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ABSTRACT

Two newly developed instruments being used in a number of studies examining the influences of intrafamily and extrafamily resources and supports on parent, family, and child functioning are described. The instruments are the Personal Assessment of Life Events (PALE) Scale, developed by C. M. Trivette and others (1988), and the Personal Assessment of Coping Experiences (PACE) Scale, developed by C. J. Dunst and others (1988). The PALE and the PACE assess, respectively, positive life events and a person's use of proactive coping strategies in response to these life events and experiences. Both scales are administered in an interview form. Both are currently being used in several studies in research laboratories. Reliability and validity analyses so far have indicated that both scales have adequate psychometric properties. The potential utility of both scales is illustrated with data from a longitudinal study of the birth and rearing of children in more than 300 families. At present, data are complete through 1 year for 225 families. The pattern of results is consistent with other research, which has found differential relationships between favorable and unfavorable life circumstances and positive and negative aspects of child and parent functioning. Six tables and four figures present study findings. (SLD)

Influences of Life Events and Coping Strategies on Family Functioning

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Influences of Life Events and Coping Strategies on Family Functioning

The purpose of this brief report is to describe two newly developed instruments being used in a number of studies examining the influences of intrafamily and extrafamily resources and supports on parent, family, and child functioning. The instruments are the Personal Assessment of Life Events (PALE; Trivette et al., 1988) scale and the Personal Assessment of Coping Experiences (PACE; Dunst et al., 1988) scale. In contrast to other life events and coping instruments that measure the occurrence of negative life events and responses and reactions to situations assessed adversely (reactive coping strategies), the PALE and PACE also assess, respectively, positive life events and a person's use of proactive coping strategies in response to these life events and experiences.

Both scales are modeled after a number of instruments that measure both positive and negative life experiences, and positive and negative aspects of behavioral functioning (Bradburn, 1969; Diener, 1984; Kammann & Fleet, 1983; Kanner, et al., 1981, 1987; Order & Bradburn, 1968; Reich & Zautra, 1983). The importance of measuring both the positive and negative aspects of life experiences and the positive and negative outcomes associated with each is supported by research demonstrating that: (a) The

occurrence of positive and negative life experiences are much more independent than they are interdependent, (b) positive life experiences are related to positive but not negative aspects of functioning (and vice versa), and (c) positive and negative aspects of functioning tend to be uncorrelated as well (see Dunst, Trivette, & Thompson, 1991, for a review of relevant studies). The value of these kinds of instruments also derive from the fact that the absence of problem-related situations or problem-related behavior (negative functioning, stress, etc.) may not be taken as evidence for the presence of positive life events and functioning as has generally been assumed (see Antonovsky, 1981; Hoke, 1968; Seeman, 1989; World Health Organization, 1964).

DESCRIPTION OF THE INSTRUMENTS

Both the PALE and PACE are administered in an interview format. The PALE includes a series of questions that evoke descriptions of different kinds of life events and experiences, the changes that have transpired as a result of the situations, and the influences--either positive or negative--that the events and experiences have had on the respondent's life. A person administering the PACE asks a respondent to indicate: (a) Whether or not a predetermined list of life events and experiences have been influenced by a marker life event or experience (e.g., becoming pregnant, birth of a child, carrying-

out parenting responsibilities, rearing a child), (b) whether the influences have been positive or negative, and (c) the coping strategies employed in response to the life events and experiences.

Personal Assessment of Life Events Scale

The PALE assesses whether or not a variety of life event changes and experiences have occurred in the respondent's life, and for situations that have occurred, the respondent rates the extent to which the changes and experiences have been either positive or negative. The scale includes 16 questions which can potentially elicit descriptions of a number of life event changes and/or experiences.

Each scale item is administered in the same manner. First, a question is posed to the respondent (e.g., "Has there been a change in your living condition such as a move to a new house, a change in your neighborhood, remodeling your house, or the need for household repairs?). Each question is framed in terms a circumscribed time period (e.g., Since you became pregnant, since your child was born). Table 1 lists the kinds of life event changes and experiences that the respondent is asked to indicate whether or not they have occurred. Second, the respondent rates, for each life event or experience that has occurred, the extent to which the situation has had a positive or negative influence

in his or her life. The rating scale used to assess the impact of the events and experiences varies on a continuum from Very Negative (-2) to Somewhat Negative (-1) to Neither Negative nor Positive (0) to Somewhat Positive (1) to Very Positive (2).

Insert Table 1 about here

A number of life event indices can be computed from a respondent's descriptions and ratings. These include the total number of positive events and total number of negative events that have occurred (event frequency), the sum of the ratings of impact for the positive events and negative events computed separately (impact), and the sum of the ratings divided by the number of events, computed separately for the positive and negative life events and experiences (intensity).

Personal Assessment of Coping Experiences Scale

The PACE is administered in three steps. First, the respondent is provided a set of 30 randomly ordered cards each listing a different life event or experience (see Table 2), and is asked to sort the cards into two piles: Those events and experiences that have been influenced by a marker event (e.g.,

becoming pregnant) and those unrelated to or not influenced by the event. Second, the respondent is asked to sort the experiences (cards) influenced by the marker event into three piles: Those that have been negatively influenced by the event, those that have been positively influenced by the event, and those that have been influenced in both a positive and negative way. Third, the respondent is then asked, for each event or experience, to indicate from a list of eight randomly ordered coping strategies, which ones he or she used in response to the event. The coping methods from which a respondent can choose are different for the positive and negative life events and experiences (see Table 3), and have been labelled, respectively, proactive and reactive coping strategies. Proactive coping strategies are ones used to reflect upon, evoke, or prolong pleasurable or desirable life events and experiences, and reactive coping strategies are ones used in response to difficult or stressful life events and situations. The eight proactive and eight reactive coping strategies are stated in a parallel fashion, and are modeled after the eight kinds of coping methods identified by Stone and Neale (1984).

