POSITIVE AND NEGATIVE COPING MECHANISMS
DURING THE WAR IN IRAQ

———

JACQUELINE CLEMMONS

POSITIVE AND NEGATIVE COPING MECHANISMS DURING

THE WAR IN IRAQ

A Thesis

Presented for the

Master of Arts Degree

Austin Peay State University

Jacqueline Clemmons

September 2004

ACKNOWLEDGMENTS

ABSTRACT

This study attempted to examine how Americans coped during the Iraq war, and whether Americans were interested in learning new coping strategies. Coping strategies were measured using The Ways of Coping Questionnaire. Participants were also asked if they would be interested in learning coping strategies that could help in future stressful situations. The chi square test indicated that there was not a significant difference in the percentage of people saying "yes" and the percentage of people saying "no". However, fifty-three percent of participants said "yes" they would be open to learning new coping mechanisms. Additionally, participants were given a demographic questionnaire so that comparisons could be made on the basis of a 2 x 3 x 8 mixed analysis of variance. The analysis indicated that there were significant differences among the coping strategies. Positive reappraisal was rated higher than the other seven strategies. Planful problem-solving was rated higher than the strategies of accepting responsibility and escape-avoidance. None of the other sources of variance were significant.

TABLE OF CONTENTS

Chapter 1

Introduction

War Can Cause Mental, Physical, Emotional, and/or Psychological Harm

War and terrorism involve the killing of people and/or the potential to harm others either physically or psychologically. War is indiscriminate, and it inevitably involves the possibilities of large numbers of deaths, mental and physical suffering, and/or psychological harm to civilians and troops. The focus of the current research study is to measure whether American civilians cope positively or negatively during wartime, specifically the Iraq war. Some previous studies show that civilians don't cope well during wartime, while others support the notion that civilians cope more effectively.

Numerous studies have established a causal relationship between several physical and psychiatric disorders and war stress (Oweini, 1998). Day and Sadek (1982) explain that exposure to the violence of warfare has horrible psychological effects on both soldiers and civilians. This research supports the notion that wartime stress causes mental health problems. Other current studies show that Americans are coping negatively during terrorism in America (Vlahov, 2002). However, several studies refute this theory and say that wartime stress does not cause psychological problems (Oweini, 1998).

People are coping with war and terrorism on a large scale both in America and in other parts of the world. Americans have recovered from shock, grief, and fear resulting from threats of terror, bioterrorism, and economic crisis (Kliman & Llerena-Quinn, 2002). After a collective trauma, some Americans tend to cope by struggling to reestablish the social institutions that put bread on the table to sustain the social

communities of love and meaning (Shapiro, 2002). Others call for justice, for war, for revenge, much of it justified in the name of the bereaved (Shapiro, 2002). Individuals cope in different ways towards these events.

It is thought that Americans used more negative coping mechanisms than positive coping mechanisms in the face of the war in Iraq, and that Americans may now be receptive to learning new and positive coping strategies in the case of future warfare and terrorism. The purpose of this study is to look at the ways people are currently coping with the war in Iraq, and to look at possible new and positive ways to cope with war and terrorism. Before looking into ways of coping, it is important to look at what coping is.

What is Coping, and Research Studies on Coping Skills

In order to understand the research clearly it would be important to know exactly what coping means and how we each cope in situations. Coping is a process common to each individual and is often used interchangeably with the terms "adjustment, mastery, and survival" (Oweini, 1998). Positive coping is defined as a way of coping where the outcome is healthy mental, physical, emotional, and/or psychological functioning. Negative coping is defined as a way of coping where the outcome is unhealthy functioning, resulting in mental, physical, or emotional difficulties. Although it is most commonly associated with warlike settings, coping has been observed in situations such as pain, loss, and death of ones we love (Oweini, 1998). Richard Lazarus (Oweini, 1998) formulated coping as an integral part of the stress theory, and mentioned that there is two-

way relationship between the person and the environment and is mediated by two cognitive exercises: appraisal and coping. Appraisal refers to the individual's assessment of every encounter in terms of its implications for the well-being of the individual, whereas coping refers to the behavioral and cognitive processes that help the individual deal with the stressor with respect to health, social functioning, and well-being (Oweini, 1998). Coping involves two responses. They are external efforts focused on problem-solving techniques and direct action, and internal efforts focused on emotions (Oweini, 1998). In the action-oriented response the person reacts directly to the stress and channels the resources in such a way as to alter the conditions that create a problem. For example, the person might avoid a confrontation, or might confront the person who has physically harmed him or her, or might for an attack (Lazarus, 1982). The emotion-oriented response addresses the effects of a stressor and seeks to make the person deal with the response easier. It shields the person from the psychological harm and palliates emotions of distress. These efforts may include denying the stressor or altering one's attitude toward the stressor by perceiving it as not threatening (Oweini, 1998). In coping with a situation one uses a positive and/or negative coping mechanism on the external environment and internal environment.

Coping is believed to be one important predictor of adaptation. Effective behavioral or cognitive coping responses to stress are believed to lead to increased feelings of efficacy and reduced levels of stress and anxiety (Billings & Moos, 1981). There is empirical evidence that the level of negative coping is directly associated with the level of psychological symptoms (Catanzaro, Wasch, Kirsch, & Mearns, 2000;

Compas, Malcarne, & Fondacaro, 1988; Ebata & Moos, 1991; Parker, Cowen, Work & Wyman, 1990; Tennen, Affleck, Armeli, & Carney, 2000). In particular, higher use of positive coping strategies are associated with lower levels of psychological symptoms (Causey & Dubow, 1991; Compas et al., 1988; Ebata & Moos, 1991; Glyshaw, Cohen, & Towbes, 1988; Sandler, Tein & West, 1994), whereas higher use of negative coping strategies are associated with higher levels of psychological symptoms (Blalock & Joiner, 2000).

