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Coping and Africultural Adolescents

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COPING AND AGRICULTURAL ADOLESCENTS

by

Britne R. Amos

A dissertation submitted to the Graduate College
in partial fulfillment of the requirements
for the degree of Doctor of Philosophy
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Doctoral Committee:

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The present study explored approaches to coping among Africultural, college students between the ages of 18 and 22 years. Coping strategies applied to Africultural adolescents and young adults have been studied from a majority culture, adult lens. In this context, Africultural is used to refer to people of self-identified African descent including and not limited to people who identify as African American (e.g., parent(s) were born in America, individual was born in America), of African descent and living in America (e.g., parents were born in Africa, individual was born in Africa), mixed African American and another ethnic group including Latino/a, and Afro-Caribbean. The intention of this study was to thoroughly examine the use of music as a medium toward a spiritually grounded process of ethereal escape. This study further aimed to propose ethereal escape as a form of coping among Africultural populations of older adolescents/young adults. The desired outcome of this study is a transformation in the understanding (of the value) of creative forms of expression that may support ethereal escape among Africultural populations of young adults who are managing acute and chronic stress associated with prolonged exposure to adversity.

Participants for this study were recruited using list-serves prepared by offices of Institutional Research at two large universities in the United States. A total of 155 people participated in the study. Descriptive data were collected and reported. Cluster analysis was used to identify groups using distinct combinations of coping systems. MANOVAs, with follow up
ANOVA and paired comparisons were used to examine unique differences in coping strategies among cluster groups. Discriminant Function Analysis was also used as a follow up to MANOVA to determine how coping systems combine to define dimensions underlying distinctions between cluster groups. Additional ANOVAs were performed to explore response patterns among cluster groups regarding spirituality, music listening and previously identified indicators of ethereal escape. It was predicted that there would be a relationship among coping strategies and that there would be sufficient endorsement of ethereal escape indicators to create a focus group aimed at learning more about participants’ lived experiences of using ethereal escape. Results of this study confirmed use of Africultural systems of coping at a frequency higher than coping strategies not grounded in Africultural principles. Results also suggest there was a group of participants who likely use ethereal escape as an approach to coping with stress. The process by which ethereal escape is used could not be explored due to participants not meeting previously established criteria for the focus group.
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Britne R. Amos
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CHAPTER I
INTRODUCTION

When assessing coping literature, there is a subtle, yet noticeable deficit in the published research of patterns and behaviors unique to Africultural populations of adolescents and young adults. In this context Africultural refers to people of self-identified African descent including and not limited to people who identify as African American (e.g., parent(s) were born in America, individual was born in America), of African descent and living in America (e.g., parents were born in Africa, individual was born in Africa), mixed African American and another ethnic group including Latino/a, and Afro-Caribbean. Perhaps this “noticeable deficit” should be expected. Given the systemic structure of racism, sexism, and capitalism, their historical influence and their continued influence over time, cultural values of underrepresented groups of people have been consistently overlooked, dismissed, and misappropriated only to reinforce the development of values of majority culture. While it seems this deficit is a reflection of an exclusive valuing of majority culture and all things related, there are social/environmental consequences associated with this deficit. These consequences affect Africultural populations of people and all people in society. The result of this lack of knowledge seems to be a collective, societal misunderstanding of what it means for an Africultural adolescent to cope with life challenges including how coping manifests internally and externally. This lack of knowledge also particularly seems to confuse African American adolescents who are often challenged to respond to racism (in isolation and in groups).

More impactful than the unity of a single cultural, ethnic group is the behavior associated with feelings of embarrassment, rejection, disrespect and anger that all human beings may feel when they have been misunderstood. Granted, misunderstandings are commonplace, likely, and
typically reflective of an individual’s worldview. For this reason, it is recommended that misunderstandings be approached in a way that reflects their inevitability especially when assessing and making inferences concerning adolescent behavior.

With that, readers are challenged to excavate the caverns of their mind including beliefs and assumptions about what it means to for an African American to be navigating young adulthood in 2017. The purpose of this dissertation project is to examine the use of music as a medium toward a spiritually grounded process of ethereal escape and propose it as a form of coping among Africultural populations of older adolescents/young adults (ages 18-22 years). An “ethereal” escape is a deliberate psychological focus on things that are celestial, unworldly, spiritual or heavenly in nature (Merriam-Webster, 2012). Exploration of published, coping related literature and Africultural assessment tools will help to build an understanding of ethereal escape as a coping process. More specifically, this project will define and identify ethereal escape as an existing adaptive coping process and expose its confusion with psychological withdrawal, which has been referred to as a maladaptive coping process and historical indicator of potential psychopathology.

While coping is not the complete focus of this project, the term “coping” has been essential in discovering literature that assessed the Africultural young adult from an Africultural perspective. Coping literature includes coping theory, coping definitions, coping strategies, coping assessment tools, and coping variables. When each was considered as a part within a whole, it became clear that coping behavior often defined by others as maladaptive, harmful and indicative of psychopathology could also be viewed and experienced as adaptive, helpful and indicative of healthy cognitive and emotional development. This research is timely and necessary given social and environmental events that are happening locally and abroad. Using existing
literature, the need for a revised perspective for assessing healthy psychological and emotional
development in Africultural young adults will be articulated. The desired outcome of this study
is a transformation in the understanding (of the value) of creative forms of expression that are
often a means to ethereal escape used among Africultural populations of young adults who are
managing acute and chronic stress associated with prolonged exposure to adversity.

**Theoretical Frame of the Problem**

Coping strategies applied to African American adolescents and young adults have been studied from a majority culture, adult lens. While older African American adolescents cope in ways similar to majority culture and while older adolescent coping behavior may be similar to adult behavior, there still remain unique patterns and styles of coping among African American young adults that do not fit into existing schemas for majority culture, adult development or child development despite the fact that they have been lumped into these categories (Harrell, 1979). These unique coping behaviors are commonly presumed anti-social and thus often punished in social-environmental contexts. This is an example of how racism manifests into the ideology that only certain approaches and strategies to managing stressful events are socially appropriate. Coping behavior that does not fit within an existing Eurocentric schema is labeled anti-social, inappropriate and even rebellious (Johnson, 2003). What is often missing is context for understanding the observable behavior. Africultural youth living in America are often confused about how to respond to stressful events without triggering an aversive socio-environmental outcome. As a result, youth must choose whether to respond to stress authentically and risk the unknown aversive outcome, which is likely to result in added stress, or respond less authentically and perhaps inconsistently with personal moral and ethical standards, to potentially avoid the aversive outcome.
A small percentage of African American youth internalize what is known as the Code of the Street (Anderson, 1999). The code of the street, a cultural adaptation by those outside the formal social system, is a prescriptive set of rules for navigating the inner-city streets and schools whether one is gang-affiliated or not (Anderson, 1999; Vigil, 2002). This code can be traced to the profound sense of alienation from mainstream society and its institutions felt by many poor inner-city African cultural individuals, particularly children and adolescents. The Code of the Street was empirically tested and validated by researchers funded by the National Institute of Justice (National Institute of Justice, 2009). Adopting the code of the street was a powerful predictor of violent conduct magnified by the effects of negative neighborhood characteristics (NIJ, 2009). In fact, the use of physical aggression in these communities is not always about self-defense, but rather sometimes it is a way to gain social status and acceptance.

The code of the street includes a host of rules, acceptable behaviors, acceptable punishments and outcomes that in essence govern groups of people that have been marginalized to police themselves. This code, while foreign to the average person who does not reside within that community, functions both dependently and independently from majority culture rules, acceptable behaviors, acceptable punishments, and outcomes. Basic assumptions of the code include respect (Anderson, 1999). While respect may be demonstrated in a variety of ways, respect in this context involves behaving in a way that is in the best interest of others. Selfish, spiteful behavior in this context is often indicative of an emotional and or psychological disturbance and is often managed with collective types of supportive coping. Community is valued and maintaining a sense of community is revered. Attempts at disrupting community are perceived as disrespect and are not tolerated (Anderson, 1999). This is not to suggest that every African American adolescent subscribing to the Code of the Street participates in violence but
rather to openly acknowledge the risk of violence that extends to African American adolescents who believe they are socially marginalized, unable to trust non-African figures of authority, limited in their access to socio-environmental resources and living in an inherently racist society. Violence extends to the African American adolescent who believes that all of the aforementioned are disrupting their community and or impose disrespect to the adolescent personally.

