
6
5
4
3
2
1
0
Appendix C

Thank you for coming. First, let me tell you that I will explain the study more fully after the experiment is over. You can obtain the final results of this study by filling out a label with your name and address on it. Is this all right with you? First, please read and fill out two copies of this informed consent form. You may keep one and leave the other one here with me.

Please remember that your name will not be associated with your responses and you can terminate your participation of this study at any time, although I would appreciate your staying for the full experiment. Do you have any questions?

Are you ready to begin?

Let me ask you a few questions. I will record your responses in writing.

Do you have your high school diploma?

What is your chronological age?
For the next question I will ask you to rate your answer on this scale (hold up scale). How widely have you traveled? As you can see 0 indicates that you have never traveled out of the state, while a rating of 6 indicates that you have lived for more than a year in a foreign country. Do you understand how the scale works?

The next set of statements regards how you would react to certain social situations. Please respond as quickly as possible by saying true or false. I will record your answers. (note: the following test is a shortened version of the Marlowe Crowne)

I never hesitate to go out of my way to help someone in trouble.

I have never intensely disliked someone.

I like to gossip sometimes.

I have never felt the urge to tell someone off.
I sometimes feel resentful when things don't go my way.

I am sometimes irritated by people who ask me favors.

Okay good.

I am about to show you a videotape. After each of the three segments I will appear on the videotape and ask you to advise the person as to what they should do to deal with the situation presented. This videotaping method is used so that I will not bias your answers. I will tape your responses to these questions and will not be able to react in any way to what you say. If you do not understand the question please let me know. I will pause the tape after the question to allow you time to answer. Please let me know when you have fully answered the question and are ready to move on to the next segment. It is important to note that these video segments are intentionally vague and are used merely for the purpose of setting a scene.

Play tape.
Okay. Are you ready?

Tell me when to start the video recorder.

Now I will show you another segment. The question will be asked in the same format as before. Remember that when I tape your responses to these questions I will not be able to react in any way to what you say. If you do not understand the question please let me know. I will pause the tape after the question to allow you time to answer. Please let me know when you have fully answered the question and are ready to move on to the next segment.

Are you ready for me to video your response?

Now I will show you the final segment.

Show last segment.

As I told you will be viewing the videotape of the responses that you just gave and will be asked to rate those responses.

Are you ready to see your response to the first segment?
Subjects are shown a tape of their response to the first scenario.

If you were in the position of the actor how helpful would your suggestions have been? Please base your response on this scale (hold up vertical rating scale). (See Appendix A for scales.) A "6" means that the advice you gave would be extremely helpful, a "4" means that it would be somewhat helpful, a "2" means that it would be rather unhelpful and a "0" means that it would not be helpful at all. Which number most closely responds to your answer?

How important did the problem presented in this segment seem to you? (hold up scale) Remember that a "6" means extremely important and a "0" means not important at all. Which number best represents your answer?

Have you ever had this experience? "0" means never -"3" means three times- and- "6" means six or more times. Which number best represents your answer?

Have you ever had a similar traumatic experience, which may have given you
some insight as to how to advise the actor in their situation? : "0" means no similar experiences - "3" means three similar experiences - "6" means six or more similar experiences.

I am now going to ask you three more questions. Zero will correspond to the picture at the bottom of the scale and "6" will correspond to the picture at the top of the scale. Please answer with the number that represents the picture, which best describes your answer.

Which picture depicts your overall mood?

Which picture most clearly depicts your material resources?

Which picture depicts the amount of support that you get from others?

The formal part of the study has been completed. I would like to ask you a few closing questions.
What did you feel that I was looking for in this study? What led you think that?