Do Americans Use Positive or Negative Coping Strategies During Wartime and Terrorism?

Empirical research finds that there is an association between higher negative coping strategies and higher levels of psychological symptoms, and the more current research after 9/11 shows this as well. According to a current research study conducted after 9/11, people are using mostly negative coping mechanisms (Vlahov, 2002). In a study (Vlahov, 2002) of Manhattan residents shortly after the 9/11 attacks it was found that 9.7% reported symptoms of depression and 7.5% (1,008 residents) reported symptoms of PTSD. Although the percentages may seem like small percentages, they are two to three times higher than the PTSD and depression rates reported by participants in a national mental health study which was conducted in the 1990s (Vlahov, 2002). The high rate of depression and PTSD suggests that some people do not know how to positively cope with traumatic situations in our society.

In another study of Manhattan residents during the five to eight weeks after the terrorist attacks on the World Trade Center it was found that there was an increased use

of alcohol, marijuana, or cigarettes among one-third of the nearly 1,000 people interviewed following the September 11th attacks (Vlahov, 2002). Perhaps more research in America on coping during war and acts of terrorism can shed some light on how to cope more effectively. This research study shows that some have not been able to establish effective coping mechanisms for our society in the face of war and terrorism in America. However, a study by Meisenhelder (2002) shows mixed reactions in coping with stressors.

In times of stress people often turn to religion as a means of coping, but its effects are not always desirable. Meisenhelder (2002) found that the events of 9/11 triggered a national response that was two-fold: a posttraumatic stress response and an increase in attendance in religious services directly following 9/11. Since there was unprecedented media coverage of the 9/11 attacks, posttraumatic stress was a common and widespread experience among American citizens (Meisenhelder, 2002). Religious coping following 9/11 was sometimes associated with poorer mental health because it reflects a perception of a punishing, distant, abandoning God (Meisenhelder, 2002). Some people have a distorted view of religious coping, reflected in sayings such as, "If I had prayed enough then my son would not have died in the World Trade Center", or "I must be a bad person because I did not pray for my family in a time of trouble."

Another study by Schuster, Stein, & Collins (2001), found that 90% of the national sample turned to prayer, religion, or spiritual feelings as a means of positive coping. However, this study does not address negative religious coping that might have been present in the sample. It is important to keep in mind the fact that negative religious

coping does indeed exist within the population of people who use positive religious coping. Perhaps the American people can be taught to be cognizant of negative religious coping, and instill positive religious coping.

People seek God as a source of love and comfort, as well as to gain a sense of meaning and purpose in the event (Pargament, Ensing, Falgout, Olsen, Reilly, Van Haltsma, & Warren, 1990). Peri (1995) lists prayer as the most common spiritual intervention, and, Koenig (2002), cautions health care providers against initiating prayer, but suggests alternatively listening to prayers of clients. So religious coping can be positive or negative, yet there can be other religious or spiritual ways of positive coping, such as meditation, which was not studied in these particular research studies.

Do Other Countries Use Positive or Negative Coping During Wartime?

Since studies show that Americans are coping negatively to 9/11 and terrorism (e.g., Vlahov, 2002), perhaps looking into studies that show positive reactions to wartime stress in other countries can give some insight into ways to cope with stress in America.

An important study by Ahmad Oweini (1990) shows how students (civilians) coped with the civil war in Lebanon in 1975. The Lebanese civil war caused considerable bloodshed, destruction, and divisiveness that led to the segregation of the population along denominational lines and political affiliations. That, in turn, created tragic decline in all cultural and educational values and ultimately led to the collapse of the economy (Oweini, 1990). Despite this, no strong evidence of any lasting psychological damage to the Lebanese people was found. Apparently, the Lebanese students were able to cope successfully with the war and had a relatively normal existence throughout the civil

conflict (Oweini, 1990). Overall, the findings suggest that factors such as the intermittent nature of the war, campus safety, socioeconomic status, intensity and length of exposure to life-threatening events, adaptive defense mechanisms and personality traits, role of religion, and strong support networks of friends and family were found to play a critical role in helping students cope more effectively with the war (Oweini, 1990).

Rachman's book *Fear and Courage* addresses the Lebanese civil war and its effects on civilians (1990). He concluded that the great majority of people endured the air raids very well, and that although short-lived fear reactions were common, very few phobic reactions came about (1990). So perhaps there are effective ways civilians in other countries are coping with war can serve as positive examples of how Americans can cope with war and terrorism.

Another study explored the perceived stressors and coping mechanisms of three World War II marine veterans who participated in combat operations in the Pacific Theater from 1941-1945 (Clark, 2001). Three dominant stressors emerged from the veterans including threats to life, limb, and health; loss of comrades, and the sight and sound of wounded and dying men; and the continual uncertainty and lack of adequate situational awareness. The second part of the study turned toward coping mechanisms. All of the participants' generated extensive responses that illuminated the existence of and cultivation of social support from the veteran's group in warfare, social support from families and friends through letters, habituated positive coping strategies to stressors, humor, desensitization to situations, physical training and appropriate nutrition. Again,

perhaps this research as well can shed some light on how Americans can learn to cope positively to wartime stress and terrorism.