Social marginalization shapes norms, behaviors, and decision making among youth that are sometimes at odds with the mission and expectations of law enforcement entities such as police, corrections, and probation for public safety. Understanding factors that reinforce delinquency as a result of living in marginalized communities is vital in order to effectively assess the needs and care of youth who are exposed to significant levels of violence, collective community despair, and limited resources (Amos, Perry, & Coker, 2010). “Whereas all adolescents experience general developmental issues, Black youth experience racial and environmental barriers (e.g., lack of adequate education resources) that potentially have a special impact on their overall development” (Harrison-Hale, McLoyd, & Smedley, 2004).

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) reported that the number of (juvenile) delinquents housed in residential placement facilities rose 41% from 1991 to 1999, however declined 10% from 1999 to 2003. In 2003, females made up 15% of the offender population. The total number of females held in custody rose 52% from 1991 to 2003. In 2003, females were more likely to be held for simple violations such as assault, status offenses and technical violations (OJJDP, 2006). In 2008, the OJJDP reported that although the Black youth accounted for just 16% of the youth population ages 10-17 years, they were involved in 52% of Juvenile Violent Crime Index arrests and 33% of Juvenile Property Crime Index Arrests. The aforementioned statistics reference Black youth as being involved in 52% of the juvenile
violent crime index. While OJJDP statistics also reveal a decrease in Black juvenile offenders by nearly 50,000 from 2008 to 2009, the total number of Black juvenile offenders still makes up nearly 34% of the total offender population (Puzzanchera & Kang, 2011). Granted, these statistics make up a small portion of the total number of African American adolescents however they still suggest that there are concerns unique to this population and inclusive of Black males and females that our collective society is not fully attending to.

In 2014 the OJJDP reported that between 2005 and 2014 the runaway case rate decreased by 49% for Black youth. Despite this decrease, the ungovernability case rate for Black youth was double that of White youth. The reported liquor law violations and truancy cases for Black youth were less than half of those reported for White youth. Additionally, the OJJDP noted that the race data for the 1995-2004 time period is not comparable to race data beginning in 2005 and moving forward. In the prior years, race estimates were developed for four race groups (e.g. White, Black, American Indian, Asian) and did not include Hispanic ethnicity. During this time period, Hispanic ethnicity was considered in all of the four race groups. Beginning in 2005, persons of Hispanic ethnicity are treated as a distinct race group and not included in other groups (Hockenberry & Puzzanchera, 2017). Most recent OJJDP data suggests that Africultural populations of youth could include individuals of Hispanic/Latin descent. This data also suggests that there is still something happening with Black youth that is resulting in youth running away from home and not regularly attending school.

In a study assessing factors that may contribute to risky behavior among Black adolescents, it was concluded that substance use and affiliations with risk taking peers were positively correlated with high-risk behavior (Kogan et al., 2008). Socially inappropriate and unacceptable behavior in this context leads to behavioral consequences in the learning/ academic
environment (e.g., in school and out of school suspensions) and in the community (e.g., arrests and adjudications). It is also important to highlight that acceptance and internalization of violence as a means for resolving conflict is higher in areas with higher rates of community violence (Anderson, 1999; Opotow, 2000). Furthermore, harsh circumstances such as discrimination, unemployment, poverty, and other types of marginalization in society may cause conflict for African American youth in understanding the concepts of fairness and justice (Kuther & Wallace, 2003).

The greater social misunderstanding comes in the failure to consider the effects of prolonged adverse interactions upon the African American/Black adolescent. The aforementioned statistics pose no shock when considered without the lens of racism, however when the effects of racism upon each individual labeled “delinquent” are considered, that shifts the perspective. There is no question that violent crime is unacceptable in society, however the internalization of racism by the African American can be lethal for that youth and for others in society. It is reasonable however to assume that the average Africultural youth has developed an active schema for managing consistent feelings of adversity resulting from social interactions grounded in systemic oppression. Failure to make this consideration assumes the grossly inaccurate position that Africultural youth develop within a context where adverse social interactions are short termed, single, isolated events (Zimmerman-Gembeck & Skinner, 2011.) Often, the underlying assumption is that short termed adverse interactions result in positive outcomes. When considering social systems not influenced by systemic racism and oppression, perhaps adversity is fleeting. However, for an African American young adult there is no escaping the social cues that suggest directly and indirectly what are perceived to be threats to psychological, emotional and/or physical well-being. For this reason, it is crucial to the survival
of African American youth to learn how to manage frequent feelings of threat (e.g., physical safety, emotional vulnerability, public humiliation, social isolation). It is equally crucial for members of the larger society to understand the role they play in imposing feelings of threat on African American youth. Again, all African American youth are not consistently at odds with components of their environment, suggesting many have successfully learned to cope with feelings of stress related to prolonged exposure to stressful situations. For the African American youth who are limited in their access to socio-environmental resources, this study is crucial in bringing attention to an approach to managing stress that is preventative, healthy and grounded in cultural authenticity which will ultimately result in positive movement toward healthy identity development.

Years of research involving Africultural populations, has identified various strategies of coping. Yet there is still an absence of public, collective agreement upon how Africultural populations will respond to various forms of racism. In 1979, Jules P. Harrell made a similar claim that unfortunately has yet to be resolved. Granted, there are multiple explanations for the lack of collective agreement that are logical and appropriate given the systemic complexity of racism and its manifestation in individual and group contexts. These explanations, however, also contribute to the pervasive misunderstanding of the meaning of Africultural behavior that is in direct response to a perceived racist threat. Particularly, when considering the meaning of adolescent and young adult behavior, it becomes difficult to differentiate behavior that is defiant, maladaptive and indicative of a developmental impairment from behavior that is defiant, adaptive, and indicative of perceptions of racial threat. It is also challenging to differentiate behavior that is passive, maladaptive and indicative of developmental impairment from behavior that is passive, adaptive and indicative of perceptions of racial threat. The challenge of this task,
at its core, involves re-defining or re-examining pro-social behavior to include behaviors that may have been labeled anti-social for years. To more fully understand the challenge inherent in this task requires further analysis of the prolonged effects of racism on African American youth. For example, the average African American male adolescent presenting as psychologically withdrawn may be demonstrating symptoms associated with a cognitive delay, emotional impairment, Depression, Post Traumatic Stress Disorder and or symptoms associated with disrespect, embarrassment, humiliation and marginalization. Similarly, the average African American female adolescent presenting as psychologically withdrawn may also be demonstrating symptoms associated with perceived anger (issues), emotional impairment, depression and or symptoms associated with sexual harassment, disrespect, humiliation and oppression.

**Coping in African American Youth**

Coping literature suggests that people are capable of coping using a variety of strategies, systems and approaches to manage and solve problems (Amirkhan, 1990; Carver et al., 1989, 1997; Conner, 2003; Folkman & Lazarus, 1985, 1988; Harrell, 1979; Spirito, Stark, & Williams, 1988). The same is true for African American adolescents and young adolescents. A variety of researchers have studied African American coping behavior. Generally, the behaviors examined were identified as behaviors of interest using an etic approach and from prior, coping related research often involving a different population of participants including children, college aged students and also among them, the ethnically varied (Amirkhan, 1990; Spirito et al., 1988; Utsey, Adams et al., 2000). Our understanding of coping specifically for African Americans has come from researchers’ projections about the coping process and their attempts to then prove that these processes occurred as they predicted based upon their subjective projections (see Amirkhan, 1990; Spirito et al., 1988; Utsey, Adams et al., 2000). In fact, it seems that the development of
the study of coping specifically for African Americans has come from researchers applying the principles of their predecessors and identifying areas where the principles do not quite explain the coping behavior being studied. As researchers identified gaps and made suggestions based upon their inconclusive findings, other researchers have taken components of these suggestions and developed additional studies that help to explain a bit more in detail how the conclusions from the predecessor have helped expose coping behavior unique to specific samples of populations of people. The literature review featured in Chapter II will help the reader to understand the foundation and chronological progression of the study of coping.

