

LOCUS OF CONTROL AND COPING METHODS USED BY  
BATTERED WOMEN

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BY  
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DENTON, TEXAS

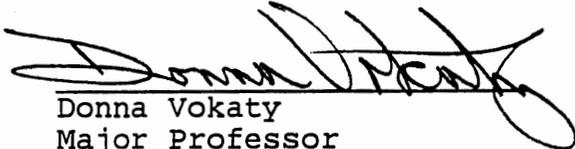
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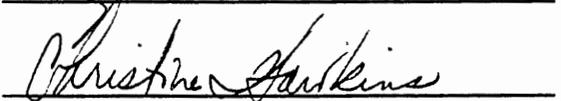
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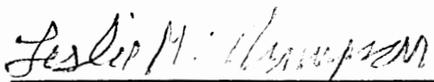
I am submitting herewith a thesis written by Lena Jean Acosta entitled "Locus of Control and Coping Methods Used by Battered Women." I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Nursing.

  
Donna Vokaty  
Major Professor

We have read this thesis and  
recommend its acceptance:

Accepted

  
Provost of the Graduate School

## DEDICATION

This study is dedicated to my parents, Gene and Carolina, who inspired me to develop an ambition for higher education.

## ACKNOWLEDGEMENTS

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ABSTRACT

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The relationship between battered women's locus of control beliefs (as measured by Rotter's Internal-External Locus of Control Scale) and the coping methods they use to handle stress was examined. The Jalowiec Coping Scale was used to measure coping behavior of 29 of the women who were seeking refuge at a shelter for abused women. The subjects were divided into two groups based on their I-E scores; 12 scored in the internal range ( $\leq 10$ ), while 17 scored in the external range ( $\geq 11$ ). Results indicate that there was no significant difference in the way internals and externals handled stress. Both groups used a combination of problem-solving and affective (regulation of emotion) coping strategies. Maintaining control was important for both groups, as was worrying, hoping, praying, and eating. Using drugs was the least used coping strategy.

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## CHAPTER 1

### INTRODUCTION

Domestic violence is a problem of increasing magnitude. Walker (1979) estimated that as many as 50% of all women will be battering victims at some point in their lives. Battering is a stressor. Women more often than men are the recipients of battering and are therefore faced with the need to cope. Although much is known about the battered woman's psychological reaction to the battering situation, no information could be found in the literature about how some women are able to deal successfully with the changes imposed by this stressful situation.

Current studies on the battered woman syndrome have concentrated on the abused woman's plight, her feelings of helplessness, her low self-esteem, and the reasons why she remains in the violent situation (Mahon, 1981; Walker, 1979; Wetzel & Ross, 1983). Very little has been written about the factors that help women cope successfully (Arnt, 1981).

One predictor of coping behavior is locus of control (Rotter, 1966). Since individuals' feelings of control determine how effectively they react to stress, an investigation was needed that explored how battered women's perceptions of control are related to how they cope with

their environment in general, and with the battering situation in particular.

The coping methods used by battered women were examined in this study. Although there are commonalities in the way battered women perceive the abusive situation, the intent of this study was not to stereotype battered women but to explore differences which may explain the variations in coping patterns.

#### Problem Statement

There was a need to determine if there is a relationship between locus of control and coping methods used by battered women. By understanding battered women's locus of control, nurses can be more effective in their interventions with these clients.

#### Justification of the Problem

The number of incidents of violence against women is unknown. According to Harris (1979), only about 1 in 10 occurrences is reported to the police, only about 4% of cases reach the courts, and 50% of the women tell no one, not even family or friends, of the abuse.

Nurses may encounter the battered woman in a variety of clinical settings such as in the emergency room, during a home visit, in a psychiatric setting, through a crisis

hotline, or in a women's shelter. Since many women fail to seek help, screening is an important nursing function.

Violence is a topic that is rarely addressed in nursing schools and most nurses have little understanding of violence in the family and are unfamiliar with strategies for intervention (Barnhill, 1980). Because of this knowledge deficit, a comprehensive plan of care may not be instituted when working with women who have been battered. A broader theoretical base for the battered woman syndrome is needed so that nurses can intervene more effectively; otherwise, they may become overly sympathetic and ineffective in their interactions with this client (Gemmill, 1982).

This study was intended to promote better understanding of the battered woman syndrome. Understanding this syndrome includes having a clearer picture of the dynamics of the behavior of the battered woman. One approach that might be useful in increasing understanding is to examine the relationship between battered women's locus of control and their coping methods. This information could be helpful in understanding why some battered women choose a particular pattern of response in the battering situation. This information could also clarify why some women feel they have no choice but to remain in the violent relationship, while others are able to learn from their experience and make the necessary changes to take control of their lives (Walker, 1979).

One goal of nursing intervention is to give emotional support to clients in crises and to assist them in making appropriate plans to deal with their lives after the crisis situation. By identifying positive coping behavior, nurses can be helpful in assisting clients to learn more effective coping strategies.

#### Theoretical Framework

Two theories were selected for this study. These theories were: Rotter's (1954) social learning theory, which explains how individuals learn behavior patterns that enable them to cope with their environment, and Lazarus' (1966) cognitive theory of coping which considers how individuals' appraisals of situations will determine their coping responses.

According to Rotter (1966), behavior is learned from infancy to adulthood, and continues to stabilize as an individual develops a personality. As individuals mature, they are able to choose new experiences and interpretations of reality based on past experiences. An assumption of Rotter's theory is that behavior is goal directed, and that individuals have certain expectancies or anticipations that their behavior will result in a particular reinforcement. According to Rotter's theory, behavior that is followed by a reinforcement tends to be repeated. Whether or not a particular

behavior will be learned depends on the value of the reinforcement and on whether the individual's goals have been achieved.

Locus of control is a construct introduced by Rotter which has been incorporated into social learning theory. This construct places individuals on a continuum of being either internally or externally oriented according to the degree to which they accept personal responsibility for what happens to them (Lefcourt, 1966). Rotter defined locus of control as follows:

When a reinforcement is perceived by the subject as following some action of his own but not entirely contingent upon his actions, then, in our culture, it is typically perceived as the result of luck, chance, fate, as under the control of powerful others, or as unpredictable because of the great perplexity of the forces surrounding him. When the event is interpreted in this way by an individual, we have labeled this a belief in external control. If the person perceives that the event is contingent upon his own behavior or his own relatively permanent characteristics, we have termed this as a belief in internal control. (p. 1)

According to Rotter (1966), individuals' locus of control are determined by their degree of expectation that their goals will be achieved as a result of a particular behavior. This theory proposed that individuals may differ in the degree to which they attribute reinforcements to their own actions; internal individuals may feel that responses and rewards are causally related, while external individuals may not see this relationship.

Expectations are crucial in determining perception. Since locus of control represents a coping process, internal and external orientations allow individuals to cope with threatening situations in different ways. According to Phares (1966), persons who believe in internal control tend to have more successful coping styles.

Lazarus (1966) considered coping to be a cognitive and transactional process between the individual and the environment. According to the Lazarus model, individuals make evaluative judgments about their interactions with the environment. These judgments include an appraisal of the situation as being either positive, neutral, or a threat with the possibility of harm or loss. After making appraisals, individuals will consider their available resources to deal with the situation. If they perceive the situation to be within their control, their coping efforts will be adaptive and the impact of the stressor will be reduced. These coping efforts may involve either attempts at problem solving or regulation of emotions. If a situation is perceived as being too threatening or as being beyond the individuals' abilities to control it, their subsequent coping behavior will be impaired and their ability to deal with the situation effectively will be decreased. Since coping is a learned behavior, the individuals' responses to particular stressors in the environment may be determined by their

particular personalities and on the meaning assigned to particular situations (Rotter, Chance, & Phares, 1972).

In applying these theories to battered women, the implication was that these women may differ in the way they handle stress. Internally-oriented women may learn from the experience and may make an effort to control their environment, while women who are externally controlled may have learned to expect battering as a way of life and believe that they cannot influence its occurrence (Walker, 1979). The behavior these women adopt in response to the battering situation may be hindering them from using appropriate problem solving and keeping them from learning new coping patterns (Walker, 1979).

#### Assumptions

Based on the theoretical framework, the assumptions basic to this study were:

1. Behavior is motivated, learned, and modifiable (Rotter, 1966).
2. Perceived locus of control can be measured (Rotter, 1966).
3. Coping methods are influenced by an individual's perceived locus of control (Rotter, 1966).

### Research Question

In order to gain a better understanding about the coping behavior of battered women, the following question was addressed:

Is there a relationship between locus of control and coping methods used by battered women?

### Definition of Terms

For the purpose of this study, the following terms were defined:

1. Battered women--women who have received deliberate physical injury from their mates at least once and who have sought assistance at a woman's shelter. A statement by the woman declaring such injury determined this definition.
- / 2. Coping methods--the cognitive and behavioral efforts used by individuals to master, tolerate, or reduce internal or external demands and conflicts (Folkman & Lazarus, 1984). For the purposes of this study, coping methods were measured using the Jalowiec Coping Scale (Jalowiec & Powers, 1981).
3. Locus of control--beliefs held by individuals regarding their abilities to influence the outcome of some events in their lives through their behavior. Internal locus of control attributes responsibility to oneself, while

external control gives this authority to others or to fate. In this study, internal control was determined by a score of 10 or lower on Rotter's Internal-External (I-E) Locus of Control Scale. Individuals scoring 11 or higher were categorized as having an external locus of control (Rotter, 1966).

#### Limitations

The limitations of this study were the following:

1. A convenience sample precludes generalizing the findings of this study beyond those women in the sample.
2. The sample was limited to women who have sought assistance at a woman's shelter; therefore, no information was obtained about battered women who have not asked for such assistance.

#### Summary

This study was done to determine if there was a relationship between locus of control and coping methods used by battered women. This understanding may be helpful to nurses in planning their interventions with these clients. Rotter's (1954) social learning theory and Lazarus' (1966) cognitive theory of coping formed the basis for the theoretical framework of this study of battered women.

## CHAPTER 2

### REVIEW OF THE LITERATURE

The relationship between locus of control and coping methods used by battered women was the primary concern of this study. In preparation for this investigation, the literature was reviewed in three major areas: (1) battered women, (2) locus of control, and (3) coping. The first section is focused upon violence and the battered woman. Although no research was found that reported battered women and locus of control, it was postulated by the investigator that research on locus of control is as applicable to battered women as it is to the general public. Additionally, studies were found that investigated locus of control and coping. An analysis of the coping methods used by battered women during the cycle of violence concludes this review of literature.

#### Violence and the Battered Woman

The intent of this review was to increase the reader's understanding of violence in the family. Several theories of violence are discussed. In addition, factors that precipitate marital violence are identified. Finally, the battered woman's contribution to the violent situation is

assessed using three approaches: viewing the problem as resulting from personal inadequacies of the individuals involved, attributing the violence to family malfunctioning, and/or determining the violence as a consequence of women's position in the social structure.

### Violence

Violence is a topic that is poorly understood. Several theories have been proposed to explain its occurrence, but there is little agreement among theorists about its origin (Eysenck, 1979; Russell, 1979; West, 1979).

Two prevailing schools of thought are used to explain the cause of violence. The first explanation is the psychoanalytic view that aggression is innate and present in all human beings (Freud, 1932). Proponents of this view believe that all men have the propensity toward violence, although it may be stifled or channeled in socially useful activities or turned inward and reflected as illness or guilt (Berkman, 1980). The second approach is based on social learning principles which propose that violence is learned. Dollard, Miller, Doob, Mowrer, and Slars (1939) created the frustration/aggression hypothesis which implied that human aggression is a response to intolerable frustration, and that violence is a symptom of this accelerated state of frustration. Bandura (1971) discussed three different

influences responsible for acquiring a propensity for violence. He classified them as familial influences, subcultural influences, and symbolic modeling. According to Bandura, learning is a result of observation which leads to one's modeling the behavior of others.

Eysenck (1979) combined views from both psychoanalytic and social learning schools of thought in his interpretation. He believed that both biological and social factors are responsible for creating violence, and that the development of a social conscience in children, through conditioning, is the necessary ingredient in helping to control violent responses.

Russell and Russell (1979) hypothesized that human beings are like monkeys and other mammals who have two totally different types of social behavior. He called these behaviors kindly and merciful on the one hand, and diabolically malignant on the other. According to his analysis, ample space is an important criterion for peace of mind. He postulated that crowded conditions tend to promote stress which leads to an increase in violence.

West (1979) considered violence to be a result of social circumstances and culturally determined habits and attitudes. His belief was that the same individual could be violent or nonviolent according to what is expected or permitted in his particular milieu.

### Factors Which Predispose to Marital Violence

Although the concept of family is viewed as a source of nurturance and as an aid to the sustenance of mental health, the family is the most frequent single locus of violence (Hiberman, 1980). Scott (1974) indicated that some degree of marital conflict is predictable in all marriages, but he indicated that the question that remained unanswered was why some couples resorted to violence as a means of settling their disputes. Major precipitators of violence in the family were reported to be social factors (Eekelaar & Kalz, 1978), familial influences (Hanks & Rosenbaum, 1977), sex-role conditioning (Lichtenstein, 1981), life stresses (Barnhill, 1980), and alcohol abuse (Gelles, 1974).

Social factors. Eekelaar and Kalz (1978) proposed that domestic violence results from the personal desperation experienced by an individual. This violence may be caused by such social constraints as poor economic conditions, low wages, bad housing, overcrowding and isolation, unfavorable and frustrating work conditions, lack of day care centers, inadequate transportation, unpleasant home environment, and lack of recreational facilities.

