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Age Differences in Stress and Coping: Problem-Focused Strategies Mediate the Relationship  
between Age and Positive Affect

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Running Head: Aging, Stress, and Coping

## Abstract

The present study examined the different types of stressors experienced by adults of different ages, their coping strategies, and positive/negative affect. A mediation hypothesis of coping strategies was tested on the relationships between age and positive/negative affect. One-hundred and ninety-six community-dwelling adults (age range 18-89 years old) reported the most stressful situation they experienced in the past month and coping strategies. Levels of positive and negative affect in the past month were also measured. Content analysis revealed age differences in different types of stressors adults reported. Three types of coping strategies were found: problem-focused, positive emotion-focused, and negative emotion-focused coping. Older adults were less likely than younger adults to use problem-focused coping and reported lower levels of positive affect. Path analysis supported the mediation hypothesis, showing that problem-focused coping mediated the relationship between age and positive affect. Implications are discussed on the importance of promoting problem-focused coping among older adults.

**Key Words:** Aging, Stress, Coping, Positive Affect, and Negative Affect

## Age Differences in Stress and Coping: Problem-Focused Strategies Mediate the Relationship between Age and Positive Affect

Increasing number of people nowadays live to a very old age with the most recent census indicating that the average life expectancy in the United States is about 78 years old (U.S. Census, 2010). Over the past decades, there has been a growing interest among psychologists, social workers, and health professionals in studying the relationships between stressors, coping strategies, and health outcomes (Carver, 2007).

According to Erikson's Psychosocial Theory (Erikson, 1982), individuals of different ages encounter different life events and proceed through a series of life stages of psychosocial development by successfully solving major socio-emotional conflicts at each life stage. Folkman and Lazarus (1980) hold a contextual theory of aging and propose that different types of stressors are encountered as individuals age and these differences in stressors exert an impact on coping strategies and health outcomes.

With the dramatic increase in life expectancy and changes in social context in the new millennium, what types of stressors do adults of different ages encounter in their everyday life? It is important to study the different types of stressors adults of different ages experience not only for theoretical reasons but also for practical ones. For example, without knowing the sources and natures of stressors, psychologists cannot design maximally effective interventions. Past research has primarily focused on vulnerable populations such as children, adolescents, and individuals with various diseases or mental health problems. The present study aimed to examine age differences in the types of stressors that community-dwelling adults encountered in everyday life, the coping strategies these adults used to manage the stressors, and their positive/negative affect.

## **Age Differences in Stress and Coping**

According to Erikson's Psychosocial Theory (Erikson, 1982), young, middle-aged, and older adults go through a series of life stages. At each life stage, they encounter different life events. For example, young adults seek for intimate partners and pursue their careers. The important psychosocial conflict they need to solve is Intimacy vs. Isolation. Middle-aged adults try to balance their family and career. Thus, they are more concerned with Generativity vs. Stagnation. Facing the declining health and the end of life, older adults tend to do life reviews and are concerned with ego integrity.

The contextual theory by Folkman and Lazarus (1980) posits that stress exposure of adults differ according to individual life context. Consequently, the levels of exposure to different types of stressors differ for young, middle-aged, and older adults. There are, of course, many different types of stressors that are encountered in everyday life. Research shows that interpersonal conflicts are the most frequently-reported daily hassles by adults of any age (Almeida, 2005). Thus, it is unlikely that age differences in relationship stressors will be observed. However, young, middle-aged, and older adults may have different levels of exposure to school-related, work-related, and health-related stressors because of their life stages and associated life events. Unfortunately, the majority of recent stress and coping studies took a quantitative approach and did not examine the content of stressors that community-dwelling adults encounter in everyday life. The present study used a qualitative approach to analyze the content domains of stressors among adults of different ages.