Does Gender and/or Marital Status Affect How A Person Copes?

Gender differences in use of coping strategies have been reported in a number of studies. In general, findings suggest that females appear to favor social support, emotion-focused, and avoidant coping strategies relative to males (Billings & Moos, 1981; Ptacek, Smith, & Zanas, 1992); Stein & Nyamathi, 1999). Males appear to favor stress release through other activities and tend to turn to drugs or alcohol more often than females (Bird & Harris, 1990; Stein & Nyamathi, 1999).

With reference to how male and female civilians coped during the Persian Gulf War, a study by Zeidner and Ben Zur (1992) showed that the most salient coping tactics found among men and women alike were active seeking of information by way of the media, acceptance of the situation, taking action, planning, positive reinterpretation of events, and seeking out of social support for emotional reasons (Zeidner et al, 1992). Emotion-focused coping varied as a function of sex and age, with females and younger adults, compared to their male and older adult counterparts, resorting to increased emotion-focused coping (Zeidner et al, 1992). Also, problem-focused coping varied by sex, with females scoring higher than males on problem-focused coping as well (Zeidner et al, 1992).

Another study looked into the effect of gender on the stress process of Israeli soldiers during the Gulf War (Glick, 1994). This research studied the differences in the experience of stress, perception of coping effectiveness, and distress in enlisted male and

female soldiers in army camps situated in central Israel during the Gulf War. It found that females perceived social support to be a more effective means of coping, while males found avoidance as more effective. Though females perceived themselves as more effective at coping, they suffered more psychological distress symptoms than males. Although females tended to perceive their coping efforts as more effective than did males, the stress-strain relationship was weaker for males. Perhaps this suggests that relying too much on social support just perpetuates the problem and possibly makes it worse.

Overall, findings are inconsistent regarding gender differences in the use of problem-focused or active-coping strategies. Some studies suggest that men use problem-focused strategies more often than women, while other studies indicate that women use them more than men. Other studies find no differences between men and women (Brems & Johnson, 1989; Ptacek, Smith & Dodge, 1994; Hamilton & Fagot, 1988). Because the results have been inconsistent with regard to gender and coping, further investigation is warranted.

Marital status is also thought to influence how a person copes during stressful events in life. Specifically, married individuals are supposed to cope better during stressful events than single, divorced, or widowed individuals (Kushnir, 1993). To further support this, several studies using happiness to assess subjective well-being for married, never-married, separated, divorced, and widowed persons found that married persons were happier than never-married, separated, divorced, and widowed individuals (Bradburn, 1969; Gove & Hughes, 1983).

This research suggests that married persons are, generally, happier in life and are more well-adjusted, suggesting that they cope better during stressful events because they are more well-adjusted and they have a spouse to cope with during the stressful situations (Bradburn, 1969; Gove & Hughes, 1983). Furthermore, single, divorced, or widowed individuals generally are not as well-adjusted or happy and do not deal with stressful situations as well because they do not have a spouse to deal with the stressful situations.

Despite the overwhelming evidence that married individuals cope better than others, there is still evidence that shows that not always is this the case. A study by Kushnir (1993) studied the emotional reactions and coping activities of divorced and married mothers in Israel during the Gulf War. Divorced mothers, who are assumed to possess fewer resources than married mothers, were expected to be more emotionally vulnerable and to cope less adequately during the life-threatening situation of the Gulf War (Kushnir, 1993). The findings, however, indicate that married mothers were more adversely affected than divorced mothers in this study. The divorced mothers were more emotionally stable during the war and coped at least as well as the married mothers (Kushnir, 1993). The results are attributed to the possibility that the divorced mothers mobilized coping resources (social support) more effectively than married mothers and that the latter faced increased domestic demands leading to increased stress.

These studies show that there is inconsistency in the findings. It suggests that further research is needed to explore the relationship between marital status and coping.

The Need for Performing More Research on War and Terrorism

There are many reasons for conducting more research on positive and negative coping mechanisms during war. First, the inconsistent findings with regard to gender and marital status warrant further research. Second, counselors might find the information useful in working with people who are having a difficult time coping. A third reason for performing the research is to compare coping in America with existing research that shows coping in other countries. Perhaps the same coping strategies that other countries use during wartime and terrorism can be implemented in the U.S. What has worked for other countries in times of war could give some insight into what could work. Some countries have dealt with war on their own soil and that is what we may have to face as well.

The Present Study

The current study seeks to do three things: The first is to examine a broader variety of strategies including both those that are positive and those that are negative, because the literature on coping in the U.S. has focused primarily on negative coping strategies. There has been a fair amount of research performed to find out coping mechanisms in the aftermath of September 11th, yet there are few research studies currently on the war in Iraq because the war is so recent. Second, this study seeks to examine the relationship between gender and marital status and coping, since the literature has been inconsistent. Third, this study will determine if Americans would be interested in trying new coping strategies, something that other research has not focused on.

The current research will be conducted on college students. It also will cover more areas of positive and negative coping mechanisms that encompass the adult population than many of the previous studies. The research will incorporate several measures to cover a wider range of positive and negative coping mechanisms. It will not just look at negative coping mechanisms such as smoking and drinking as some research has following 9/11 (Vlahov, 2002). By doing this, the research will yield a more comprehensive picture of how Americans are coping during wartime. This research can also provide useful information for therapists in the counseling relationship with American civilians who have experienced trauma and stress in their lives as a result of war. It is thought, overall, that people are resorting to certain negative as well as positive coping mechanisms, and that gender and/or marital status may affect how a person copes during wartime. If research shows that many Americans coped negatively after 9/11, then it would make sense that many Americans would cope negatively during the Iraq war. It is also thought that people are interested in learning new coping mechanisms in the face of difficulties in America.