Familial influence. The idea of familial influences contributing to the onset of marital violence was also

supported by Harris (1979), Mahon (1981), and Gemmill (1982). These authors reported that violence was a result of childrearing patterns that were learned in the individual's family of origin and transmitted from one generation to another. In her interviews with battered women, Harris noted that women who had experienced family violence as children were three times as likely to be abused in their marriages. Mahon agreed that the childhood of the women instilled a subconscious approval for the use of violence. She added that this exposure to violence during childhood is an important motivating factor in allowing the women to remain in their abusive marriages. Gemmill stated that adults who have been victims of abuse as children or who have witnessed this violence in their families of origin have learned the pattern of abuse sufficiently to become victims or abusers in their own marital relationships.

Type of family of origin is important in determining the woman's contribution to the violence (Hanks & Rosenbaum, 1977). In their study of 22 battered women who lived with alcohol-abusing men, these investigators concluded that the subjects in their study were raised in one of three types of families or origin: If the woman was from a subtly controlling mother and figurehead father family, it was an

indication that she remained in the violent relationship with the alcohol-abusing man in order to feel superior and to rescue him from his legal troubles. If she was from a submissive mother and dictatorial father family, it was determined that she remained with the alcohol-abusing man in order to provide a focus to her directionless life. If the woman came from a disturbed mother and multiple fathers, she was thought to form attachments to relative strangers to compensate for her long-sought idealized father. These investigators suggested that the women in their study carried on the conditions of their early family situation into their marriage. As a result of the structured interviews, certain traits were identified as being common to all the couples in the study: that the husband was identified as the one with the problem, and the women were unaware of any contributions they made in escalating angry interactions into violence. In addition, the women had no insight into the marital roles they modeled from their families of origin.

A vertical transmission of violence was found by Parker and Schumacher (1977). Their study showed that childrearing patterns are often passed from one generation to another. A study of 50 women, 30 battered and 20 nonbattered, was conducted for the purpose of determining the significance of

childhood exposure to violence. The investigators found that there was a relationship between being physically abused and having a mother who had also undergone physical battering from her spouse. They also found that if the husband's father was abusive to women, there was a greater likelihood that the son would also be an abusive husband. Their study indicated that women who had not observed violence in their family of origin found it inconsistent with their roles and were better able to cope with and avoid further violence than women who had been exposed to violence as children. Steinmetz's (1980) findings were inconsistent with this view. Her study indicated that women who had no experience with violence in their family of origin were most likely to assume responsibility and blame for the husband's erratic behavior. She believed that women who had not previously been exposed to violence felt that they were at fault and did not feel justified in leaving, while women who had previously been exposed to violence accepted a certain amount of violence as normal behavior. When the violence exceeded their expectations, these women displayed anger at their husbands and felt justified in leaving the situation.

Sex-role conditioning. Several authors have examined the factors responsible for controlling and subjugating women (Berkman, 1980; Goldberg, 1982; Lichtenstein, 1981;

Martin, 1976). Among the factors discussed were sex-role conditioning and marital stereotypes. Martin (1976) stated that indoctrination into these roles prescribes helplessness, passivity, and dedication to wifeness and motherhood. Berkman (1980) contended that through socialization, women were programmed to be submissive, subjugated, and enslaved by the men with whom they lived. Lichtenstein (1981) supported this contention and added that learning appropriate sex-role behavior predisposes individuals to violence. Goldberg (1982) described how gender conditioning encourages individuals to acquire defensive responses which helps them learn behavior patterns which are socially acceptable but tend to create gender polarization between the sexes. This author stated that in the guise of being feminine, these behaviors encouraged the women to repress their aggression and assertion, leaving them to feel victimized, while the men tended to feel responsible and acquired a sense of guilt when things went wrong.

Life stresses. Life stresses can predispose as well as precipitate family violence (Barnhill, 1980). This is documented by studies on child abuse, separation, divorce, or any other stressor internal to the family unit (Figley & McCubbin, 1983). It is a well-known fact that developmental transitions such as marriage create an increase in stress.

There is documented evidence that wife-abuse usually begins early in the marriage (Gelles, 1974). Rounsaville and Weisman's (1977-78) study of 37 victims of spousal abuse found that 80% of the cases of abuse started during the first year of marriage, with the mean length of time before battering being 18 months.

Pregnancy constitutes a time of crisis and increased stress. Gelles (1974) reported that in some marriages, the beatings began or increased during pregnancy. Data for his study were obtained from interviews with 80 families. The victims in Gelles' study reported being kicked or punched in the abdomen. Miscarriages or stillbirths were quite common.

Children initiate role change which can lead to frustration and precipitate violence. LeMasters (1957) was one of the first authors to suggest that transition into parenthood is a crisis event. In his study of 46 couples with children, he found that 83% reported extensive or severe crisis in their initial period of adjustment to the child. Figley (1973) stated that the husband and wife must assume additional responsibility when they become parents. Pregnancy and the entire postnatal period is a stressful time for both partners. In a study of 1,113 white married women who were interviewed by Freedman and Combs (1966) regarding family expectations and preferences in child

spacing, the investigators found that couples who had short-spacing between the births of their children had a more difficult time economically. Short-spacing was defined as 1-2 years between offspring. Their study indicated that short-spacing was a characteristic of low income families. Additionally, Barnhill (1980) suggested that the impact of life stress depends on the amount, type, and availability of resources of the family. He added that, when resources are lacking or found to be insufficient, violence tends to be used as the last resort.

As a result of increased stresses due to parenting, two types of violence overlap, wife beating and child-abuse. Gelles (1974) found that 25% of child battering fathers in his study also battered their wives.

Alcohol is often mentioned in the literature as a precipitator of violence (Gelles, 1974; Scott, 1974; Shapiro, 1982). Gelles reported that 50% of the abusive husbands had been drinking when the violence occurred. Gelles hypothesized that alcohol serves as a method for the men to disavow responsibility for themselves and their violent behavior by saying that they did not know what they were doing. Correspondingly, in a survey of 100 wives of alcoholics, none of whom had originally been identified as being victims of abuse, Scott (1974) found that 72% of the

women reported that they had been threatened with violence, 45% said they were beaten, and 27% claimed to have been victims of potentially lethal assaults. Shapiro (1982) stated that alcohol is a catalyst rather than a cause of violence.

### Dysfunctional Family

A decade ago, Scott (1974) labeled wife battering a failure in adaptation. According to Shapiro (1982), violent behavior cannot be defined as simply one individual inflicting abuse on the other. Rather, understanding family violence requires an analysis of the interactions between family members. Correspondingly, Gemmill (1982) viewed the battered wife syndrome as a symptom of a dysfunctional family. She described how each partner brings to the marriage his or her own need to fuse with another in a close relationship.

Wetzel and Ross (1983) described the battering situation as the ultimate in "crazymaking." According to Wetzel and Ross (1983), a man who beats his wife gives her mixed messages. These messages are a group of conflicting statements which are interspersed with violence. These verbal tirades are followed by such statements as, "I love you, I won't ever do it again," or "I really didn't hurt you, you bruise easily." According to these authors, this

type of mind games adds to the battered woman's feelings of being crazy. These same techniques are used consciously during the process of brainwashing. Exposure to these conflicting messages makes the victims internalize the abuse and makes them more vulnerable.

Barnhill (1980) suggested that there is some degree of symbiosis between the victim and the offender. Barnhill stated that this symbiosis contributes to the isolation of the family, since members see outsiders as a threat to the symbiotic union. In transactional analysis terms, symbiosis is described as a competition to claim the child role (Justice & Justice, 1982). During a symbiotic union the spouses struggle with each other to see who is going to take care of whom, both physically and emotionally. Each person passively manipulates the other into meeting his own needs, whether or not it is possible to do so. According to Justice and Justice, four types of passive behaviors are possible: doing nothing, over-adaptation, agitation, incapacitation, and violence. Both violence and incapacitation therefore serve to force someone else to take over, be it the police or medical personnel.

A profile of both battered women and men who batter was described by Wetzel and Ross (1983). It was proposed by these authors that there is an enduring bond between the man

and the woman that is strengthened by mutual dependency. The abusive man was described as self-disclosing and the woman as sympathetic with a strong need to be needed. Statements made by the abusive man implying that the woman was the only one that could understand him resulted in the creation of a powerful "hook" which kept the woman from leaving him. This hook, plus the woman's need to be needed, created a paradoxical effect that resulted in stronger bonding.

Steinmetz (1980) described women as being both victims and perpetrators of violence. She suggested that there are two types of violent interactions in a domestic dispute; the first is the "Saturday night brawler" who readily admits to provocation. The author described these women as playing games, such as calling police to show their husbands that they can have the last word, pressing charges to embarrass the mate, and taking up critically needed shelter space when no battering or threat of battering has occurred. In contrast to the "Saturday night brawler" is the "chronic battered syndrome" victim. This woman was described as one who would avoid retaliation for fear of escalation of the attack. Typically, the chronic battered syndrome victim tries to remain passive, uses only those behaviors geared toward protecting herself, or tries to escape. The chronic battered syndrome victim lives in terror and fears for her

life; she often seeks and needs intervention. The Saturday night brawler, on the other hand, usually perpetuates the violence and needs little assistance as she feels that she can take care of herself.

According to Scott (1974), there is danger in attributing the battering to one or the other of the spouses. He cautioned that the aggressive family relationship is a better concept than the aggressive spouse concept, since the presence or absence of violence depends on the interaction between the spouses.

#### Profile of the Battered Woman

A number of explanations have been set forth in the literature to account for the abuse of women by their spouses, and as a result, contradictory psychiatric labels have been ascribed to the battered woman (Berkman, 1980; Hanks & Rosenbaum, 1977). The battered woman is either described as a passive and innocent victim, or as a nagging wife who has driven her husband beyond endurance (Martin, 1976).

The literature revealed three different approaches used to explain the behavior of the battered woman. The first approach viewed the problem as an individual one, with the problem described in terms of personal inadequacies of the individuals concerned (Snell, Rosenwald, & Robey, 1964).

In a study of 37 men charged with beating their wives and referred to a mental health clinic for psychiatric evaluation, Snell et al. (1964) suggested that the beatings were solicited by women who had negative personality characteristics. Interviews were done with both the husbands and their wives. Findings of the study described the women as aggressive, efficient, masculine, sexually frigid, and masochistic. However, according to Arnt (1981), these characteristics have not been found to be true. Her analysis of the personality characteristics of the battered woman based on actual interviews indicated that battered women do not differ significantly from the general population.

A second approach attributed the behavior of the battered woman to family malfunctioning and took into consideration the dynamics of the relationship between the abused woman and her batterer (Scott, 1974). This approach was supported by Gemmill (1982) who stated that the woman who believes that failure of her marriage makes her a failure as a woman also believes that she has no value apart from her marriage.

A third approach explained the problem as a consequence of the women's position in the social structure. Martin (1976) and Walker (1979) believed that women are at a disadvantage since they are conditioned to be economically

dependent on a man, are responsible for doing most of the childrearing, and are expected to do everything in their power to keep the marriage together.

More recent studies have been concentrated on formulating a profile of the battered woman based on the use of a clinical diagnostic instrument known as the 16 Personality Factors (16PF). This instrument is a personality inventory which measures healthy aspects of the personality as well as pathology (Arnt, 1981; Mahon, 1981; Star, 1978). These investigators have explored the personality characteristics of battered women in order to make a comparison between these women and women in the general population. Results of their studies indicated that women who have been abused share characteristics which are common to all women.

Star (1978) studied 54 women living in shelters in California and Arizona. Although subjects in her study were more reserved, less intelligent, emotionally less stable, more submissive, sober, shy, traditional and undisciplined, she concluded that these characteristics were compatible with a person in crisis. In her opinion, these traits were considered positive in view of the fact that these women were closer in time to the battering situation and still in a state of crisis.

Mahon's (1981) study involved 11 battered women who were referred from a victim advocacy program and respondents from a classified ad. The following personality traits were identified in the women in her study. The women were motivated by a feeling of responsibility to their husbands and their marriages. They had a low frustration tolerance and tended to get easily upset and blame their husbands for the frustrating event. In addition, the author found that subjects in her study had less of an ability to deal with crises and tended to be critical, aloof, reserved, self-sufficient, preferred making their own decisions, and had a lower intellectual functioning. Mahon concluded that the women in her sample were motivated by inner values and believed strongly in following moral rules. These women had a low capacity for dealing with conflict, tended to keep to themselves in a rather rigid manner, and did not seek outside help. Another conclusion made by the author was that the women in her study had a strongly developed system of what is right and wrong, but because of their sex-role conditioning, they would accept physical abuse in order to have a successful marriage.

Arnt's (1981) subjects were 30 women between the ages of 21-53 years. These women had a history of abuse but were not in immediate crisis. Her study indicated a more positive profile of the battered woman. Her findings

indicated scores compatible with high intelligence, high assertion skills, and average or slightly above average ego strength when compared with the general population. As a result of her findings, Arnt concluded that the negative labels used to describe battered women needed to be examined and updated.

All three of the above studies supported Wetzel and Ross's (1983) conclusion that the negative profiles of the battered woman is a result of the unhealthy milieu in which she has been living. According to Wetzel and Ross, any woman, especially if she has an autocratic father, may exhibit some of these traits even before being battered. These authors believed that these personality traits may be more noticeable in women who remain in the battering situation for a longer period of time. Judge Stewart Oneglia (cited in Gemmill, 1982) of Maryland said, "after a few years of the husband telling her he beats her because she is stupid, ugly, or incompetent, she is so psychologically destroyed that she believes it" (p. 22).

#### Locus of Control

As noted earlier, no studies were found that investigated battered women and locus of control. The premise made by this study, however, is that the studies reviewed on locus of control are as applicable to battered

women as they are to the general population. In addition, it is believed that many of the characteristics used to describe battered women may be explained in terms of their belief in personal control.

