THE EFFECTS OF GENDER AND CULTURE ON COPING STRATEGIES: AN EXTENSION STUDY

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ABSTRACT

Previous research suggests that gender differences exist in coping strategies of undergraduate students with significant effects on various affective and instrumental outcomes including self-esteem. For example, Lawrence (2006) reveals that there is a significant difference between males and females in terms of engagement in coping strategies and academic attainment. These results show that compared to females, males tend to detach themselves from the emotions of a situation and select different coping strategies. This study is an extension of the existing research as it investigates differences in coping strategies adopted by students in a collectivist society. The aim of this paper is to explore differences of the various coping strategies within gender in Kuwait. We also compare our results to those previously reported in the United States, and individualist society.

We use survey methodology to collect data from young students attending various schools in Kuwait. A well-established Coping Strategies survey was administered to test a set of hypotheses related to the various types of coping mechanisms including the use of religion, social support, and denial. We hope to shed more light on the role of gender in employing a given coping strategy. We discuss our results, their implications for theory and practice, and propose directions for further research in this important area.

Keywords: coping, mechanisms, gender, adolescents, collectivist, Gulf, Kuwait.

1. INTRODUCTION AND REVIEW

According to Piko (2001) “coping encompasses the cognitive and behavioral strategies where the individual is able to manage stressful situations and the negative emotion reactions elicited by that event.” Due to the broad definition of coping (Cooper & Dewe, 2004), the research on the topic is one that is wide yet lacking in light of the multitude of factors that impact the selection of coping mechanisms.
Limited studies have explored the interplay between gender differences and coping strategies outside the context of North America. With the increasing focus on cultural diversity and the need to understand individuals within their mainstream culture, this paper aims to minimize the gap in the literature and hopes to shed light on the various coping strategies utilized by male and female adolescents living in Kuwait, and in turn how such selected strategies impact self-esteem.

In order to enhance the understanding of the interplay between coping strategies, gender and culture, Olah’s (1995) three-A parcel theory will be utilized. The three-A parcel theory divides commonly used coping strategies into one of three domains: Assimilation, Accommodation, and Avoidance. Olah (1995) postulates that assimilative coping strategies involve cognitive and behavioral attempts on the individual’s part to change his/her environment, while accommodation coping strategies involve cognitive and behavioral attempts on the individual’s part to change himself/herself as part of environmental adaptation, and finally avoidance coping strategies entail cognitive and behavioral efforts to physically and/or psychologically disconnect. (p. 495-496)

Our current paper will attempt to group the strategies outlined by Craver (1989) in the COPE questionnaire into Olah’s three-A parcels. Specifically the paper postulates that a) positive reinterpretation and growth, b) instrumental social support, c) active coping, and d) planning can be considered Assimilative coping strategies, while a) religious coping, b) humor, c) emotional social support, d) acceptance, and e) restraint are considered Accommodative coping techniques, and finally a) mental disengagement, b) focus on and venting of emotions, c) denial, d) behavioral disengagement, e) substance abuse, and f) suppression of competing activities are grouped under the Avoidance coping strategies. The paper thus attempts to broaden conclusions regarding individual utility of coping strategies within a specific cultural setting, that of adolescents living in Kuwait.

2. THE KUWAITI CULTURAL AND SOCIETAL CONTEXT

The Kuwaiti culture is collectivist in nature. Understanding the cope and parameters of such a collectivist culture is essential to comprehending the interplay of selected coping strategies, gender and culture. Although some research has been conducted on collectivist societies in the Middle Eastern region, few have focused on the Arab region, particularly the country of Kuwait. Being an Arab country with a collectivist society, Kuwait is “characterized by authoritarian and collective values rather than liberal and individualistic ones” (Dwairy, 1998, p. 326).

Within collectivist societies “an individual’s self and identity are enmeshed in the collective identity” (Dwairy, 1998, p. 316). Collectivist societies are interdependent and focused on the group identity. Thus, an individual’s behavior both impacts and is impacted by nuclear and distant group members.

Triandis (1995) completed one of the most extensive studies on collectivism/individualism. He investigated the various dimensions of collectivism, and their impacts on perceptions, attitudes and behaviors. Triandis examines culture at both the societal and individual levels, conceptualizing culture as the subjective way in which a group of people perceives the man-made part of the environment. For Triandis, individualism-collectivism relates to the conception of the self as autonomous from groups or as part of the collective, adoption of individual or collective goals, attitudes or norms as the driving force behind behavior, and emphasis on tasks or relationships. With
relations to coping, we argue that individualists who tend to have greater need for independence and control will rely more on the self when it comes to dealing with unpredictable or negative life events. On the other hand, collectivists, who have a greater need for affiliation, and are under greater pressure for conformity, will tend to seek the support of others in their coping strategies (Bardi & Guerra, 2011; Kuo, 2010).