Chapter 2

Methods

Participants

Participants in this study were twenty-two females and nineteen males, 18 years and older, recruited from local college and universities. Originally, forty-three participants were chosen for the study. Of those, two were dropped from the study. One was dropped because of incomplete data. The other was dropped because she was the only remaining participant who indicated "widowed" for her marital status. With only one participant in that category, it would have been impossible to conduct the necessary statistical analysis.

The participants in this study were asked if they were single, married, divorced, or widowed. Seven females were single; eleven males were single. Twelve females were married, six males were married, and two females were divorced, while two males were divorced. Mean age of the females in the study was 31 years old. Mean age of males was 31 as well.

Measures

This study was designed to measure positive and negative coping mechanisms via the Ways of Coping Questionnaire (Appendix C). The Ways of Coping Questionnaire was developed by Lazarus and Folkman in 1988 (Folkman, 2004). It consists of 66 items which ask about a wide range of thoughts and acts that people use to deal with the internal and/or external demands of specific stressful encounters. It used Likert type items. It produces eight scores, one for each of the following coping strategies: problem

solving, wishful thinking, distancing, seeking social support, emphasizing the positive, self blame, tension reduction, and self isolation.

For research purposes, the Ways of Coping Questionnaire appears to be applicable to most stressful circumstances (Keyser & Sweetland, 1985). Regarding reliability, Folkman and Lazarus deem test-retest measures not to be appropriate to their measure (Kramer & Conoley, 1992). However, the Cronbach's coefficient alpha is presented by them, showing the internal consistency of the measure. The test-retest reliability is difficult to apply to this measure because coping is conceptualized as a process that changes over time in response to situational demands as well as to earlier coping attempts (Keyser et al, 1985). Because this measure is a self-report measure assessing individuals cognitive and behavioral coping efforts, interrater reliability estimates cannot be obtained (Keyser et al, 1985). These are not shortcomings of the measure, but rather reflect the assumption of cross-situational consistency in most areas of test construction (Keyser et al, 1985). A series of investigations have evaluated the scale's internal consistency and reported that there were several methods of assuring the internal consistency of scale items (Keyser et al, 1985).

There are also numerous studies that demonstrate construct and concurrent validity (Keyser et al, 1985). Folkman and Lazarus report the items have face validity because they "are those that individuals have reported using to cope with the demands of stressful situations". They also report that there is evidence of construct validity because the results of the studies are consistent with the theoretical predictions (Keyser et al, 1985). However, there are not specific results that support this claim.

Additionally, in a separate questionnaire (please refer to Appendix D), participants were asked if they would be interested in learning new coping mechanisms in the face of war. They were asked if they were interested in positive coping mechanisms such as stress-reducing mechanisms like thought stopping and self-talk and breathing exercises or other measures such as going to counselor's educational workshops.

Procedure

The data was collected over a period of approximately two weeks in several classrooms. Participants were told to answer all of the questions in the context of the recent war in Iraq. In this way they already had a context for answering all of the questions from this frame of reference. Packets were passed out to each student in the classroom with the informed consent form first (Appendix A), followed by the demographics form (Appendix B), The Ways of Coping Questionnaire (Appendix C), followed by the short survey (Appendix D). The informed consent form was explained to the students, as well as the purpose of the study, how long their participation would last, which questionnaires they would be answering, what the risks and discomforts were associated with the survey, what benefits they may have gotten from participating in this study, assurance of confidentiality, and that they could end the participation at any time.

The students individually turned in their packets when they were finished. They were given 15 to 20 minutes to complete the demographics information, the Ways of Coping Questionnaire, and the survey. The demographic information form asked the state they live in, zip code, gender, marital status, number of children, age, race, and income level.

Chapter 3

Results

Mean percentages were calculated on the number of participants who said "yes" or "no" to learning new coping strategies. Fifty-three percent of the subjects said "yes" to being interested in learning new coping mechanisms, while forty-seven percent of the subjects said "no". A chi square test was administered as well. It indicated that there was not a significant difference in the percentage of people saying "yes" and the percentage of people saying "no" to learning new coping mechanisms.

Participants' responses on the Ways of Coping Questionnaire were analyzed with a 2 (male/female) x 3 (married/divorced/single) x 8 (coping strategy) mixed analysis of variance. There was a main effect of coping strategy, suggesting that there were differences in how the participants rated the coping strategies, $F (7, 238) = 8.247$, $p<.001$, MSE = .190.

To determine which strategies were rated more highly than others, Tukey's HSD was calculated (alpha = .05). It indicated that any pair of means that differed by more than .3 were significantly different (means are presented in Table 1). On this basis, positive reappraisal was significantly different from all the other coping mechanisms. Planful problem-solving was significantly different from the coping mechanisms of accepting responsibility and escape-avoidance.

Table 1   Ways of Coping Questionnaire

Coping Strategy	Mean
1 Confrontive coping	.97
2 Distancing	.96
3 Self-blame	.98
4 Seeking social support	.96
5 Accepting responsibility	.59
6 Escape-Avoidance	.69
7 Planful problem-solving	1.07
8 Positive Reappraisal	1.46

None of the other sources of variance (other main effects and interactions) were significant, including gender, $F (1, 34) = .002$, $p > .05$, and marital status, $F (2, 34) = 2.756$, $p > .05$.