### Degree of Control

Man's ability to control his environment has been explored widely by investigators who have described it by different names and orientations (Lefcourt, 1966). Terms such as mastery (Adler, 1956), hopelessness (Richter, 1959), powerlessness (Johnson, 1967), power (Korda, 1975), learned helplessness (Seligman, 1975), giving-up/given-up syndrome (Engel, 1976), desire for control (Burger, 1984), illusion of control (Martin, Abramson, & Alloy, 1984), and locus of control (Rotter, 1966) have been used to describe personal control.

A sense of mastery which was developed by individuals when they were able to combat feelings of inferiority was used by Adler (1956) to describe control. He labeled this behavior as striving for superiority and concluded that it was a universal motive used by men to maintain inner control.

Loss of hope or hopelessness was found by Richter (1959) when he explored motivation for control. In his experiments with animals exposed to aversive shocks, he

described how they ceased all efforts to escape and eventually succumbed to death when faced with situations in which no solution seemed possible. He applied his findings to human behavior and concluded that it was the loss of hope that resulted in the decreased motivation.

Powerlessness was defined by Johnson (1967) as a perceived lack of personal control. He proposed that this lack of control could affect learning and could become a permanent personality characteristics.

Power was described by Korda (1975) as a sense of personal control. He defined power as "the ability to control people, events and ourselves--in a word, power is control" (p. 24).

The term "learned helplessness" was coined by Seligman (1975) to describe the sense of despair that follows man's awareness that he can do nothing to change the course of action in his life. He postulated that various components of depression are consequences of man's early learning that outcomes are out of one's control.

Control was defined by Engel (1976) in terms of the giving-up/given-up complex. According to his definition, when individuals feel they are unable to cope, determine that no change in the environment is possible, and hold themselves accountable for the situation, they often develop

a life-threatening disease. This feeling of having "given up" often persists throughout the downhill course of illness.

Desire for control was the notion introduced by Burger (1985). According to this author, this is a stable personality trait that reflects the degree to which individuals are motivated to control the events in their lives. Individuals high in desire for control are said to prefer making their own decisions, will take any action needed to avoid a potential loss of control, and generally assume leadership positions. Individuals low on desire for control prefer to avoid extra responsibility and may prefer that someone else make decisions for them.

The illusion for control was discussed by Martin et al. (1984). Illusion for control was described as the belief that one's own actions would influence the outcome of events, when in fact, those outcomes would be uncontrollable.

Locus of control was investigated by Rotter (1966). According to Rotter, either too much or not enough control may create problems. He cautioned that there must be a limit to personal control; otherwise, individuals may be subjected to increased trauma when they discover that they cannot control certain events which are uncontrollable. The

author postulated that the solution points in the direction of finding a happy medium between the two extremes.

### Locus of Control

Rotter (1966) defined locus of control as the degree to which individuals believe that outcomes of events in their lives are determined by their own behavior, due to the influence of others, or occur as a result of chance or fate. He stated that individuals could be either internally or externally oriented as a result of their beliefs in personal control. Internal individuals believe they can control their destiny, whereas externals place control outside themselves and look to others for answers, support, and guidance.

The literature indicated that internals and externals respond to most situations in a pre-determined manner. Internals, when compared to their external counterparts, are more assertive (Cash, 1984), feel more responsibility for their behavior (Ganellen & Blaney, 1984), strive for achievement (Wolk & Bloom, 1978), are able to make a more positive adjustment to changes in their environment (Wolk & Kurtz, 1975), are more capable of functioning under stress (Wolk & Bloom, 1978), and are generally better able to cope (LaMontagne, 1984). On the other hand, externals, when compared to internals, tend to be more anxious (Auerbach,

Kendall, Cutler, & Levitt, 1976), are more fearful (Traub, 1982), have difficulty making decisions (Obitz, 1978), and are more prone to depression (Burger, 1984).

Rotter (1966) warned, however, that there is a danger in casting people into types and that expectancy for control is not a behavioral trait but a motivational one. He indicated that in order to make an accurate prediction of an individual's behavior, other variables, such as the value of the reinforcement under consideration, needed to be considered, and an assessment of alternative behaviors available to the individual should be done.

According to Yalom (1980), prior research indicates that it is good to be internal and bad to be external. Internals are seen as possessing those particular qualities necessary for optimal performance, while suggesting that externality is associated with various types of maladjustment. Rotter (1966) warned about the good guy-bad guy dichotomy and came to the defense of externals by saying that there might be two types of externals. He identified passive externals as those individuals who tend to project blame on others. Defensive externals are competitive, striving, and ambitious when placed in a competitive, achievement situation, although the same individuals may avoid competition whenever possible without apparent loss of

status. Davis and Davis (1972) defined defensive externals as those individuals that acquired an external score on Rotter's I-E Scale, but achieved high ratings on manual tasks requiring performance skills. Davis and Davis stated that defensive externals will behave more like internals in situations in which overt action might lead to reinforcement, but that the external score may be seen as a defensive maneuver designed to protect the person from potential failure. Phares (1966) asserted that defensive externals are really internals hiding behind their I-E scores.

The literature revealed several factors that may contribute to the development of personal control. The factors identified were age (Lefcourt, 1973; Sherman, 1984; Wolk & Kurtz, 1975), socioeconomic status, race, and sex (Mirowsky & Ross, 1983). Lefcourt considered age to be one of the most obvious factors associated with the causality of perception of control, particularly with internality. Sherman (1984) agreed with this prediction and stated that perceptions of control develop over time and are subject to the influences of experience.

In a cross-sectional and longitudinal study done for the purpose of analyzing children's developmental perceptions of control, Sherman (1984) hypothesized that internal perception of control was associated with growing older.

Subjects for this study were 97 elementary school children between the ages of 8 and 13 years. The Nowicki-Strickland locus of control scale was administered to the subjects three years in a row. The hypothesis was confirmed as predicted. The findings of the study indicated that there was a significant difference in scores from one age group to the next, as well as from one year to the next. Older children had significantly more internal scores, whereas young children, primarily 8 and 9 year olds, were more external. No significant differences were observed in relation to the sex of the children.

Wolk and Kurtz (1975) found that not only was growing older associated with increased internality, but that it also tended to promote a more positive adjustment. A sample of 73 noninstitutionalized male and female elderly subjects were studied to ascertain their level of expectancy for control as well as the relationship between internal control and adaptive behavior. Assessments were made using Rotter's I-E Scale, and indices of developmental adjustment, active involvement, and emotional adaptation. Results of the study provided evidence that internal elderly individuals manifested higher levels of control, higher levels of involvement, more adaptive levels of developmental task accomplishments, and more positive emotional balance. The

investigators concluded that the internal elderly subjects, unlike their younger counterparts, were able to adapt to stressful circumstances that in some ways required more ability for exerting personal control.

External control, according to research, is directly associated with low socioeconomic status, ethnicity, and being female. Mirowsky and Ross (1983) reported on a comprehensive cross-sectional survey done of 463 male and female subjects from three different ethnic groups in the El Paso and Juarez area. The subjects were from either Anglo, Mexican, or Mexican-American heritages and ranged in ages from 18-65 years. The purpose of the study was to compare social stressors and physical and psychological symptoms experienced by the different ethnic groups. Duncan's Socioeconomic Index, a modified version of Rotter's I-E Scale, and questionnaires on trust and paranoia were used. The variables of age, sex, ethnic heritage, minority status, educational level, socioeconomic class, locus of control, trust and paranoia were studied. Results indicated that there was a positive correlation between low socioeconomic status, Mexican heritage, being female, and having an external locus of control. External subjects were found to experience less trust than internal subjects. As a result of their findings, Mirowsky and Ross concluded that belief

in external control interacted with low socioeconomic status to produce mistrust, which in turn is the major factor associated with paranoia. The investigators stated that belief in external control does not in itself lead to mistrust, that in this particular population it is learned in the course of everyday life as a result of feeling powerless, victimized, and exploited. The investigators added that, just as belief in external control is understandable among those who are powerless, mistrust is understandable among those who are victimized and exploited.

#### Coping and Locus of Control

Lazarus (1966) stated that the way individuals cope is influenced by the way they define or appraise a situation. He suggested that the less control they judge themselves to have in a threatening situation, the more stressful it will be.

Studies have supported Lazarus' (1966) proposal. Authors (Houston, 1972; Wolk & Bloom, 1978) have indicated a relationship between internal locus of control, the way a stressful event is interpreted, and behavioral outcome. Houston reported that internals react to the threat of uncontrollability with more acceleration in their heart rates than externals. The experiment consisted of assessing the subjects' performance under three types of conditions:

non-stress, avoidable shock, and non-avoidable shock. The subjects were 66 males from an introductory psychology class. During the experiment the subjects' heart rates were recorded with a E&M physiograph. The task consisted of a digits backward test. Subjects were told that if they made a mistake they might or might not receive an electric shock, and that the shocks could be avoided by not making mistakes. Subjects in the avoidable and non-avoidable shock groups were observed to have a more rapid heart rate than the non-stress group. There was no significant difference between internals and externals in the non-stress group. Houston concluded that the increase in anxiety was greater when the subjects thought they were helpless, or could not protect themselves from the shock.

Wolk and Bloom (1978) performed an experiment on 72 male and female students in the seventh and eighth grades. The purpose of the study was to assess the subjects' performance under conditions of increased stress, and to determine whether the subjects attributed their academic success and failure to themselves or to forces outside themselves. Subjects were assigned to either a baseline group, a moderate stress group, or a high stress group. The subjects' IQ scores were obtained prior to the experiment and were used as a statistical control. Subjects were told to complete

three academic type tasks while exposed to one of the treatment groups. Analysis of the data revealed that internal subjects were more capable of sustaining the task under higher levels of stress, while externals experienced a decrease in their performance as their level of stress increased. Internals were found to be able to complete the task much faster. In the non-stress condition, internals and externals performed similarly. The investigators concluded that differences in performance between internals and externals could be attributed to stronger reward expectancies held by internal subjects.

Auerbach et al. (1976) determined that individuals tend to become anxious when placed in situations in which they have no control. Sixty-three male and female dental patients who ranged in ages from 19-74 years participated in this study. Subjects were asked to view one of two videotapes just prior to dental surgery. Participates were allowed to choose between a specific information tape and a tape that gave them general preoperative information. The State-Trait Anxiety Inventory (STAI) was administered, followed by a structured interview that centered on the subjects' past surgical experiences. Rotter's I-E Scale and the STAI were repeated immediately after surgery. The surgeon who performed the oral surgery then used a 4-point

scale which ranged from "not at all" to "very much so" to rate the subjects in the following areas: subject's response to the prospect of anesthesia with apprehension or fear; signs of anxiety or tension during the entire surgical procedure; overtly uncooperative behavior; and response to painful stimuli with verbal admission of pain. Results indicated that individual differences in locus of control were not related to dental anxiety or scores on the STAI. Internals adjusted poorly to the surgical experience when given only marginal information, but showed a positive adjustment after viewing a videotape that was highly informative regarding the procedure they would undergo. The reverse was true for externals, they tended to get more anxious as their level of information increased.

Obitz (1978) reported that the ability to make decisions is influenced by one's orientation of personal control after studying 150 white, male alcoholic patients who were participating in a post detoxification program. Prior to the investigation, participants were given information regarding Disulfiram, which is a drug that interferes with alcohol consumption. Subjects were told that they were to decide whether or not they wanted to use this drug. All the subjects completed Rotter's I-E Scale. The author found

that more externally oriented subjects elected to take Disulfiram than did internally oriented subjects.

Prior research indicates that internals are better copers than externals (Vickers, Conway, & Haight, 1983). Over 2,500 Marine Corp recruits participated in this study which examined the relationship between chance, powerful others, internal control, and 20 coping and defense mechanisms. The authors found that the relationship between locus of control and coping could be described in terms of two integrated styles. Externals had lower coping skills than did internals, and they used such externalizing defenses as "displacement," while internals minimized the incident, used reversing defenses, and had more extensive coping skills. Internals may be forced to rely upon denial or other defenses to deal with the anxiety or source of stress. Denial can interact with locus of control to disrupt the internal more than the external, due to the fact that the external has a built-in rationalization for being able to attribute inadequacies to bad luck or repeated failures to powerful others (Wolk & Bloom, 1978).

LaMontagne (1984) studied locus of control and coping behavior in 51 children, ages 8-12 years, who were scheduled for minor elective surgery. The Nowicki-Strickland Locus of Control Scale was used along with personal interviews

designed to clarify each child's mode of coping along a dimension termed avoidant-active. The results indicated that children rated as active copers were more internal than those rated as avoidant, or a combination of avoidant-active modes. Children rated as active copers asked for more information about their medical problems and surgery. In this study, internal locus of control was significantly related to socioeconomic status, but not to sex or other demographic variables.

Externality was found by Traub (1982) to be associated with increased fear in a sample of 205 introductory psychology students, ages 17-26 years. Rotter's I-E Scale and the fear survey was used to examine the relationship between locus of control and fear. The author found that the internal-external scores correlated positively with all but one of the items in the fear scale. Of the 89 correlations, 66 were statistically significant. Overall, fear was significantly related to externality. Extremely internal subjects (score of 5 or less) were not significantly more fearful than those internal subjects whose score was 10 or less, but internal subjects were less fearful than external subjects (scores of 11 or above).

Fear of death has also been found to be significantly related to externality (Vargo & Black, 1984). Templer's

death anxiety scale was used on 50 first year medical students for the purpose of determining their level of death anxiety. The subjects were divided into two groups on the basis of their scores on Rotter's I-E Scale. Results of the study indicated that the internally oriented group obtained a lower level of death anxiety than the external group. Sex and age revealed no significant differences on the death anxiety measure, thus strengthening the relationship between locus of control and fear of death.