We also believe that religion will play an important role in the context of this study. More specifically, Kuwait is a deeply religious country where Islam plays an important role in people’s daily lives. The absolute majority of Kuwaitis (near 100%) is Muslim, and is attached to the values, norms, and moral standards stipulated by Islamic teaching.

It is important to note that Kuwaitis represent less than 50% of the population in Kuwait due to the very large number of expatriate workers in every sector of the economy. However, despite being impacted by foreign values, the country is still a deeply religious and collectivist at its core. As Nobles and Sciarra (2000) noted “religion is not just one aspect of life but its center, affecting all activity, thought, and feeling (p. 184).”

In addition to religion, family plays a vital role in shaping individuals’ values and beliefs. An individual’s collectivist identity mainly stems from reliance on family as a source of security, support and comfort. The “survival of the individual in Arab society is almost totally contingent upon his/her relationship with the family” given that the family serves as “the source of vital economic, social and emotional support” (Dwairy & Van Sickle, 1996, p.231). In a patriarchal society such as Kuwait, men are seen as the main providers for the family, in terms of economics, while women are the ones responsible for raising the children (Encyclopedia Britannica, 2009). This difference is nurtured in children from a young age. In their book “Culture and customs of the Arab Gulf States,” Torstrick and Faier state that “growing up, sons often have more leisure time for play, while daughters shoulder adult responsibilities such as helping with the households chores or caring for younger siblings” (p. 112, para. 3, 2009).

The interplay of family and religion unfolds in matters such as gender roles, decision making, individuation or lack of, locus of control, and overall worldviews. In Kuwait, as in any other Muslim Arab country, men and women are expected to oblige to strictly defined gender roles. Even though in Islam men and women are said to be equal “in human dignity,” these gender roles “often affect women adversely impeding their self determination in areas like their socio-economic status, status within the family, health, life expectation, independence, freedom and rights” (Safra Project). As mentioned earlier in the paper, men are viewed as the “guardians” or “protectors” of women and women are seen as fragile creatures that need to be taken care of.

As a result to the clear intertwine between family and religion, and the presence of strict gender roles in Kuwait, “Kuwaiti adolescents usually define themselves according to how they relate to the Kuwaiti culture, in the aspects of religion, gender, citizenship, and even social class” (Dinkha, Abdulhamid, and Abdelhalim, 2008). This mesh is expected to uniquely define male and female adolescents’ coping strategies. It is thus expected that females will select seeking social support for emotional reasons and that males will use denial, as a coping strategy due to restrictions of society on personal expression.

Adolescence is a critical transitional developmental period, as it entails a multitude of factors that interplay and impact identity development (Compas, Orosan, & Grant, 1993;
According to Plancherel et al. (1998), adolescence "is characterized by transitions in many areas, hormonal and physical changes accompanied by cognitive developments (beginning of abstract thinking and theorization) as well as social affective changes (sexual relationships, self esteem, locus of control and autonomy from parents). The implementation of effective coping strategies, during this phase, is essential as it has a long term impact on mental health, interpersonal relationships, and one's self esteem (Dumont & Provost, 1999). This matter is further complicated by socio-cultural factors that prescribe normative gender roles, application of coping mechanisms and manifestation of emotional and cognitive needs.

As mentioned earlier the Kuwaiti society is collectivist in nature and adheres to strict Islamic regulations, which dictate basic societal tenants and complex individual expectations. In essence, adolescents not only need to factor in biological, physical, emotional and cognitive developments but also need to adapt to such developments within a society that emphasizes religion, family, and appropriate gender role display. The collectivist nature of the Kuwaiti society emphasizes interdependence and communal attachment. Previous researches have highlighted the significance of family structure and family dynamics and how they impact adolescents' sense of autonomy, individuation, and overall self-esteem (Perosa and Perosa, 1993; Constantine, Donnelly, and Myers, 2002). Perosa and Perosa (1993) indicated that there is some support for "Minuchis assertion that a balance of enmeshment and disengagement in the family is associated with the development of a stable identity and the use of positive coping strategies by young adults" (pg.485).