Discussion

A large percentage of participants were interested in learning new coping mechanisms in the face of international difficulties faced by Americans. Although more than half of participants were interested in learning new coping strategies, it was expected that the percentage would be higher than this. One would think that most people would be interested in improving their lives in many different ways. In a situation where terrorism

is occurring in America, one would think that all Americans would be interested in learning new coping mechanisms in the advent that something worse happens. Perhaps some people don't feel the need to learn new coping mechanisms because they already cope well in society.

Results from this study do not show a relationship between gender or marital status and how a person copes during wartime. It was expected that there would be differences in how males and females coped during the war in Iraq. Females were expected to score higher on the scales of confrontive coping, seeking social support, planful problem-solving, positive reappraisal, based on previous studies (Zeidner et al, 1992). Males have a tendency to use denial (escape-avoidance) in coping with stresses (Zeidner et al, 1992). Social support seeking was perceived as more effective by females, and avoidance was perceived as more effective by males in another study (Glick, 1994). So, according to some previous research it shows that there were differences in gender and coping. Yet, there were findings in the literature that weren't consistent with this.

Interesting to note, the current study did not find gender differences. Although research suggests there may be gender differences in coping, it could be that gender-role orientation and related personality dimensions, rather than gender itself, account for differences in coping in this study. Gender differences in coping may reflect socialization differences in which men are expected to be more independent, instrumental, and ambitious, whereas women are expected to be emotional, supportive, and dependent, as reflected in traditional gender-role orientations (Ptacek et al, 1994). Thus, it is not gender that is responsible for the gender differences, but rather the roles

that men and women are expected to play. Other factors may play into why the current study did not find gender differences, such as the fact that the participants, in general, did not feel affected by the war in Iraq, or perhaps, if the study had covered young children and the older population of adults the results may have shown a gender difference.

With reference to marital status, most previous studies indicate that married couples cope better than single and divorced individuals. Still, finding are inconsistent. In the current study, small sample size and/or cognitive abilities might explain why there was no significant relationship between marital status and coping. Since the participants in this study were college students, intelligence and cognitive abilities may have helped the participants in dealing with the war in Iraq more effectively. Another reason for lack of relationship between marital status and coping can be that the students just were not affected by the war in Iraq.

Although there were not significant findings in reference to gender and marital status, there still were some interesting findings on mean scores on specific scales. Participants show that they used both confrontive coping and self-blame to some extent as a negative means for coping with the war in Iraq. Participants had low scores on accepting responsibility and escape-avoidance, both negative coping strategies, suggesting that they relied relatively little on these strategies in coping with the war in Iraq. It would be needless to impose stress on oneself because of a war that occurred.

Participants had higher scores on planful problem-solving and positive reappraisal than on any of the other scales. Planful problem-solving and positive reappraisal are

considered the best positive coping strategies. Although, the participants did not use these coping mechanisms "quite a bit" or "a great deal", this still suggests that participants were using positive coping strategies more often than negative coping strategies. Although the participants relied on these two strategies more than others, they still didn't rely on them very much and that a possible explanation is that they were not impacted very much by the war.

The lowest scores show .59 and .69 on accepting responsibility and escape-avoidance, both considered negative coping. It is clear that there are many factors in determining how Americans coped during the war in Iraq. Yet, each study cannot look at and measure every possible factor. It would be too much to research at one time. Perhaps this is a limitation of the current study. If a thorough research study could be performed, it would be important to also look at personality type, use of alcohol and other drugs, socioeconomic status, larger sample size representative of the population across the United States, coping before and after the war in Iraq, as well as other variables. Additional limitations are the small sample size and inability to generalize the results. Sample size was under fifty people. The larger the sample size, the more representative of the population it is. Lack of gender or marital differences on the study variables may be the result of the homogeneous nature of a sample of university undergraduates. An undergraduate sample may be distinct from the general population in their levels of gender-role conventionality, achievement orientation, and other personality variables. For example, female college students might be more independent, open, and less

stereotypically feminine than the general population. It is also difficult to generalize results to the whole population because the study focused on college students on a college campus where students are focused on studies and are typically younger students without children. They may be characteristically different from the general population in other ways as well such as in having higher cognitive abilities and higher resilience. Therefore, results of this study may not be applicable to the general population. This study did not focus on higher cognitive abilities, so perhaps this is also an important factor in coping during wartime.

Of particular interest would be if people who are resilient respond to war and terrorism better than others. A recent study suggests that people in parts of the United States have coped with the events of 9/11 in positive ways, or perhaps in ways which would show resiliency in individuals (Beike, 2002). This particular study suggests that people who are resilient and/or use positive coping mechanisms are able to deal with traumatic events in America. Beike (2002) composed a questionnaire of common coping mechanisms, ranging from more positive options to negative approaches, and asked participants to indicate which of the coping mechanisms they employed since the attacks. She collected responses three times from these participants over a three month period. About 96 percent reported a higher rating of closure than on the first questionnaire. This finding fits with other studies Beike has conducted, which have indicated that achieving closure improves physical and mental health benefits. In analyzing the questionnaire, he noted that participants who achieved greater closure, and therefore greater health, tended to adopt coping mechanisms that emphasized personal action and affirmation. Beike also

noted that those who most successfully coped with the tragedies of 9/11 reported that they had not undertaken a radical reevaluation of the whole world, and they took the advice of President Bush and the media by carrying on with their normal lives. And those who did reevaluate showed lower closure ratings in the study. Knowing this information about this particular study suggests that people who are resilient and/or use positive coping mechanisms are able to deal with traumatic events in America. Perhaps this can help Americans deal with war and terrorism.