Beliefs about control can influence an individual's coping responses. Some beliefs can inhibit coping efforts. An investigation done by Cash (1984) revealed that externals had more irrational beliefs than internals. He studied 114 female undergraduate students with a median age of 20 years to evaluate the relationship between Jones' Irrational Belief Test, the adult Nowicki-Strickland Locus of Control Scale, The Success-Failure Inventory, College Self Expression Scale, and Beck's Depression Inventory. Findings indicated that persons who strongly endorse irrational beliefs maintain a more external locus of control. In addition, they have a less optimistic cognitive set concerning success-failure, are less socially assertive, and are more prone to depression than persons who do not endorse such beliefs.

Ganellen and Blaney (1984) investigated the effects of locus of control on life stress and depressions in 158 female undergraduate students. Participants were asked to complete the Life Experience Survey, the Levinson Locus of Control Scale, and the Beck Depression Inventory. The investigators posed the question of whether internal locus of control was a negative feature which resulted in self-blame due to responsibility for causing the event, or whether a belief in personal control over future events is a positive coping behavior. The authors found that stress, internality, and powerful others had a significant effect on depression, whereas chance interacted with life stress to increase one's vulnerability to depression. The data also indicated that persons who have experienced high levels of stress and have a strong belief that chance factors determine the outcome of events have the greatest vulnerability to depression.

An individual's control orientation may be influenced by his degree of illusion of control, according to Martin et al. (1984). They studied 108 college students, male and female, between 16-43 years who were assigned to a depressed or non-depressed group on the basis of their scores on the Beck Depression Inventory and the Multiple Adjective Check List (MACL) Depression Scale. As part of the experiment,

subjects were asked to judge their degree of control over the onset of a green light and to judge how much control a confederate other exerted over the onset of the same light.

Depressed subjects were able to judge their own control accurately, but they overestimated the confederate's control. Thus, depressed subjects exhibited a larger illusion of control than did non-depressed participants. Depressed males viewed women as more competent and powerful than men, while non-depressed males believed in a personal competence. Non-depressed females were characterized by a belief in a universal competence. These authors concluded that susceptibility to the illusion of control is influenced by mood state. Depressed subjects exhibited a greater illusion of control than non-depressed subjects.

Burger (1984) found that the extent to which individuals perceive that their lives are controlled by chance or powerful others is strongly related to depression levels, with higher beliefs associated with greater depressions. To determine the subjects' susceptibility to depression, the Beck Depression Inventory, the Desirability for Control Scale, and Levenson's Internal-External Locus of Control Scale were administered to 71 undergraduate male and female students. Burger found that subjects high in desire for control and who had an external locus of control were

more likely to be depressed, to seek nonprofessional help for their depression, and to have more suicidal thoughts than did subjects low in desire for control or subjects who demonstrated an internal locus of control.

In a later study, Burger (1985) indicated there is a difference in the way internals and externals respond to the experience of uncontrollability. In studying 34 male and female college students to determine the subjects' desire for control, he found significant differences between two groups of subjects in terms of degree of desirability for control. The Desirability of Control Scale was given to subjects four weeks prior to the investigation as part of a battery test. Subjects were instructed to work on a series of anagrams as part of the experiment. The task enabled the investigators to assess the subjects' performance on achievement related behavior. Subjects were given 2 minutes to solve four sets of 10 anagrams designed to be only minimally difficult. For the second task, subjects were given three more sets of 10 anagrams and allowed to choose which 3 they would work on and in what order. The anagrams were rated from mildly to extremely difficult. A pattern of attribution for success and failure was revealed in the findings. Subjects high in desirability for control chose anagrams that were more difficult than those chosen by

subjects low in desirability for control. Subjects high in desirability for control also displayed higher levels of aspiration, had higher expectancies for their performance, were able to set more realistic expectations, responded to challenging tasks with greater effort, and tended to persist longer at difficult tasks than subjects low on desire for control.

Frequent experiences with uncontrollability, according to Burger (1984), may lead to learned helplessness. The more important the individual finds the uncontrollable event, the greater the initial effort to increase control and the more severe the eventual helplessness.

Dweck and Reppucci (1973) studied 40 male and female fifth grade students to determine if there was evidence of deterioration in performance when conditions for the production of helplessness were recreated. The experiment consisted of exposing students to a set of training problems that used failure as the aversive event. Subjects were rewarded for their correct answers with plastic chips which they could turn in for prizes at the end of the session. Two experimenters administered the same problem except that the problems were rotated by the second experimenter 90 degrees, 180 degrees, and 270 degrees, respectively. The problems given by the success experimenter were always

solvable, whereas the problems given by the failure experimenter were never solvable. The authors found a number of children failed to complete the problems administered by the failure experimenter even when the problem became solvable. Children who showed the greatest decrease in performance were those who took less personal responsibility for the outcomes of their actions and who attributed success and failure to the presence or absence of ability rather than to the expenditure of effort.

An investigation by Hiroto (1974) revealed that externals performed more poorly on certain tasks after an experience with an uncontrollable situation than did internals. Ninety-six college students were administered the James Internal-External Locus of Control Scale 8 weeks prior to the investigation. Subjects were divided into three groups which were equally divided between internal, external, and counterbalanced for sex. Each group received different instructions prior to being exposed to the experiment which was a loud aversive tone. The first group could neither escape nor avoid the loud tone. The second group could escape, and the third group was not exposed to the treatment. Results indicated that external subjects were slower to escape or avoid the aversive shock than internally controlled subjects. Internals made more escape attempts than did externals.

### Coping and Battered Women

When individuals are under stress, their need to exert control increases. Winstead (1984) stated that the first step in choosing a mode of coping is to determine what is causing the stress. The following step is to decide if one can do something about the stress-producing agent. In other words, beliefs about one's ability to control the stressor come into play.

#### The Cycle of Violence

Walker (1979) described the cycle of violence which consists of three distinct phases: a tension building phase, the acute battering incident, and a loving respite which is free of tension. Walker stated that battered women have developed strategies for dealing with the battering situation. These learned responses have proven successful in the past and have made the situation more bearable.

Phase I: The tension building phase. Phase I, according to Walker (1979), consists of a series of minor battering incidents. The behaviors utilized during phase I of the cycle of violence include such behaviors as the woman becoming more nurturing, compliant, and anticipating the man's every whim, or her electing to stay out of the abusing man's way. These behaviors are chosen because the woman

truly believes that what she does will prevent the batterer's anger from escalating. At this point, the woman is not interested in the reality of the situation, but she is desperately attempting to prevent the batterer from hurting her more.

Intrapsychic coping responses are frequently used by battered women during the cycle of violence, as noted by Ziemer (1982). Intrapsychic coping modes include the psychoanalytic defense mechanisms like denial, rationalization, and projection. These intrapsychic coping modes only change the mind set of the individual; no actual change in the situation occurs. These modes of coping are not necessarily maladaptive since emotions can be controlled.

Denial is a common psychological defense used by battered women (Hanks & Rosenbaum, 1977; Walker, 1979; Ziemer, 1982). Battered women deny that they are angry at being unjustly hurt physically and psychologically. Hanks and Rosenbaum stated that this denial was the women's way of defending themselves against their own anxiety. Denial also keeps the women from verbalizing anger or showing fear which in turn prevents them from further antagonizing the batterer. Projection and rationalization are also used during phase I of the battering cycle. Walker described how battered women use rationalization to convince themselves

that they deserve the abuse, often identifying with the batterer's faulty reasoning and blaming themselves for the violent outburst. The women tend to minimize the situation by rationalizing that it could have been worse. Occasionally they project the blame on a particular situation. As a result of this reasoning, the women may decide to wait the situation out, hoping that the situation will change and the batterer's behavior will improve. Often battered women try hard to control as many external factors as possible to prevent further battering incidents. One behavior frequently reported is the women's attempts to manipulate the behavior of other family members toward the batterer (Walker, 1979). While they are covering up for the batterer and making excuses for his rude behavior, the women often alienate loved ones who could help them (Walker, 1979). This reasoning, unfortunately, does not bring on an improvement. It only results in a postponement of the second phase of the cycle, the acute battering incident.

As the battered women sense the escalating tension, it becomes more difficult for their coping techniques to work (Walker, 1979). The women can no longer restore the equilibrium that was possible during the early part of this phase. When this happens, the women are less capable of defending themselves against the pain and the hurt. The psychological

torture becomes unbearable. The women become exhausted from the constant stress and, fearing that they will inadvertently set off an explosion, tend to withdraw from the batterer.

During the initial stages of the first phase of the battering cycle, the women do have some control (Walker, 1979). However, as the tension builds, this control is rapidly lost.

Phase II: The acute battering incident. Walker (1979) stated that the second phase is briefer than the first, generally lasting from 2-24 hours. This stage is characterized by lack of predictability and lack of control. During phase II, both the woman and her batterer fully accept the fact that their rage is out of control. The man may start out by justifying his behavior to himself, but ends up not understanding what happens as his rage is so great that it blinds his control over his behavior. Reportedly, he starts out by wanting to teach the woman a lesson, not intending to inflict any particular injury to her, and eventually stops when he feels that she has learned her lesson. By this time, however, the woman has generally been beaten severely (Walker, 1979).

Battered women occasionally do report to have provoked the incident (Steinmetz, 1980; Walker, 1979). This

provocation was reported by the women to be due to the feeling that the period of inevitability was very close, and that they could not tolerate the terror, anger, or anxiety any longer. They would rather get the second phase over with than to continue in fear of it. Berkman (1980) described this stage as being characterized by feelings of living in constant terror, ever present agitation, and that the women exhibited signs of anxiety bordering on panic. Gemmill (1982) suggested that the women's anxiety may be so high that it interferes with their ability to think.

Janis (1985) described a maladaptive mode of coping called hypervigilance. In this extreme form, hypervigilance consists of panic or near panic behavior. This mode of coping is characterized by overreacting to potential threats, impulsivity, and vacillation. Individuals in a state of hypervigilance are obsessed with thoughts of all the horrible things that may happen, and they engage in a frantic search for a way out of their dilemma. Mental efficiency is temporarily impaired as a result of the high emotional arousal, which results in perseveration, reduced memory span, and simplistic thinking.

The battering in phase II is severely violent. Often, the man wakes the woman out of a deep sleep to begin the assault (Walker, 1979). Some battered women have reported

that if they answer the batterer's angry outbursts, he will become angrier with what the woman says. On the other hand, if the woman remains quiet, her withdrawal enrages him (Walker, 1979). The battered woman finds herself in a dilemma; she gets a beating no matter how she responds. Attempts to ward off injury result in arms being twisted or broken as they are raised to escape the blows. Walker noted that severe injuries occur as a result of being pushed against objects in the room. According to Walker, the violence in phase II has an element of over-kill to it. Sometimes the batterer is unable to stop even though the woman is severely injured. Only the batterer can end the second phase. The woman's only option is to hide. What causes the batterer to stop remains unclear. Walker proposed that he may simply have become exhausted and emotionally depleted.

In spite of the terror experienced during phase II, most battered women report that they function fairly well during the acute battering incident (Walker, 1979). Some women stated that it was as if they could stand back and watch their disembodied selves being thrown against a wall or down a flight of stairs. Walker stated that this dissociation is often coupled with a sense of disbelief that the battering is really happening to them. Menninger (1977)

defined this mode of coping as a second order device used by the ego to maintain homeostasis. He stated that this partial detachment from the world of reality is a strategic retreat, with compensating features, in order to diminish the tension resulting from excessive internal pressures.

When the acute attack is finally over, the women experience initial feelings of shock, denial, and disbelief. Both the batterer and the victim find ways of rationalizing the seriousness of the attack. Physical injury is often minimized by both partners, and often the women do not seek help after the battering incident occurs unless they are hurt so badly that immediate medical attention is required.

Walker (1979) drew a parallel between battered women and victims of other catastrophes. She stated that disaster victims generally suffered emotional collapse 22 to 48 hours after a catastrophe. The symptoms experienced by disaster victims include listlessness, depression, and feelings of helplessness. Similar behaviors are experienced by battered women. Figley (1973) discussed the immediate and long term consequences of a catastrophe. He described how, during a catastrophe, victims must somehow learn to cope with the on-going threat in order to "fight" the catastrophe. Common reactions used by the victims were identified. The first response proposed by Figley is the "denial-numbing" response. This response is a defensive coping mechanism that remains

with the victim long after the catastrophe is over. Such a response is adaptable to surviving at the time. According to Figley, it is adaptable because the victim either denies the situation is as bad as it is or the victim becomes numb to the stress by refusing to think about it. Figley stated that both reactions result in increased coping ability and make the victim a "veteran" of the catastrophe by increasing the chances for survival, both in action and in thought.

Phase III: Kindness and contrite loving behavior. The third phase, as noted by Walker (1979), is characterized by extremely loving, kind, and contrite behavior exerted by the batterer toward the abused woman. In this last phase, the woman's victimization becomes complete as the batterer realizes he has gone too far and tries to make it up to her. He begs the woman for forgiveness and promises never to do it again, just like a little child caught with his hand in the cookie jar (Walker, 1979). In fact, his behavior is so convincing because he takes whatever action is needed to demonstrate his sincerity. Those behaviors that had originally created the internal anxiety, such as drinking or dating other women, are temporarily discontinued. The woman responds to his change in behavior by progressing from being lonely, angry, frightened, and hurt to being happy, confident, and loving. It is during the third phase that

the woman feels that she is truly in love. The batterer's loving behavior is her reinforcement for remaining in the relationship (Walker, 1979). It is during phase III that assistance is available to the battered woman. Unfortunately, this is the most difficult time for battered women to decide whether or not to end a relationship. Often the battered woman resists leaving the relationship because she bases her reference on the loving behavior of phase III, rather than on the more painful experiences encountered during phases I and II (Walker, 1979). Phase III does not mark the end of the cycle of violence. Sooner or later, this brief period of respite comes to a halt and a new tension building phase begins. This cycle tends to recur unless it is broken by therapeutic intervention.