Coping refers to the thoughts and acts people use to manage the demands of stressful transactions. Lazarus and Folkman's (1984) transactional model of stress and coping suggest that age differences in coping strategies may be the result of changes in what people must cope

with as they age. For example, increasing age is usually associated with increased chances of chronic diseases such as arthritis, diabetes, hypertension, and heart disease (Pearson, Bhat-Schelbert, & Probst, 2012). More than half of older adults over 65 years old reported at least one functional limitations in carrying out daily activities (Charles & Luong, 2013). Although coping strategies varies depending on different types of stressors, the majority of past research only made distinctions between problem-focused and emotion-focused coping (Aldwin & Revenson, 1987; Baker & Berenbaum, 2007). Problem-focused coping involves efforts to alter the troubled person-environment transaction, whereas emotion-focused coping is usually defined as aiming to regulate distressing emotions (Lazarus & Folkman, 1984).

Folkman, Lazarus, Pimley, and Novacek (1987) compared 75 younger couples and 161 older adults' ways of coping and found that younger adults were in general more likely to use problem-focused coping, whereas older adults were more likely to use emotion-focused coping. In coping and health literature, it is commonly suggested that emotion-focused coping strategies are maladaptive strategies and can lead to mental health problems such as depression and anxiety (Baker & Berenbaum, 2007). Penley, Tomaka, and Wiebe (2002) conducted a meta-analysis on the relationships between problem-focused and emotion-focused coping and health outcomes. Although there were some inconsistent findings of the relationships between various emotion-focused coping strategies and health outcomes, they found that problem-focused coping was consistently positively correlated with overall health outcomes. However, other researchers (Carver, 2007; Cox & Ferguson, 1991) suggest that conceptualizing coping into two categories may be overly simplistic and may lead to inconsistent findings of their relationships to physical and mental health outcomes. The present research used the California Coping Inventory (Yancura, Aldwin, Levenson, & Spiro III, 2006) to measure coping strategies and revisited the

structure of coping strategies by exploratory factor analysis. Age differences in coping strategies and their relationships to positive/negative affect were also investigated.

### **Age Differences in Positive/Negative Affect**

As an important index of mental health outcomes, affective well-being is usually defined as the relatively high levels of positive affect and low levels of negative affect (Charles & Luong, 2013). In contrast to age-related declines in physical health and cognitive performance, some researchers claim that affect well-being shows little age differences, or even increases across adulthood (Carstensen, Pasupathi, Mayr, & Nesselroade, 2000). However, recent studies suggests a less consistent picture on age differences in positive and negative affect. For age differences in negative affect, some studies found that negative emotions became less frequent as individuals age (Carstensen et al., 2011). It was also found that stress and anger declined from the early 20s to middle 80s (Stone, Schwartz, Broderick, & Deaton, 2010). In contrast, Teachman (2006) reported a nonlinear relationship between age and negative affect: depression and anxiety symptoms increase in young adulthood, show a small decline, and rise again in late adulthood.

In terms of age differences in positive affect, previous findings were also mixed. Some studies found a decline in the frequencies of positive affect (Ferring & Filipp, 1995), whereas others reported no significant age differences (Carstensen, et al., 2000). Charles, Reynolds, and Gatz (2001) found that positive affect remained constant in the young and middle-aged adults, then declined among older adults in their 60s to mid-80s. However, another study by Charles and colleagues (Charles, Luong, Almeida, Ryff, Sturm, & Love, 2010) found that positive affect increased from young to middle adulthood and maintained constant until people reach their 70s or 80s. The mixed results have been attributed to sample age ranges, different measures of

positive and negative affect, cross-sectional or longitudinal designs, as well as sampling methods (momentary experience sampling or over a period of time).

Another limitation of the current stress and coping research is that most of the studies focused on negative affect. However, positive affect could also result from successfully solving a problem. Positive psychology posits the upward spiral functions of positive affect (Fredrickson & Joiner, 2002; Ivtzan, 2016). For example, Garland, Gaylord, and Fredrickson (2011) found that positive reappraisal of stressful life events mediated the stress-reductive effects of mindfulness. Thus, both positive and negative affect are important to our understanding of the stress and coping process.