Another study (Green, Jew, & Kroger, 1999) suggests that resilient people are likely to demonstrate a wider range of positive coping skills than are less resilient peers. This researchers reported on four studies developed to provide valid information for a measure of resiliency. It concluded that resilient persons are likely to demonstrate better academic skills, have higher self-perceived competence, and display a wider range of coping skills than less resilient peers. Depressed resiliency scores may be associated with the occurrence of traumatic events in the adolescents' lives. This suggests that resilient individuals endorse a different set of beliefs that enable them to acquire and use more effective coping strategies in times of stress.

With respect to resilience, studies show that resilience may go hand in hand with people who use positive coping mechanisms (Green & Kroger, 1999). It has been confirmed that people who are resilient also have higher intelligence and perhaps the reason students cope with the war better is because they have higher intelligence and, hence, better coping strategies than the general population (Oweini, 1999).

The recent war in Iraq attests that periods of community crisis and disaster provide a unique opportunity to learn how people actually cope with highly stressful encounters under real-time conditions. People are coping with these events in different ways. While some of the power is in other peoples' hands, it is important that each individual learns to cope with crises such as these in a healthy manner, especially if the crises are enduring.

References

American Psychiatric Association. (2001). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: American Psychiatric Association.

Andreasson, C., Bornstein, M., Tal, J. (1994). A comparison of Israeli and American mothers' reports about their own and their toddlers' reactions to the Gulf War. *Psychology: Israel Journal of Psychology, 4*, 207-213.

Armistead, L., McCombs, A., Forehand, R., Wierson, M., Long, N., & Fauber, R. (1990). Coping with divorce: A study of young adolescents. *Journal of Clinical Child Psychology, 19*, 79-84.

Aviv, I., Glick, D., & Lurie, O. (1994). The effect of gender on the stress process of Israeli soldiers during the Gulf War. *Anxiety, Stress, & Coping: An International Journal, 7*, 263-276.

Becker, C., Chasin, L., Chasin, R., Herzig, M., Madsen, B., Roth, Sl, & Stains, R. (2002). Fostering local dialogue about what the September 11 events mean to us. *Journal of Systemic Therapies. 21*, 123-124.

Ben-Zur, H. and Zeidner, M. (1992). Coping with a national crisis: The Israeli experience with the threat of missile attacks. *Personality and Individual Differences, 14*, 209-224.

Billings, A. G., & Moos, R. H. (1981). The role of coping responses and social resources in attenuating the stress of life events. *Journal of Behavioral Medicine, 4*, 139-157.

Bird, G. W., & Harris, R. L. (1990). A comparison of role strain and coping strategies

by gender and family structure among early adolescents. *Journal of Early Adolescence, 10,* 141-158.

Botcharova, O. (2001). Implementation of track two diplomacy: Developing a model of forgiveness. *Forgiveness and reconciliation: Religion, public policy, and conflict transformation.* Philadelphia, PA: Templeton Press.

Brems, C., & Johnson, M. E. (1989). Problem-solving appraisal and coping style: The influence of sex-role orientation and gender. *Journal of Psychology, 123,* 187-194.

Catanzaro, S. J., Wasch, H. H., Kirsch, I., & Mearns, J. (2000). Coping related expectancies and dispositions as prospective predictors of coping responses and symptoms. *Journal of Personality, 68,* 757-788.

Clark, R. (2001). Stressors and coping mechanisms of World War II marine veterans. *Dissertation Abstracts International Section A: Humanities and Social Sciences, 62,* 470-498.

Conran, Thomas (2002). Solemn witness: A pilgrimage to ground zero at the world trade center. *Journal of Systemic Therapies, 21,* 39-47.

Causey, D. L., & Dubow, E. E. (1991). Development of a self-report coping measure for children. Paper presented at the meeting of the Society for Research in Child Development in Seattle, April 1991.

Day, R. C., & Sadek, S. N. (1982). The effect of Benson's relaxation response on the anxiety levels of Lebanese children under stress. *Journal of Experimental Child Psychology, 34,* 350-356.

Folkman, Susan (2004), personal communication, January 9, 2004.

Hamilton, S., & Fagot, B. I. (1988). Chronic stress and coping styles: A comparison of male and female undergraduates. *Journal of Personality and Social Psychology, 55*, 819-823.

Jew, C., Green, K., & Kroger, J. (1999). Development and validation of a measure of resiliency. *Measurement and Evaluation in Counseling and Development, 32*, 75-89.

Keyser, D., & Sweetland, R. (1985). *Test Critiques*. Kansas City, KS: Westport Publishers.

Kliman, J, & Quinn, R. (2002). Dehumanizing and rehumanizing responses to September 11. *Journal of Systemic Therapies, 21*, 9-17.

Koenig, H.G. (2000). Religion, spirituality, and medicine: Application to clinical practice. *Journal of the American Medical Association, 284*, 1708.

Koenig, H.G., McCullough, M.E., & Larson, D.B. (2001). *Handbook of religion and health.* Oxford, England: Oxford University Press.

Kramer, J, & Conoley, J. (1992). *The Eleventh Mental Measurements Yearbook.* Lincoln, Nebraska: University of Nebraska Press.

Kushnir, T. (1993). Emotional reactions and coping activities of divorced and married mothers in Israel during the Gulf War, *Journal of Divorce and Remarriage, 21*, 1-20.

