Summer 2022

Ethnic Differences in the Way College Students Cope with Stress

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Abstract

Stress is one of the key concerns for students and has also been labelled the highest factor impacting students' academic performance in colleges. A student's ability to adequately cope with their stressors could determine their academic success or failure. This study examined whether there are any ethnic differences in the way African American and Caucasian American Students cope with stress. Data were collected from Students at Eastern Illinois University which included 45 African American Students and 40 Caucasian American students. The results revealed no significant differences in the way Caucasian American and African American students cope with stress. This paper ends by suggesting that future research should focus on coping goals.

Keywords: Ethnic differences, cultural differences, coping, stress, Brief cope

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Cultural Differences in the Way College Students Cope with Stress

During college years, stress levels are undeniably very high among students, and how a student copes with stress determines if they will succeed academically or not. Culture plays a huge role in the way individuals choose to cope with stress because, through socialization, we are taught both acceptable and unacceptable ways to behave which can either hinder or enable coping efforts.

Culture, by definition, is a way of life that includes customary beliefs, social forms, and material traits of a racial, religious, or social group (Merriam-Webster, n.d.). Within any culture, there are several behavioral expectations, both adaptive and maladaptive that members of that culture are socialized into, these behavioral expectations influence personality and the psychological makeup (Triandis, 2001) causing shared behavioral patterns within a culture. People who share the same culture are socialized to use culture-specific orientations to guide their coping processes, which results in significant cross-cultural differences in individuals' appraisal of stressors, choices of coping strategies, and indicators of adaptive outcomes (Heppner, 2008; Wong &Wong, 2006). Most cross-cultural researchers have observed these differences amongst different cultures (Fouad, Hansen, & Arias- Galicia, 1986; Fouad, 2002).

In this paper, a cross-cultural psychology perspective of understanding individuals' coping, in response to stress in an academic setting is implemented. It is proposed that, because members of a cultural group are socialized to endorse shared cultural meanings such as values and thinking styles, these cultural orientations will give me valuable guidance to students' appraisals of stress and choices of coping strategies.

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Stress Among College Students

Research among college students has shown that being a student can be an incredibly stressful time in one's life. A survey conducted by the American College Health Association (ACHA, 2010) concluded that about 45% of American students said they undergo "more than aggressive stress," whereas 33% of the students reported "average stress," and 12% reported "tremendous stress." The survey also showed 22.4% of the students reported stress as the highest factor impacting their academic performance. Academic performance in the survey was defined as; "receiving a lower grade on an exam, or an important project; receiving a lower grade in the course; receiving an incomplete or dropped the course; or experiencing a significant disruption in thesis, dissertation, research, or practicum work,'' by the ACHA (2018). This data puts stress as one of the key concerns for college students and understandably so, as most students in addition to academic stress must deal with several other stressors such as finances, social life, family problems, grief, which has been at an utmost high due the COVID- 19 pandemic, and health issues amongst many other issues.

Academic stress has been known to be an essential stressor of college life (Deroma et al., 2009). The transition from high school to college as well as the overnight change from a dependent teenager to an independent adult (Serlachius et al., 2007). As a college student, the most important task you have is academic achievement, and stress has been known to hinder academic performance in numerous ways, for instance, when a student is stressed and worried about their stressor, it takes over their ability to concentrate during studying or while they attend classes (Carlson, 2016). Stress may even cause students to drop out of school or drop classes, ACHA (2010) in the National College Health Assessment it was reported that more than 25 percent of students stated that stress lowered their grades or their ability to finish a course. Explanations, why most students drop out, is because when they were

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experiencing stress, and paying attention to schoolwork may not be a top priority as they try

to resolve or to cope with their stressors, in addition, stressors may also disrupt learning and

the ability concentration (Milkie & Warner, 2011).

Culture

Culture plays a significant role in molding how people cope with stress (Lazarus and

Folkman, 1984), meaning that an individual's cultural context affects the coping strategy

they will choose to use (Lam & Zane, 2004). Aldwin (2004) proposed that culture can

influence the stress and the coping process in a few diverse ways. He first proposed that a

person's cultural context could hinder the types of stressors they are most likely to encounter,

this means that stress/ stressors are subjective to culture according to Aldwin (2004). He also

proposed that culture can affect the stress appraisal of an experience someone goes through,

meaning that the way people evaluate and cope with stress is directly related to their culture

according to Aldwin's (2004) Literature. Lastly, Aldwin (2004) suggested that culture affects

the coping options a person chooses to use. Similarly, Slavin et al., (1991) proposed that an

individual's cultural background influences their experience of stress and coping in such a

way that it could impact how they interpret stressors. For example, an event that could be

viewed as stressful to the African American society might not be perceived as stressful to the

Caucasian American society (Plummer & Slane, 1996; Slavin et al., 1991).

This has been termed cross-cultural differences in the appraisal of stress and coping

strategies amongst people (Ahmad Dar, 2017). These cross-cultural differences have led us to

be able to distinguish cultures according to what their members identify as stressful. For

example, in parts of Southeast Asia, such as Korea or Japan, academic success is given higher

importance than it is in the United Kingdom (UK), and this is echoed in the degree of

educational stress experienced by Southeast Asian students. For instance, in Japan, there are

regular accounts of students dying by suicide because they have not done well in their studies

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whilst, such incidences are rare in the United Kingdom (UK), this relative absence in the UK

compared to Japan suggests that cultural differences in beliefs have led to variances in the

experience and perception of failing exams (Colby, 1987). Cross-cultural research on stress

and coping have also confirmed that countries, which could be viewed as cultural

components, can be distinguished from one another by their residents' ways of appraisal and

coping with stress (Schwartz, 2006). Ibanez et al., (2020) confirmed that during a collective

crises people tend to apply coping efforts or behaviors that are common or most familiar and

are already accessible shared options between the cultural group. Meaning that if a certain

group of people are all affected by the same stressor, they will usually choose the coping

strategy that is most acceptable in their cultural group/ cultural context.