The particular challenge surrounding the study and exploration of coping behavior in African American youth involves not only the projection of (inherently subjective, Eurocentric) coping strategies and the seemingly forceful fitting of coping strategies based upon research with “other” groups, but also includes the failure to conceptualize coping behavior in African American youth as adaptive, protective and creative due to historical stereotypes of African American people (Asante, 2003; Sue, 2003). While there is an element of risk involved in all decision-making regarding coping, there is evidence to suggest African American youth are deliberately engaging themselves in positive coping strategies that are being confused with mal-adaptive attempts to socially disengage. In the author’s experience, working with Africultural youth suggest that more often than not, they are forced to choose whether to adaptively cope in such a way that is positive (e.g., the individual’s choice) and results in a positive internal outcome or cope in such a way that is “socially preferred” and often accompanied by a less than desirable internal outcome. African American youth’s preferred coping behavior is often not regarded as positive as communicated through a variety of social messages including individual cues, social media, advertisements, movies, books and magazines. African American youth are
widely criticized in a variety of social contexts for choosing behavior that while positive and adaptive for the individual is also contradictory to stereotypes deemed “normal” for this population. As a result, African American youth often seem confused about “what to do” in particular social situations for uncertainty of the difference in situational outcome should they respond in a way that reflects genuinely how they feel and what they think with potential consequence (e.g., environmental backlash/ reaction) versus a response less authentic however likely to result in little to no consequence (e.g., no environmental backlash/ reaction and reinforcing backlash/ reaction).

Given the normal trajectory of childhood and adolescent development, it seems reasonable to expect that the average African American adolescent (aged 13-19 years) will develop the complex, higher order thinking ability of keeping a problem to oneself. It also seems reasonable that an adolescent may keep a problem to themselves for a variety of reasons (Chiang, Hunter, & Yeh, 2004). For example, an adolescent may prefer to not inform others of a problem if they anticipate causing harm (e.g., stress, worry) to someone else, if they believe there is not a helping individual, if they are confused or unsure of who is a helping individual, if they have been advised not to tell, if they believe they are able to handle the problem themselves, and/or if they believe the perceived problem is not in fact a problem. While the aforementioned are merely hypotheses, the point is there are many plausible explanations as to why any youth may prefer to not share a problem. Reflective of the change in larger global and social issues, our understanding of coping within Africunral populations has shifted from an assumption of inherent pathology to an assumption of pathological management and now to an assumption of behavior deliberately geared toward an avoidance of pathology. This shift seems to be in action and occurring at a rate that reflects a new cultural norm that is challenging previous cultural
norms that for years have oppressed and marginalized Africultural populations. The shift in cultural norms reflects research demonstrating the efficacy of preventative factors within Africultural communities (Humphrey, Hughes, & Holmes, 2008; Nicolas, Helms, Jernigan, Sass, Skrzypek, & DeSilva, 2008). The new cultural norm for understanding Africultural groups is grounded in strength based, positivistic, adaptive and preventative behavior that for years has been used to manage intense physical, emotional and psychological stressors. The goal of this dissertation project is to demonstrate yet another preventative factor in the form of a self-initiated coping strategy that allows African American youth the opportunity to internally psychologically retreat, regroup and reassess challenging situations in a way that brings no harm to themselves or others using music as a medium.

For Africultural populations, both internal and external coping resources are derived from strategies borne out of centuries of negotiating racism and oppression (Harrell, 1979). These strategies include ritualistic, communal, spiritual centered, and cognitive emotional debriefing coping systems (Utsey, Adams et al., 2000). The postmodern African American adolescent has taken the aforementioned coping strategies (e.g., ritualistic, communal, spiritual centered and cognitive emotional debriefing) and has creatively fused them into approaches to coping that reflect both the progress and still the strain of race relations among populations. Literature suggests that African American youth rely on multiple strengths, personal assets and cultural resources to cope with problems. These additional strengths, assets and resources include, but are not limited to, prayer, meditation, seeking family or social support, listening to music, and spirituality. Spirituality, in particular, develops more fully during college (Conner, 2003; Sparks, 2000). This dissertation will define what has been conceptualized as a negative approach to coping, psychological withdrawal, as a positive, preventative, ethereal escape. For the purpose of
this study, an ethereal escape includes a unique combination of coping strategies that are internal and spiritually grounded within the individual, indicative of positive mental health and, if used correctly, can be a medium for positive, pro-social emotional and psychological development.

**A Particular Focus of Study**

Africultural populations of adolescents and young adults experience the systemic effects of racism, sexism and capitalism similar to their adult counterparts. These Africultural populations are aware of their experiences with racism at varying degrees, similar to their adult counterparts. These Africultural populations experience marginalization and social exclusion similar to their adult counterparts. These Africultural populations also cope similarly to their adult counterparts using strategies of collectivism, cognitive-emotional debriefing, ritualistic behavior, and spirituality. Finally, these Africultural populations cope in a unique way that may appear different than their adult counterparts (Gaylord-Harden & Cunningham, 2009). For example these Africultural populations may employ creative expression of art, silence, writing, dance, isolation, and use of music to cope. These creative expressions may in turn help foster creative identity development including the promotion of assets, a healthy African centered worldview, spirituality and collective self-esteem which are all functional tools used when dealing with stress (Conner, 2003).

While research confirms there are a host of creative expressions that adolescents may engage when managing stress related to stressful situations (Conner, 2003), the focus of this dissertation will be on the use of music as a salient coping medium for Africultural youth. This research is particularly interested in Africultural youth’s use of music in a way that engages them psychologically by shifting the focus of attention away from the stress related to the stressful situation to something the Africultural youth experiences as therapeutic. The process of making
the psychological shift and self-engaging in psychological retreat is what is being referred to as ethereal escape. Because the effects of racism penetrate an individual’s emotional, psychological and physical self, any self-engaged attempt to manage that degree of systemic penetration and its affects must be equally as permeable.

Study of the use of music and the meaning of music in the lives of Africultural youth is particularly important because of music’s history of positive outcomes with different groups of people (e.g., chronically ill, young children, highly stressed) (see Kreutz, Bongard, Rohrmann, Hodapp, & Grebe, 2004; Linblad, Hogmark, Theorell, 2007; Silvermann, 2003; Smith, 2008; Tornek, Field, Hernandez-Reif, Diego, & Jones, 2003). Listening and participating in music related activities have been associated with decreases in experienced levels of stress and anxiety. Researchers have begun to focus on the measureable outcomes associated with listening to music and participating in music related activities. Recent studies have also identified physiological responses that occur while experiencing music. Such studies demonstrate the potential for music to serve as a therapeutic medium. Studies dating from 1984 have shown music to be effective in confronting psychological issues in a non-threatening manner (Silverman, 2003; Smith, 2008;).

The purpose of this dissertation is to identify another distinct population of people that deliberately use music to ethereally escape as a way to manage stressful psychological issues. While we know, with certainty, that music has been used in a variety of capacities by oppressed Africultural populations of adults, we have yet to fully explore this unique relationship with music among adolescent and young adult populations. Specifically understanding how adolescents use music, will dispel myths about the utility of music and the cognitive capabilities of Africultural youth while confirming research conclusions of prior studies suggesting music is a medium for psychological escape, retreat and healing. This perspective has the potential to
yield insight into best teaching practices for educators working with adolescents. This perspective may further provide insight for parents and approaches to child rearing. This perspective may also provide some clarity regarding the meaning of adolescent behaviors that may (in other contexts) commonly be considered problematic, abnormal, anti–social and pathological. Ideally, further investigation of this topic will help to guide practitioners in their formal assessment of pathology by providing a positivistic, transformative and strength-based conceptual framework for the behavior of Africultural youth.