McCubbin, H. I., Needle, R. H., & Wilson, M. (1985). Adolescent health risk behaviors: Family stress and adolescent coping as critical factors. *Family Relations, 34*, 51-62.

Meisenhelder, J. (2002). Terrorism, posttraumatic stress, and religious coping. *Issues In Mental Health Nursing, 23*, 771-782.

Oweini. A.A. (1998). How students coped with the war. *The Journal of Higher Education, 69,* 406-422.

Pargament, K.I., Ensing, D.S., Falgout, K., Olsen, H., Reilly, B., Van Haltsma, K., & Warren, R. (1990). God help me: Religious coping efforts and predictors of the outcomes to significant negative life events. *American Journal of Community Psychology, 18,* 793-824.

Peri, T.A.C. (1995). Promoting spirituality in persons with acquired immunodeficiency syndrome: A nursing intervention. *Holistic Nursing Practice, 10,* 68-76.

Ptacek, J. T., Smith, R. E., & Dodge, K. L. (1994). Gender differences in coping with stress: When stressor and appraisal do not differ. *Personality and Social Psychology Bulletin, 20,* 421-430.

Ptacek, J. T., Smith, R. E., & Zanas, J. (1992). Gender, appraisal, and coping: A Longitudinal analysis. *Journal of Personality, 60,* 747-770.

Rachman, Stanley (1978). *Fear and Courage.* San Francisco, W.H. Freeman.

Reilly, I., (2002). Trauma and family therapy: Reflections on September 11 from northern Ireland. *Journal of Systemic Therapies, 21,* 71-79.

Schuster, M.A., Stein, B.D., Jaycox, L.H., Collins, R.L., Marshall, G.N., Elliott, M.N., Zhou, A.J., Kanouse, D.E., Morrison, J.L., & Berry, S.H. (2001). A national survey of stress reactions after the September 11, 2001, terrorist attacks. *The New England Journal of Medicine, 345,* 1507-1512.

Shapiro, E. (2002). Family bereavement after collective trauma: Private suffering, public meanings, and cultural contexts. *Journal of Systemic Therapies, 21,* 81-91.

Stein, J. A., & Nyamathi, A. (1999). Gender differences in relationships among stress, Coping, and health risk behaviors in impoverished minority populations. *Personality And Individual Differences, 26*, 141-157.

Wang, M., Haertel, G., Walberg, H. (1998). *Educational resilience.* Philadephia, PA, Mid-Atlantic Lab For Student Success.

Webb, N. (1999). *Play therapy with children in crisis: Individual, group, and family treatment.* New York: Guilford Press.

Vlahov, D. (2002). Participants Report Symptoms of Post Traumatic Stress Disorder and Depression. *New England Journal of Medicine, 3*, 1542-1558.

Vlahov, D. (2002). Substance Abuse Increases in New York City In Aftermath of September 11th. *American Journal of Epidemiology, 6*, 1101-1120.

APPENDIXES

Appendix A

WAYS OF COPING (Revised)

Please read each item below and indicate, by using the following rating scale, to what extent you used it <u>in the situation you have just described.</u>