#### Summary

This review discussed theories of violence in general and mentioned specific factors which have been found to precipitate marital violence. Wife battering was described as a consequence of family malfunctioning, and a profile of the battered woman was done in order to relate her behavior to the family violence. Studies on battered women, locus of control, and coping were presented, followed by a discussion of coping responses used by battered women during the cycle of violence.

## CHAPTER 3

### PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

This research was a descriptive, correlational study. Polit and Hungler (1978) stated that a descriptive correlational study is aimed at describing relationships among variables rather than inferring cause-and-effect relationships. In this investigation, the relationship between the two variables (locus of control and coping) was determined.

The design utilized was cross-sectional which involves data collection at one point in time (Polit & Hungler, 1978). Polit and Hungler stated that in this design "the phenomena under investigation are captured, as they manifest themselves, during the one static time period of data collection" (p. 265).

#### Setting

The setting for this study was the Battered Woman's Shelter at the Houston Area Women's Center in Houston, Texas. This shelter has the capacity for 45 people, including women and their children. Although there are other places of refuge for victims of spouse abuse, this is the only shelter in the city that offers women a variety of services such as an information and referral service, aid to

rape victims that includes peer and family support services, a shelter for battered women, an outreach program that provides supportive services for ex-battered women, guidance and counseling services, job placement and career counseling, and a support group for alcoholic women. As a result of these comprehensive services available to women in this center, clients who present themselves to the center with a non-related problem may be identified as being victims of domestic violence.

#### Population and Sample

This study used an accessible population which was defined by Polit and Hungler (1978) as the group of cases that conform to specific criteria and which are available to the researcher. The target population was all battered women over the age of 18 years who sought assistance in this particular shelter. The criteria for inclusion in the sample were: (a) that the woman be at least 18 years of age; (b) that she had recently been living with the abuser either as a legal wife, common-law wife, or cohabitee; (c) that she had received deliberate physical injury at least once; and (d) that she was able to read either English or Spanish at the sixth grade level.

Convenience sampling was utilized in this study. Polit and Hungler (1978) defined convenience sampling as the use

of the most readily available persons. The subjects in this study were the women staying at the shelter during the time the data were collected and who volunteered to participate. For the purpose of this study, the sample size of 29 women was an appropriate number of participants.

#### Protection of Human Subjects

In compliance with the current rules and regulations of the Texas Woman's University Human Subjects Review Committee, the following steps were taken. Prior to collection of data, permission was obtained from the Battered Women's Shelter in the Houston Area Women's Center which was the location for data collection (Appendix A).

A cover letter (Appendix B) was given to each prospective subject. The cover letter described the procedure to be followed, the possible discomforts or risks involved, and benefits to be expected. The cover letter also stated that participation in the study was strictly voluntary, that subjects were free to withdraw from participation at any time without penalty, and that subjects would be given an opportunity to ask questions concerning the study. Subjects' anonymity and confidentiality of responses were maintained by requesting participants to not place names or identification marks on the completed questionnaires. Further, the cover letter informed subjects

that their completion and return of the questionnaire would act as their informed consent to participate, findings of the study would be reported as group data, and a summary of the findings would be made available to the shelter.

### Instruments

Three instruments were administered for the collection of data: (1) a demographic questionnaire, (2) Rotter's (1966) Internal-External (I-E) Locus of Control Scale, and (3) the Jalowiec Coping Scale (Jalowiec & Powers, 1980). The demographic questionnaire (Appendix B) was used to collect data to describe the sample. The data included age, race, religion, level of education, number of children, employment status, marital status, number of years living with the abusing man, and approximate number of battering incidents during this relationship.

The second instrument to be used was Rotter's (1966) Internal-External (I-E) Locus of Control Scale, which measures the expectancy variable, locus of control (Appendix B). The scale consists of 29 items, 6 of which are fillers that are used to make the purpose of the test somewhat more ambiguous. The scale has a forced-choice format. The scores were tallied by totaling the number of external responses given. The higher the score, the more external the individual (Rotter, 1966). This highest possible score

is 23. Subjects are labeled either internal or external according to their I-E scores. In this study, a score of 10 or below was considered internal, while 11 or above was considered external. Permission was obtained to use this instrument (Appendix C).

The I-E Scale is a measure of the subject's beliefs about the nature of his expectations and how reinforcement is controlled. Construct and convergent validity of this scale have been documented repeatedly in various literature reviews (Lefcourt, 1971; Rotter, 1966; Rotter, Chance, & Phares, 1972). Construct validity has varied from  $r = .55$  to  $r = .61$  in a student population (Rotter, 1966). In obtaining construct validity, the I-E Scale was used in connection with learning and performance in laboratory tasks in which skill and chance instructions were given; during attempts to control the environment; with achievement motivation; and with the variables independence, suggestibility, and conformity.

Reliability data are available for internal consistency and test-retest. Internal consistency estimates range from  $r = .65$  to  $r = .79$  in various groups of college students (Rotter, 1966). Test-retest reliability coefficients have ranged from  $r = .49$  to  $r = .83$  for one- and two-month periods of time in college students and prisoners (Rotter, 1966).

The third instrument utilized was the Jalowiec Coping Scale which consists of 40 coping behaviors that have been obtained from a comprehensive literature review (Jalowiec, Murphy, & Powers, 1984)(Appendix B). To indicate degree of use, these behaviors are rated on a 1 to 5 ordinal scale with descriptive end points of never and almost always. Two definitional guidelines are provided to ensure a standardized basis for coding: (1) problem-oriented coping strategies which are those behaviors that try to deal with the stressful situation itself, and (2) affective-oriented strategies which are the coping behaviors that try to handle the distressing emotions evoked by the situation. Fifteen problem-oriented and 25 affective-oriented items make up the behaviors in the scale. Scoring is accomplished by summing the total number of points marked on all questions. After total scores are determined, then each behavior is categorized and totaled according to type of coping strategy. The highest possible score is 200. Permission was obtained to use the instrument (Appendix C).

Reliability estimates of the Jalowiec Coping Scale using test-retest in a two-week period yielded  $r = .79$  for total coping scores,  $r = .85$  for problem, and  $r = .86$  for affective. With a one-month interval, coefficients were  $r = .78$ ,  $r = .84$ , and  $r = .83$ , respectively. Overall

homogeneity of the contents of the scale is indicated by a coefficient  $\alpha = .86$  (Jalowiec et al., 1984).

Content validity was substantiated by the systematic manner of instrument development, by the large number of items used to describe coping behaviors, and by the inclusion of diverse behaviors used in coping (Jalowiec et al., 1984).

#### Data Collection

The women in the shelter had a one-to-one face-to-face contact with this investigator so that a verbal explanation of the procedure could be given. The women also had an opportunity to ask questions regarding the procedure to be followed.

In order to maintain consistency during the period of data collection, it was necessary that all testing be done in the same way. The cover letter (Appendix B) which explains the purpose of the study was read aloud to the participants. Instructions for filling out the questionnaires also were read aloud to the participants. The women who agreed to participate were then asked to fill out the questionnaires in the presence of the investigator.

The number of women staying at the shelter at any given time varies, and some of the women refused to participate in the study. Therefore, the period of data collection

encompassed five weeks. A total of 29 useable questionnaires were obtained.

#### Treatment of Data

The data obtained in this study were considered ordinal. The mode was used to measure frequency, the median was used to measure central tendency, and the range was used to measure variability. Simple frequency distributions were used to describe the sample by the demographic characteristics of age, race/ethnicity, religion, level of education, number of children, employment status, number of years living with mate, marital status, and number of times battered.

A rank ordering of the 40 coping behaviors was done so that a comparison between the two groups could be obtained. Spearman's rho correlational coefficient was used to calculate the correlations between locus of control and the coping strategies of either problem-solving coping method or affective coping method.

CHAPTER 4  
ANALYSIS OF THE DATA

This study was designed to determine if there was a relationship between locus of control and coping methods used by battered women. The subjects' scores on Rotter's (1966) Internal-External (I-E) Locus of Control Scale determined whether they belonged in the internal locus of control group or in the external locus of control group. Demographic characteristics used to describe the sample are displayed in tables of frequency distributions and percentages. The mode, median, and range are used to describe the variables. Additionally, the Jalowiec Coping Scale (Jalowiec & Powers, 1980) was used to answer the research question, and a rank ordering of the items are discussed in relation to the subjects' locus of control. A Spearman rho correlational coefficient was used to determine if there was a statistically significant relationship between the variables.

Description of the Sample

The sample consisted of 30 women who were temporarily residing at the Houston Area Women's Center Shelter for Abused Women. A prerequisite for residing at this shelter was that the women had no other place to stay and that their

lives were in jeopardy had they remained with the abusing men.

Most of the women who were approached by the investigator agreed to participate in the study. Only one woman refused. One subject was eliminated from the study due to incomplete data which resulted in a final sample of 29 participants.

Each subject was categorized into one of two groups. Those subjects scoring 10 or below on Rotter's I-E Scale were classified as internal, while the external group consisted of subjects scoring 11 or above. Of the 29 subjects, 12 (41.4%) were classified as Internals, and 17 (58.6%) were classified as externals. The subjects' I-E scores varied from 1-19 with a median of 12 and a mode of 15.

The ages of the subjects in both groups varied from less than 25 years to over 35 years (Table 1). Eight (27.6%) of the women in the sample were 25 years old or younger, 7 (24.1%) were between the ages of 31-35, and only 3 (10.3%) were 35 years or older. However, the largest (11; 38.0%) age group for the total sample was the 26-30 year old category.

A diversity of ethnic origins was represented by this sample (Table 1). Of the total sample, 10 (34.5%) subjects

Table 1

Frequency and Percentage of Age, Ethnicity/Race, and Religion of Respondents with Locus of Control Orientation

Variables	Total Sample		Locus of Control			
			Internal		External	
	n	%	n	%	n	%
<u>Age</u>						
25 years or less	8	27.6	3	10.3	5	17.3
26-30 years old	11	38.0	4	13.9	7	24.0
31-35 years old	7	24.1	2	6.9	5	17.3
Over 35 years old	<u>3</u>	<u>10.3</u>	<u>3</u>	<u>10.3</u>	<u>0</u>	<u>0.0</u>
Total	29	100.0	12	41.4	17	58.6
<u>Ethnicity/Race</u>						
White	10	34.5	3	10.3	7	24.1
Black	13	44.8	6	20.8	7	24.1
Hispanic	5	17.3	3	10.3	2	6.9
Other	<u>1</u>	<u>3.4</u>	<u>0</u>	<u>0.0</u>	<u>1</u>	<u>3.5</u>
Total	29	100.0	12	41.4	17	59.6
<u>Religion</u>						
Catholic	7	24.1	4	13.8	3	10.3
Protestant	8	27.6	4	13.8	4	13.8
Other	<u>14</u>	<u>48.3</u>	<u>4</u>	<u>13.8</u>	<u>10</u>	<u>34.4</u>
Total	29	100.0	12	41.4	17	58.6

were white, 13 (44.8%) were black, 5 (17.3%) were Hispanic, and 1 (3.4%) specified "other" under race.

Both Internal and External groups reflected a variety of religious preferences (Table 1). Seven (24.1%) of the subjects were Catholic, 8 (27.6%) were Protestant, and 14 (48.3%) claimed "other" as a religious orientation.

The women in the sample came from a mixture of educational backgrounds (Table 2). Of the total sample, 3 (10.3%) were college graduates, 4 (13.8%) had completed some college work, 14 (48.3%) were high school graduates or had completed their GEDs, and 8 (27.6%) had less than a high school education.

Table 2

Frequency and Percentage of Educational Level of Respondents with Locus of Control Orientation

Educational Level	Total Sample		Locus of Control			
			Internal		External	
	n	%	n	%	n	%
College Graduate	3	10.3	1	3.4	2	6.9
Completed Some College Work	4	13.8	3	10.4	1	3.4
High School Graduate or GED	14	48.3	5	17.3	9	31.0
Less than High School	<u>8</u>	<u>27.6</u>	<u>3</u>	<u>10.3</u>	<u>5</u>	<u>17.3</u>
Total	29	100.0	12	41.4	17	58.6

The number of children living with the subjects varied from 0-4 (Table 3). The mean number of children was 1.62 with a standard deviation of 1.083. Of the total sample, 5 (17.2%) subjects had no children, 8 (27.5%) had one child, 10 (34.6%) reported two children, 5 (17.3%) had three children, and 1 (3.4%) woman reported having four children.

Table 3

Frequency and Percentage of Number of Children Living with Respondents with Locus of Control Orientation

Number of Children	Total Sample		Locus of Control			
			Internal		External	
	n	%	n	%	n	%
0	5	17.2	1	3.4	4	13.8
1	8	27.5	2	6.8	6	20.7
2	10	34.6	4	13.9	6	20.7
3	5	17.3	4	13.9	1	3.4
4	<u>1</u>	<u>3.4</u>	<u>1</u>	<u>3.4</u>	<u>0</u>	<u>0.0</u>
Total	29	100.0	12	41.4	17	58.6

The majority of the subjects were unemployed (Table 4). Only 4 (13.8%) of the total sample reported having a job; the remaining 25 (86.2%) were unemployed.

The subjects had all lived with the batterer prior to coming to the shelter. Five (17.3%) of the total sample had lived with the abusing man one year or less, 10 (34.4%) lived with the abuser less than five years, 13 (44.9%) living with the abuser for over five years (Table 5). One (3.4%) subject did not answer the question.

Of the total sample, 17 (58.7%) were married to the batterer (Table 5). Of the rest of the subjects, 7 (24.1%) reported living under common law, 4 (13.8%) claimed cohabitation, and 1 (3.4%) did not indicate marital status.