Regardless of whether there are age differences in positive/negative affect, the more important question is *how* adults of different ages manage to cope with everyday stressors in order to maintain their health and well-being. The Strength and Vulnerability Integration (SAVI) model (Charles, 2010) suggests: “trajectories of adult development are marked by age-related enhancement in the use of strategies that serve to avoid or limit exposure to negative stimuli but by age-related vulnerabilities in situations that elicit high levels of sustained emotional arousal.” Age-related advantages in emotional intelligence and emotional regulation strategies are well documented (Chen, Peng, & Fang, 2016; Gross, et al., 2003; Scheibe & Carstensen, 2010; Sliter, Chen, Withrow, & Sliter, 2013). Based on their accumulated life experience, older adults may be able to actively avoid exposure to situations that may elicit emotional distress (Blanchard-Fields, 2007; Blanchard-Fields, Chen, & Norris, 1997). However, when they cannot avoid those stressful situations (e.g., chronic health problems and unpredictable stressors), they suffer from worse physical and mental health consequences due to increased physiological vulnerabilities (Charles, Leger, & Urban, 2016).



Surprisingly little research has examined the coping mechanisms underlying the relationships between age and positive/negative affect in the stress context. Given the consistent finding that problem-focused strategy is positively associated with overall health and well-being (Penley, et al., 2002), would older adults who use lower levels of problem-focused coping also experience lower levels of positive affect in the stress context? The present study directly tested the mediation hypothesis.

### **The Present Study**

The present study aimed to examine the different types of stressors experienced by adults of different ages in everyday life, their coping strategies, and positive/negative affect. There are several limitations of past research on this topic. First, some studies only include older adults and others completely ignore the middle-aged group (e.g., Ferring & Filipp, 1995). Second, the majority of recent stress and copy studies only uses a quantitative approach. Third, the majority of the stress and coping studies only measures negative affect. To address these limitations, the present study sampled community-dwelling adults from a wide age range, used both quantitative and qualitative approaches, and measured both positive and negative affect. More importantly, the present study directly tested a mediation hypothesis of coping strategies underlying age differences in positive/negative affect.

Based on the theories and research reviewed above, we made three hypotheses:

Hypothesis 1. Older adults would report more health-related stressors, compared to young and middle-aged adults, whereas young adults would be most likely to report school-related stressors and middle-aged adults would mostly report work-related stressors.

Hypothesis 2. Age would be negatively correlated with the problem-focused coping and the problem-focused coping would be positively correlated with positive affect.

Hypothesis 3. Problem-focused coping would mediate the relationship between age and positive affect in the stress context.

In addition, we would re-examine the factor structure of emotion-focused coping strategies and explore the relationships between age, emotion-focused strategies, and positive/negative affect.

## **Method**

### **Participants**

One hundred and ninety-six adults participated in the present study. They were volunteers recruited from a large Midwest University and local communities in the surrounding area. Participants' age range was 18-89 years old and they were divided into three age groups: young adults (18-39 years old), middle-aged (40-59 years old), and older adults (>60 years old). There were 78 young adults (60 female, age  $M = 21.04$ ,  $SD = 2.12$ ), 64 middle-aged adults (43 female, age  $M = 50.36$ ,  $SD = 4.62$ ), and 54 older adults (31 female,  $M = 70.14$ ,  $SD = 7.42$ ). The majority of participants were Caucasian (80.6%). The sample was screened with no previous self-reported history of stroke, neurological or psychiatric disorder, head injury, and dementia.

### **Measures**

*Positive/Negative Affect.* The Positive and Negative Affect Schedule (PANAS) by Watson, Clark, and Tellegen (1988) consisted of 20 adjectives reflecting characteristics of positive (10 items, e.g., "excited," "inspired") and negative (10 items, e.g., "distressed," "upset") emotions. Participants reported how frequently they felt the corresponding emotion in the past month, on a 5-point scale ranging from 1 (rarely) to 5 (very frequently). Both Positive Affect and Negative Affect subscales of the PANAS have demonstrated high reliability and good

psychometric properties (Watson, et al., 1988). The alpha coefficient for the positive affect (PA) and negative affect (NA) subscales were .88 and .83, respectively.

*Stress.* Participants were asked to “please describe the most stressful situation you encountered in the past month.” The time frame was chosen because it is less likely to be influenced by memory problems and biased by daily fluctuations (Aldwin, 1994). The participants then wrote brief descriptions about the most stressful situation they had encountered in the past month. Thirty-five participants did not write descriptions of the stressor.