Cultural influences also play an important part in determining an individual's coping

patterns even though coping is a universal practice. A person's cultural background or

upbringing may mold the coping patterns that are appropriate or valued in each society

(Benedict, 1946; Lazarus & Folkman, 1984; Marsella & Dash-Scheuer, 1988), which is why

there have been ethnic and national variances that have been found in relation to coping goals

(Essau & Tromms Dorff, 1996; Marsella & Dash-Scheuer, 1988). This then results in

people coping differently to the same kind stressors because of the way they have been

socialized. In a college setting, cultural diversity is extremely high because the population is

filled with students from distinct parts of the world with diverse cultures that influence their

personality and psychological makeup through the process of socialization (Triandis, 2001).

Therefore, as researchers and mental health professionals we cannot avoid the contribution of

culture in the way an individual perceives stress or the role that culture might play in the

coping strategies an individual chooses to employ especially in a college population.

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Stress

Before we go further in-depth with answering the question, what role does culture play in the way students cope with stress, understanding what stress is and the stress-coping model is of paramount importance. Stress has been considered to be a very subjective term that has different meanings, for different people, under different conditions (Fink, 2009). Psychologists have not been able to agree on a universal definition of the term stress (Aamodt, 2013) because of its complexity. One of the first definitions of stress was one that was suggested by Selye who stated that "stress is the non-specific response of the body to any demand," (Selye 1936). ("Stress: Concepts, Definition and History | Request PDF") It is a term that was taken from the Latin word 'Strictus' which loosely translates to tight/narrow referring to the internal feelings of constriction that many people feel when experiencing stress. This "stress" according to the Health Assessment done by the ACHA (2010) was the top obstacle to learning among college students

In this research paper, I am interested in what Lazarus and Folkman (1984) stated as psychological stress. They described psychological stress as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being," (Lazarus & Folkman, 1984). ("Stress and coping with discrimination and stigmatization") ("Stress and coping with discrimination and stigmatization") In other words, Lazarus and his colleagues defined stress as a transaction between the individual and their environment. Another way to explain stress or a stressful experience is to give thought to the order of events that lead to a stressful situation; firstly, a demand must be made on the individual, then a restriction that limits their capacity to meet the demand make the demand seem even greater which then creates pressure on the individual, and this effect is then what is considered as stress (Mishra, 2014). It is also important to understand that it is an individual's perception of the demands of whether they

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will be able to meet them or not that determines if they will feel stressed out or not. In most cases the same demand may not lead to stress for another individual because they appraised themselves as being able to meet the demand hence, stress is predominately a response to the perceived demands and capability to cope with those demands (Mishra, 2014).

Slavin, Rainer, McCreary, and Gowda (1991) developed the Lazarus and Folkman's model of stress and coping (Lazarus & Folkman, 1984) which was discussed above to incorporate multicultural components to the theory, they proposed that cultural background influences the experience of stress and coping on many levels. For example, culture may impact how stressors are interpreted such that an event that is viewed as stressful to African Americans might not be perceived as stressful to Caucasians (Plummer & Slane, 1996; Slavin et al., 1991).

The Coping Process

Coping is a word that has been frequently used to describe how individuals deal with stress, the American Psychological Association dictionary of psychology describes coping as "the use of cognitive and behavioral strategies to manage the demands of a situation when these are appraised as taxing or exceeding one's resources or to reduce the negative emotions and conflict caused by stress," (Vadenbos, 2007). The most influential model of the psychological stress response was the one suggested by Lazarus and Folkman (1984) which mainly stated that the process of coping is defined as repeatedly varying cognitive and behavioral efforts that are carried out by a person as a way of trying to deal with stressors that are challenging and are possibly surpass the person's abilities to cope (Lazarus and Folkman, 1984). The coping progression incorporates three principal components, it begins with the stressor, then the individual's cognitive appraisal of the stressor as either being threatening or

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non-threatening, and how accessible are coping resources are then lastly, the coping strategy

that the individual will employ (Garcia *et al*.,2018).

    In most literature coping strategies have been classified into categories, such as

problem-focused versus emotion-focused coping, approach versus avoidant coping,

functional versus dysfunctional coping. Out of all of these, the most famous and most used in

coping literature was Lazarus and Folkman's (1984) method of grouping

coping behaviors into problem-focused versus emotion-focused (Garcia *et al*, 2018).

    Folkman and Lazarus (1980) developed the measure called ways of coping which was

a distinction between the two main generic categories of coping. The first, which is described

as problem-focused coping, is focused on problem-solving or doing something to adjust or

change the source of the stress. For example, if a student is feeling anxious about an

upcoming test, problem-focused coping would involve studying intensively for the exam or

asking the lecturer about the material they seem to have a problem grasping or unsure of.

This essentially would mean a student actively doing something to address the

problem (the upcoming test) that is stressing them out. The second, which is described as

emotion-focused coping, is focused on lessening, or handling the emotional distress that is

related to the situation at hand. So, instead of trying to get rid of the problem (problem-

focused coping) a student feeling anxious about an upcoming test that used emotion-focused

coping would try to regulate the anxiety by distracting themselves from thinking about the

test either through jogging or exercising.

    One of the major findings from coping research is that problem-focused coping, also

sometimes referred to as action-oriented coping, is strongly related to positive psychological

outcomes, while emotion-focused coping, such as avoidance, tends to be associated with

poorer mental health (Endler & Parker, 1900; Folkman at al., 1986; Lazarus & Folkman,