Many adolescents have not explored the meaning of their ethnicity. Moreover, if these young people have internalized negative societal stereotypes of their ethnic group, they are likely to experience lower self-esteem and self confidence, and they may have difficulty in finding meaning in their lives (Dinkha, Abdulhamid, 2008).

As it pertains to the current study, it is expected that the interdependent nature of the Kuwaiti family and society will likely impact adolescent development in terms of reduced autonomy, continued need for emotional support, decreased self reliance, and problematic decision making. Adolescents living in Kuwait, given that the individual is an extension of the family, learn that family is the source of support and also the forum in which problems are resolved. Moreover, gender roles are an imminent factor in how problems are expressed, emotions are manifested, and support is sought.

In essence, given the patriarchal nature of Kuwaiti society and the Islamic regulations regarding female social outlets, it is predicted that females will more likely utilize social support for emotional reasons. On the other hand, males will likely utilize denial as a coping mechanism to stay in accord with prescribed male gender norms and roles. This is especially the case with regards to the need to manage impressions imposed by societal and religious sanctions. Despite such predicted differences in the utility of coping mechanisms, religion is expected to be an overarching and underlying catalyst. Indeed, researchers of religious coping have found that Muslims commonly engage in religious coping when faced with challenges in their daily lives (Ali, Peterson & Huang, 2003; Eapan & Reveesz, 2003; Errihani et al., 2008). Several researchers have also reported a positive association between Islamic religiosity and well being, happiness, life satisfaction, and general mental health (Abdel-Khalek, 2006; Abdel Khalek, 2007; Abdel Khalek, 2008).
It therefore is anticipated that adolescents living in Kuwait will utilize a combination of assimilative, accommodative, and avoidance coping strategies depending on the scope of established gender roles, family values, and religious orientation. However, given the prevalence of uniform cultural, religious and familial values, accommodative coping strategies are predicted to be utilized more often.

Our discussion of the cultural, religious, and social context in Kuwait lead us to the following hypotheses:

1. Respondents in Kuwait will rely more on accommodative coping strategies.
2. Religion will be an important coping strategy given the role of religion in the Kuwaiti society.
3. Females will select seeking social support and emotion-based strategies or emotional reasons more than males.
4. Denial, as a coping strategy, will be utilized more by males due to greater restrictions by the society on their personal expressions.

3. METHODS, RESULTS & DISCUSSION

For the purpose of this study we used the full COPE questionnaire (Carver et al., 1989). The COPE questionnaire is a 60-item measure designed to evaluate the different coping mechanisms people use in response to stress (Carver et al., 1989). It uses the 15 scales that are defined below:

1. *Positive reinterpretation and growth*; making the best of the situation by growing from it or viewing it in a more favorable light.
2. *Instrumental social support*; seeking assistance, information, or advice about what to do.
3. *Active coping*; taking action or exerting efforts to remove or circumvent the stressor.
4. *Planning*; thinking about how to confront the stressor, planning one's active coping efforts.
5. *Religious coping*; increased engagement in religious activities.
6. *Humor*; making jokes about the stressor.
7. *Emotional social support*; getting sympathy or emotional support from someone.
8. *Acceptance*; accepting the fact that the stressful event has occurred and is real.
9. *Restraint*; coping passively by holding back one's coping attempts until they can be of use.
10. *Mental disengagement*; psychological disengagement from the goal with which the stressor is interfering, through daydreaming, sleep, or self-distraction.
11. *Focus on and venting of emotions*; an increased awareness of one's emotional distress, and a concomitant tendency to ventilate or discharge those feelings.
12. *Denial*; an attempt to reject the reality of the stressful event.
13. *Behavioral disengagement*; giving up, or withdrawing effort from, the attempt to attain the goal with which the stressor is interfering.
14. *Substance abuse*; turning to the use of alcohol and other drugs as a way of disengaging from the stressor.
15. *Suppression of competing activities*; suppressing one's attention to other activities in which one might engage in order to concentrate more completely on dealing with the stressor (Taylor, 1998).
In this study we used the stratified random sampling method. Male and female adolescents, between the ages of 13 to 18, studying at various schools in Kuwait, were administered the COPE comprehensive questionnaire. A group of university students were trained by the lead researchers on valid and reliable means to administer the COPE survey.

We collected data from 259 students from various high schools. The sample was evenly divided between males and females.

About 23% of the respondents were between ages 13-14, 34.6% were aged 15-16, and 17.9% were 17 year-olds or higher.