**Research Paradigm**

This research project was approached from a quantitative perspective. A quantitative approach was chosen specifically to ground a component of the study in a transformative perspective while using a combination of assessment tools grounded specifically in Africultural values. The transformative perspective draws on Critical Theory and Critical Race Theory (CRT). Critical theory acknowledges race, class and gender as constraints and empowers human beings to transcend these constraints (Fay, 1987 as cited by Creswell, 2007). Critical race theory focuses theoretical attention on how racism is deeply embedded within the framework of American society by observing discrimination from the perspective of underrepresented groups of people, acknowledging race as a social construct, arguing for the eradication of racial subjugation and finally by acknowledging other areas of difference including gender, class and any other inequity (Creswell, 2007; Parker & Lynn, 2002). The transformative paradigm operates within the belief that the constructed, lived experience is mediated by relationships of power within social and historical contexts (Kemmis & McTaggart, 2000 as cited by Ponterotto, 2005). This dissertation is mediating the relationship of power within historical contexts and the lived experiences of Africultural adolescents. This is being accomplished by exposing
participants to information about historical contexts of coping and offering guidance around mediating the relationship between their lived experiences and the historical contexts introduced. The emphasis on dialectical interaction leading to freedom from oppression and a more democratic, and egalitarian, social order is central to this paradigm (see Kincheloe & McLaren, 1994; Lincoln & Guba, 2000). This paradigm suggests that the investigator use their work as a form of cultural and or social criticism while accepting all thought as being fundamentally mediated by historical and social impositions of power: facts can never be isolated from value domains, language is central to the formation of subjectivity, certain groups are privileged, oppression is interconnected within itself and research practices (generally) reproduce systems of class, race, gender and oppression (Kincheloe & McLaren, 1994).

This theoretical approach to research suggests an intentional and strategic implementation of research principles into an existing cultural and environmental context with the commitment to the paradigmatic values of emancipation and empowerment. When conducting research with underrepresented groups, one must consider the effect of oppression as imposed and maintained through social systems of racism, sexism, and capitalism (among other systems) within the environmental context. The challenge of this paradigmatic structure is that the structure itself is not exempt from the pervasive implications of racism, sexism, and capitalism. This may manifest in the social reception or subsequent lack thereof of the emancipation and empowerment facilitated by this type of intentional research. There is great potential for this research study to “transform” the way in which underrepresented groups are conceptualized, assessed and intervened upon within particular contexts. There is also the potential for this research to unveil the depth of existing damage that has been done to underrepresented groups by investigators who have failed to consider the effect of socially debilitating systems on underrepresented groups of
people. A quantitative study was considered appropriate for this study because of the use of assessment tools that were grounded in Africultural principles. These tools were also considerate of the effects of socially debilitating systems on underrepresented groups of people.

Within the transformative paradigm also exists the Positivistic paradigm. The Positivistic (Positivism) paradigm is said to be best represented by the scientific method as taught traditionally in the physical sciences (Heppner & Heppner, 2004). A key principle is that “truth” exists and can be illuminated with enough time, brilliant scientists and sophisticated methods. Confidence is said to report from the scientific method yielding results that are generally self-evident to the scientific community. This approach also encourages the researcher to use their objective observations as a basis for deriving knowledge as opposed to mere opinion. While the description of positivistic research often calls to mind the type of science often found in the biological sciences, chemistry, physics and physical sciences, the positivistic paradigm also recognizes the impossibility of making dichotomous conclusions when systems are complex and the behavior of organisms has multiple determinants (Heppner & Heppner, 2004). The objective strengths of a Positivistic paradigm are being capitalized upon to maximize the potential for transformative outcomes in this study.

The critical analysis of existing literature combined with careful observation of social realities brings a transformative foundation to this research study. This is essential to research with Africultural populations and particularly African American youth because it will help give voice to a cultural phenomenon (ethereal escape) that for years has not been discussed or explicitly taught, though it has been transmitted through various social and communal media such as television music videos, movies, participation in religious activities in the church such as choir, and religious and non-religiously affiliated dance. Given the continued evolution of
various forms of common, social and environmental stressors, it is imperative that Africultural youth learn to successfully manage stress. Rather than responding to an adolescent who is stressed, this research is suggesting a preventative approach that will acknowledge adolescents’ experiences of social and environmental stressors and inform them of common, culturally rooted, accessible means of coping. Though some adolescents may learn a new skill (e.g., the strategic utility of positive music), this research is strength based, suggesting that most adolescents have an existing behavioral repertoire that includes components of ethereal escape, which is being conceptualized in this project as a coping behavior.

A combination of personal engagements with Africultural populations of youth has suggested that their lived experiences are being misunderstood. Study and review of coping literature concerning Africultural populations of adolescents and young adults suggests there is a lack of literature to support understanding the diversity of their experiences and promote the positive development of an Africultural youth in 2017. Research has already confirmed the importance of African cultural legacy with regard to the development of healthy psychological functioning among Africultural populations (see Boykin, 1983). This dissertation project will add to an empirical body of literature supporting this contention. This project posits that coping in Africultural youth is self-identified as an internal, spiritual, deliberately avoidant, and creative expression, as evidenced by activities that meet these qualities. There are also real, social, systemic, emotional, and cognitive barriers to the Africultural youth being able to cope most efficiently while also demonstrating behavior that is cultured and polite in habits, tastes, and appearance consistently and effectively within a Eurocentric social context. It is hypothesized however that Africultural populations have, over time, developed a strategic ethereal escape to coping with stress that develops during childhood and is mastered in late adolescence between
ages 18-20 years (see Conner, 2003; Patton & McClure, 2009). This approach to coping embodies a style that may appear as withdrawal (internal), deliberately avoidant, being of some spiritual nature and/or some creative form of expression.

Despite the systemic challenges confronting underrepresented groups of people, Africultural populations, and particularly African American youth, coping strategies have been developed to successfully manage the risk and the damage of said systems. This is not to suggest that the systems need not be eradicated, but rather to suggest that there has, overtime, been a social communication of how to cope with stress from the perspective of an African American. While this communication manifests regularly in the media (e.g., television, music videos), it is not as present in literature (e.g., newspapers, magazines, scholarly journal articles). Whether acknowledged openly or not, every human being in America and abroad is affected by racism in some way. As American and international societies are becoming more integrated it is imperative that racism is understood from the perspective of how it is perpetually maintained and how people respond to it. Just as Americans learn to cook food and speak languages historically developed in other countries, it is important to understand that non-Africultural populations are learning to respond to racism using techniques inherent to people of African descent.

This study will focus exclusively on Africultural theories, perspectives, assessment, and people to isolate the unique coping features of this population and define a particular coping strategy of this population that is being misunderstood and confused because it is being conceptualized from a non-Africultural perspective. This study examines ethereal escape through a coping lens. Ethereal Escape in its appropriate context, will transform the way in which Africultural, particularly African American adolescent and young adult, behavior is conceptualized. The significance of this study includes its long-term ability to inform
Africultural and non-Africultural populations of misconceptions, misdiagnoses and inappropriate labels. The information gathered has the potential to be taught to educators, government officials, parents, and adolescents. This information also has the potential to be incorporated into preventative educational curriculums and rehabilitative training modules as a positive, unique, cultural approach to managing stress.
CHAPTER II
LITERATURE REVIEW

Although we know a great deal about stress and how stressful encounters affect the physiology and psychology of individuals over time, there is still much to be learned about how on-going exposure to stressful, race related situations affect the adolescent over time. The National Institute of Mental Health confirms that exposure to intense amounts of stress is associated with the development of a variety of chronic illnesses and disease (also see Din-Dzietham, Nembhard, Collins, & Davis, 2004; Gibbons et al., 2012; Siegrist, 2009).

Research on coping styles concerning underrepresented groups of people is sparse and almost non-existent with respect to how unique groups of people manage their responses to repeated exposure to stress (Barbarin, 1993). Research suggests the literature that has examined unique coping styles in Africultural populations, while strongly centered in Africultural values, has been misunderstood to the detriment of a spectrum of Africultural populations including children and adults. The consequences have manifested into social problems being defined and labeled as various forms of anti-social behavior (Johnson, 1993).