*Coping Strategies.* Twenty-nine items from The California Coping Inventory (CCI) were selected to assess positive and negative action coping strategies people commonly use to cope with stressful situations (Yancura, Aldwin, Levenson, & Spiro III, 2006). Participants were instructed to think about the most stressful situation they encountered in the past month and indicate the degree to which they used each strategy to cope with the stress (0 = not at all to 3 = used a lot).

*Control variables.* Because age was correlated with gender, marital status, years of education, and health status in the present study, they were included as covariates in further model testing. Gender was dummy coded as 0 = male and 1 = female. Participants also indicated whether they were currently married (coded as 1) or other (coded as 0). General health status was coded as 0 = poor to fair health and 1 = good to excellent health. Years of formal education were coded as a continuous variable.

## Procedure

All participants first filled out a demographic questionnaire including age, gender, marital status, race, years of formal education, and general health status. Then, they completed the

PANAS. Finally, they filled out the stress and coping questionnaire. After participants completed the study, they were debriefed and thanked for their participation.

#### Data Analysis Plan

A qualitative content analysis was used to categorize the types of stressors based on the stressor descriptions. Chi-square statistics were used to test for age differences in the types of stressors participants reported. Then, an exploratory factor analysis was conducted to examine the structure of coping strategies. Correlation analyses were performed among age, coping strategies, and positive/negative affect. Finally, a path analysis using AMOS.18 (Arbuckle, 2007) was performed to test the mediation hypothesis of problem-focused coping on the relationship between age and positive affect.

### **Results**

Two independent raters initially sorted the reported stressors into 7 types of stressors based on stressor descriptions: 1 = school-related stressors, 2 = work-related stressors, 3 = health-related stressors, 4 = financial/money problems, 5 = relationship problems with family members, 6 = relationship problems with friends and other people, 7 = stressful situations other than those types above. Sample stressors for each type are listed below: 1. “My biggest concern has been my grades because my classes are difficult and I would like to get all A's.” 2. “I have been having issues with my manager at work and it has been difficult. My fellow employees and I have been working through it together.” 3. “I recently needed knee surgery so now I'm going through physical therapy and it is very hard and stressful at times.” 4. “I always have financial concerns due to the lack of job security.” 5. “My husband has been traveling more than usual over the last month which means I'm handling more on my own.” 6. “My friend is depressed and has suicidal thoughts. I've been with them during their lowest of lows and had to help them get

help.” 7. “Moving from a large house full of personal things into a much smaller house with less room for those things.” The inter-rater reliability was good ( $\kappa = .96$ ) and discrepancies were solved by further discussions with the first author.

To test Hypothesis 1, a Chi-square test was conducted to investigate age differences in the types of stressors participants reported. The Chi-square test was significant:  $\chi^2(12) = 85.14, p < .001$ . Supporting the hypothesis, older adults were more likely to report health-related stressors (38.6%), compared to young (5.8%) and middle-aged adults (16.7%). The most frequent stressors young adults reported were school-related stressors (43.5%). Middle-aged adults reported mostly work-related stressors (33.3%). Please see Table 1 for the stressor count by stressor type and age group.

An exploratory factor analysis was conducted on coping strategies using principal axis factoring with promax (Kaiser Normalization) rotation. On the basis of eigenvalues greater than 1 and inspections of the scree plot, three factors were extracted. The coping strategies and their respective rotated factor loadings are shown in Table 2, along with eigenvalues and  $R^2$  values for each of the factors. Items with loadings equal to or greater than .40 were retained on a factor and shown in boldface type. Based on Lazarus and Folkman’s (1984) transaction model and the content of coping strategies on each factor, three types of coping strategies were identified: problem-focused, positive emotion-focused, and negative emotion-focused coping.

Correlational analyses were used to examine the relationships between age, coping strategies, and positive/negative affect. See Table 3 for the means, standard deviations, and intercorrelations between age, three coping strategies, and positive/negative affect. Supporting Hypothesis 2, age was negatively related to problem-focused coping ( $r = -.16, p < .01$ ) and problem-focused coping was positively related to positive affect ( $r = .37, p < .01$ ). In addition,

age was not significantly related to either positive or negative emotion-focused coping strategies. But positive emotion-focused coping was positively related to positive affect ( $r = .33, p < .01$ ), whereas negative emotion-focused coping was positively associated with negative affect ( $r = .35, p < .01$ ).