We performed a set of independent samples t-tests to investigate the role of gender differences on coping mechanisms. The results are summarized in Table 1 below:

Table 1. Coping Mechanisms Differences between Gender

<table>
<thead>
<tr>
<th>Coping Mechanism</th>
<th>t-value</th>
<th>p-value</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Reinterpretation (PR)</td>
<td>-1.7</td>
<td>0.09</td>
<td>2.91</td>
<td>3.00</td>
</tr>
<tr>
<td>Mental Disengagement (MD)*</td>
<td>-2.985</td>
<td>0.003*</td>
<td>2.65</td>
<td>2.83</td>
</tr>
<tr>
<td>Focus on and Venting of Emotions (EM)*</td>
<td>-3.887</td>
<td>0*</td>
<td>2.55</td>
<td>2.78</td>
</tr>
<tr>
<td>Instrumental Social Support (ISS)*</td>
<td>-3.439</td>
<td>0.001*</td>
<td>2.79</td>
<td>2.99</td>
</tr>
<tr>
<td>Active Coping (AC)</td>
<td>-0.049</td>
<td>0.961</td>
<td>2.82</td>
<td>2.82</td>
</tr>
<tr>
<td>Denial (D)</td>
<td>0.209</td>
<td>0.835</td>
<td>2.20</td>
<td>2.18</td>
</tr>
<tr>
<td>Religious Coping (RC)*</td>
<td>-2.208</td>
<td>0.028*</td>
<td>3.03</td>
<td>3.14</td>
</tr>
<tr>
<td>Humor (H)</td>
<td>0.446</td>
<td>0.656</td>
<td>2.42</td>
<td>2.40</td>
</tr>
<tr>
<td>Behavioral Disengagement (BD)</td>
<td>-1.776</td>
<td>0.076</td>
<td>2.04</td>
<td>2.14</td>
</tr>
<tr>
<td>Restraint (R)</td>
<td>-0.9</td>
<td>0.369</td>
<td>2.63</td>
<td>2.68</td>
</tr>
<tr>
<td>Emotional Social Support (ESS)*</td>
<td>-2.838</td>
<td>0.005*</td>
<td>2.59</td>
<td>2.80</td>
</tr>
<tr>
<td>Substance Use (SU)</td>
<td>1.445</td>
<td>0.149</td>
<td>1.46</td>
<td>1.38</td>
</tr>
<tr>
<td>Acceptance (A)</td>
<td>-1.133</td>
<td>0.258</td>
<td>2.81</td>
<td>2.86</td>
</tr>
<tr>
<td>Suppression of Competing Activities (SCA)</td>
<td>-1.393</td>
<td>0.164</td>
<td>2.58</td>
<td>2.65</td>
</tr>
<tr>
<td>Planning (P)</td>
<td>-1.245</td>
<td>0.214</td>
<td>2.87</td>
<td>2.93</td>
</tr>
</tbody>
</table>

*Significant at 0.05

3.1. Discussion

We postulated earlier that in our context, coping mechanisms that rely on outside support and societal variables will be dominant given the collectivist and religious nature of the Kuwaiti society. We have also suggested that due to strict gender roles, females will rely more on emotion-
based or accommodative type strategies (Frydenberg & Lewis, 1993; Radford, Mann, Ohta, & Nakane, 1993). Our results show that both genders use various coping strategies as a mechanism to deal with stressful situations. We found a significant difference (ps .05) in the use of these coping strategies between males and female respondents. As would be expected based on our discussion of the Kuwaiti social context, females relied on coping strategies more than did their male counterparts, and were more likely to seek outside social support.

The main findings of our study center around two themes. First, accommodative strategies were dominant for both males and females. This, we argue is to a large part due to the collectivist context where acceptance of societal norms, subordination of self-interest for that of the collective, and the importance of religion are important factors that shape perceptions and behaviors (Kagitcibasi, 1997; Triandis, 1995; Kawanishi, 1995). In contrast, and as was found in various studies completed in North America, a region where individualism is in general high (Hofstede, 2001), coping strategies were found to be more focused on internal mechanisms that were related to greater tendency and need for independence and control.

Second, our results were in line with previous research whereby females tended to seek more external sources of support and were less likely to engage in denial or other strategies deemed less effective in coping with stressful situations (Renk & Creasey, 2003). In particular, females were less likely to resort to denial or substance abuse in managing stressful situations. Females also tended to use humor less than males as a coping mechanism though the results were not conclusive for these variables. Nonetheless, the overall average score for the avoidance strategies was lower for females than for males.