This literature review intends to provide the reader with an understanding of the theoretical relationship between the intended variables of study. The first several sections of this chapter provide important context for understanding the population of interest. These sections, An African Centered Worldview (ACWV), Spirituality, Music and Mental Health, summarize concepts featured in existing literature concerning Africultural populations, young adult or adolescent populations, and populations of Africultural youth. The remaining sections of this chapter will explore the theoretical foundations of coping and their development over time. These sections will focus on the history of coping, the foundation of Africultural coping, coping
assessment tools, a shift in population focus, Africultural Assessment, the Africultural Coping Systems Inventory (ACSI), the ACSI and youth populations, and the influence of the African Centered Worldview. Coping related assessment practices and assessment tools will also be reviewed in a way that critically analyzes their implications for underrepresented groups of people. Coping patterns and styles unique to African Americans and African American youth will also be explored and assessed in a way that will combine the development of theoretical foundations with evidence to support the need for a revised perspective concerning the appearance and the meaning of coping specifically in Africultural adolescent populations. Given the intended focus on psychological withdrawal, ethereal escape, spiritual and creative coping, the history of music will also be explored with regard to its relationship to Africultural populations.

**An African Centered Worldview (ACWV)**

“Central to culture-specific coping among Blacks is an African-centered worldview (Utsey, Adams et al., 2000), which stresses harmony with nature, spirituality, social time perspective, and collective consciousness” (Chiang et al., 2004). Africentric Psychology is traced to the creation of a system of knowledge that emanates from an African-centered cosmology (Azibo, 1996 as cited by Conner, 2003). Derived from an Africentric theoretical perspective, the African-centered worldview is a holistic, integrative perspective about the total human condition that is linked to people of African descent (Parham, White & Ajamu, 1999 as cited by Conner, 2003). The following nine interrelated cultural dimensions of African-centered worldview capture the essence of the perspective: spirituality, harmony, movement, verve, affect, communalism, expressive individualism, oral tradition, and social time perspective (Akbar, 1984; Boykin, 1983; Kambon, 1998; Parham, White, & Ajamu, 1999 as cited by Conner 2003).
The nine components of African-centered worldview have been further delineated by several authors (Boykin, 1993; Grills, 2002; Holloway, 1990; Jagers & Smith, 1996; Mattis, 2004; Mbiti, 1991; Nobles, 2004; Parham, White & Ajamu, 1999; Randolph & Banks, 1993; Some’, 1998). Spirituality is the organizing principle of the African-centered worldview and a fundamental principle in the African culture (Conner 2003; Mbiti, 1991; Myers, 1993). Spirituality refers to the belief in a divine life force transcendent of physical death and harmoniously connected to ancestry (Conner, 2003; Jagers & Smith, 1996). Harmony refers to the interrelated human systems, such as mind, body, affect and spirit (Conner, 2003; Parham, White, & Ajamu, 1999); as well as the interconnection between all living and non-living elements of nature (Some’, 1998 as cited by Conner, 2003). Movement, verve, affect and oral tradition include the multidimensional ways of existence in the world through visual, auditory, tactile and motor channels (Belgrave et al., 1997; Conner, 2003; Randolph & Banks, 1993). More specifically, movements expressions include drumming, art, music, dance, and sports; verve refers to the cultivation of high levels of energy and stimulation; affect reflects a sensitivity to feelings and emotions of others as communicated through verbal and non-verbal expressions; and oral tradition is found in heritage based storytelling, song and praise, and spoken word while speaking in a variety of languages (Boykin, 1983; Conner, 2003; Mbiti, 1991; Parham et al., 1999).

**Spirituality and Africultural Populations**

In 1996, the *Journal of Black Psychology* featured an article by Jagers and Smith who offered that spirituality indicates:

A belief that all elements of reality contain a certain amount of life force. It entails believing and behaving as if non-observable and nonmaterial life forces have
governing powers in one’s everyday affairs. Thus, a continuous sensitivity to core 
spiritual qualities takes priority in one’s life. Indeed, it goes beyond [simple] 
church affiliation. Moreover, it connotes a belief in the transcendence of physical 
death and a sense of continuity with one’s ancestors. (p. 430)

Spiritual coping, contextually defined as religious practices, spirituality and participation 
in related activities serves as a competitive protective factor for Black youth. A competitive 
protective factor in this context refers to spiritual coping as an empirically supported factor 
associated with positive outcomes in African Americans (Conner, 2003). Spiritual coping 
includes a variety of behaviors, public and private, internal and external that may function in 
direct opposition to general cultural norms for public behavior. This is important as we begin to 
explore unique coping behavior in African American adolescents.

In a study by Humphrey et al. (2008), it was concluded that prayer was associated with 
positive emotions. “Positive emotions appeared to be associated with feelings of closeness to 
God and the belief that prayers would be answered. Although negative emotions were often 
mentioned, prayer was described as a means to cope with these negative emotions” (Humphrey 
et al., p. 325). Brody, Stoneman, and Flor (1996) further noted that religious and spiritual 
involvement served as buffers or factors of resiliency for African American children at high risk 
for poor adjustment. Similarly, Kogen et al. (2008) concluded that among the causes for concern, 
preventative factors such as “strong family relationships and religious involvement” for African 
Amerians/Blacks (Kogen et al., p. 415) exist and are at work. Furthermore,

Young adult parents who experienced high levels of protective family processes 
or evinced high levels of religiosity were not at risk for engaging in risky sexual 
behavior. High religiosity somewhat lessened the impact of substance use on
sexual risk behavior; however substance use continued to contribute significantly to risky behavior. (Kogan et al., 2008, p. 403)

“For many African Americans, spirituality is a key source of strength and tenacity that ‘integrates [their] individual and collective lives with all other realms of existence, including nature, humanity, the spirit world and God’s world’” (Nicolas, Gonzalez-Eastep, & Desilva, 2006 as cited in Nicolas et al., 2008, p. 269-270). While African American adolescents experience challenges associated with adolescent development and racial ethnic identity, the aforementioned authors have identified and explored factors and strategies that contribute to the strength, tenacity and resilience of the African American adolescent. These studies added to coping literature by exploring spirituality, including prayer, meditation, and religious involvement as preventative factors and coping strategies.

The church, the physical building and the collection of people, has been foundational in facilitating the process of spiritual coping for African Americans/Blacks dating back to times of enslavement. Historically, the role of the Church has been essential in the Black community. It was a meeting place, a place of rest after a long week of work, a place of inspiration and motivation. Enslaved Africans used the Church as a safe haven and place of refuge. It was during these times that spiritual, collective and ritual forms of coping were developed. These styles of coping were developed out of necessity and even desperation (Parham et al., 2000).

The church was a place where singing, dancing, active listening, speaking and fellowship with others took place. The purpose of these activities was to facilitate psychological strength by an “ethereal escape.” An “ethereal” escape is a deliberate psychological focus on things that are celestial, unworldly, spiritual or heavenly in nature (Merriam-Webster, 2012). “Throughout history, particularly during slavery, African Americans have held strong spiritual beliefs and
convictions. They had to be spiritual beings and in touch with their spiritual selves to survive the hate, turmoil, racism and destruction of their ‘masters’” (Milner, 2006). This development of psychological escape/retreat allowed enslaved Africans to endure the physical, emotional and psychological stress imposed by the institution of slavery. This psychological strength was developed as enslaved Africans learned to escape ethereally by pairing a distressing emotional experience with celestial, unworldly, spiritual and heavenly natured principles. Most often, these principles were communicated through the sharing of music and song.