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1984). If the person does not believe they have the capacity to respond to the

stressor/challenge or feel a lack of control, they are most likely to turn to an emotion-focused

coping strategy (Aldwin, 2007). Although most stressors bring about both categories of

coping, problem-focused coping tends to be prevalent when people feel that something

practical can be done, whereas emotion-focused coping tends to be prevalent when people

feel that the stressor is something that must be faced (Folkman & Lazarus, 1980).
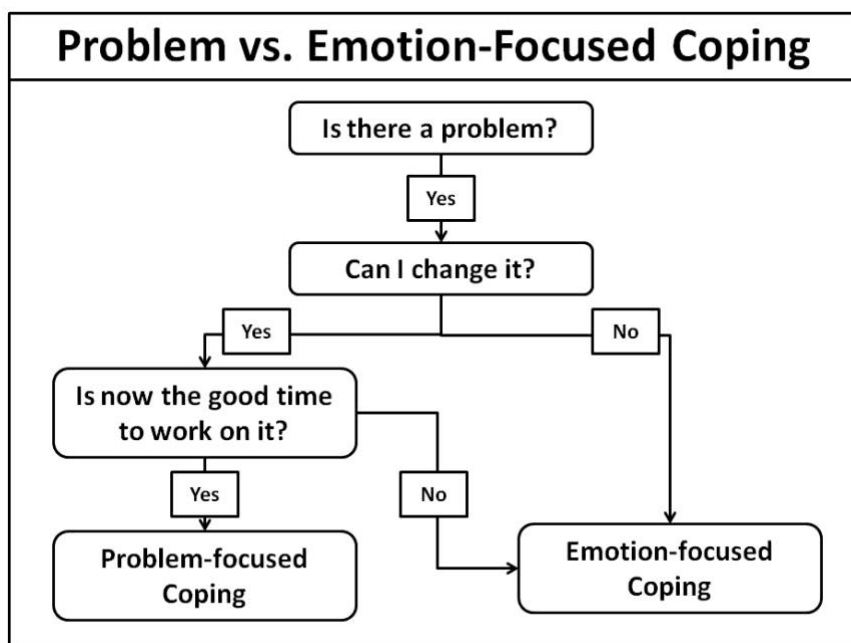
Figure 1. Comparing Problem focused and Emotion focused coping (Hinwood, 2016)

Lazarus and Folkman (1984) theorized several levels of appraisal the primary and

secondary appraisal of stress. The primary appraisal involves first assessing whether an event

is stressful, benign, or irrelevant and then evaluating the extent to which a stressful event

represents (a) threat, (b) loss, (c) challenge, or (d) a combination. The Secondary appraisal

involves personal coping resources, possible coping behaviors, and projected coping efficacy.

The appraisal process is a dynamic transaction between the person and the environment (e.g.,

a threat may become a loss, a challenge may become more threatening). So when a person

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comes across a stressor/challenge, they will firstly appraise the stressor/challenge as either

threatening or non-threatening, then secondarily they appraise the stressor/challenge in terms

of whether they have the resources to respond or to cope with the challenge they are facing

effectively It has also been theorized and empirically demonstrated that a person's secondary

appraisal will then determine the final coping strategies that will be utilized by an individual

(Lazarus & Folkman, 1987).

Tamra et al (2014) suggested that even though many individuals go through a similar

sequence of steps in assessing the essence of a threat or source of stress to cope with

that stressor, they still may use dissimilar coping strategies to deal with perceived stress.

Coping is deemed an essential component of the stress process by Folkman &Lazarus (1984)

in which a person controls (problem-focused coping) or avoids (emotion-focused coping) the

negative effects of an internal or external stimulus that is appraised as stressful (Pearlin &

Schooler (1978). Although it is not obvious that one coping strategy is better than another,

relations have been found between mental well-being and the use of problem-focused coping

strategies rather than emotion-focused coping strategies (Moos, 1990).

It has been argued that the reason scholars judge problem-focused coping as the better

strategy or the better way to cope is that it is a Eurocentric way to cope as opposed to the

emotion-focused coping that has been associated with poorer mental health (Lazarus &

Folkman 1984). In addition, Park et al., (2004) also mentioned that problem-focused coping

strategies were appropriate if the stressor itself was controllable, whilst emotion-focused

coping strategies were suitable if the stressor seemed to be uncontrollable.

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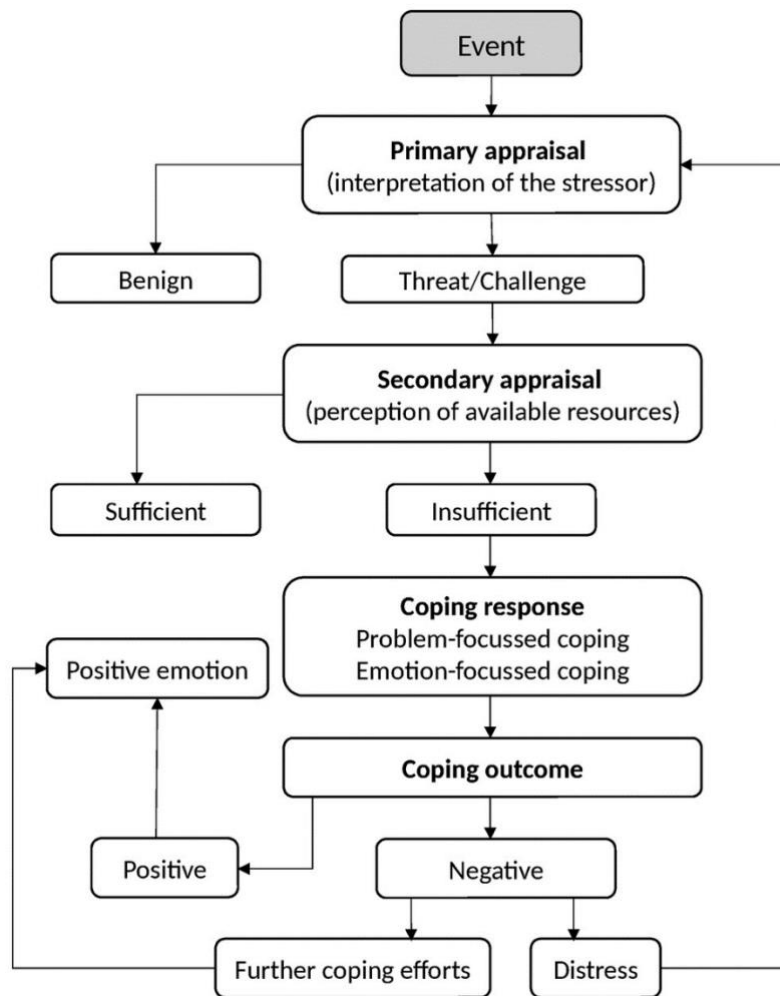
Figure 2. The stress and coping model by Lazarus & Folkman (Turner-Cobb & Hawken, 2019).