Insert Tables 2 and 3 about here

A number of indices can be calculated from the responses on the PACE. These include the total number of positively influenced events and the total number of negatively influenced events (event frequency), the number of different proactive coping strategies and the number of different reactive coping strategies used by the respondent out of the eight possible methods (range), the total number of proactive coping strategies and total number of reactive coping strategies used by the respondent (coping frequency), and the total number of coping strategies divided by the total number of occurrences of events, computed separately for the proactive and reactive coping strategies (intensity).

PRELIMINARY FINDINGS

Both the PALE and PACE are currently being used in a number of studies in our research laboratories. Several reliability and validity studies are in the process of being completed ascertaining the psychometric properties of the scales. The scales are also being used in several longitudinal studies. In one investigation, the relationship that life events and coping strategies have to the onset and chronicity of child neglect outcomes as well as the prevention of such outcomes is being examined. The influences that intrafamily and extrafamily resources, experiences, and supports--including life events and

coping--have on parent, family, and child functioning is being examined in a study beginning during a mother's pregnancy and continuing until her child is three years of age.

Reliability and Validity

Validity

Convergent and discriminant validity analyses (Campbell & Fiske, 1959) have been conducted in several studies with parents of preschool aged children as subjects to ascertain the psychometric properties of the PACE. The criterion measure of life experiences was the Daily Hassals and Uplifts Scale (Kanner et al., 1981), and the criterion measure of coping was the Ways of Coping Checklist (Vitaliano et al., 1985).

It was expected that the number of PACE positive life events would be correlated with total number of daily uplifts ($r = .41$, $p < .01$) but not with the total number of daily hassals ($r = -.03$, $p > .05$), and that the total number of PACE negative life events would be correlated with total number of daily hassals ($r = .31$, $p < .05$) but not with the total number daily uplifts ($r = .12$, $p > .05$), which was exactly what was found.

The validity of the PACE coping strategy measures was ascertained by correlating eight proactive and eight reactive coping indices with the five Ways of Coping Checklist (WOC) subscale scores (problem-focused, seeks social support, blamed self, wishful thinking, and avoidance). The PACE measure for

each coping strategy was the total number of coping strategies used for all the events that occurred divided by the total number of life events and experiences. It was expected that the reactive but not the proactive coping measures would be correlated with the WOC scale scores. The analyses confirmed our predictions. Only four proactive coping measures were significantly related to the WOC measures, whereas 18 reactive coping measures were significantly correlated with the WOC measures.

Table 4 shows the significant correlations between the PACE and WOC measures. All of the positive covariation is between the WOC problem-focused and seeks social support subscales and the PACE situation redefinition, direct action, catharsis, seeks social support, and relaxation coping strategies measures, and between the WOC wishful thinking and avoidance subscales and the PACE distraction coping strategy measure. In contrast, the preponderance of negative covariation is between the WOC blames self, wishful thinking, and avoidance subscales and the PACE situation redefinition, acceptance, relaxation, and religious/spiritual support coping strategy measures.

Insert Table 4 about here

Reliability

The internal consistency of the PACE coping measures has been determined separately for the proactive and reactive strategies and for both sets of strategies combined. The coping measure was the total number of times a particular coping strategy was used divided by the total number of occurrences of life events and experiences. Coefficient alpha was .79 for the proactive coping strategies, .74 for the reactive coping strategies, and .85 for the total number of proactive and reactive coping strategies.

The test--retest reliability of a number of PALE and PACE measures has been ascertained with data from the scales administered 3 to 4 months apart. The stability coefficients for the PALE frequency and intensity measures were, respectively, $r = .29$, $p < .05$ and $r = .29$ ($p < .05$) for the occurrence of positive life events, and $r = .24$ ($p < .05$) and $r = .30$ ($p < .05$) for the occurrence of negative life events. The stability coefficients for the PACE frequency of life experiences measures were, respectively, $r = .43$ ($p < .01$) and $r = .40$ ($p < .01$) for positive and negative life events. The magnitude of these test-retest correlation coefficients were not unexpected given the fact that both the PALE and PACE measure a preponderance of the kinds of life events and experiences that would change and vary over a 3 to 4 month period of time.

The test--retest reliability of the PACE coping strategies was found to be more stable across the same time period. The test-retest reliability coefficients for the PACE frequency of coping measures were, respectively, $r = .53$ ($p < .01$) for proactive strategies and $r = .40$ ($p < .01$) for reactive coping strategies. For the intensity measures, the stability coefficients were $r = .56$ ($p < .01$) for the proactive coping strategies and $r = .66$ ($p < .01$) for the reactive coping strategies. Thus, whereas the number and intensity of the life experiences of the subjects were likely to differ across time, these same individuals nonetheless were likely to demonstrate similar levels of coping responses to the occurrences of both positive and negative life events and experiences that did occur.

Collectively, the reliability and validity analyses completed thus far indicate that both the PALE and PACE have adequate psychometric properties. Further reliability and validity analyses are planned to ascertain other psychometric features of both scales.