**Music and Africultural Populations**

Music has played an interesting role in the lives of Blacks dating back to tribes in Africa. Music was an accompaniment to a variety of life experiences including celebrations, times of mourning, and times of struggle. Music was used creatively as a medium of communication within the Black culture that helped preserve the oral tradition of the ACWV. During times of enslavement, messages were coded, passed and shared regularly among the enslaved in the form of song. This skill afforded them the opportunity to openly communicate with one another. This skill was also an art in that it became a strategic, deliberate and intentional way of communicating with a God or a “higher spiritual being” during the most physically, emotionally and psychologically unbearable situations. This “escape” allowed enslaved Africans to experience brief psychological freedom, retreat and recovery. This freedom, though often interrupted, was significant and impactful in the lives of the enslaved. On the surface, it may have appeared to be merely singing, dancing, psychologically withdrawing/disengaging, etc. However, on a much deeper level, it was a balancing force, the activation of spiritual faith and connection with a greater unknown that also provided a framework for interpreting and responding to oppression (Kitwana, 2002).
The sound of music used for ethereal escape has changed as the world has changed and society has evolved. The music produced, however, has maintained a consistent message, cleverly articulating distant and local social and political issues of unique groups of people including African Americans/Blacks and Latino/as. The music has been labeled and defined as Spirituals, Be-Bop, Pop, Jazz, Rap, Rhythm and Blues, Blues, Neo-Soul, and most commonly, Hip Hop (Neal, 2003; Ramsey, 2003). The assigned categories and labels represent a broad range of music that sounds very different, yet articulates different facets of a similar environmental/contextual experience, struggle and management of systemic oppression within individual and group interactions. Within each genre exists a host of individuals who are connected by their desire and ability to creatively and strategically invoke emotion into organized sound.

Hip Hop was birthed from a variety of “genres” of music to include four core elements including graffiti art (e.g., painting, drawing sketching), lyrics (the emcee [MC] or the individual writing the lyrics), break dancing (e.g., “the B-boy”, dance) and DJ-ing (preparing the beats or the backdrop for the lyricist, artist, dancer and MC). Recent additions of the elements of Hip Hop include fashion, “slang” language and journalism (see Forman & Neal, 2004). There is an interesting perception that Hip Hop as a musical genre includes only Rap when in fact this is merely one general form of expression found within Hip Hop. Authors, including Marc Anthony Neal (1999), Tricia Rose (1994), and Bakari Kitwana (2002, 2005) suggest that Hip Hop is a culture, a way of life and more than an oversimplified form of communication.

Since the 1980s, Hip Hop music has carried a negative stereotype as being simply “Rap” music that no one could understand. When Hip Hop music is referenced, it is often synonymous with Black men or delinquent youth, who wear their clothing too big, talk too loud, talk too fast, and are difficult to understand. Hip Hop has also come to be associated with the obvious
communication and support of drugs, sex, and violence. Because of the four primary, core elements of Hip Hop (graffiti art, break-dance, DJ-ing and the lyricist aka emcee), one may conclude that Hip Hop culture includes multiple layers or “tiers” including the core elements and recent generational additions (e.g., fashion, literal language and journalism). Because music has served effectively as an ethereal escape dating back to times of enslavement, and because Hip Hop music has been birthed from a variety of preceding musical “genres”, one may conclude that Hip Hop music equally has served and continues to serve as a multi-tiered, ethereal escape. The problem lies in the reality that there is a lack of information describing the specific psychological process or processes that may occur while engaging with Hip Hop music to facilitate the process of a psychological escape. There specifically lies a gap in the literature with regard to the connection between Hip Hop music and preventative mental health care in the lives of adolescents.

**Music and Mental Health**

Research has shown that music in general has some therapeutic component to it (Kruetz, Bongard, Rohrmann, Hodapp, & Grebe, 2004; Silverman, 2003; Tornek et al., 2003). Music Therapy has become a widely practiced form of therapy used in public health care systems such as hospitals and nursing homes. Music therapy has been studied most recently as a therapeutic intervention. The concept is that music elicits cognitive and emotional processing by way of cognitive and emotional responses to what is heard (Mitchell, 2007). Researchers from Glasgow Caledonian University suggested that music triggers cognitive and emotional responses with regard to the lived experiences of the client as the tone and speech patterns of the musician trigger personal memory and meaning for the client. The researchers also helped clients to articulate music’s ability to assist them in relaxing, sleeping, distracting from chronic pain,
coping with chronic pain, altering their mood, reducing stress and tension and assisting with exercise, concentration and the recollection of positive memories (Mitchell et al., 2007). The aforementioned and following studies demonstrate researchers’ exploration of the physiological effects of music and its capacity to elicit positive emotional outcomes in various samples of populations. These studies also provide substance to the argument that African American adolescents could be adaptively using music in a way that results in positive, internal outcomes.

Listening and participating in music related activities have been associated with decreases in physiological experiences of stress and anxiety (Linblad, Hogmark, & Theorell, 2007). Researchers have started to observe the measureable outcomes associated with listening to music and participating in music related activities. Recent studies have begun to identify physiological responses that occur while experiencing music. Such studies demonstrate the potential for music to serve as a therapeutic medium. Studies dating from 1984 have shown music to be effective in confronting psychological issues in a non-threatening manner. Music has also served to address commonly used psychological defenses that often complicate and elongate the therapeutic counseling process (Smith, 2008; Silverman, 2003). Studies suggest that levels of Cortisol, a hormone associated with emotional stress, have the potential to be influenced by listening to music and participating in musical activities. Though it is not clear if there is a specific causal relationship between music and Cortisol levels, the capability for a causal relationship to exist has been identified (Linblad et al., 2007). The significance of these studies may be twofold. First, there is a need for continued research to uncover properties of music that may elicit physiological responses not related to stress. If existing literature is suggesting that when individuals listen to various sounds, their bodies naturally respond (chemically) by releasing hormones associated with a relaxed mood, it will be prudent for researchers to explore
the degree of the physiological relationship between music and the physiological stress response. Ideally, music could be incorporated into all health treatment programs as an alternative to television for patients. Second, such research may assist practitioners in developing an approach to treatment that is cost effective, easily implemented and cross culturally relevant. The lack of certainty surrounding the degree of relationship between Cortisol and emotional stress does not completely reject the presence of relationship between music and physiology; it provides substance to the claim that African American adolescents may have adaptively developed a relationship with music that results in an increase in positive coping, psychological health and emotional complexity while also decreasing negative emotions that may be associated with maladaptive, risk taking behavior.

A study involving elementary school aged students examined levels of Cortisol in students participating in musical activities versus those who did not (Linblad et al., 2007). During one school year, one hour was added to the school day. There were three groups of students. The music group consisted of 5th and 6th graders from the same 4th through 6th grade class. Music lessons featured three activities including concentration, main activity, and relaxation. Main activities allowed participants to engage in singing, dancing, trying instruments, making movements and creating and maintaining common rhythms as part of demonstrating cooperative skills. The data group consisted of 5th and 6th graders from another 4th through 6th grade class within the same school. The data group’s hour consisted of educational instruction with computer and Internet access. The control group consisted of three sub-groups including 5th and 6th grade children from a different 4th through 6th grade class within the same school as the other 2 groups in addition to one class of 5th graders and one class of 6th graders from a separate school. Cortisol levels were measured three times, at the start of the school year, in the middle of
the school year, and at the end. Samples were collected at the student’s awakening, 30 minutes later, one hour after lunch, and before going to bed. The results of the study found no significant changes in cortisol levels within the groups. Neither were there significant differences over time within or between groups (Linblad et al., 2007).

In a similar study, 31 members (23 female) of a choir were asked to participate in a study where Immunoglobin A, Cortisol, and emotional state were measured (Kruetz et al., 2004). Immunoglobin A (S-IgA) is a protein that is a part of the body’s first line of defense against bacterial and viral infections in the respiratory pathway (Tomasi, 1972). Participants attended a weekly choir rehearsal, for one hour between 6 and 7 p.m. Two rehearsal “sessions” were conducted. Prior to both sessions and upon completion of both sessions, participants were asked to complete the Positive and Negative Affect Schedule (PANAS; Krohne et al., 1996; Watson et al., 1988). During the first session, participants sang and rehearsed pieces from Mozart’s Requiem. During the second session, participants listened to Mozart’s Requiem on a CD while also listening to articles being read aloud about singing from an eighteenth century encyclopedia of the arts.