Ethnic Differences in coping

There have been several studies that have shown ethnic differences in coping; a study done by Lee and Mason (2014) showed significant differences in the way Caucasian American and Korean American older women coped with stress, the conclusion to the results was that Korean Americans older women had higher scores on emotion-focused coping as well as avoidant coping compared to the Caucasian American older women. These results agreed with the collectivism and individualism concepts, which are the most used in cross-cultural studies for stress and coping, the conceptualization is that in a more individualistic

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society that values people's rights such as European and North American countries

individuals from there are more likely to try and control or change their environment to fit

their personal needs (Trandis, 2001), so these individuals would be most likely to use

problem-focused coping. In contrast to those individuals from a more collectivist society who

foreground interdependence such as those in East Asia are most likely to control themselves

to fit a group needs to maintain the state of harmony with the societal norms (Shurluf., et al

2007), so these individuals would be most likely to use emotion-focused coping or

avoidance.

Another study done by Brantley et al., (2002) on the influence of income level and

ethnicity on coping strategies results demonstrated significant ethnic differences after

controlling for income differences between African Americans and Caucasians. The results

were that African Americans participants maintained a significant use of two emotion-

focused coping strategies, (i.e., distancing, and positive reappraisal) than their Caucasian

counterparts, with distancing described as "detaching oneself and minimizing the importance

of the situation, whereas positive reappraisal is an attempt to focus on personal growth or

religious meaning when faced with stressors," (Brantley et al., 2002). Lastly, in a study done

by Culver et al., (2002) the cultural difference that emerged from the way African American,

Hispanic, whites cope with the stress of being recently treated with cancer was that white

women reported the most use of humour and less religious coping than did the black or

Hispanic women.

Establishing a more comprehensive understanding of coping among African

American college students is important for several reasons. Firstly, Williams et al (2010) and

Turner et al (2003) agreed with each other that African Americans are exposed to more stress,

and to more severe stressors over the life course than Whites (Caucasians). Besides

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experiencing greater exposure to chronic and acute stressors they also endure the added

burden of racism and discrimination (Kessler & Neighbours, 1986; Schultz et al, 2000). In

addition to academic and socially related stress students of color also face race-related stress

(Danoff-Burg et al., 2004; Hurtado & Ponjuan, 2005) especially if they are in white

colleges (Kea et al., 2003).

The utilization of informal coping mechanisms (family, friends, and church) occurs

often among African American women (Abrams, Curran & Dornig 2009). Alvidrez

(1999) found that African American women, compared to White women, held stronger

beliefs that family problems should not be discussed outside of the family. Neighbors,

Musick, and Williams (1998) discovered that African American women were more likely to

attempt to find support/solutions from ministers and when a minister was reached first, the

probability to seek help from other sources was diminished. Emotion-focused coping

strategies, especially separating oneself from some circumstances and trying to acquire more

religious meaning, may be modelled, and reinforced in an African American social

structure owing to the fact that the type of stressors they experience such as community

violence and prejudice, and the best way to deal with these types of stressors might be

through detachment and seeking religious support (Brantley et al., 2002).

Within the coping literature many studies examining the differences in coping

between African Americans and Caucasians American concluded that African Americans

utilized more coping strategies than Caucasians. This means that African Americans used

more types of coping strategies than did Caucasian Americans. Plummer & Slane (1996)

observed that, when dealing with stressful events, African Americans described using both

problem-focused and emotion-focused coping strategies at higher levels than their White

counterparts. Then Brantley et al, (2002) found that African Americans used emotion-focused

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coping strategies significantly more than White participants. People from Western cultures

tend to be socialized to emphasize an independent self-construal, so they value autonomy and

independence. Persons with an autonomous, unique self may have a desire for self-expression

and congruency between their actions and inner attributes (Morling & Fiske, 1999; Weisz et

al., 1984) and they are also more disposed towards mastering and directly controlling their

environment to fit their own individual needs (Markus & Kitayama, 1991). The external

environment is utilized to verify one's inner attributes and perception of self (Markus &

Kitayama, 1991). Socialization experiences are said to play a pivotal role in the way people

choose to cope with stress, and culture is directly related to the way people are socialized

hence, individuals have unique values that regulate their coping behaviors. Persons socialized

to have an independent, autonomous self-concept may be more adapted to primary control

coping, as this orientation focuses on aligning the environment with one's desires and goals

(Heckhausen & Schulz, 1995; Morling & Fiske, 1999).

Some literature suggests that most of the research related to coping has focused on

coping methods (in this case problem focused vs. emotion focused coping) rather than on the

coping objectives or the goals that underlie these methods (McCarty et al, 1999). In the

research paper by Zane (2004) the researcher argued for the importance of studying coping

goals, as individuals with the same coping behavior may have different underlying goals in

executing those behaviors.

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Self-esteem, Stress and Coping

Self or Identity factors have been considered necessary when trying to determine why there are people that are emotionally disturbed by their stress experiences whilst others are seemingly not (Thoits, 2013). Thoits (2013) gave two possible explanations for this; firstly, he proposed that people's self-conceptions are strongly associated with their psychological disposition, and because of this stressor that impair or impend self-concept are most likely to cause emotional disturbances. Secondly, high self-esteem can give a person the courage to try problem-solving coping strategies, and a person's perception of available social support can help sustain their self-worth and a sense of mattering to others which then helps motivate coping efforts from the individual. Self-esteem, a sense of proficient control, and social support have been regarded as coping resources that can help buffer or nullify the negative psychological impacts stressors can have on an individual (Taylor & Aspinwall, 1996; Taylor & Stanton, 2007; Uchino, 2004).

Brockner (1984) proposed that a concept called behavioral plasticity also plays a role in an individual's experience of stress, which he described as the extent to which a person is affected by external stimuli. Brockner (1984) then suggested that when likened to individuals with high self-esteem, people with low self-esteem are more ''behaviorally plastic,'' meaning that they are more sensitive and more reactive since they are more easily influenced by external an issue. People with high self-esteem are less plastic since they care less about others' expectations and pressures (Baumeister, 1982). Yet, people with low self-esteem may be more susceptible to stress and therefore seek more means to cope with the stress. From these findings, it appears that an individual's self-esteem is likely to either buffer (lessen) or enhance the kind of coping strategies African American or Caucasian students use when

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going through a stressor, for this reason, I have chosen to use self-esteem as a covariate to

this study.