A path analysis was performed using AMOS 18 (Arbuckle, 2007) to directly test the mediation hypothesis of problem-focused coping on the relationship between age and positive affect. The following indices were used to evaluate the acceptable fit of the model (Byrne, 2001; Hu & Bentler, 1999): (a) Chi-square statistics; (b) root mean-square error of approximation (RMSEA) of .08 or less; (c) comparative fit index (CFI) of .90 or above; (d) the Chi-square ratio ( $\chi^2/df$ ) between 1 and 3 (Arbuckle & Wothke, 1999). The Chi-square ratio was included because it adjusts for the Chi-square statistic's sensitivity to sample size and model complexity (Byrne, 2001). Age was treated as a continuous variable in the mediation model. The control variables (i.e., gender, marital status, years of education, and self-related health) were also included in the mediation model.

The hypothesized mediation model (Figure 1) included a direct path from age to positive affect as well as the indirect path from age to problem-focused coping and from problem-focused coping to positive affect. The results supported the mediation model with good model fit indexes:  $\chi^2(4) = 2.42, p = .66$ ; RMSEA = .00; CFI = .99; and  $\chi^2/df = .60$ . The direct path from age to positive affect was no longer significant (See Figure 1).

To further examine the mediation effect, the magnitudes of the indirect mediation effect was assessed through bootstrapping ( $N = 1,000$ ; Cheung & Lau, 2008). Bias-corrected bootstrap confidence interval (CI) was estimated and zero was not included in the 95% confidence interval. The result again suggested that the mediation effect of problem-focused coping between age and

positive affect was significant ( $M = .026$ , 95% CI =  $-.004$  to  $-.118$ ). Thus, the Hypothesis 3 was supported.

## **Discussion**

The present study examined the different types of stressors experienced by community-dwelling adults of different ages, their coping strategies, and positive/negative affect. The present study addressed several gaps of current research on age differences in stress, coping, and positive/negative affect, by using a sample with a wide age range, conducting qualitative content analysis of stressors, measuring both positive and negative affect, and testing the coping mechanisms underlying the relationships between age and positive/negative affect in the stress context. Results add to our understanding of the relationships between age, stress and coping, and positive/negative affect.

### **Age Differences in Types of Stressors and Positive/Negative Affect**

Consistent with both Erikson's Psychosocial Theory (Erikson, 1982) and the context theory of Folkman and Lazarus (1980), significant age differences were found in the different types of stressors community-dwelling adults encountered in everyday life. While young adults were most likely to report school-related stressors and middle-aged adults reported work-related stressors, older adults were more likely than young and middle-aged adults to reported health-related stressors. Compared to school-related and work-related stressors, health-related stressors are typically chronic, more severe, and hard to control (Folkman, et al., 1987). Charles' (2010) SAVI model suggested that when older adults could not avoid highly stressful situations, the physiological vulnerability of older adults could make emotion regulation more difficult and stress consequences more costly. Our results demonstrate the importance of examining different types of stressors before investigating the relationships between age and positive/negative affect.

Inconsistent findings were reported in past research regarding age differences in positive/negative affect (e.g., Carstensen, et al., 2000; Charles, et al., 2001; Teachmen, 2006). The present study found that increasing age was associated with lower levels of positive affect in the stress context. In contrast, there was no significant correlation between age and negative affect. Positive affect is seldom studied in the stress and coping literature, although researchers have argued long ago that not all stressors are perceived negatively. For example, Lazarus and Folkman (1984) made distinction between challenge and threat. Stressors are appraised as challenges when evaluated resources meet or exceed demands, whereas threats happen when demands exceed resources. For example, in the stressful work situations, some employees can thrive and experience positive affect when they overcome challenges (Britt & Jex, 2015). Affective well-being is not simply determined by whether or not individuals encounter stressors but also depends on how they cope with the stressful situations.