Utility of the Scales

The potential utility and usefulness of the PALE and PACE for studying the course of human development and functioning, and identifying factors associated with differential functioning, is illustrated with data from a longitudinal study of the birth and rearing of a child in families differing considerably in their

backgrounds and experiences. This research is guided by a social systems and human ecology orientation that aims to understand how interpersonal and extrapersonal resources available to families give parents the time and energy, and knowledge and skills, necessary to carry-out parenting responsibilities in ways that optimize child outcomes (Bronfenbrenner, 1979; Cochran & Brasard, 1978; Garbarino, 1982). More specifically, this research has been guided by contentions made by Bronfenbrenner (1979) who stated:

> Whether parents can perform effectively in their child-rearing roles within the family depends on role demands, stresses, and supports emanating from other settings. Parents' evaluations of their own capacity to function, as well as their view of their child, are related to such external factors as flexibility of job schedules, adequacy of child care arrangements, the presence of friends and neighbors who can help out in large and small emergencies, the quality of health and social services, and neighborhood safety. The availability of supportive settings is, in turn, a function of their existence and frequency in a given culture or subculture.
>
> A theoretical conception of the environment extending beyond the behavior of individuals to encompass functional systems both within and between settings, systems that can also be modified and expanded, contrasts sharply with prevailing research models. These established models typically employ a scientific lens that restricts, darkens, and even blinds the researcher's vision of environmental <u>obstacles</u> and <u>opportunities</u> and of the remarkable potential of human beings to respond constructively to an ecologically compatible milieu once it is made available. As a result, <u>human capacities and strengths tend to be underestimated</u>. (p. 7, emphasis added)

Subjects

The participants in the study are more than 300 families of infants and toddlers. Pregnant women are recruited during the second trimester of their pregnancies and are being followed until their children are three years of age. Each mother participates in an interview and completes a number of self-report measures during the second and third trimesters of their pregnancies and at 1, 6, 12, 18, 24, and 36 months postpartum. At 6, 12, 18, 24, and 36 months, parent--child interaction measures are also obtained, and the children are administered either the Bayley Scales of Infant Development or Stanford-Binet Scales. Several observational measures are used as well to assess a number of aspects of both maternal and child behavior.

At the present time, we have completed data collection on 225 families that include one year outcome measures of family, parent, and child functioning. The data analyses described below involved this particular group of subjects. Table 5 shows the characteristics of the sample at the time of entry into the study. The participants include both married and unmarried mothers; teenage mothers; and mothers who have less than a high school education as well as those with advanced graduate degrees. The sample was recruited so as to be quite heterogeneous with respect to child, parent and family demographics as a basis for

ascertaining the course of development among children differing in family backgrounds.

Insert Table 5 about here

Procedure

The analyses reported next involved both the PALE and PACE administered during the third trimester and following the birth of the child and the Psychological Well-Being Index (PWI; Bradburn, 1969) administered at the end of the third trimester and 1,6, and 12 months postpartum. The PWI is a self-report measure that assesses both the positive and negative aspects of emotional and psychosocial health, labeled positive affect and negative affect respectively (Bradburn, 1969). It has been consistently found that these two dimensions of psychosocial health are minimally correlated with each other, and therefore represent independent dimensions of psychological well-being (see Dunst et al., 1990).

Results

Three sets of results are briefly reported here. The first concerns the correlations among a number of PALE and PACE measures. The second concerns the relationships between the PALE and PACE measures and both positive and negative psychosocial

health. The third concerns a direct test of the differential relationships between the occurrence of positive and negative life events and psychological well-being.

Correlations Among the PALE and PACE Measures. Table 6 shows the correlations among the PALE and PACE measures. Several things are worth noting from these results. First, the two PALE positive events measures are highly related as are and two PALE negative events measures, but none of the pairwise positive--negative PALE measures are significantly correlated. Second, the two PALE positive events measures are significantly related to the PACE positive events/proactive coping measures but not the negative events/reactive coping measures, and the PALE negative events measures are significantly related to the PACE negative events/reactive coping measures but not the positive events/proactive coping measures. Third, the PACE positive events measure is significantly related to the proactive coping measures but not to the PACE negative events/reactive coping measures, and the PACE negative events measure is significantly related to the PACE reactive coping measures but not to the PACE positive events/proactive coping measures. Collectively, these patterns of findings are consistent with our expectations as well as previous research (see Dunst et al., 1990) indicating that the absence of problems (negative life experiences and situations)

may not necessarily be taken as evidence for the presence of positive life experiences.

Insert Table 6 about here

The other noteworthy pattern among the correlations shown in Table 6 is the significant relationships between the four proactive and reactive coping strategy measures. This suggests that individuals with a rich repertoire of one category of coping methods tend to also have a rich repertoire of the other category of coping methods. Thus, whereas, the occurrence of different kinds of life events tend to be independent, the use of proactive and reactive coping strategies tend to be interdependent.

Relationships Between the PALE and PACE Measures and Well Being. The extent to which the PALE and PACE measures were related to psychological well-being was ascertained by repeated measures ANOVAs. For illustrative purposes, the scores on each of the PALE and PACE measures were divided into quartiles, and a series of 4 Between Quartiles X 4 Within Time Periods (3rd trimester, 1, 6, 12 months postpartum) repeated measures ANOVA performed with the PWI positive and negative affect scores as the dependent measures. The various analyses produced a number of

significant main effects for quartiles, but no significant quartile x time period interactions.[1]

Clearcut results were obtained from the analyses of the PALE measures. These findings are displayed in Figure 1. The two positive events measures were significantly related to positive but not negative affect, F_s (3,221) = 6.05 and 9.30, $p_s < .001$, and the two negative events measures were significantly related to negative but not positive affect, F_s (3,221) = 4.15 and 5.80, $p_s < .01$. As expected, a greater incidence of positive life events was associated with more positive indicators of psychological well-being, and a greater incidence of negative life events was associated with higher levels of negative affect. Perhaps more important is the fact there is a differential relationship between positive and negative life events and their psychosocial consequences.