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The present study

College life can be an incredibly stressful experience for students. Stress has been rated to be at its utmost high for college students by the American College Health Association (2015). This fact is undisputable since a normal life for the average student involves hectic routines, back-to-back deadlines, studying for exams or tests, academic workload, and on top of that still maintaining social relationships, working part time, and attending classes.

Often this can leave a student feeling overwhelmed and unable to cope with all these stressors which is why it is of paramount importance to grow research on college students and how they cope with stress to help college clinicians be in a better position to help students, and because universities have a diverse population, it is particularly important to look at how culture and/or ethnicity can affect how students cope with stress.

Cultural influences play a significant role in shaping an individual's coping patterns even though coping is a universal process, a person's cultural background or up-bringing may mold the coping patterns that are appropriate or valued in each society (Benedict, 1946; Lazarus & Folkman, 1984; Marsella & Dash-Scheuer, 1988), which is why ethnic and national variances have been found with respect to coping goals (Essau & Tromms Dorff, 1996; Marsella & Dash-Scheuer, 1988). That is why people may cope differently to the same kind stressors because of the way they have been socialized.

Purpose of the study/Aims:

Given the previous evidence, the current study is examining if there are any ethnic differences in coping with everyday stress among college students at the Eastern Illinois University. I investigated how coping strategies are affected by ethnic factors between Black Americans and Caucasian Americans.

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 Significance of the Study:

   Cross-cultural research in stress and coping is of importance in any university setting because the population is one that consists of students from all over the world and a counselor is required to consider every individual's worldview during counseling (Wong, Wong & Scott, 2006). Hence, finding out how different cultures tend to cope with stress would help college-mental health professionals design and implement better preventative and outreach programs to assist students better cope with stress. So, the knowledge we gain from studying and comparing diverse populations of college students on how they deal with stress will help address and prepare college-mental health professionals to deal with the specific needs of student problems relating to stress while being sensitive to ethnic and cultural differences. In addition, comparisons of ethnicities can be a way to help mental health practitioners understand the cultural aspect of stress because the more comprehension there is about stress the better, we as mental health practitioners can tackle it.

Research Question:

   Specifically, this study is addressing the research question: Are there any ethnic differences in the way African American and Caucasian American students cope with stress? To address this research question, the Brief-COPE was used. It is predicted that there will be cultural differences in the way African American students cope with stress compared to Caucasian American students.

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Hypothesis 1

The coping strategies employed by the students will be different by ethnicity as follows:

1a: Caucasian-American students will use more humor coping than African American students.

1b: African American students are more likely to engage in religious coping when facing a stressor as compared to Caucasian-American students.

Hypothesis 2

The types of coping strategies will differ between African American and Caucasian American students although there is no predefined hypothesis on which coping strategies will differ it is hypothesized that African Americans will utilize more coping strategies than Caucasian Americans.

Methods

Participants

Participants for this study were undergraduate students at Eastern Illinois University, Charleston IL that were recruited through the online software, SONA. In total, 112 participants were recruited for this study. 24 of these responses were not utilized for the final analysis because they either did not complete all measures or they reported/ identified with membership to other ethnic group (e.g., Latino, Asian American) or membership to multiple ethnic groups. Participants that were admitted to this study were those that described their ethnic group membership as African American or Caucasian American only which was a total of 85. This was below the minimum sample size of 128 participants suggested by the a priori power analysis to yield a power (80%) at an alpha of .05.

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Procedure

Study was approved by the EIU IRB. Participants completed the study measures through an online survey system, Qualtrics. Participants began with reading and signing a statement of informed consent, then completing a series of demographic questions (age, ethnicity, school year, etc.). After this, the participants completed a battery of measures consisting of the scales mentioned previously and further described below. Once the scales are completed, participants were presented with a debriefing form and were thanked for participating in this research.

Material

Demographic Questionnaire

The demographic questionnaire served the purpose of collecting participants background information such as age, gender, ethnicity etc. (See Appendix A).

Brief cope

The Brief-COPE is a questionnaire that consists of 28 self- report items designed to measure effective and ineffective ways to cope with a stressful event. It comprises of three subscales; problem focused, emotion focused, and avoidant coping that measure 14 factors of 2 items each which corresponds to a Likert scale range from '1=I have not been doing this at all' to '4= I've been doing this a lot' that has been developed by Carver (1997). (See Appendix B)

Below are the 3 subscales with the14 factors, their definitions, and Cronbach's α for each subscale which were taken from the original validity study.

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Table 1

Definitions of the 14 sub-scales from the Brief Cope (Gracia` et al., 2018) Cronbach's alpha

for each subscale (Carver, 1997)

Emotion-Focused: Emotional support	The verbal and nonverbal processes by which one communicates care and concern for another, offering reassurance, empathy, comfort, and acceptance α = .71
Venting	Venting is saying things to let unpleasant feelings escape/expressing negative feelings. α = .50
Humor	Humor is making jokes about it/making fun on the situation α = .73
Acceptance	Acceptance is accepting the reality that has happened/learning to live with it. α =.57
Religion	Religion is finding comfort in religious or spiritual beliefs/praying or meditating α = .82
Self-blame	Self-blaming is criticizing myself/blaming myself for things that happened α = .69
Problem-Focused: Active Coping	Active coping is concentrating the efforts on doing something about the situation/taking action to try to make. α = .68
Use of informational support	instrumental support is getting help and advice from other people/trying to get advice or help from others about what to do. α = .64
Positive reframing	Positive reframing is trying to see the situation from a different light, make it seem more positive/look for something good in it. α = .64
Planning	Planning is trying to come up with a strategy about what to do/thinking hard about what steps to take α = .73