Not Used	Used Somewhat	Used Quite A Bit	Used A great deal
0	1	2	3

_____ 1. Just concentrated on what I had to do next – the next step.

_____ 2. I tried to analyze the problem in order to understand it better.

_____ 3. Turned to work or substitute activity to take my mind off things.

_____ 4. I felt that time would make a difference – the only thing to do was to wait.

_____ 5. Bargained or compromised to get something positive from the situation.

_____ 6. I did something which I didn't think would work, but at least I was doing something.

_____ 7. Tried to get the person responsible to change his or her mind.

_____ 8. Talked to someone to find out more about the situation.

_____ 9. Criticized or lectured myself.

_____ 10. Tried not to burn my bridges, but leave things open somewhat.

_____ 11. Hoped a miracle would happen.

_____ 12. Went along with fate; sometimes I just have bad luck.

_____ 13. Went on as if nothing had happened.

_____ 14. I tried to keep my feelings to myself.

_____ 15. Looked for the silver lining, so to speak; tried to look on the bright side of things.

_____ 16. Slept more than usual.

_____ 17. I expressed anger to the person(s) who caused the problem.

_____ 18. Accepted sympathy and understanding from someone.

Not Used	Used Somewhat	Used Quite A Bit	Used A great deal
0	1	2	3

_____ 19. I told myself things that helped me to feel better.

_____ 20. I was inspired to do something creative.

_____ 21. Tried to forget the whole thing.

_____ 22. I got professional help.

_____ 23. Changed or grew as a person in a good way.

_____ 24. I waited to see what would happen before doing anything.

_____ 25. I apologized or did something to make up.

_____ 26. I made a plan of action and followed it.

_____ 27. I accepted the next best thing to what I wanted.

_____ 28. I let my feelings out somehow.

_____ 29. Realized I brought the problem on myself.

_____ 30. I came out of the experience better than when I went in.

_____ 31. Talked to someone who could do something concrete about the problem.

_____ 32. Got away from it for a while; tried to rest or take a vacation.

_____ 33. Tried to make myself feel better by eating, drinking, smoking, using drugs or medication, etc.

_____ 34. Took a big chance or did something very risky.

_____ 35. I tried not to act too hastily or follow my first hunch.

_____ 36. Found new faith.

_____ 37. Maintained my pride and kept a stiff upper lip.

_____ 38. Rediscovered what is important in life.

Not Used	Used Somewhat	Used Quite A Bit	Used A great deal
0	1	2	3

_____ 39. Changed something so things would turn out all right.

_____ 40. Avoided being with people in general.

_____ 41. Didn't let it get to me; refused to think too much about it.

_____ 42. I asked a relative or friend I respected for advice.

_____ 43. Kept others from knowing how bad things were.

_____ 44. Made light of the situation; refused to get too serious about it.

_____ 45. Talked to someone about how I was feeling.

_____ 46. Stood my ground and fought for what I wanted.

_____ 47. Took it out on other people.

_____ 48. Drew on my past experiences; I was in a similar situation before.

_____ 49. I knew what had to be done, so I doubled my efforts to make things work.

_____ 50. Refused to believe that it had happened.

_____ 51. I made a promise to myself that things would be different next time.

_____ 52. Came up with a couple of different solutions to the problem.

_____ 53. Accepted it, since nothing could be done.

_____ 54. I tried to keep my feelings from interfering with other things too much.

_____ 55. Wished that I could change what had happened or how I felt.

_____ 56. I changed something about myself.

_____ 57. I daydreamed or imagined a better time or place than the one I was in.

_____ 58. Wished that the situation would go away or somehow be over with.

_____ 59. Had fantasies or wishes about how things might turn out.

Not Used	Used Somewhat	Used Quite A Bit	Used A great deal
0	1	2	3

____ 60. I prayed.

____ 61. I prepared myself for the worst.

____ 62. I went over in my mind what I would say or do.

____ 63. I thought about how a person I admire would handle this situation and used that as a model.

____ 64. I tried to see things from the other person's point of view.

____ 65. I reminded myself how much worse things could be.

____ 66. I jogged or exercised.

Appendix B

INFORMED CONSENT FORM

College of Graduate Studies - Psychology
Austin Peay State University
Clarksville, TN

Title of Research: **"Positive and Negative Coping Mechanisms During Wartime and Terrorism"**

Primary Researcher: Jacqueline Clemmons
Committee Members: Dr. Buddy Grah - Chair
Dr. David Denton
Dr. Stuart Bonnington
Grants and Sponsored Programs, (931) 221 - 7881

A. Purpose and Background

Under the supervision of Dr. Anthony Golden, Professor of Psychology, at Austin Peay State University, Jacqueline Clemmons a graduate student in research for the Psychology department is conducting research on positive and negative mechanisms utilized during wartime and in the event of terrorism in America. The purpose of this survey is to help the researcher study how people are coping in the face of these adverse events.

If at any time I have any questions about the research and research subjects' rights, and if I want to contact someone in the event of research related injury, I may contact Dr. Anthony Golden at Austin Peay State University, at 931-221-7011 and ask to speak to Dr. Anthony Golden. I also may contact the APIRB.

B. Procedures

If I agree to participate in this research study, the following will occur:

1. I will be asked to participate in a survey.
2. I will be asked to answer questions on the survey that will show my personal resources for coping, support systems around me, stress in my life, and ways I deal with stress.
3. The research will take approximately fifteen minutes to complete the survey form and the demographic form.

C. Risks

I will be asked questions of a personal nature and I am free to decline to answer any questions that I don't wish to answer, or I may stop my participation in the discussion at any time.

There are no known foreseeable risks or discomforts involved in participating in this study.

Confidentiality: The records from this study will be kept confidential, in a secured locked box. No individual identities will be used in any reports or publications

resulting from the study. Only myself and Dr. Golden will have access to this information in the study, otherwise all names and personal files will be kept away from the public.

D. Direct Benefits
As a result of participating in the study the participant may decide to focus on more positive coping mechanisms in dealing with adverse events.

E. Alternatives
I am free to choose not to participate in this research study.

F. Costs
There will be no costs to me as a result of taking part in this research study.

G. Compensation
There is no monetary compensation for completion of this survey, however, free doughnuts will be administered for taking part in the study.

H. Questions
I have spoken with Jacqueline Clemmons about this study and have had my questions answered. If I have any further questions about the study, I can contact Dr. Grah, or Jacqueline Clemmons, by calling 931-221-7011 and asking for the Psychology department at Austin Peay State University.

I. Consent
I have been given a copy of this consent form to keep.

PARTICIPATION IN THIS RESEARCH STUDY IS VOLUNTARY. I am free to decline to participate in this research study, or I may withdraw my participation at any point without penalty. Data will be destroyed if participant withdraws from the survey. No harm or penalty will befall to one who withdraws.

Signature: -------------------------------   Date: -----------------
           Research Participant

Signature: -----------------------------   Date: -----------------
           Researcher

Appendix C

Demographic Form

State you live in:

Zip code:

Male ___   Female ___

Marital Status:
  Single ___   Married ___   Separated/Divorced ___   Widow ___   Other ___

How many children? Please circle one: 0 1 2 3 4 5 6 7

Age: ___

Race:
  Caucasian ___   African American ___   Asian ___   Hispanic ___   Other ___

Income level for you only, or if married you and your spouse:
  $5-$10,000 ___ $30-40,000 ___ $60-$70,000 ___
  $10-$20,000 ___ $40-$50,000 ___ $70-$80,000 ___
  $20-$30,000 ___ $50-$60,000 ___   over $100,000 ___

Appendix D

Survey

Would you be interested in using positive coping strategies, such as these, during wartime and terrorism?

Yes or No

Ex. Meditation, breathing techniques, going to counselor workshops to learn how to cope more effectively, thought stopping (whenever you catch yourself thinking negative thoughts, you then replace with a more positive or effective thought), and/or self-talk (positive effective talk such as, "You can do it" or "You are strong.")