Insert Figure 1 about here

Clearcut results were also obtained from the analyses of the PACE positive events/proactive coping strategy measures. These results are depicted graphically in Figure 2. All three measures were found to be significantly related to positive but not negative affect, F_s (3,221) = 5.47 to 5.86, $p_s < .01$. As predicted, a greater incidence and use of positive life events

and proactive coping strategies, respectively, was associated with elevated indicators of positive psychosocial health.

Insert Figures 2 and 3 about here

The results from the PACE negative events/reactive coping strategy measures are displayed in Figure 3. The analyses found that a greater number of negative events was significantly related to both depressed positive affect, $F(3,221) = 4.81$, $p < .01$, and elevated indicators of negative affect, $F(3,221) = 3.95$, $p < .01$. Thus, whereas the PACE positive events measure was differentially related to positive and negative indicators of psychosocial health, the presence or absence of negative life events had reciprocal influences on the two psychological well-being measures.

Taken together, the patterns of results shown in Figures 1-3 are for the most part consistent with the predications and expectations posited earlier in the paper. The results also bolster our assertion about the need to measure both the positive and negative aspects of human conditions and functioning if the study of the influences of intrafamily and extrafamily events and experiences is to lead to a more complete understanding of the determinants of behavior and development.

Relationship Between Life Events and Positive and Negative Affect. The relationship between both positive and negative life events and positive and negative psychosocial health was ascertained for illustrative purposes from a combined measure of PALE and PACE positive and negative life events. First, the occurrence of positive events on both scales were added to obtain a total positive life events score. The same was done for the negative life events scores to obtain a total negative life events score. Second, the total negative life events score was subtracted from the total positive life events score to obtain a balance score. (This composite score took into consideration the fact that a large majority of respondents reported both positive and negative life events and experiences, and the calculation of the score was based on the assumption that a larger number of positive life events had compensatory effects on negative life experiences, and vice versa.) The resultant scores varied from a -31 to +32 with a mean of 0.53 and a standard deviation of 10.79. The scores were normally distributed, and had a skewness value of 0.00 and a kurtosis value of 0.61. Third, cutpoints were used to define seven intervals of scores that defined three levels of negative life events (High, Median, Low), three levels of positive life events (High, Median, Low), and one level of neither positive or negative life events.[2] The cutpoints for the seven grouping intervals were -32 to -12, -11 to -6, -5 to -2, -1

to 1, 2 to 5, 6 to 11, and 12 to 32, which corresponded to 0-1/2, 1/2 to 1, and 1+ SDs above and below the mean. Fourth, the well-being data were analyzed by a 7 Between Life Events X 4 Within Time Period X 2 Within Type of Well-Being repeated measures ANOVA with the positive and negative affect scores as the dependent measures. The analysis produced a predicted life events x type of well-being interaction, $F(6, 218) = 7.85$, $p < .0001$, but no life events x type of well-being x time period interaction.[3]

The data from the analysis are displayed in Figure 4, and as can be seen, there was considerable divergence between the well-being measures as a function of the occurrence of positive vs. negative life events. Separate ANOVAs for the two psychological well-being measures produced significant main effects for both the positive, $F(6, 218) = 9.47$, $p < .0001$, and negative, $F(6, 218) = 3.25$, $p < .005$, affect measures. Thus, whereas the analysis of the individual PALE and PACE measures showed that positive experiences and proactive coping tended to be differentially related to positive but not negative affect (and vice versa), the analyses of the composite life events data clearly indicated that a balance of positive over negative life events maximized the incidence of positive affect and minimized

reports of negative indicators of psychosocial health.

Insert Figure 4 about here

DISCUSSION

The findings briefly reported in this paper establish both the reliability and validity of two newly developed life events and coping instruments, and demonstrate the utility of the scales for studying the influences of both positive and negative life experiences, and reactions to them, on independent dimensions of psychological well-being. The pattern of results are consistent with other research we have conducted in which we have found differential relationships between favorable and unfavorable life circumstances and positive and negative aspects of child and parent functioning (Dunst & Trivette, 1992; Dunst et al., 1990). Accordingly, it may be concluded that the absence of poor functioning is not the same as the presence of healthy functioning, and that one would expect to find minimal covariation and shared variance between apparently opposite "sides of the same coin." Consequently, a more complete understanding of behavior and development is likely to occur in research that moves beyond the study of negative outcomes and factors associated with poor functioning toward the study of positive outcomes and factors associated with healthy

functioning. The PALE and PACE appear to have considerable utility for accomplishing this goal.

The findings reported in this paper add to a burgeoning body of evidence documenting the fact that seemingly reciprocal aspects of life experiences and functioning are in fact more independent than interdependent (Bradburn, 1969; Hoke, 1968; Kammann & Fleet, 1983; Kammann et al., 1979; Kanner et al., 1981, 1987; Orden & Bradburn, 1968; Reich & Zautra, 1983; Seeman, 1989; Warr, Barter, & Brownbridge, 1983). Taken together, our research results, combined with other empirical evidence, is consistent with the contentions made by a number of investigators who have argued that efforts directed toward problem reduction cannot necessarily be equated with competency-enhancement influences (Bond, 1982; Cowen, 1985; Danish & De'Augelli, 1980; Rappaport, 1981, 1987; Stanley & Maddux, 1986; Zautra & Sandler, 1983). For example, Bond (1982) noted that interventions that place major emphasis on eliminating or "protecting ourselves from negative influences is, at most, a narrow perspective on the course of growth and well-being" (p. 5). Optimal outcomes will most likely occur if interventions emphasize the enhancement and promotion of competence and healthy functioning, whether the interventions are directed at children (Bond, 1982) or families (Hobbs et al., 1984), or both.