It is interesting to note that the ranking of the coping strategies were similar for both genders whereby assimilation was the most widely used strategy, followed by accommodation, then avoidance. Assimilation, which includes the use of instrumental social support, positive reinterpretation, and planning, may have been the highest due to the type of sample used. The sample was made-up of adolescents between the ages of 14 and 18, and for such age groups self efficacy may be higher, and respondents may feel that there is ample time for things to get better.

As expected, the results indicated that religious coping was utilized by both genders. In fact, religion was found to be the most prominent coping strategy employed by both males and females with females more frequently reporting religion as a mean to manage stressful situations.

Our results have implications for both research and practice. On the research side, a more systematic investigation of coping mechanisms in different societal contexts is needed. Individuals are constantly managing and reacting to societal pressures. Norms, values, and societal expectations were shown to vary across various cultural values including individualism-collectivism, power distance, risk avoidance and others (Copeland, & Hess, 1995; Ward, & Kennedy, 2001). It has been shown that these cultural variables will have an impact on the perceptions, attitudes, and behaviors of individuals. Consequently, it is expected that coping strategies will also be contingent on societal culture as well as individual orientations.

On the practical side, counseling and support services should be cognizant of the various coping strategies adopted, and the role of gender and culture in affecting such strategies.
Intervention mechanisms within or outside organizations can be that much more effective and successful if they take into consideration both the individual variables (e.g. gender, age, etc.), and societal factors (culture, social structure, etc.).

To conclude, societies all over the world are constantly developing and evolving, leading to previous static variables becoming increasingly dynamic. Kuwait is one of these societies, that as a whole is undergoing its own identity re-development. Hence, the individuals within this society are themselves adapting and progressing. Future research should likely focus on the capacities and capabilities of individuals to successfully attain a healthy balance between societal and individual pressures, and how such a balance can further promote healthy psychological functioning.

4. APPENDICES

4.1. Appendix A. Coping Survey Items

(PR) Positive reinterpretation and growth
- I try to grow as a person as a result of the experience.
- I try to see it in a different light, to make it seem more positive.
- I look for something good in what is happening.
- I learn something from the experience.

(MD) Mental disengagement
- I turn to work or other substitute activities to take my mind off things.
- I daydream about things other than this.
- I sleep more than usual.
- I go to movies or watch TV, to think about it less.

(EM) Focus on and venting of emotions
- I get upset and let my emotions out.
- I get upset, and am really aware of it.
- I let my feelings out.
- I feel a lot of emotional distress and I find myself expressing those feelings a lot.

(ISS) Use of instrumental social support
- I try to get advice from someone about what to do.
- I talk to someone to find out more about the situation.
- I talk to someone who could do something concrete about the problem.
- I ask people who have had similar experiences what they did.

(AC) Active coping
- I concentrate my efforts on doing something about it.
- I take additional action to try to get rid of the problem.
- I take direct action to get around the problem.
- I do what has to be done, one step at a time.

(D) Denial
- I say to myself “this isn’t real.”
- I refuse to believe that it had happened.
- I pretend that it hasn’t really happened.
- I act as though it hasn’t even happened.

(RC) Religious coping
- I put my trust in God.
- I seek God’s help.
- I try to find comfort in my religion.
- I pray more than usual.

(H) Humor
- I make jokes about it.
- I kid around about it.
- I make fun of the situation.
- I laugh about the situation

(BD) Behavioral disengagement
- I just give up trying to reach my goal.
- I give up the attempt to get what I want.
- I admit to myself that I can't deal with it, and quit trying.
- I reduce the amount of effort I'm putting into solving the problem.

(R) Restraint
- I restrain myself from doing anything too quickly.
- I hold off doing anything about it until the situation permits.
- I make sure not to make matters worse by acting too soon.
- I force myself to wait for the right time to do something.

(ESS) Use of emotional social support
- I try to get emotional support from friends or relatives.
- I talk to someone about how I feel.
- I discuss my feelings with someone.
- I get sympathy and understanding from someone.

(SU) Substance use
- I use alcohol or drugs to make myself feel better.
- I try to lose myself for a while by drinking alcohol or taking drugs.
- I drink alcohol or take drugs, in order to think about it less.
- I use alcohol or drugs to help me get through it.

(A) Acceptance
- I get used to the idea that it happened.
- I accept that this has happened and that it can't be changed.
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