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Avoidant Coping: Self-distraction	Self-distraction is turning to work or other activities to take my mind off things/doing something to think about it less α = .71
Substance Use	Substance use is using alcohol or other drugs to feel better/to help me get through it α = .90
Denial	Denial is saying to myself "this is not real"/refusing to believe that it has happened α = .54
Behavioral Disengagement	Behavioral disengagement is giving up trying to deal with it/the attempt to cope α = .69

Rosenberg Self-Esteem Scale (RSE)

Self-esteem will be measured using the 4-point Likert-type scale developed by Rosenberg (1979). The scale comprises of ten items put together to measure one's general attitude toward their self-worth. All ten items are anchored by '1: Strongly agree' and '4: Strongly agree.' Cronbach α for the Rosenburg Self-Esteem Scale (RSE) for various samples was in the range of .77 to .88 (Blascovich & Tomaka (1993) and Rosenberg (1986). (See Appendix C)

The Perceived Stress Scale (PPS)

This is a 10-item self-report questionnaire that measures persons' evaluation of the stressfulness of the situations in the past month of their lives, developed by Cohen et al., (1983). This questionnaire was designed to measure or evaluate "the degree to which individuals appraise situations in their lives as stressful" (Cohen et al., 1983) during the previous month. The assessed items are general in nature rather than concentrating on occurrences or experiences. There are three versions of the PSS, the original instrument which is a 14-item scale (PSS-14; Cohen et al.,1983). In the original study for

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measuring PSS reliability statistics for three groups: first-year students, living in

dormitories; going in for the introductory psychology course; and enrolled in a smoking

cessation program reported the Cronbach alpha coefficients of .84, .85, and .86

respectively (Cohen., et al, 1983). (See Appendix D)

Data Analysis

The primary interest of this study was to see if there are any cultural differences in the

way African American and Caucasian American students cope with stress, and if so, what are

they. Group differences were assessed by analysis of covariance (ANCOVA) where I

controlled for self-esteem and perceived stress. To minimize the possibility of Type-1 errors

from repeated statistical analyses the False Discovery Rate (FDR) was used.

Results

Of the total number of 112 answered questionnaires, 27 questionnaires were invalid

due to respondents not fitting criteria for being part of this study and questionnaires being

insufficiently completed. Of the valid 85 questionnaires the majority of the participants were

freshman with 55.7%, 19.2% sophomore, 15.9% junior and 5.7% seniors and 3.4% did not

state. 54.5% of the participants identified as Africa American and 45.5% identified as

Caucasian American. The sample consisted of students from the age of 18-56 years old. The

age average was 20.44 (SD= 4.62).

Internal Consistency Analyses of the Measures

Table 2 shows the internal consistency of the measures. As measured by Cronbach's

alphas, internal consistency exceeded .70 for all the Brief-Cope facets except the Emotion

focused facets, venting and acceptance (.37 and .59), the problem focused facet, active coping

(.46), and the Avoidant coping facet self-distraction (.43 respectively). Cronbach's alpha

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values for facets Religion (.87) and Use of informational support (.80) indicated good internal

consistency. Avoidant coping Facet Substance use (.96) had excellent internal consistency.

Both the PSS and the RSE had good internal consistency above .70 (.73and .85 respectively)

Characteristics of the Study Sample

Table 3 shows means and standard deviations of the measures. It first shows the

means and standard deviation of each brief cope subscale and the 14 facets of the subscales,

including the mean and standard deviation for the Perceived Stress Scale and the Rosenburg

Self Esteem Scale.

Table 2
Internal Consistency of the Measures (N = 85)

Measure	Cronbach's Alpha
The Brief Cope	
Emotion-Focused:	
Emotional support	.76
Venting	.37
Humour	.76
Acceptance	.59
Religion	.87
Self-Blame	.79
Problem-Focused:	
Active Coping	.46
Use of Informational Support	.80
Positive Reframing	.76
Planning	.76
Avoidant Coping:	
Self-distraction	.43
Substance Use	.96
Denial	.77
Behavioural Disengagement	.67
The Perceived Stress Scale (PSS)	.73
Rosenberg Self-Esteem Scale (RSE)	.85

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Table 3
Means and Standard Deviations (N = 85)

Measure	M	SD
The Brief Cope		
Emotion-Focused:		
Emotional support	2.48	.89
Venting	2.28	.76
Humour	2.40	.95
Acceptance	2.86	.79
Religion	2.49	1.11
Self-Blame	2.56	.94
Problem-Focused:		
Active Coping	2.26	.56
Use of Informational Support	2.51	.93
Positive Reframing	2.85	.82
Planning	2.93	.84
Avoidant Coping:		
Self-distraction	2.84	.74
Substance Use	1.54	.90
Denial	1.66	.81
Behavioural Disengagement	1.85	.77
PSS	1.61	.88
RSE	2.18	.53

Note: The Perceived Stress Scale = PSS. The Rosenburg Self Esteem Scale= RSE

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Table 4

P Values of the 14 Facets of the Brief- Cope

Variable	P-Value	Adjusted P-Value
Emotion Focused Coping:		
Emotional Support	.397	.760
Venting	.570	.760
Humor	.740	-
Acceptance	.164	.760
Religion	.093	-
Self-Blame	.530	.769
Problem Focused Coping		
Active Coping	.448	.760
Informational Support	.807	.882
Positive Reframing	.358	.760
Planning	.403	.760
Avoidant Coping		
Self-Distraction	.863	.882
Substance Use	.882	.882
Denial	.343	.760
Behavioral Disengagement	.006	.072

Note: Humor and religious coping do not have adjusted P-Values because they were both for the first hypothesis

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Table 5:

Correlations Between Variables (N = 85)