Footnotes

[1]There were also significant main effects for time periods but not significant quartile x time period interactions for both positive and negative affects. Positive affect increased and negative affect decreased following the children's births.

[2]A series of one way ANOVAs with the seven score intervals as a blocking variable and mother's age, education, and occupation and family SES and income as dependent measures produced no significant differences between groups. Not a single F-Value exceeded unity, indicating that the groups were quite homogeneous.

[3]The same analysis was performed with the family background variables listed in footnote 2 as covariates. The results were identical to those reported next.

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Table 1. Life Event Categories Measured by the Personal Assessment of Life Events Scale (PALE)

Life Event Categories	Examples of Events/Experiences
1. Changes in Living Conditions	Moved; changes in neighborhood; remodeled house; household repairs; etc.
2. Changes in Relationships (I)	Spouse or partner.
3. Changes in Relationships (II)	Family or friends.
4. Changes in Relationships (III)	Relative(s) or friend(s) passed away; relative(s) or friend(s) moved away.
5. Changes in Job Situation (Self)	Leave of absence/maternity leave; returned to work; took a new job; changed job responsibilities; new working hours; new boss; etc.
6. Changes in Job Situation (Spouse or Partner)	New job; changed job responsibilities; new working hours; new boss; etc.
7. Changes in Health Status	Self; spouse or partner; other family member(s); relatives; friends; etc.
8. Changes in Financial Situation	Lost job; making less money; making more money; assumed a new loan/additional financial responsibilities; etc.
9. Changes in School/Education Status	Started school; quit school; graduated; etc.
10. Changes in Social Participation and Activities	Less involvement; more involvement.
11. Contact with Medical Professionals(Self)	Physicians; nurses; etc.
12. Contact with Medical Professionals (Other Family Members)	Physicians; nurses; etc.
13. Contact with Professionals (Self or Family Members)	Lawyers; law enforcement agencies; etc.
14. Contact with Human Services Professionals and Agencies	Public health; mental health; social services; etc.
15. Significant Life Decisions	(Specify)
16. Other Life Experiences/ Situations	(Specify)

Table 2. Types of Life Events and Experiences Measured by the Personal Assessment of Coping Experiences Scale

1. Relationship with your partner	16. Your partner's career
2. Relationship with your children	17. Your emotional health
3. Relationship with your relatives	18. Your sense of worth
4. Relationship with your partner's relatives	19. Your energy level
5. Relationship with your old friends	20. Your sleep and rest patterns
6. Relationship with any new friends	21. Your physical health/illnesses
7. Relationship with your partner's old friends	22. Time for yourself
8. Relationship with your partner's new friends	23. Time to get things done and run errands
9. Relationship with your boss	24. Housing
10. Relationship with people at work	25. Household and yard chores
11. Money for bills/life necessities	26. Educational activities
12. Money to buy extras	27. Social and recreational activities
13. Your job	28. Day care for your child(ren)
14. Your partner's job	29. Babysitting for your child(ren)
15. Your career	30. Other

NOTE: Respondents are asked whether changes in each of the above categories have occurred as a function of a marker event (e.g., becoming pregnant).

Table 3. PACE Coping Strategies

Coping Category	Coping Strategies	
	Reactive Strategies	Proactive Strategies
1. Distraction/Engagement	Turned my attention away from the situation by thinking about or doing other things	Tried to find ways of making this change last or happen more often
2. Situation Redefinition	Tried to see the situation in a different way to make it easier for me to deal with	Gave me a new outlook or better understanding of the situation
3. Direct Action	Thought about ways to solve the problem; got information about it, or did something to try to deal with it	Gave my full attention and energy to this situation or change
4. Catharsis	Expressed my emotions to reduce my stress, anxiety, or frustration	Got enjoyment or pleasure from this change in my life
5. Acceptance	Accepted that the situation happened, but that nothing could be done about it	Made me feel grateful for what had happened
6. Social Support	Looked for or found emotional support from loved ones, friends, or a professional	Looked for and found loved ones or friends to tell about or share this change
7. Relaxation	Did something to relax; take my mind off the situation	Found this change or situation relaxing and peaceful
8. Religion	Looked for or found spiritual comfort or support	Thanked God for what had happened

Table 4. Significant Correlations Between the Two Sets of Coping Measures

	Ways of Coping Checklist Subscales				
PACE Coping Strategis	Problem Focused	Social Support	Blame Self	Wishful Thinking	Avoidance
Reactive Strategies:					
Distraction				.48	.25
Redefinition	.29				-.31
Direct Action	.33	.40			
Catharsis	.51	.49			
Acceptance	-.27		-.39		
Seeks Social Support	.51	.57			
Relaxation	.39	.26			-.25
Religion			-.27	-.28	-.51
Proactive Strategies:					
Redefinition	.40	.29			-.29
Acceptance				-.29	

Table 5. Descriptive Characteristics of the Sample (N = 225)

Continuous Variables	Mean	SD	Range
Mothers' Age (Years)	25.61	5.50	14-43
Mothers' Education (Years)	13.26	2.48	7-19
Fathers' Age (Years)	29.01	5.61	17-46
Fathers' Education (Years)	13.69	2.63	8-21
Gross Family Income (Monthly)	1941.90	1072.10	0-5654

Categorical Variables	Number	Percentage
Mothers' Married	180	80
SES: Very Low	10	5
Low	63	28
Middle	62	27
High	62	27
Very High	28	13