### **The Structure of Coping Strategies**

Coping strategies are typically studied in the stress context. While ways of coping can vary depending on the types of stressor, past researchers commonly agree that there are two general categories of coping strategies: problem-focused and emotion-focused coping (Aldwin & Revenson, 1987; Baker & Berenbaum, 2007; Folkman, et al., 1987). However, compared to the consistently positive relationships between problem-focused coping and health outcomes, the relationships between emotion-focused coping and health outcomes are less clear (Penley, et al., 2002). One reason may be the overly simplistic structure of coping strategies (Carver, 2007), especially for emotion-focused coping strategies.

In the present study, problem-focused coping consisted of actions aiming at changing the problem situation such as focusing on managing the problem, being persistent or trying harder,



and looking for alternative solutions. On the other hand, emotion-focused coping strategies targeted at managing emotional distress associated with the stressful situation. Two separate factors were found for the emotion-focused coping strategies: positive and negative emotion-focused coping. Positive emotion-focused coping involved strategies such as strengthening ties to others, providing emotional support, and taking time out. In contrast, negative emotion-focused coping involved strategies such as blaming others, expressing hostility, and stewing about the stressful situation. Our factor analysis suggested further distinctions of positive emotion-focused coping versus negative emotion-focused coping strategies because of their differential relationships to positive and negative affect. Positive emotion-focused coping was found positively related to positive affect, whereas negative emotion-focused coping was positively associated with negative affect. Thus, along with other researchers (Carver, 2007), we suggest that not all emotion-focused coping strategies are maladaptive and should be at least separated into two factors.

### **The Mechanism Underlying Age Differences in Positive Affect**

We found that age was negatively related to problem-focused coping and positive affect in the stress context. To address the more important question about the coping mechanism underlying these age differences in the stress context, a mediation hypothesis was tested. We found that older adults were similar to younger adults using both positive and negative emotion-focused strategies. However, they were less likely to use problem-focused strategies in the stress context. This may be due to higher demands of health-related stressors and declined coping resources such as increased physiological vulnerabilities (Charles & Luong, 2013; Folkman, et al., 1987). The present study found that problem-focused coping fully mediated the relationship

between age and positive affect. These findings underscore the benefits of using problem-focused coping strategies in the stress context, especially for older adults.

The broaden-and-build theory of positive emotions (Fredrickson & Joiner, 2002) suggests that positive emotions broaden the scope of attention and cognition, and initiate upward spirals toward increasing emotional well-being. This upward spiral can, over time, build psychological resources and enhance physical health (Kok, et al., 2013). With increased physiological vulnerabilities, older adults may have difficulty in using problem-focused coping strategies than younger adults and experienced lower levels of positive affect as results. Thus, it is important to promote problem-focused coping strategies among older adults in the stress context and build psychological resources for long-term health and well-being outcomes.

### **Limitation and Future Directions**

Results of the present study add to our understanding of the relationships between age, different types of stressors, coping strategies, and positive/negative affect. However, these results should be interpreted with the limitations in mind. First, the sample was a convenience sample and may not be representative of the entire population. Thus, the findings of age differences in positive and negative affect among this sample may not be generalized to other samples. Second, the present study used a cross-sectional design. A cross-sectional study cannot ensure the causal directions of the coping mechanisms underlying the relationship between age and positive/negative affect. Whereas lower levels of problem-focused coping may promote lower levels of positive affect of older adults, it is also possible that lower levels of positive affect may promote lower levels of problem-focused coping among older adults. Future research needs to employ longitudinal design to examine the causal mechanisms underlying age, stress and coping, and positive/negative affect.

**Declaration of Conflicting Interests**

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Table 1. Stressor Count by Stressor Type and Age Group

Type/Age Group	Young Adults	Middle-aged	Older Adults
School-related stressors	30	0	0
Work-related stressors	3	16	5
Health-related stressors	4	8	17
Financial/money problems	8	10	9
Relationship (family) problems	6	9	6
Relationship (friends, others)	11	3	1
Other stressors	7	2	6
Total reported stressors	69	48	44