Variables	Emotional Support	Venting	Humor	Acceptance	Religion	Self-blame	Active Coping	Use of informational Support	Positive Reframing	Planning	Self-Distraction	Substance Use	Denial	Behavioral disengagement	PSS	RSE
Emotional Support	-	.370**	-.009	.173	.131	.104	.319**	.819**	.325**	.314**	.303**	.067	.152	.135	.087	.062
Venting		-	.209	-.032	.042	.423**	.284**	.340**	.086	.164	.200	.256*	.436**	.299**	.266*	.285**
Humor			-	.189	-.104	.237*	.182	-.161	.083	.219*	.156	.217*	.093	.230*	.088	.142
Acceptance				-	.139	.127	.236*	.154	.529**	.487**	.338**	.053	-.072	-.063	.180	-.148
Religion					-	.029	.152	.159	.321**	.253*	.193	.120	-.086	.026	.110	-.202
Self-Blame						-	.367**	.167	.100	.318**	.375**	.052	.231*	.408**	.291**	.454**
Active Coping							-	.402**	.295**	.428**	.275*	.131	.263*	.522**	.168	.119
Use of informational Support								-	.276*	.327**	.210	.024	.225*	.208	.027	.076
Positive Reframing									-	.571**	.430**	.012	.222*	-.015	.008	-.238
Planning										-	.527**	-.135	.168	.176	.237*	-.068
Self-Distraction											-	-.091	.154	.135	.170	.086
Substance Use												-	.266**	.182	.161	.146
--Denial													-	.457**	.203	.241
Behavioral disengagement														-	.278*	.487**
PSS															-	.258*
RSE																-

Note: PSS= Perceived Stress Scale RSE: Rosenburg Stress Scale

p < .05 **p* < .01

Ethnic Differences in the Way College Students Cope with Stress

Ethnic Differences in coping

It was first hypothesized that Caucasian American students will use more humor coping than African American students. An ANCOVA controlling for perceived stress and level of self-esteem as co-variates, revealed no significant difference between Caucasian American and African American students on the use of humour coping ($F(1,81) = .111$, $p = .74$). Similarly, it was hypothesized that Compared to Caucasian American Students, African American students were more likely to turn to religion when faced with adversity. An ANCOVA controlling for perceived stress and level of self-esteem as co-variates, revealed no significant difference between Caucasian American and African American students on the use of religious coping ($F (1,81) = 2.89$, $p = .09$).

It was also hypothesized that even though there was no predefined coping differences African Americans would utilize more coping strategies than Caucasian American and the coping strategies utilized by African Americans would differ from those utilized by Caucasian Americans. An ANCOVA still controlling for perceived stress and level of self-esteem as co-variates that adjusted for the Type 1 error revealed no significant differences in the way Caucasian Americans and African American students utilized coping strategies. Table 4 shows the P values from the ANOVA results for all 14 facets of the Brief cope before and after adjusting for the type 1 error using FDR. Similarly, to the first hypothesis the results also did not reveal any significant evidence of African American students utilizing more coping strategies than Caucasian American students.

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Discussion

The primary goal of this study was to see if there are any cultural differences in the way African American and Caucasian American students cope with stress, and if so, what are they. Group differences were assessed by analysis of covariance (ANCOVA) where I controlled for self-esteem and perceived stress.

The first hypothesis predicted that the coping strategies employed by the students will differ by ethnicity as follows: **1a**: Caucasian-American students will use more humor coping than African American students. **1b**: African American students are more likely to engage in religious coping when facing a stressor as compared to Caucasian-American students. I compared the scores from the two coping strategies that are specified in each of the sub-hypothesis, this was done by using ANCOVA on SPPS, where I controlled for self-esteem and perceived stress. Contrary to Culver et al., (2002) who found that white women used more humor coping and less religious coping compared to black women, the present study did not find any significant differences in both humor and religious coping among African American and Caucasian American students. The lack of any differences in the present study may be due to the fact that in the study done by Culver et al., (2002) the women t responded to the Brief-Cope with regards to a similar stressor which was early-stage breast cancer, whilst in this study the students answered the brief-cope with regards to dealing with different kinds of stressors. It would have been helpful to have had a specific kind of stressors that the students should have based their responses on.

It was also hypothesized that coping strategies will differ between African American and Caucasian American students. The results showed no significant differences in the way African American and Caucasian American students at EIU cope with stress. These results mean that both African American and Caucasian American students that participated in this

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study coped similarly to their stressors. This could mean that despite the cultural differences

that the students from these different ethnicities have the kind of coping strategies they

employ when faced with stress is very alike. These similarities in coping could possibly be

attributed to Eastern Illinois University being a community and by virtue of being a

community having set norms and behaviors that most of students adopt to, which could result

in students of different ethnicities and cultural backgrounds coping similarly to stress based

on what is or is not accepted as EIU culture. To reinforce this hypothesis Trandis (2001)

stated that within any culture, there are several behavioral expectations, both adaptive and

maladaptive that members of that culture are socialized into, these behavioral expectations

influence personality and behaviors causing shared behavioral patterns within a culture.

Most of the literature reviewed in this research on cross cultural differences references

studies done at least 15 years ago (Kessler & Neighbours, 1986; Schultz et al, 2000; Danoff-

Burg et al., 2004; Hurtado & Ponjuan, 2005). That being said, over the years, there has been

a lot of globalization which has resulted in the access and adaptations of new cultures. The

world we are accustomed to has become more interconnected through the extended use of

social media. That is why it is also important to consider the possibility of my results being

accurate. Meaning that it is also a possibility that African American and Caucasian American

students cope similarly to stressors despite the ethnic differences. 'Cultural identifications

have previously been developed and bounded through affiliations with geographical location.

However, the deterritorialization of globalization has questioned the prescribed character of a

cultural group identification. Worldwide access to much of the same information and media

provides opportunities for many individuals to 'self-select' specific cultural elements for

integration into their local and global cultural identities. That is, through globalization the

individual can develop a global identity in addition to their local identity' (Ozar 2019,

pg173).

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Most of the literature reviewed in this research on cross cultural differences is research references studies that have been done at least about 15 years ago (Kessler & Neighbours, 1986; Schultz et al, 2000; Danoff-Burg et al., 2004; Hurtado & Ponjuan, 2005). That being said, over the past years, there has been a lot of globalizations which has resulted in the access and adaptations of new cultures. The world we are accustomed to has become more interconnected through the extended use of social media. That is why it is also important to consider the possibility of my results being accurate. Meaning that it is also a possibility that African American and Caucasian American students cope similarly to stressors despite the ethnic differences.