Table 6. Correlations Between the PALE and PACE Measures

Measures	PALE				PACE					
	1	2	3	4	5	6	7	8	9	10
PALE										
1. Frequency Positive Events	-	.90	.06	.00	.50	.47	.46	.08	.15	.13
2. Impact Positive Events		-	.01	.00	.47	.42	.41	.01	.13	.06
3. Frequency Negative Events			-	.93	.01	.14	.09	.51	.29	.42
4. Impact Negative Events				-	-.02	.08	.04	.42	.22	.35
PACE										
5. Frequency Positive Events					-	.70	.77	.08	.10	.15
6. Number of Proactive Strategies						-	.75	.17	.41	.39
7. Frequency of Proactive Strategies							-	.18	.37	.47
8. Frequency Negative Events								-	.59	.75
9. Number of Reactive Strategies									-	.69
10. Frequency of Reactive Strategies										-

NOTE. Underlined correlation coefficients significant beyond the .01 level.

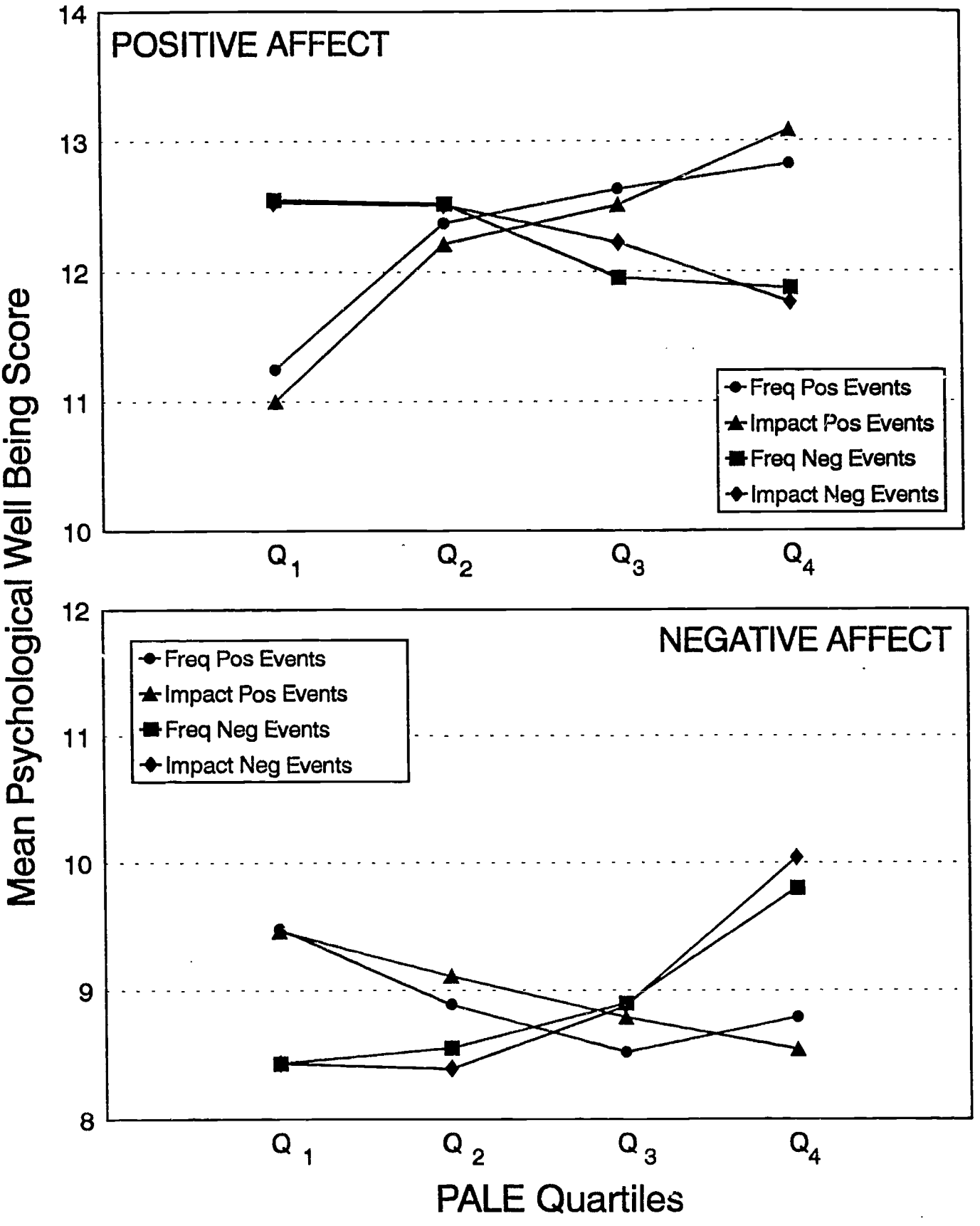

Figure 1. Relationship Between the PALE Life Events Meaures and Psychological Well Being.