Table 2. Rotated Factor Loadings for the California Coping Inventory

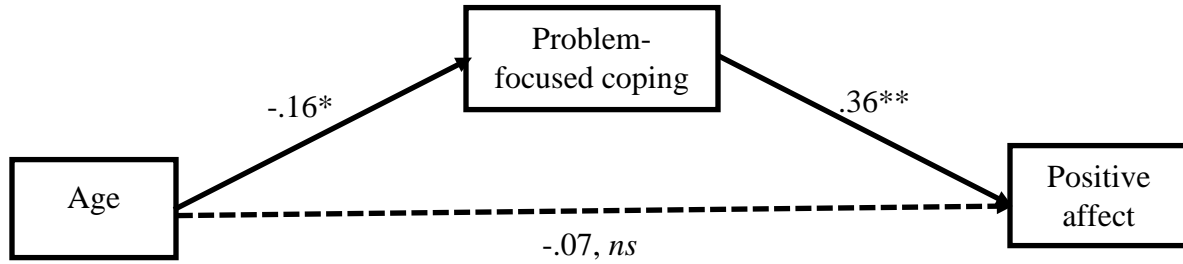
*Note.* Items with loadings  $\geq .40$  that were retained on a factor are shown in boldface type.

Coping items	Negative emotion-focused coping	Positive emotion-focused coping	Problem- focused coping
Cope10. Blamed others	<b>.79</b>	.04	-.19
Cope09. Expressed hostility to other persons	<b>.76</b>	-.08	-.08
Cope05. Tried to make the other person(s) feel guilty	<b>.74</b>	.10	-.16
Cope 19. Yelled or cursed	<b>.71</b>	-.18	.20
Cope 24. Complained to other people	<b>.57</b>	-.05	.10
Cope15. Imagined ways of retaliating	<b>.56</b>	.17	-.06
Cope 20. Stewed about it	<b>.54</b>	.07	.05
Cope 25. Directly confronted the person(s)	<b>.53</b>	.17	.21
Cope 26. Strengthen my ties to others	.04	<b>.85</b>	-.08
Cope 29. Provided emotional support to others	-.01	<b>.68</b>	-.04
Cope 28. Trusted that others would do the right thing	.07	<b>.65</b>	-.06
Cope 23. Did something concrete to help others	.01	<b>.63</b>	.15
Cope 14. Restrained action or suppressed my initial impulse	.06	<b>.52</b>	-.09
Cope 27. Exercised to control stress	.06	<b>.51</b>	.06
Cope 18. Was careful not to overextend myself	-.10	<b>.46</b>	-.06
Cope 16. Took time outs when I needed them	.07	<b>.41</b>	.04
Cope 21. Told myself to calm down	.18	.31	.07
Cope 06. Was persistent or tried harder	.22	-.28	<b>.75</b>
Cope 11. Asserted control over the situation	.16	-.20	<b>.68</b>
Cope 01. Focused on managing the problem	-.24	.01	<b>.64</b>
Cope 03. Knew that I would come up with something	-.03	.00	<b>.55</b>
Cope 07. Looked for alternative solutions	.07	.10	<b>.54</b>
Cope 02. Tried to get perspective on the problem	-.21	.14	<b>.47</b>
Cope 12. Developed new skills or understanding	.03	.30	<b>.43</b>
Cope 08. Trusted my instincts or intuitions about the problem	-.02	.25	.39
Cope 13. Accepted that this was a problem I had to deal with	-.18	.02	.32
Cope 17. Took things one step at a time	-.20	.30	.31
Cope 04. Tried to get the other person(s) to see my point of view	.29	.17	.31
Cope 22. Realized that it could have been worse	.01	.23	.29
Eigenvalue	5.90	4.48	2.25
% of Variance	19.68	14.92	7.51

Table 3. Means, Standard Deviations, and Intercorrelations among Target Variables

Variables	M	SD	Range	1	2	3	4	5
1. Age	44.14	20.90	18-89					
2. Problem-focused coping	2.03	.57	0-3	-.16**				
3. Positive emotion-focused coping	1.62	.66	0-3	.04	.36**			
4. Negative emotion-focused coping	1.07	.70	0-3	-.02	.01	.22**		
5. Negative affect	2.01	.64	1-5	-.11	-.03	.05	.35**	
6. Positive affect	3.46	.75	1-5	-.16**	.37**	.33**	-.03	-.18**

Figure 1. Path Analysis of the Hypothesized Mediation Model



Note:  $N = 196$ . Standardized path coefficients were reported.  $*p < .05$ .  $**p < .01$ .