ties (Jackson & Inglehart, 1995). As a result, the coping literature tends to reinforce rather than illuminate stereotypical assumptions about women in general and Afri-
can-American women in particular. African-American people's presumed deficiencies in
coping are perceived to account for their high rates in psychological ailments, such as
depression and anxiety disorders (Broman, 1997; Williams, Tollefson, & Ader, 1992).

However, coping strategies of women, and of African-American women in particular,
may only appear to be deficient due to reliance on models whose assumptions are
based on individualistic, rational choice of determining behaviors (presuming that
individuals have the resources to act in their own best interests), ignoring or mini-
mizing the impact of external economic and racial/ethnic factors that set the stage
for people's behavior (Hofstede, in Press). One study of African-American and Euro-
popular women in Chicago (Kruenger, 1998) examined the relationship between press

tension and the experience of racial and gender discrimination. She found that among
African-American women who believed they experienced unfair treatment, those
who kept quiet and accepted it were four times as likely to have "high blood
pressure than those who talked to others or took other action in response to the unfair
behavior. Interestingly, gender discrimination was unrelated to hypertension for
European women. In addition, African-American women were six times more likely
to respond passively to unfair treatment, suggesting that they, probably accurately,
perceived themselves as having little control over their encounters. Kruenger (1998)
also found that African-American women who reported that they had experienced no
incidence of racial or gender discrimination were two-to-three times as likely to have
high blood pressure as those who reported having experienced unfair treatment.
An internalized denial of racial bias may also lead to adverse changes in health status.
Kruenger's (1998) study suggests that racial discrimination may interact with person-
ality characteristics and particular coping styles.

With the delusion of need for research in this area, there is a corresponding demand
for creating and testing new theoretical models to understand how ethnicity shapes
and is shaped in the social world, and how these processes affect coping strategies.
Models of coping that rely on individualistic approaches and that fail to consider
effects of coping styles on community and social-behavioral relationships will not
be seen as readily applicable to African-Americans.

Description of the Model

The Multi-Axial Model of coping was developed to assess both aperic and commu-
nal aspects of coping. It incorporates these axes: 1) prosocial-anticonsial; 2) active-
passive; and 3) direct-indirect. The three axes represent dimensions of general cop-
ing strategies, not particular behaviors, and they are not viewed as fully independent
(Hofstede, Cameron, Chapman, & Gallagher, 1996; Hofstede, Duvall, & En-Yoreh, &

Monnier, 1994). The active-passive dimension indicates the degree to which coping is
actually addressing a goal or environmental demand. The prosocial-antisocial di-
nension reflects the degree to which coping is oriented in a prosocial, non-social, or
antisocial manner. For example, coping may positively rely on, exploit, or be inde-
pendent of others. Directness reflects the degree that coping behavior is addressing
the problem in a straightforward or roundabout manner. Indirectness is prized in
many cultures and may also be the only open coping avenue in situations of low
power. Coping behavior is seen as existing along each of the three dimensions sim-
taneously.

In the Multi-Axial Model, a person's strategy might be primarily active-prosocial,
indirect and another's approach possibly passive-antisocial-direct, but both share
some of the same behaviors. Directness in the model is more culturally and situationally dependent. Indirectness is not to be confused with passivity, but indi-
cates some indirect ways of achieving goals. For example, efforts to shape the envi-
ronment in order to facilitate a desired response are indirect, but not passive. Cul-
tures that prize honor and escrow shame tend to promote indirect coping to avoid
insult and shaming the self and others. The theory acknowledges that coping occurs in
a social environment that allows for the universality of behavioral con-
structs across ethnic, gender, and cultural boundaries.

The Multi-Axial Model of coping is based on a long-standing premise in personality
research that healthy coping is both active and prosocial (Adler, 1939; Sullivan, 1993).
Therefore, behavior that is seen as active and prosocial is seen as potentially more
psychologically healthy (Hofstede, Cameron, Chapaten, & Gallagher, 1996). The early
work of Adler (1939) and others is further supported by research showing mastery
and social support to work more beneficially in tandem (Kobasa & Puckett, 1983;
Leventhal, Martin & Selig, 1984; Sandefur & Lowry, 1983; Hofstede & Leaman, 1989)
and Kobasa (1983) has argued in this regard, that an active, prosocial, style under-
lies the positive influence of social support.

The Multi-Axial Model focuses on behavioral strategies and emphasizes the emotional
aspects of coping upon which other models place great emphasis (Carver, Scheier, &
Weintraub, 1998; Folkman, Lazarus, Dweck, & others, 1986). Hofstede (1994) gives two reasons for this altered direction: (1) current mea-
sures of coping have had good success predicting outcomes from emotion-focused
measures of coping; and (2) emotion-focused coping styles may, perhaps, be disen-
saged from the emotional outcomes of coping. For example, when people report
emotion-focused items on questionnaires, they may easily slip from the issue of
how they are behaviorally coping (e.g., "I use alcohol") with stressors (which is what
we wish to address) to how they are responding to the outcome of stress (e.g., alcohol

Perspectives

Perspectives

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Perspectives

Analyzing and evaluating media representations of drug use and drug users in popular culture and film.

Date: (1992) Additional data from (1993)

Summary:

The study focuses on the portrayal of drug use and drug users in popular culture and film. The research examines how these representations shape societal perceptions and attitudes towards drug use. The analysis is based on a comprehensive review of existing literature and includes an examination of both historical and contemporary representations.

Methodology:

The study employs qualitative methods, including content analysis of films and popular media. The data is collected and analyzed to identify patterns and trends in the portrayal of drug use and drug users.

Results:

The findings indicate that popular culture and film have a significant influence on public perceptions and attitudes towards drug use. The representations tend to emphasize the negative consequences of drug use and portray drug users in stereotypical or stigmatized ways. The study also highlights the importance of accurate and balanced representations in shaping public understanding.

Implications:

The research suggests that media representations play a critical role in shaping public discourse and policy decisions regarding drug use. It underscores the need for more nuanced and accurate portrayals to foster a more informed and compassionate public dialogue.

Conclusion:

In conclusion, the study offers insights into the complex role of media in shaping perceptions of drug use and drug users. It calls for increased efforts to promote more informed and equitable representations in the media to support evidence-based policies and interventions.

References:


Keywords: popular culture, film, drug use, representations, stigmatization.
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