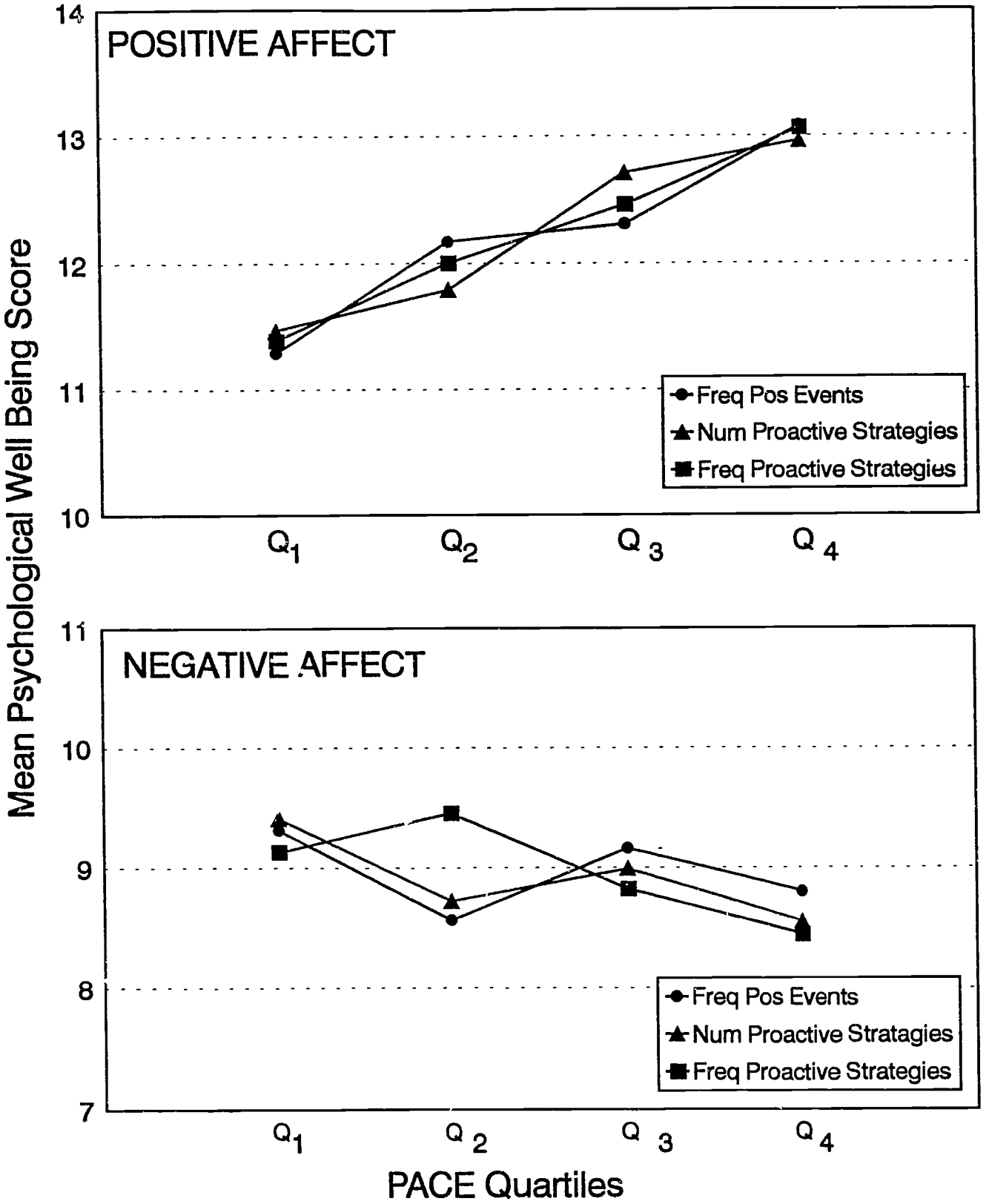

Figure 2. Relationship Between the PACE Positive Life Events/Proactive Coping Measures and Psychological Well Being.