In my study I am actually examining the effects of relevant life experience on coping skills. There was no deception used. Did seeing yourself on videotape alarm you? Do you have any questions concerning the study? Please do not discuss this study with anyone who may participate in the future. Thank you very much for your participation.
Appendix D

**Informed consent for middle aged & 65+:**

The general nature of this study of coping skills conducted by Liisa Brown has been explained to me. I am aware that I will be asked for my chronological age, level of education, and the extent of my travels. I also understand that I will be asked 6 questions in reference to the extent to which my answer reflect social desirability. I realize that I will be asked to view a series of three short video segments. I also understand that I will be asked to respond to these video segments, which will contain people being told about automobile accidents, death and illness, and that my responses will be videotaped. Additionally, I will be asked to view and rate my own video taped response to the segments. I will also be asked to respond to series of questions which will also be videotaped. These questions will include rating the topics based on the level of my own experience with death, automobile accidents, and chronic illness; rating how helpful my own videotaped advice would be; and how important I view the problems in the segments to be. Additional questions will ask me to rate my levels of: material resources, mood, level of social support, and current health.
I further understand that my name will not be associated with my responses or with any of the results of the study. I also understand that the videotapes will be viewed by Liisa Brown and her research advisor and will be destroyed upon completion of the data analysis (approximately one year from today's date.) I know that I may refuse to answer any question that makes me uncomfortable and that I may discontinue my participation at any time. I am also aware that I may report dissatisfaction with any aspect of this experiment to the psychology department chair Dr. Friedman (phone 804-221-3875). I am aware that I must be at least 18 years of age to participate. My signature below signifies my voluntary participation in this experiment.

__________________________
name

__________________________
date
Informed consent for college students:

The general nature of this study of coping skills conducted by Liisa Brown has been explained to me. I am aware that I will be asked for my chronological age, level of education, and the extent of my travels. I also understand that I will be asked 6 questions in reference to the extent to which my answers reflect social desirability. I realize that I will be asked to view a series of three short video segments. I also understand that I will be asked to respond to these video segments, which will contain people being told about automobile accidents, death and illness, and that my responses will be videotaped. Additionally, I will be asked to view and rate my own videotaped response to the segments. I will also be asked to respond to another series of questions. These questions will include rating the topics based on the level of my own experience with death, automobile accidents, and chronic illness; rating how helpful my own videotaped advice would be; and how important I view the problems in the segments to be. Additional questions will ask me to rate my levels of: material resources, mood, level of social support, and current health.

I further understand that my name will not be associated with my responses or with any of the results of the study. I also understand that the
videotapes will be viewed by Liisa Brown and her research advisor and will be destroyed upon completion of the data analysis (approximately one year from today's date.) I know that I may refuse to answer a question that makes me uncomfortable and that I may discontinue my participation at any time. I also understand that any grade or credit that I receive for participation will not be affected by my responses or by my exercising my rights. I am also aware that I may report dissatisfactions with any aspect of this experiment to the psychology department chair Dr. Friedman (phone 804-221-3875). I am aware that I must be at least 18 years of age to participate. My signature below signifies my voluntary participation in this experiment.

Name Date
Appendix E

Videotape

1. The death of a loved one

A woman is depicted telling another woman she has experienced the loss of someone whom she loved very much. The woman is rather tearful as she says that she just can't seem to get over the death. She further states that she is having a difficult time coping. She asks what she should do.

The experimenter is shown and says:

Please visualize the ways in which that woman might effectively deal with that situation. What would you advise her to do?

2. The news of an accident:

Two women are shown saying farewell. One woman is shown driving out of the yard. Times passes and a man is seen driving into the driveway. He knocks on
the door and tells the second woman that her friend has been in an automobile accident. The second woman puts her hands on her face and asks what she should do.

The experimenter is shown and says:

Please visualize the ways in which that woman might effectively deal with that situation. What would you advise her to do?

3. The diagnosis of a chronic illness.

A doctor's office is shown and the physician tells a man that he is sorry to tell him that his illness is in fact chronic. The man appears shaken and says that he was not expecting the news. The camera focuses on the patient as he says to himself...what am I going to do?

The experimenter is shown and says:
Please visualize the ways in which that man might effectively deal with that situation. What would you advise him to do?
VITA

Liisa J. Brown

The author was born on March 15, 1969 in West Townsend, Massachusetts. She graduated from Saint Bernard's CCHS in Fitchburg, Massachusetts in May, 1987. She received her Bachelor of Arts, with majors in Psychology and English, from Providence College in May, 1992. She entered the Master of Arts program at the College of William and Mary in August, 1992. She is currently a doctoral candidate at the University of Virginia.