Saliva samples were gathered before and after each session and then analyzed for Cortisol and Immunoglobin content. Results of the study (Kruetz et al., 2004) indicated that there was an increase in positive psychological affect after singing and a significant effect of the singing condition on levels of Immunoglobin A. No significant changes were reported for the listening condition. Researchers were able to conclude however that there was a significant correlation ($r = .40$) between positive mood during listening and cortisol levels. Further analysis indicated a decrease in cortisol levels from baseline to after treatment in the listening session.
In a third study (Tornek et al. Jones, 2003), a sample of 48 young African American mothers, 24 who were labeled as “intrusive” and 24 who were labeled as “withdrawn,” participated in listening to rock and classical music and having components of their physiological response measured. These labels were issued with specific consideration for their depressive symptoms including intrusive versus withdrawn interaction styles and scores on the Behavior Inhibition and Behavior Activation System scale (BIS/BAS) (Tornek et al., 2003). Withdrawn mothers characteristically provided little interaction including eye contact, facial expressions and touching, whereas intrusive mothers provided excessive stimulation including poking, tugging and shaking. 184 mothers were screened from mother-infant interactions captured on videotape. Participants were selected from a longitudinal study based upon scores of 16 or greater on the Center for Epidemiological Studies-Depression (CES-D) scale. The participants ranged between ages 18 and 30 years.

An EEG (electroencephalogram) was recorded for three minutes prior to listening to rock and classical music. An EEG was also recorded while the music was being listened to and after participants finished listening to the music. Participants were instructed to look at a blue video screen monitor during the 3-minute music listening phases in an attempt to control for visual stimulation. Participants were asked to complete the Profile of Mood States-Depression Subscale (POMS) (McNair & Lorr, 1964) and the State Anxiety Inventory (STAI) (Spielberg, Gorusch, & Lushene 1970). Saliva samples were also gathered in an attempt to measure cortisol levels. Samples were collected before the music and 20 minutes post the music. The results of the study indicated that intrusive mothers who listened to rock experienced a decrease in anxiety as reflected in STAI scores. EEG scores suggested that intrusive mothers experienced negative emotions while listening to classical music stronger than what was experienced while listening to
rock music. EEG scores also suggested that within withdrawn mothers, experienced negative emotions persisted regardless of which of the two types of music was listened to (Tornek et al., 2003).

In a different article (Smith, 2008), the effects of a single music relaxation session were assessed with regard to state anxiety levels of adults who worked in a call response center. This study examined the self-reported anxiety of individuals who work in what may be referred to as a stressful environment. Two groups were formed among workers. For 15 minutes at a time, the music group was exposed to live, improvised sounds of an acoustic guitar while being guiding through progressive muscle relaxation (PMR) at the same time. The control group remained exposed to distressing calls and had the option to discuss work related activities. Participants were asked to complete the STAI pre and post intervention. The results of the study indicate that individuals who participated in the music and PMR group experienced a significant and immediate decrease in state anxiety as measured by self-report of the STAI (Silverman, 2003).

Collectively, these studies suggest that there is some benefit to participating in activities such as singing and listening to music. Given the age of participants in the studies and the pattern of significant and non-significant findings, the studies suggest that music related activities assist in the facilitation of cortisol “regulation” for adult women in particular. This conclusion is drawn from the findings of the 23 female choir members whose cortisol levels were measured via saliva draw before and after two choir rehearsal sessions. Results of the study suggested a decrease in cortisol levels after treatment of listening to music and articles about music being read aloud. This corresponds with the research of Linblad et al. (2007) and the idea that there is a capability for a relationship among cortisol and emotional stress to be identified.
Note, however, that in the aforementioned studies, participants were not given the option to listen to music of their choice. Findings reported in studies where only two or few genres of music were offered, may reflect the lack of variety in the music options as opposed to the most effective treatment condition. The studies also mentioned very few trials. The longest study involved the 5th and 6th grade students during an academic school year. The other studies collected data and made assessments after two sessions.

One item not mentioned in any of the studies except the longitudinal study involving African American mothers, was the racial and ethnic background of the participants of the study or the researchers. Because the studies involved the measurement of cortisol, which is associated with feelings of stress and anxiety, it is possible that overt and covert projections of racial issues may have been interpreted by participants among a host of other stimuli that may have resulted in varied levels of cortisol secretion. The potential experiences of micro aggression in the research process may have masked the potential effects of music on lowering cortisol levels. One may assume that racial micro-aggressions, when interpreted, elicit arousal in the form of anger, sadness and or confusion. Because the presence of cortisol often indicates the presence of negative affect, one may assume that race may become an important factor particularly with regard to participant recruitment, assessment administration, and intervention implementation.

Regarding participant demographics, the researchers typically described the participants as simply “low economic status.” It is reasonable that underrepresented groups of people would score higher on a depression inventory as the result of the frequency of depression-like symptoms that are experienced as the result of social institutions such as racism, sexism and capitalism. Researchers must account for these unique differences when assessing
underrepresented populations of people (Barbarin, 1993). Without consideration of differences in general life experiences, behaviors, affect, and symptoms may be misunderstood.

**History of Coping**

Further understanding the coping experience of African American youth may come from examining the broader literature on coping. The study and exploration of psychological and emotional processes of human beings has included components of theory and assessment, thus demonstrating a longstanding relationship between the way people manage stressful life events and their emotional experiences (see Coyne & Lazarus, 1980; Lazarus, 1966, 1981; Lazarus, Averill, & Opton, 1970; Lazarus & DeLongis, 1983; Lazarus & Folkman, 1984a, 1984b; Lazarus, Kanner, & Folkman, 1980). In general, people manage stressful life events by managing problems associated with life events and managing their physical, cognitive, emotional and behavioral responses often initiated by fear which increases anxiety and other distressing emotions. Folkman and Lazarus (1984) argued that stress consists of primary appraisal, secondary appraisal and coping. Primary appraisal involves perceiving a threat to oneself. Secondary appraisal is the process of bringing to mind a response to the threat. Coping is the process of executing the response (see Carver, Weintraub, & Scheirer, 1989; Folkman & Lazarus, 1984).

The term coping has been used to reference the full breadth of responses to stressful life events (Compas, 1987). Coping has also been used to refer to the use of physiological, social and other psychological processes such as denial, repression, suppression, intellectualization, and problem solving behavior efforts to manage stress. These coping mechanisms are used to moderate or prevent the internal or external demands on the individual and thus to reduce the aversive affects of stress (Fleming, Baum, & Singer, 1984; Folkman & Lazarus, 1980; Lazarus &
Compas (1987) defined three specific characteristics of coping: “(a) effortful versus non effortful responses, (b) coping’s function, and (c) a focus on resources, styles or specific responses” (as cited by Conner, 2003, p. 393). These conceptual definitions of coping and the coping process exclude culture specific considerations that affect the coping process (Conner, 2003).

A review of coping literature suggests that researchers in health related fields (e.g., psychology, social work, counseling psychology, sociology, nursing etc.) developed a keen interest in studying coping behavior around 1980 though the exploration of the coping process had been studied as early as 1966 (Carver et al., 1989). It seems appropriate that the study of how people manage stressful events became important at this time. Advancements in medical research suggested that physiological malfunctions and disruptions were not all biological but some were adaptive given the demands of the environment. This idea continued to challenge the theoretical mind-body connection. This theoretical position has long questioned the degree to which the mind controls the body (King, Viney, & Woody, 2009). In this context, medical concerns with no biological etiology challenged professionals to identify the true cause of the concern. For this reason, non-biological/environmental factors and the role they play had to be examined. Among the most generic factors examined was stress. Stress is referred to as generic in this context because over time it has been associated with a variety of types of people and a variety of things. Rather than examining non-biological/environmental factors that are highly associated with stress, the coping research reflects a thorough examination of how stress affects the individual.