Table 4

Frequency and Percentage of Employment Status of Respondents with Locus of Control Orientation

Employment Status	Total Sample		Locus of Control			
			Internal		External	
	n	%	n	%	n	%
Employed	4	13.8	0	0.0	4	13.8
Unemployed	<u>25</u>	<u>86.2</u>	<u>12</u>	<u>41.4</u>	<u>13</u>	<u>44.8</u>
Total	29	100.0	12	41.4	17	58.6

The mode for number of times each woman was battered was over 5 times, while one (3.4%) person reported being battered only once (Table 5). Ten (34.5%) of the subjects claimed to be battered fewer than five times, and 18 (62.1%) reported being battered more than five times.

#### Findings

A descriptive correlational study design was employed to answer the research question: Is there a relationship between locus of control and coping methods used by battered women? Rotter's Internal-External Locus of Control (I-E) Scale and the Jalowiec Coping Scale were used to test the variables under investigation. The groups were formed according to the subjects' scores on the I-E Scale. The Internal Group consisted of those subjects scoring 10 or below, while the External Group scored 11 or above. The

Table 5

Frequency and Percentage of Number of Years Living with Present Mate, Marital Status, and Number of Times Battered Reported by Respondents with Locus of Control Orientation

Variable	Total Sample		Locus of Control			
			Internal		External	
	n	%	n	%	n	%
<u>Number of Years</u>						
1 Year or Less	5	17.3	2	6.9	3	10.4
5 Years of Less	10	34.4	3	10.3	7	24.1
Over 5 Years	13	44.9	7	24.2	6	3.4
Missing	1	3.4	0	0.0	1	3.4
Total	29	100.0	12	41.4	17	58.6
<u>Marital Status</u>						
Married	17	58.7	8	27.7	9	31.0
Common-Law	7	24.1	3	10.3	4	13.8
Cohabitation	4	13.8	1	3.4	3	10.4
Missing Data	1	3.4	0	0.0	1	3.4
Total	29	100.0	12	41.4	17	58.6
<u>Number of Times Battered</u>						
Only Once	1	3.4	0	0.0	1	3.4
≤5 Times	10	34.5	5	17.3	5	17.3
≥5 Times	18	62.1	7	24.1	11	37.9
Total	29	100.0	12	41.4	17	58.6

scores for the Jalowiec Coping Scale varied from 74 to 154 (highest possible score was 200). The median was 108. The problem-solving scores varied from 28-62, while affective scores varied from 40-95.

Spearman's rho was computed to determine if there was a relationship between the two variables: locus of control and coping methods. No statistically significant relationship ( $r = -.076$ ;  $p \leq .05$ ) was found. Spearman rho correlations were also computed between locus of control and the two types of coping methods: problem-solving and affective. No statistically significant correlations existed between problem-solving scores ( $r = -.1247$ ;  $p \leq .05$ ) or affective scores ( $r = .0701$ ;  $p \leq .05$ ) and locus of control.

#### Other Findings

A rank ordering of the 40 coping methods itemized on the Jalowiec Coping Scale was done to determine the degree of use by internally oriented and externally oriented subjects. Very little difference in degree of use was found between the two groups. Both groups used a combination of problem-solving and affective strategies. Internal Group subjects tended to use problem-solving method more often (median 47.5) than External Group Subjects (median 45), while external subjects tended to use affective coping

methods more often (median 63) than internal subjects (median 57.5)

The eight coping methods that were used most frequently by both Internal Group and External Group subjects included such behaviors as the following: thinking through different ways to solve the problem; worry; prayer, objectivity, finding a meaning in the situation; maintaining control; hoping; and using oral means of stress reduction (i.e., eating, smoking, and chewing gum)(Table 6). Four of the above mentioned methods were problem solving and four were affective. Only four coping methods had the same degree of use by both groups: trying to find out more about the situation; trying to break down the problem into smaller pieces so it can be better handled; working off tension with physical activity; and using drugs.

Differences in coping strategies were noted between the two groups. Externals tended to use "drawing on previous experiences to help solve stressful problems" more often than internals. Externals also tried "talking with someone who has been in the same situation" more often than internals. Externals actively tried to change the situation, but on occasion, resigned themselves to the situation and seemed to find it more "hopeless" than internals.

Internals, on the other hand, tended to "seek help and comfort from family and friends." They also used the

Table 6

Rank Ordering of Degree-of-Use Scores for 40 Coping Methods  
in 12 Internal Locus of Control and 17 External Locus of  
Control Battered Women

Coping Strategy	Type of Coping Strategy <sup>a</sup>	Rank Ordering	
		Internal	External
Think through different ways to solve the problem or handle the situation	P	1	3
Worry	A	2	7
Pray; "put your trust in God"	A	3	2
Try to look at the problem objectively and see all sides	P	4.5	8.5
Try to find purpose or meaning in the situation	P	4.5	8.5
Try to maintain some control over the situation	P	6	5.5
"Hope that things will get better"	A	7	1
Eat; smoke; chew gum	A	8	4
Set specific goals to help you solve the problem	P	9	14
Try to find out more about the situation so you can handle it better	P	10	10
Try out different ways of solving the problem to see which works the best	P	11.5	14
Try to break the problem down into "smaller pieces" so you can handle it better	P	11.5	12

Table 6 (Continued)

Coping Strategy	Type of Coping Strategy <sup>a</sup>	Rank Ordering	
		Internal	External
Talk the problem over with someone who has been in the same type of situation	P	13.5	17
Accept the situation as it is	P	13.5	24.5
Try to draw on past experiences to help you handle the situation	P	15	11
Get nervous	A	17	5.5
Actively try to change the situation	P	17	14
Seek comfort or help from family or friends	A	17	27
Settled for the next best thing to what you really wanted	P	19	21
Cry	A	20.5	19
Laugh it off, figuring that "things could be worse"	A	20.5	21
Get mad; curse; swear	A	22.5	24.5
Take off by yourself, "want to be alone"	A	22.5	17
Go to sleep, figuring "things will look better in the morning"	A	24	28.5
Work off tension with physical activity or exercise	A	26	26
Resign yourself to the situation because it's "your fate" so there's no sense trying to do anything about it	A	26	37

Table 6 (Continued)

Coping Strategy	Type of Coping Strategy <sup>a</sup>	Rank Ordering	
		Internal	External
Meditate; use yoga, biofeedback, "mind over matter"	A	26	38
"Don't worry about it, everything will probably work out fine"	A	29	31
Get prepared to "expect the worse"	A	29	17
Withdraw from the situation	A	29	23
Try to put the problem out of your mind and think of something else	A	31	21
Do anything just to do something, even if you're not sure it will work	P	32	28.5
Daydream; fantasize	A	33	30
Do nothing in the hope that the situation will improve or the problem "will take care of itself"	A	34	35.5
Blame someone else from your problems or the situation you're in	A	35	33
Resign yourself to the situation because "things look hopeless"	A	36	32
Take out your tensions on someone or something else	A	37	39.5
Drink alcoholic beverages	A	38.5	34

Table 6 (Continued)

Coping Strategy	Type of Coping Strategy <sup>a</sup>	Rank Ordering	
		Internal	External
Let someone else solve the problem or handle the situation for you	P	38.5	35.5
Take drugs	A	40	39.5

<sup>a</sup>A = affective; P = problem solving.

following behaviors more often than externals: accepting the situation as it is; settling for the next best thing to what they really wanted; and, occasionally, also resigning themselves to the situation and feeling that "it's your fate."

Both Internal Group and External Group subjects responded that they tried to release emotional tension by crying or laughing it off and "figured things could get worse." Releasing emotional tension by these two coping behaviors seemed to be a midrange coping strategy which was followed by internals "getting mad, cursing and swearing," while externals tried to put the problem out of their minds, or else tried to "settle for the next best thing." Externals tended to "get nervous" more often than internals. Both groups chose putting their "trust in God" as a frequently used coping behavior.

### Summary of Findings

The majority of subjects in this study reported an external locus of control. In addition, the majority of the subjects were black, between the ages of 26-30 years, claimed a religious preference other than Catholic or Protestant, had the equivalent of a high school education, were unemployed, were married to the batterer, had two children, and had been living with the abusing man for over five years. The average number of battering incidents reported was greater than five.

There was no statistically significant ( $p \leq .05$ ) relationship between locus of control and coping methods used by the 29 women in the sample. Both the Internal Group and the External Group used a combination of problem-solving and affective coping strategies.

## CHAPTER 5

### SUMMARY OF THE STUDY

A review of the entire study is provided in this chapter. The problem of the study was to explore battered women's perceptions of control and to determine if a relationship existed between battered women's locus of control and their coping methods. This chapter also provides conclusions drawn by the investigator as to the possibilities that can be derived from the study. Implications of the findings are discussed as they relate to this sample. Finally, recommendations for further research are provided.

#### Summary

The purpose of this study was to examine the way battered women respond to stressful events in their lives. Since locus of control is a major determinant of how individuals handle stress, an investigation was implemented to determine if a relationship existed between the two variables, locus of control and coping methods.

Twenty-nine women who were temporarily residing in a battered woman's shelter were the subjects for this descriptive-correlational study which took five weeks to complete. The study was conducted in compliance with the

rules and regulations of the Human Research Review Committee at Texas Woman's University and the research committee at Texas Woman's University and the research committee at the Houston Area Woman's Center Shelter for Abused Women. Participation in the study was strictly on a voluntary basis. A convenience sample was utilized for the study.

A review of the literature revealed numerous studies about battered women and coping, but no studies were found on battered women and locus of control. In addition, the literature revealed that very little is written about battered women's positive coping styles.

Both Rotter's Internal-External Locus of Control (I-E) Scale and the Jalowiec Coping Scale were used to test the variables under investigation. Two groups were formed according to the subjects' scores on the I-E Scale. The Internal Group consisted of those subjects scoring 10 or below, while the External Group scored 11 or above.

Simple frequency distributions were used to describe and summarize the data according to the subjects' demographic characteristics. A rank ordering of the degree of use of the 40 coping methods in the Jalowiec Coping Scale was done to compare scores by internal and external subjects. Spearman's rho was computed to calculate the correlation between the variables. No statistically

significant difference ( $p \leq .05$ ) was found. Twelve of the subjects scored in the internal range ( $\leq 10$ ), and 17 of the subjects scored in the external range ( $\geq 11$ ). There was very little difference in the coping scores between the two groups. Both groups used a combination of affective and problem-solving coping strategies.

#### Discussion of Findings

The data revealed that more women were externally oriented than internally oriented. This finding of increased externality supports Berkman's (1980) contention that through socialization, women are programmed to be submissive, subjugated, and enslaved by the men with whom they live.

The majority of the women in the sample were married, had children, and were unemployed. These findings concur with Walker's (1979) belief that women are at a disadvantage since they are conditioned to be economically dependent on a man, are responsible for doing most of the child-rearing, and are expected to do everything in their power to keep the marriage together.

Ages of this sample were between <21 and >35 years. However, most of the internal subjects were found to be between the ages of 26 to 30 years. This finding did not agree with prior studies which found that internality tends

to increase with age (Lefcourt, 1973; Sherman, 1984; Wolk & Kurtz, 1975).

Contrary to expectations, the findings of the study did not support the conclusion of several authors that internals were better copers than externals (LaMontagne, 1984; Vickers, Conway, & Haight, 1983). Both groups ranked the 40 coping behaviors in a similar order indicating degree of use, giving equal value to problem-solving and affective coping strategies. Folkman and Lazarus (1984) stated that there is a need for a balance between these two types of coping, since not all sources of stress are amenable to mastery, or even fit a problem-solving framework. These authors indicated that coping strategies that are concerned with managing emotions and maintaining self-esteem and a positive outlook are just as important in fostering adaptation.

Although the majority of subjects were external, both groups indicated that maintaining some control over the situation was a high priority. This finding supported Burger's (1984) study which indicated that the more the individual finds the uncontrollable event important, the greater the initial effort to increase control and the more severe the eventual helplessness. This statement is in agreement with Barnhill's (1980) proposal that a violent

situation is generally caused by helpless individuals in need of control. This desire for control by both groups is contrary to Martin, Abramson, and Alloy's (1984) prediction that an individual's control orientation may be influenced by his degree of illusion of control. Both internal and external subjects in this study initially believed that they had some control.

Both groups indicated using their social support systems as a medium for solving their problems. This coping behavior, however, was not ranked highly by either group.

External subjects chose drawing on past experiences as a strategy used more often than internals. This finding is not in agreement with Rotter's (1966) prediction that internals have a higher capacity to learn from their experiences.

Because there was no significant difference in the coping methods used by both groups, internal and external subjects in this study may use the same coping behaviors to handle stress. This may represent a significant finding in itself, since it may indicate that both groups are striving for adaptation. Folkman and Lazarus (1984) stated, however, that not all adaptive processes are coping. They felt that coping involves effort and does not include everything done in reacting to the environment. According to these authors, the best coping is that which changes the person-environment

relationship for the better. The nonsignificant finding conflicts with another study done by Burger (1985) which revealed that internals and externals respond to the experience of uncontrollability in different ways.

The size of the sample, as well as the lack of randomization, may be a severe limitation of this study. It is also recognized that although the investigator did not know any of the participants personally, her frequent presence in the shelter may have resulted in the subjects' acceptance of her as part of the staff. Participants were eager to assist the researcher which may have added bias to the study.

### Conclusions

The following conclusions were derived as a result of the findings of this study:

1. There was no statistically significant difference in the coping methods used by battered women whether they were internally or externally controlled.
2. Both internally and externally controlled groups used a combination of problem-solving and affective coping strategies, indicating a need for a balance between the problem-solving component of adaptation, and the palliative component of regulation of emotions.

3. The instruments used to collect the data were not specific to the battered woman and may not be reflective of her behavior in the battering situation.