Socialization experiences are said to play a pivotal role in the way people choose to cope with stress, and culture is directly related to the way people are socialized hence, individuals have unique values that regulate their coping behaviors. In this current study it could be that both the African American and Caucasian American students were socialized in a similar way resulting in them coping similarly. Heppner (2008) and Wong &Wong (2006) stated that people who share the same culture are socialized to use culture-specific orientations to guide their coping processes, which results in significant cross-cultural differences in individuals' appraisal of stressors, choices of coping strategies, and indicators of adaptive outcomes. In today's world it could be that both African American and Caucasian American students share similar cultures and their socialization to use culture-specific orientations to guide their coping processes is similar.

Limitations

There are a few limitations to this present study that should be noted. First, the sample size was below the minimum of 128 participants suggested by the a priori power analysis to yield a power (80%) at an alpha of .05. Second, the data was accumulated using self-report inventories, and answers may have been affected by retrospective biases such as

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attentiveness, students' memory, and societal attraction. Lastly, all the participants of this study came from one institution, which may make it not representative of all African American or Caucasian American Students. This study did not consider the coping goals of the students. Additional research should try focus on the goals people have that guide their coping behavior as some researchers have argued for the importance of studying coping goals, as individuals with the same coping behavior may actually have different underlying goals in executing those behaviors (Rothbaum et al., 1982; Weiszet et al., 1984, McCarty et al., 1999, Zane, 2004).

Clinical Implications

Everyday the world is evolving and what we knew to be true ten years ago might not necessarily ring true today. So, it is important for researchers to keep updating research so that we can know what is true in the present moment. The culture of coping with stress constantly progresses and as a result, what was true in an African American context as pertains to how college students manage or deal with stress, may not be the same today. The same may be said for Caucasian American students in this context. Research could transition into what may now be perceived as similar between African and Caucasian American students' stress management rather than focusing mainly on how the cultural differences between the two ethnicities manage or cope with stress.

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Appendices

Appendix A

Demographic Questionnaire

First Name: Last Name:

Age   :

Gender:

Level of Education:

                 Freshman

                 Sophomore

                 Junior

                 Senior

                 Graduate

Race/Ethnicity: African American

                 Caucasian American

                              Hispanic

                 Asian

                 Native American

                 Other

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Appendix B

Brief-COPE

These items deal with ways you've been coping with the stress in your life since you found out you were going to have to have this operation. There are many ways to try to deal with problems. These items ask what you've been doing to cope with this one. Obviously, different people deal with things in different ways, but I'm interested in how you've tried to deal with it. Each item says something about a particular way of coping. I want to know to what extent you've been doing what the item says. How much or how frequently. Don't answer on the basis of whether it seems to be working or not—just whether you're doing it. Use these response choices. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can.

 1 = I haven't been doing this at all
 2 = I've been doing this a little bit
 3 = I've been doing this a medium amount
 4 = I've been doing this a lot

1. I've been turning to work or other activities to take my mind off things.
2. I've been concentrating my efforts on doing something about the situation I'm in.
3. I've been saying to myself "this isn't real.".
4. I've been using alcohol or other drugs to make myself feel better.
5. I've been getting emotional support from others.
6. I've been giving up trying to deal with it.
7. I've been taking action to try to make the situation better.
8. I've been refusing to believe that it has happened.
9. I've been saying things to let my unpleasant feelings escape.
10. I've been getting help and advice from other people.
11. I've been using alcohol or other drugs to help me get through it.
12. I've been trying to see it in a different light, to make it seem more positive.
13. I've been criticizing myself.
14. I've been trying to come up with a strategy about what to do.
15. I've been getting comfort and understanding from someone.
16. I've been giving up the attempt to cope.
17. I've been looking for something good in what is happening.
18. I've been making jokes about it.
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.
20. I've been accepting the reality of the fact that it has happened.
21. I've been expressing my negative feelings.
22. I've been trying to find comfort in my religion or spiritual beliefs.
23. I've been trying to get advice or help from other people about what to do.
24. I've been learning to live with it.
25. I've been thinking hard about what steps to take.
26. I've been blaming myself for things that happened.
27. I've been praying or meditating.
28. I've been making fun of the situation.

Ethnic Differences in the Way College Students Cope with Stress

Appendix C

Rosenberg Self-Esteem Scale (RSE)

Please record the appropriate answer for each item, depending on whether you

Strongly agree, agree, disagree, or strongly disagree with it.
1 = Strongly agree
2 = Agree
3 = Disagree
4 = Strongly disagree

_____ 1. On the whole, I am satisfied with myself.
_____ 2. At times I think I am no good at all.
_____ 3. I feel that I have a number of good qualities.
_____ 4. I am able to do things as well as most other people.
_____ 5. I feel 1do not have much to be proud of.
_____ 6. I certainly feel useless at times.
_____ 7. I feel that I'm a person of worth.
_____ 8. I wish I could have more respect for myself.
_____ 9. All in all, I am inclined to think that I am a failure.
_____ 10. I take a positive attitude toward myself.

Ethnic Differences in the Way College Students Cope with Stress

Appendix D

Perceived Stress Scale

The questions in this scale ask about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them, and you should treat each one as a separate question. The best approach is to answer quickly. That is, don't try to count up the number of times you felt a particular way; rather indicate the alternative that seems like a reasonable estimate.

For each question choose from the following alternatives:
0 - never
1 - almost never
2 - sometimes
3 - fairly often
4 - very often

_____ l. In the last month, how often have you been upset because of something that happened unexpectedly?
_____ 2. In the last month, how often have you felt that you were unable to control the important things in your life?
_____ 3. In the last month, how often have you felt nervous and stressed?
_____ 4. In the last month, how often have you felt confident about your ability to handle your personal problems?
_____ 5. In the last month, how often have you felt that things were going your way?
_____ 6. In the last month, how often have you found that you could not cope with all the things that you had to do.
_____ 7. In the last month, how often have you been able to control irritations in your life?
_____ 8. In the last month, how often have you felt that you were on top of things?
_____ 9. In the last month, how often have you been angered because of things that happened that were outside of your control?
_____ 10. In the last month, how often have