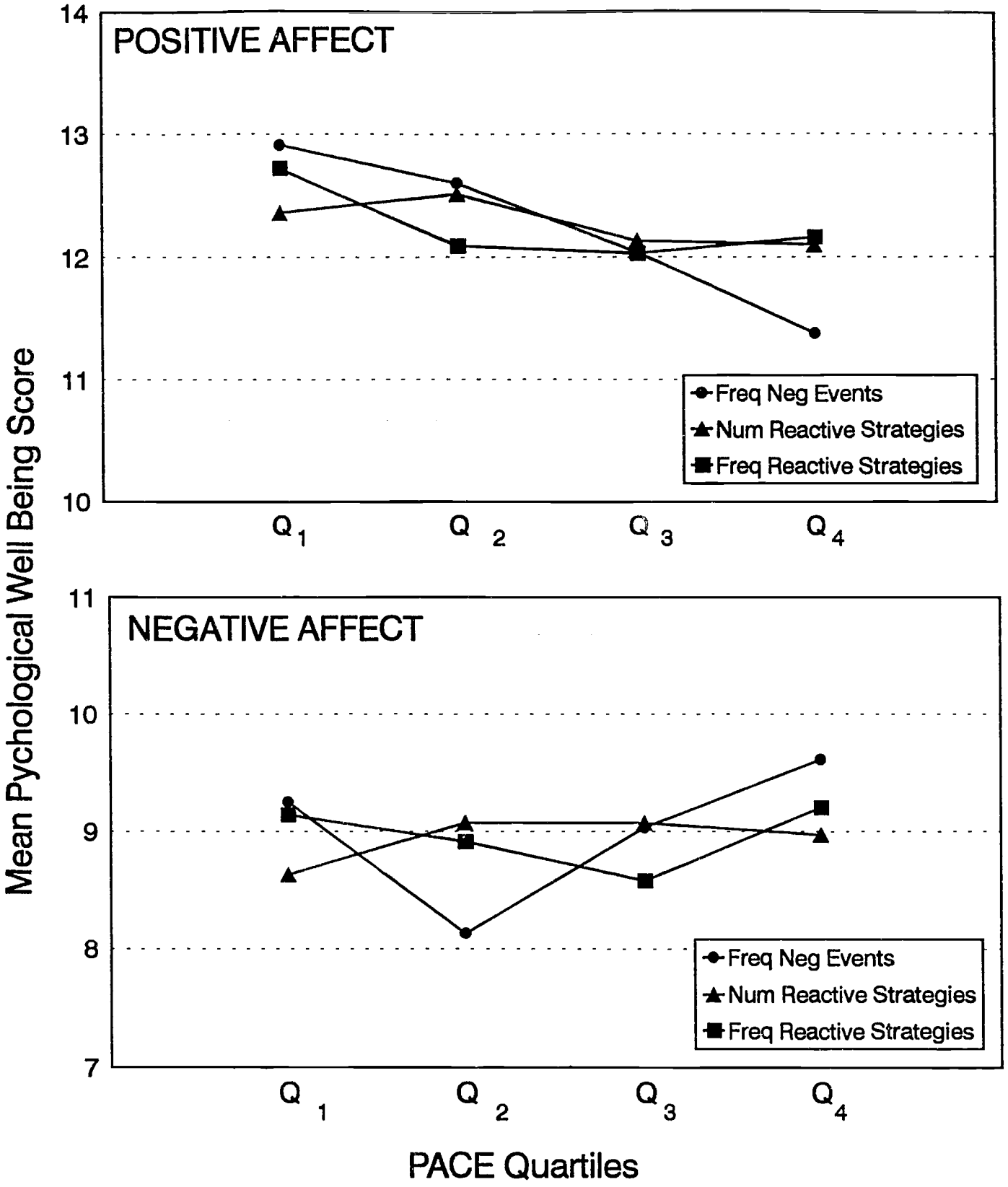

Figure 3. Relationship Between the PACE Negative Life Events/Reactive Coping Measures and Psychological Well Being.

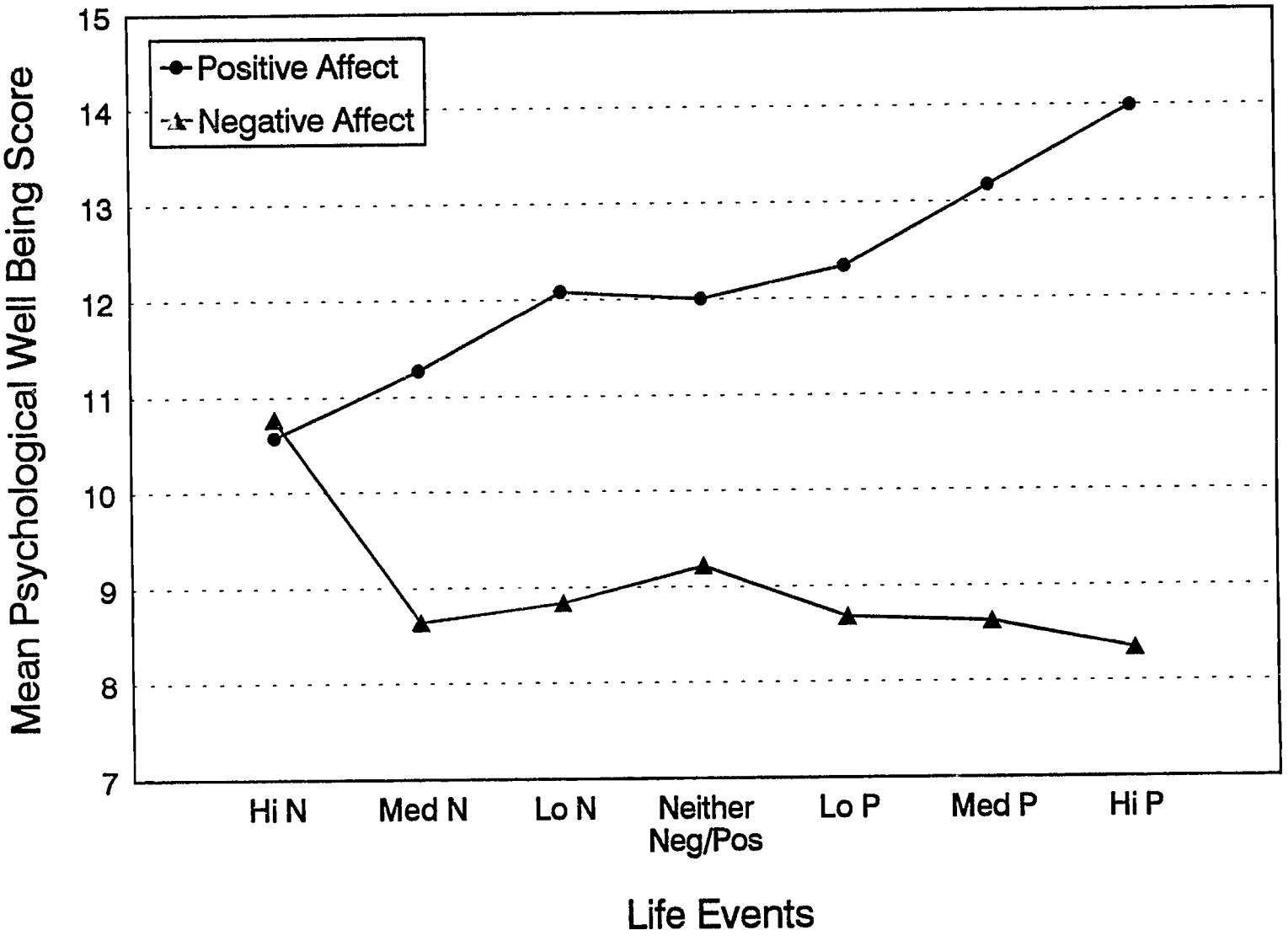

Figure 4. Relationship Betweeen Life Events and Psychological Well Being. (NOTE. N=Negative Life Events and P=Positive Life Events.)