#### Implications

A small segment of a large problem was examined. Although statistically significant results were not obtained, the magnitude of the problem nurses face when counseling battered women warrants a modification of this study on a larger scale. The instruments used to collect the data need to be modified to be more specific to the battered woman. The non statistically significant results that were obtained in this study may also represent the fact that, although both groups used the same coping methods, these methods may not always be appropriate to the situation. The next step needed is to evaluate the effectiveness of these behaviors based on a particular framework. Once the effectiveness of these particular behaviors is established, nurses must identify how these behaviors can be promoted in battered women who are dealing with the stress produced by the abusive situation.

#### Recommendations

The following recommendations are made based on the results of this investigation.

1. This study should be replicated with a more heterogeneous population of battered women so that the findings are more representative of that population as a whole.
2. A study should be implemented to measure the relationship between locus of control and sex-role identity in battered women to see if sex-role conditioning plays a role in determining battered women's locus of control.
3. A study which will investigate the relationship between religiosity, locus of control, and coping methods used by battered women should be conducted.
4. A modification of the instruments used in this study could be helpful, if they are made more word-specific to the battered woman and her situation.

APPENDIX A  
AGENCY APPROVAL

TEXAS WOMAN'S UNIVERSITY  
COLLEGE OF NURSING  
DENTON, TEXAS 76204

DALLAS CENTER  
1810 INWOOD ROAD  
DALLAS, TEXAS 75235

HOUSTON CENTER  
1130 M. J. ANDERSON BLVD.  
HOUSTON, TEXAS 77030

AGENCY PERMISSION FOR CONDUCTING STUDY\*

THE Houston Area Women's Center

GRANTS TO Lena Jean Acosta

a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem:

Locus of Control and Coping Methods used by Battered Women.

The conditions mutually agreed upon are as follows:

1. The agency (~~may~~ <sup>MUST</sup> ~~be~~) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (~~may~~ ~~be~~) be identified in the final report.
3. The agency (~~wants~~) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (~~not willing~~) to allow the completed report to be circulated through interlibrary loan.
5. Other Ms. Acosta must fulfill the applicable provisions listed

in the Policies and Procedures of the Research Committee of the  
Houston Area Women's Center; she must sign also our confiden-  
tiality and anonymity agreement.

Date: 9/22/85

*Lena Jean Acosta*  
Signature of Student

*Debra Wells*  
Signature of Agency Personnel

*[Signature]*  
Signature of Faculty Advisor

\* Fill out and sign three copies to be distributed as follows: Original-Student;  
First copy - agency; Second copy - TWU College of Nursing.

abc



Texas Woman's University

1130 M.D. Anderson Blvd., Houston, Texas 77030 (713) 792-7945

COLLEGE OF NURSING  
HOUSTON CAMPUS

PROSPECTUS FOR THESIS

This prospectus proposed by Lena Jean Acosta  
and entitled

LOCUS OF CONTROL AND COPING METHODS  
USED BY BATTERED WOMEN

Has been read and approved by the members of (his/her) Research  
Committee.

This research is (check one):

Is exempt from Human Subjects Review Committee review because  
it is a survey questionnaire of adults.

Requires Human Subjects Review Committee review because

Research Committee:

Donna Vokaty, Chairperson,

Elizabeth Anderson

Christine Hawkins

Dallas Campus \_\_\_\_\_ Denton Campus \_\_\_\_\_ Houston Campus

APPENDIX B  
QUESTIONNAIRE PACKET

My name is Lena Jean Acosta and I am a registered nurse. I am a graduate student in nursing at Texas Woman's University and I am studying coping methods used by battered women. The results of this study may contribute helpful information to nurses in planning better care for women who have been battered.

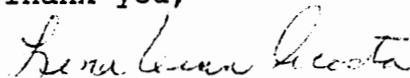
Your decision to take part in this study is entirely voluntary. If you agree to participate, you will be asked to answer some questions about yourself. There are three questionnaires that will need to be answered, and the time required to complete them will be approximately 20 minutes. Your answers will be confidential. They will not be discussed nor given to anyone at the shelter, and your stay at the shelter will not be affected by whether or not you participate in this study.

The results of this study will make no mention of your name, and there will be no way of identifying you as a participant; therefore, please do not write your name on any of the answer sheets. A summary of the answers will appear in the report of this study which will be available to the shelter. If, after you have agreed to participate, you decide that you do not wish to continue, you may withdraw at any time.

COMPLETION AND RETURN OF THE QUESTIONNAIRES WILL INDICATE YOUR INFORMED CONSENT TO BE PART OF THIS STUDY.

I will be available to answer any questions regarding this study. Your participation will be greatly appreciated.

Thank you,



Lena Jean Acosta

## Demographic Data

Please fill out the following data about yourself:

1. Age:
  - a. 25 or less
  - b. 26-30
  - c. 31-35
  - d. Over 35
2. Race:
  - a. White
  - b. Black
  - c. Hispanic
  - d. Other
3. Religion:
  - a. Catholic
  - b. Protestant
  - c. Jewish
  - d. Other
4. Level of education: (check the highest grade completed)
  - a. college graduate
  - b. completed some college work
  - c. high school graduate or GED
  - d. less than high school
5. Number of children living with you \_\_\_\_\_
6. Employed: yes \_\_\_\_\_ no \_\_\_\_\_
7. Number of years living with present mate:
  - a. 1 year
  - b. less than 5 years
  - c. over 5 years
8. Marital status:
  - a. married
  - b. common law
  - c. cohabitation
9. Approximate number of times battered during this relationship.
  - a. once only
  - b. less than 5 times
  - c. more than 5 times

## Internal-External Scale

Instructions:

This is a questionnaire to find out the way in which important events in our society affect different people.

This is a test of personal belief; obviously there are no right or wrong answers. Each item consists of a pair of alternatives lettered a or b. Please select the one statement of each pair (and only one) which you more strongly believe to be the case for you.

This test is anonymous, so, PLEASE DO NOT WRITE YOUR NAME ON THE QUESTIONNAIRE.

## INTERNAL-EXTERNAL SCALE\*

1. a. Children get into trouble because their parents punish them too much.  
b. The trouble with most children nowadays is that their parents are too easy with them.
2. a. Many of the unhappy things in people's lives are partly due to bad luck.  
b. People's misfortunes result from the mistakes they make.
3. a. One of the major reasons why we have wars is because people don't take enough interest in politics.  
b. There will always be wars, no matter how hard people try to prevent them.
4. a. In the long run, people get the respect they deserve in this world.  
b. Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.
5. a. The idea that teachers are unfair to students is nonsense.  
b. Most students don't realize the extent to which their grades are influenced by accidental happenings.
6. a. Without the right breaks, one cannot be an effective leader.  
b. Capable people who fail to become leaders have not taken advantage of their opportunities.
7. a. No matter how hard you try some people just don't like you.  
b. People who can't get others to like them don't understand how to get along with others.
8. a. Heredity plays the major role in determining one's personality.  
b. It is one's experiences in life which determine what they're like.
9. a. I have often found that what is going to happen will happen.  
b. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.
10. a. In the case of the well prepared student, there is rarely if ever such a thing as an unfair test.  
b. Many times exam questions tend to be so unrelated to course work that studying is really useless.

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11. a. Becoming a success is a matter of hard work, luck has little or nothing to do with it.  
b. Getting a good job depends mainly on being in the right place at the right time.
12. a. The average citizen can have an influence in government decisions.  
b. This world is run by the few people in power, and there is not much the little guy can do about it.
13. a. When I make plans, I am almost certain that I can make them work.  
b. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune.
14. a. There are certain people who are just no good.  
b. There is some good in everybody.
15. a. In my case, getting what I want has little or nothing to do with luck.  
b. Many times we might just as well decide what to do by flipping a coin.
16. a. Who gets to be the boss often depends on who was lucky enough to be in the right place first.  
b. Getting people to do the right thing depends upon ability, luck has little to do with it.
17. a. As far as world affairs are concerned, most of us are the victims of forces we can neither understand, nor control.  
b. By taking an active part in political and social affairs, the people can control world events.
18. a. Most people don't realize the extent to which their lives are controlled by accidental happenings.  
b. There is not such a thing as "luck."
19. a. One should always be willing to admit mistakes.  
b. It is usually best to cover up one's mistakes.

20. a. In the long run, the bad things that happen to us are balanced by the good ones.  
b. Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.
21. a. It is hard to know whether or not a person really likes you.  
b. How many friends you have depends upon how nice a person you really are.
22. a. With enough effort we can wipe out political corruption.  
b. It is difficult for people to have much control over the things politicians do in office.
23. a. Sometimes I can't understand how teachers arrive at the grades they give.  
b. There is a direct connection between how hard I study and the grades I get.
24. a. A good leader expects people to decide for themselves what they should do.  
b. A good leader makes it clear to everyone what their jobs are.
25. a. Many times I feel that I have little influence over the things that happen to me.  
b. It is impossible for me to believe that chance or luck plays an important role in my life.
26. a. People are lonely because they don't try to be friendly.  
b. There's not much use in trying too hard to please people, if they like you, they like you.
27. a. There is too much emphasis on athletics in high school.  
b. Team sports are an excellent way to build character.
28. a. What happens to me is my own doing.  
b. Sometimes I feel that I don't have enough control over the direction my life is taking.
29. a. Most of the time I can't understand why politicians behave the way they do.  
b. In the long run the people are responsible for bad government on a national as well as on a local level.

## ROTTER'S INTERNAL-EXTERNAL LOCUS OF CONTROL SCALE KEY

1. Filler item	21. A
2. A	22. B
3. B	23. A
4. B	24. Filler item
5. B	25. A
6. A	26. B
7. A	27. Filler item
8. Filler item	28. B
9. A	29. A
10. B	
11. B	
12. B	
13. B	
14. Filler item	
15. B	
16. A	
17. A	
18. A	
19. Filler item	
20. A	

Score is the number of external item responses chosen. The higher the score, the more external the locus of control.

## COPING SCALE\*

People react in many ways to stress and tension. Some people use one way to handle stress, while others use many coping methods. I am interested in finding out what things people do when faced with stressful situations. Please estimate how often you use the following ways to cope with stress by putting a circle around one number for each item.

Coping Method	Never	Occasionally	About Half the Time	Often	Almost Always
1. Worry	1	2	3	4	5
2. Cry	1	2	3	4	5
3. Work off tension with physical activity or exercise	1	2	3	4	5
4. "Hope that things will get better"	1	2	3	4	5
5. Laugh it off, figuring that "things could be worse"	1	2	3	4	5
6. Think through different ways to solve the problem or handle the situation	1	2	3	4	5
7. Eat; smoke; chew gum	1	2	3	4	5
8. Drink alcoholic beverages	1	2	3	4	5
9. Take drugs	1	2	3	4	5
10. Try to put the problem out of your mind and think of something else	1	2	3	4	5
11. Let someone else solve the problem or handle the situation for you	1	2	3	4	5
12. Daydream; fantasize	1	2	3	4	5
13. Do anything just to do something, even if you're not sure it will work	1	2	3	4	5
14. Talk the problem over with someone who has been in the same type of situation	1	2	3	4	5
15. Get prepared to "expect the worse"	1	2	3	4	5
16. Get mad; curse; swear	1	2	3	4	5
17. Accept the situation as it is	1	2	3	4	5
18. Try to look at the problem objectively and see all sides	1	2	3	4	5
19. Try to maintain some control over the situation	1	2	3	4	5
20. Try to find purpose or meaning in the situation	1	2	3	4	5
21. Pray; "put your trust in God"	1	2	3	4	5
22. Get nervous	1	2	3	4	5

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Coping Method	Never	Occasionally	About Half the Time	Often	Almost Always
23. Withdraw from the situation	1	2	3	4	5
24. Blame someone else for your problems or the situation you're in	1	2	3	4	5
25. Actively try to change the situation	1	2	3	4	5
26. Take out your tensions on someone or something else	1	2	3	4	5
27. Take off by yourself; "want to be alone"	1	2	3	4	5
28. Resign yourself to the situation because "things look hopeless"	1	2	3	4	5
29. Do nothing in the hope that the situation will improve or the problem "will take care of itself"	1	2	3	4	5
30. Seek comfort or help from family or friends	1	2	3	4	5
31. Meditate; use yoga, biofeedback, "mind over matter"	1	2	3	4	5
32. Try to find out more about the situation so you can handle it better	1	2	3	4	5
33. Try out different ways of solving the problem to see which works the best	1	2	3	4	5
34. Resign yourself to the situation because it's "your fate" so there's no sense trying to do anything about it	1	2	3	4	5
35. Try to draw on past experience to help you handle the situation	1	2	3	4	5
36. Try to break the problem down into "smaller pieces" so you can handle it better	1	2	3	4	5
37. Go to sleep, figuring "things will look better in the morning"	1	2	3	4	5
38. Set specific goals to help you solve the problem	1	2	3	4	5
39. "Don't worry about it, everything will probably work out fine"	1	2	3	4	5
40. Settled for the next best thing to what you really wanted	1	2	3	4	5

## COPING SCALE KEY

A = affective-oriented coping method  
P = problem-oriented coping method

1. A	21. A
2. A	22. A
3. A	23. A
4. A	24. A
5. A	25. P
6. P	26. A
7. A	27. A
8. A	28. A
9. A	29. A
10. A	30. A
11. P	31. A
12. A	32. P
13. P	33. P
14. P	34. A
15. A	35. P
16. A	36. P
17. P	37. A
18. P	38. P
19. P	39. A
20. P	40. P

## Carta Introdutoria

Mi nombre es Lena Jean Acosta. Soy una estudiante graduada de la escuela de enfermeria de Texas Woman's University. y estoy estudiando los recursos para confrontar una situacion utilizados por las mujeres fisicamente maltradas. El resultado de este estudio puede contribuir con informacion muy util para enfermeras en el planeo de cuidado para mujeres que han sido fisicamente maltradas.

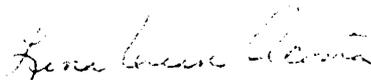
Su desicion en tomar parte en este estudio es enteramente voluntaria. Si decide participar, se le haran preguntas sobre usted. Hay tres cuestionarios que debe contestar y el tiempo necesario para completarlos sera de veinte minutos aproximadamente. Sus respuestas seran confidenciales. Estas no seran dadas o discutidas con nadie mas en el refugio, y su estadia en el refugio no se afectara si participa o/no en este estudio. Los resultados de este estudio no haran mencion de su nombre y no habra forma de identificarla como una participante; por lo tanto, por favor no escriba su nombre en ninguna de las hojas de respuestas.

En el reporte de este estudio habra un resumen de las respuestas de este cuestionario que estara disponible para el refugio. El nombre de este refugio sera mencionado.

Si esta de acuerdo en participar en este estudio EL COMPLETAR LOS CUESTIONARIOS NOS INDICARA SU CONSENTIMIENTO INFORMADO A SER PARTE DE ESTE ESTUDIO. Si despues que ha desidido participar decide que no quiere continuar, puede retirarse en cualquier momento.

Yo estare disponible para contestar cualquier pregunta en relacion al procedimiento. Su participacion se apreciara grandemente.

Gracias



Lena Jean Acosta

## Datos Demográficos

Favor de llenar los siguientes datos acerca de usted:

## 1. Edad:

- a. 25 ó menos
- b. 26-30
- c. 31-35
- d. mayor de 35

## 2. Raza:

- a. Blanca
- b. Negra
- c. Hispano
- d. Otra

## 3. Religión:

- a. Católica
- b. Protestante
- c. Judío
- d. Otra

## 4. Nivel Educativo (marque el grado mas alto completado)

- a. Graduada de Universidad
- b. Completó algun trabajo universitario
- c. Graduada de escuela superior o GED
- d. Menos de escuela superior

## 5. Numero de niños viviendo con usted: \_\_\_\_\_

## 6. Empleada: si \_\_\_\_\_ no \_\_\_\_\_

## 7. Número de años viviendo con su pareja actual:

- a. 1 año
- b. Menos de 5 años
- c. Mas de 5 años

## 8. Estado marital:

- a. Casada
- b. Leycomun
- c. Cohabitacion

## 9. Numero aproximado de veces que ha sido maltratada físicamente en esta relacion:

- a. Una vez solamente
- b. Menos de 5 veces
- c. Mas de 5 veces

## Escala Interno-Externa

## Introducción:

Este es un cuestionario para encontrar la forma en que los eventos importantes afectan diferentes personas en nuestra sociedad. Este es una prueba de creencias personales; obviamente no hay respuestas correctas o incorrectas. Cada ítem consiste de un par de alternativas designadas a. o b. Por favor seleccione la declaración de cada par (y solo una) que mas fuertemente usted creé que es su caso.

Esta prueba es anónima por consiguiente, por favor no escriba su nombre en este cuestionario.

## Escala Interno-Externa

1. a. Los niños se meten en problemas porque sus padres los castigan demasiado.  
b. El problema con la mayoría de los niños hoy en día es que sus padres son muy blandos con ellos.
2. a. Muchas de las cosas tristes en la vida de las personas son en parte debido a la mala suerte.  
b. Los infortunios de las personas son resultado de los errores que ellos cometen.
3. a. Una de las razones por las que tenemos guerras es debido a que las personas no se toman suficiente interés en política.  
b. Siempre habrán guerras, no importa cuanto se esfuercen las gentes por prevenirlas.
4. a. A la larga, las personas reciben el respeto que se merecen en este mundo.  
b. Desafortunadamente, el valor de un individuo a menudo pasa desapercibido no importa cuanto el se esfuerce en tratar.
5. a. La idea que las maestras son injustas con los estudiantes son tonterías.  
b. La Mayor parte de los estudiantes no se dan cuenta de el alcance de las influencia de eventos accidentales en sus calificaciones.
6. a. Sin las oportunidades correctas, uno no puede ser un líder efectivo.  
b. Las personas capacitadas que no llegan a ser líderes no han aprovechado sus oportunidades.
7. a. No importa cuanto trate, usted simplemente no le va a agradar a algunas personas.  
b. Las personas que no pueden agradecerles a otros, no saben como llevarse con otros.
3. a. La herencia juega el mayor rol determinando la personalidad de uno.  
b. Son las experiencias en la vida las que determinan como esta sera.

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9. a. A menudo encuentro que lo que va a suceder, sucedera.  
b. Confiarse en el destino no resulta tan bien como hacer una desición para tomar un curso de acción definitivo.
10. a. En el caso de un estudiante bien preparado, es raro si alguna vez ay tal cosa como un examen injusto.  
b. Muchas veces las preguntas de un examen son tan poco relacionadas con el material del curso que estudiar es realmente inútil.
11. a. Convertirse en un exito es materia de trabajar duro; la suerte tiene muy poco o nada que ver.  
b. Conseguir un buen trabajo depende principalmente de estar en el sitio justo en el momento justo.
12. a. El ciudadano promedio puede tener influencia en las desiciones del gobierno.  
b. Este mundo esta dirigido por unas pocas personas en el poder, y no hay mucho que el individuo promedio puede hacer al respecto.
13. a. Cuando hago planes, estoy casi segura que puedo llevarlos a cabo.  
b. No es siempre sabio planear muy por adelantado, porque muchas cosas son resultado de la buena o mala suerte.
14. a. Hay ciertas personas que simplemente no son buenas.  
b. Hay algo de bondad en todo el mundo.
15. a. En mi caso, conseguir lo que quiero tiene poco o nada que ver con la suerte.  
b. Muchas veces da lo mismo que decidamos que hacer voltiando una moneda.
16. a. El ser jefe a menudo depende de quien fue suficientemente afortunado de estar en el sitio justo primero.  
b. Conseguir las personas que hagan lo idoneo depende de la habilidad, la suerte tiene poco que ver.
17. a. En relacion con asuntos mundiales, la mayoria de nosotros somos victimas de fuerzas que no podemos ni entender, ni controlar.  
b. Tomando parte activa en politica o asuntos sociales, la gente puede controlar los eventos mundiales.

18. a. La mayoría de la gente no se dan cuenta del alcance de el control que tienen los eventos accidentales sobre sus vidas.  
b. No hay tal cosa como la suerte.
19. a. Uno siempre debe estar dispuesto a admitir errores.  
b. Usualmente es mejor encubrir tus errores.
20. a. A la larga, las cosas malas que nos ocurren se balancean con las buenas.  
b. La mayoría de los infortunios son resultado de la falta de habilidad, ignorancia, pereza, o las tres.
21. a. Es difícil saber si realmente le agradas a una persona o no.  
b. La cantidad de amigos que tiene depende de cuan buena persona es usted.
22. a. Con el esfuerzo suficiente podemos eliminar la corrupción política.  
b. Es difícil para la gente tener mucho control sobre lo que hacen los políticos durante su incumbencia.
23. a. Algunas veces no puedo entender como los maestros sacan las calificaciones que dan.  
b. Hay una conexión directa entre cuanto esfuerzo pongo en mis estudios y las calificaciones que obtengo.
24. a. Un buen lider espera que su gente decida por si misma lo que deben hacer.  
b. Un buen lider le aclara a todo el mundo cuál es su trabajo.
25. a. Muchas veces siento que tengo muy poca influencia sobre las cosas que me pasan.  
b. Para mi es imposible pensar que la suerte o la oportunidad juegan un papel importante en mi vida.
26. a. La gente esta solitaria porque no trata de ser amigable.  
b. No hay mucho uso en esforzarse en agradar a otros, si les agradas, les agradas.
27. a. Hay demasiado énfasis en los juegos atléticos en la escuela superior.  
b. Los deportes de equipo son excelentes para formar el caracter.

- 28. a. Lo que me ocurre a mí es mi propia obra.
- b. Algunas veces siento que no tengo suficiente control sobre la dirección que toma mi vida.
  
- 29. a. La mayor parte del tiempo no puedo entender porqué los políticos se comportan de la manera que lo hacen.
- b. A la larga, la gente es responsable por el mal gobierno, tanto en el nivel nacional como en nivel local.

## Escala de Recursos para Confrontar una Situación\*

La gente reacciona en muchas formas a la tensión o el "stress." Algunas personas usan una forma de manejar la tensión mientras que otras usan muchos métodos para confrontar una situación. Estoy interesada en encontrar que cosas hacen las personas cuando se enfrentan con una situación de tensión. Por favor estime cual amenudo usted usa de los siguientes formas para confrontar la tensión. Seleccione (circule) un número para cada ítem.

Metodo de Confrontacion	Nunca	Ocasionalmente	Como la Mitad del Tiempo	Amenudo	Casi Siempre
1. Me preocupo	1	2	3	4	5
2. Llora	1	2	3	4	5
3. Libero la tensión con actividad física o ejercicio.	1	2	3	4	5
4. Espero que las cosas mejoren	1	2	3	4	5
5. Me rió pensando que podría ser peor	1	2	3	4	5
6. Pienso sobre diferentes formas de resolver el problema o de manejar la situación	1	2	3	4	5
7. Como; fumo; mastico goma de mascar	1	2	3	4	5
8. Tomo bebidas alcohólicas	1	2	3	4	5
9. Uso drogas	1	2	3	4	5
10. Trato de borrar el problema de mi mente y de pensar en otra cosa	1	2	3	4	5
11. Dejo que otra persona resuelva el problema o se encargue de la situación por uno	1	2	3	4	5
12. Sueño despierto; fantaseo	1	2	3	4	5
13. Hago cualquier cosa por hacer algo aun cuando no estoy segura que va a trabajar	1	2	3	4	5
14. Habló el problema con alguien que a estado en la misma situación	1	2	3	4	5
15. Me preparo para esperar lo peor	1	2	3	4	5
16. Me enfado, maldigo	1	2	3	4	5
17. Acepto la situación tal como es	1	2	3	4	5
18. Trato de mirar el problema objetivamente y mirar todos sus lados	1	2	3	4	5
19. Trato de mantener control sobre la situación	1	2	3	4	5
20. Trato de encontrar el proposito o el significado de la situación	1	2	3	4	5

\*Derechos reservados por Anne Jalowiec, 1979.

Metodo de Confrontacion	Nunca	Ocasionalmente	Como la Mitad del Tiempo	Amenudo	Casi Siempre
21. Rezo; "pon tu confianza en Dios"	1	2	3	4	5
22. Me pongo nerviosa	1	2	3	4	5
23. Me alejo de la situación	1	2	3	4	5
24. Culpo a otro por mis problemas o la situación en que me encuentro	1	2	3	4	5
25. Activamente trato de cambiar la situación	1	2	3	4	5
26. Saco la tension con alguien o algo mas	1	2	3	4	5
27. Me voy sola; "quiero estar sola"	1	2	3	4	5
28. Renuncio a la situación porque las cosas no tienen esperanza	1	2	3	4	5
29. No hago nada con la esperanza de que la situación se mejorare o el problema se resuelva por si solo.	1	2	3	4	5
30. Busco consuelo y ayuda de la familia y amigos	1	2	3	4	5
31. Medito; use yoga, retro alimentacion "mente sobre materia"	1	2	3	4	5
32. Trato de averiguar mas sobre la situación para poder manejarla mejor	1	2	3	4	5
33. Pruebo diferentes maneras de resolver el problema para ver cual funciona mejor	1	2	3	4	5
34. Renuncio a la situacion porque "es mi destino" asi que no hace sentido tratar de hacer nada al respecto	1	2	3	4	5
35. Trato de usar experiencias pasadas para que me ayuden a manejar esta situación	1	2	3	4	5
36. Trato de dividir el problema en partes mas pequeñas de manera que pueda manejarlo mejor	1	2	3	4	5
37. Me voy a dormir pensando "las cosas se veran mejor en la mañana"	1	2	3	4	5
38. Fijo metas especificas para ayudarme a resolver el problema	1	2	3	4	5
39. No me preocupo, todo terminara bien	1	2	3	4	5
40. Me conformo con la proxima mejor alternativa de lo que yo realmente quiero	1	2	3	4	5

APPENDIX C  
AUTHORS' PERMISSIONS

*The*  
*University*  
*of*  
*Connecticut*

STORRS, CONNECTICUT 06268

THE COLLEGE OF  
LIBERAL ARTS AND SCIENCES  
*Department of Psychology*

April 4, 1985

Lena Jean Acosta  
10326 Bassoon  
Houston, TX 77025

Dear Ms. Acosta:

You have my permission to reproduce the I-E  
Scale for your research, providing you are supervised  
by, or consult with someone who is trained in the use  
and interpretation of personality tests.

Very truly yours,

*Julian B. Rotter*  
Julian B. Rotter  
Professor of Psychology

JBR/isw

College of Nursing--Room 127  
University of Illinois  
845 S. Damen  
Chicago, IL 60612  
312-996-2559  
December 6, 1984

Lena Jean Acosta, RN  
10326 Bassoon  
Houston, TX 77025

Dear Ms. Acosta:

Thank you for the interest you expressed in the Validated Coping Scale. I have enclosed a copy of the instrument as you requested.

Permission is granted to use the coping scale for your thesis study with battered women. I do ask that investigators share their coping and demographic data with me for psychometric and normative analysis of the tool. I have enclosed a list of the information I request from investigators.

You will have to make your own copies of the scale as needed, since I do not have enough copies for large-scale distribution. Instructions to the subject for completion of the instrument are at the top of the form. If you use the scale to look at situation-specific coping, then this wording would need to be slightly altered. Scores for problem-oriented and affective-oriented coping styles can be obtained by summing the ratings separately for these two subscales. The tool notes which items belong to which subscale.

If I can be of any further help, please feel free to contact me. Good luck with your study.

Sincerely,

*Anne Jalowiec*

Anne Jalowiec, Ph.D., PhD Candidate

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