Over time, several assessment tools were developed to help researchers better understand the nature of coping behavior in adult populations. Foundational coping assessments included
tools developed by Folkman and Lazarus (1980), Carver, Scheier, and Weintraub (1989), and Amirkhan (1990). For example, Folkman and Lazarus (1980) examined coping from a two dimensional perspective: problem solving versus emotion focused. In contrast, Carver et al. (1989) based their research on the idea that coping was multidimensional. Amirkhan (1990) was the first researcher to look at avoidance and withdrawal as positive responses to stressors as opposed to being a negative response to stress. Amirkhan (1990) noted that researchers’ tendency to study coping from an inductive perspective rendered results that could only be applied to specific groups of people (e.g., the elderly) with or without special stressors (e.g., chronic illness). This approach was also reflected in the inability to make “insights” about the process of coping. Folkman and Lazarus (1980) and Carver et al. (1989) did not include Africultural populations in their research. Amirkhan (1990) did not include Africultural populations until after 1990. Harrell (1979) was the first researcher to examine this population with respect to coping research. In comparing the early approaches to studying coping, Harrell’s approach to the study of coping can be viewed as an etic approach with the use of culturally grounded language to describe behavior meaningful to Africultural populations and relevant to assessment and diagnosis of mental health related concerns. Amirkhan (1990) was noticing researchers’ attempts at an etic approach that was not completely culturally neutral. In fact, it was the work of Shawn Utsey that helped to incorporate emic and etic coping principles. Utsey’s statistical and theoretical approach to the study of coping within Africultural populations made his work relative to a large group of cultural and ethnic populations while also using language specific to African Americans. As a result, Utsey’s coping research is now relative to American society. While Utsey’s work may be considered mostly emic, enhanced understanding of
Africultural coping contributes to greater understanding of coping behavior in general as cultural exchange occurs over time.

**The Foundation of Africultural Coping**

Jules P. Harrell (1979) developed a diagnostic supplement to analyze and assess coping behavior among people of African descent. He offered the conclusion that Black (coping) behavior was a set of responses to various forms of racism in society and under these circumstances conventional diagnostic criteria had limited meaning and utility for this population (Harrell, 1979). Harrell (1979) noted that while there were (inherently adaptive) elements of African culture to be found in this set of responses (e.g., cognitive styles), there was no collective agreement among Blacks about how to respond to the institution of racism. Harrell’s conclusions were founded on the belief that there was a misunderstanding of the meaning of the behavior of Black people in America.

Harrell (1979) argued this misunderstanding was rooted in a judgment of social propriety and overall adaptiveness of conventional societal norms and that these societal norms have been grounded in a particular perspective and have guided the medical model used to make assessments and render clinical diagnoses (Harrell, 1979). Harrell (1979) advocated for new evaluative criteria that were sensitive to the potential responses to racism in their analysis. At the time Harrell (1979) was writing, behavior demonstrated by Black Americans was evaluated with no regard to the emotional and psychological effects of racism and oppression on this underrepresented group of people. Responses to racism demonstrated by Black Americans were considered normal and became stereotypes as to how Black Americans simply are. As Harrell (1979) carefully examined responses to racism and environmental stimuli maintaining the behavior, Harrell (1979) was able to uncover and articulate the symptom of pathology when the
same behavior was re-evaluated and the effects of racism were considered. Harrell (1979) carefully outlined Black coping styles by referring to them as cognitive styles, suggesting there were characteristic ways in which individuals processed information received from their environment that had helpful and harmful affects unique to Black mental health (Harrell, 1979).

Harrell (1979) referenced the following styles: Continued Apathy (e.g., lack of action or coping maneuvers in response to recognized racism underlined by a passive or reactive posture), Seeking a Piece of the Action (e.g., cognitive commitment to obtaining a small part of the system’s goods for oneself with little regard for the racist elements of the system), Obsession with Counter-culture Alternatives (e.g., divorcing/ attempting to transcend the Black struggle often with heavy drug use, exotic religious or art forms and or any consciousness altering technique), The Black Nationalistic Alternative (e.g., rejection of White institutions and products with the development of responding Black entities and the belief that White institutions cannot foster Black life and welfare), Identification with an Authoritarian Solution (e.g., strong religious prescription of any kind) and Historically Aware Cognitive Flexibility (e.g., assuming a poised position of processing, creating new theory, practice and ideology, generating new home) (Harrell, 1979).

The significance of Harrell’s (1979) research included a detailed articulation of both the potential positive outcomes and the potential pathological outcomes associated with the aforementioned styles. Unique to coping research, Harrell’s (1979) work in this specific article made a bid for the understanding of potential pathology associated with specific styles of coping within specific conditions of racism. The chart below is a replication of a table created by Harrell (1979) summarizing positive and pathological outcomes associated with the proposed cognitive styles (Harrell, 1979). Though the chart is merely a summary of Harrell’s (1979) ideas reflecting
positive and pathological outcomes, the point remains that under oppressive conditions, driven by the institution of racism, there are likely to be some pathological outcomes for the individual among positive outcomes. Harrell (1979) was not suggesting that pathology is guaranteed under these conditions, but rather that it was probable given racially oppressive conditions.

Table 1

*Positive and Pathological Outcomes Associated with Harrell’s (1979) Proposed Cognitive Styles*

<table>
<thead>
<tr>
<th>Cognitive Style</th>
<th>Situation</th>
<th>Positive Outcome</th>
<th>Situation</th>
<th>Pathological Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apathy</td>
<td>Profoundly oppressive conditions</td>
<td>No psychosomatic symptoms</td>
<td>Moderate to severely oppressive conditions</td>
<td>Dependency and extreme passivity</td>
</tr>
<tr>
<td>Piece of the action</td>
<td>Moderate oppression in racist institutions</td>
<td>High Achievement motivation</td>
<td>Reduced opportunity within racist institutions</td>
<td>Group- negating ambition and behavior</td>
</tr>
<tr>
<td>Counter-culture alternative</td>
<td>Compromising economic opportunity</td>
<td>Unaffected creative efforts</td>
<td>Moderate to severely oppressive conditions</td>
<td>Loss of contact with existing oppressive forces</td>
</tr>
<tr>
<td>Black nationalistic alternative</td>
<td>Extreme assaults on Black self- concept</td>
<td>Rejection of Manichean order</td>
<td>Covert racism</td>
<td>Rigid constructs lead to alienation from masses</td>
</tr>
<tr>
<td>Authoritarian solution</td>
<td>Little progress in mitigating harsh conditions</td>
<td>Consistent, persistent efforts</td>
<td>Totally prescribed behavior</td>
<td>Loss of creative behaviors</td>
</tr>
<tr>
<td>Historically aware cognitive flexibility</td>
<td>Form of racism in transition</td>
<td>Non defensive reevaluation of conditions</td>
<td>Little progress in mitigating harsh conditions</td>
<td>Confusion and dejection</td>
</tr>
</tbody>
</table>

Harrell’s (1979) published work made mention of a paper featuring the development and validation of a scale assessing Black coping styles. The existing literature does not suggest that such reference was published for professional public use. While Harrell’s (1979) tool would have been a great asset to the published study of coping in Africultural populations and to the development of the field of assessment, Harrell’s (1979) unpublished assessment contributed to the future development of a coping scale designed specifically to measure the unique coping
behavior in Africultural populations. Harrell’s (1979) conclusions were cautionary to mental health professionals solely consulting the Diagnostic and Statistical Manual of Mental Disorders II (DSM-II) in their diagnoses of Black behavior. Harrell’s (1979) contribution of a diagnostic supplement began to foster our collective understanding of the harmful effect of the use of conventional societal norms by Whites and Blacks upon the mental health of Black Americans.

**Coping Assessment Tools**

One of the most widely used and referenced coping assessment tools has been the Ways of Coping Checklist (WCC) and the revised version of this tool, known as the Ways of Coping Questionnaire (WCQ) (Folkman & Lazarus 1980, 1985, 1988). Folkman and Lazarus explored possible dimensions of coping and their effect on emotions using the Ways of Coping Questionnaire (WCQ) (Folkman & Lazarus, 1980). Our collective understanding of coping when these measures were developed existed within a uni-dimensional perspective with a focus on either approach-avoidant behavior or defensive ego processes (Folkman & Lazarus, 1988). Folkman and Lazarus initiated the argument that coping involved complex processes including those cognitive and behavioral strategies that function in both problem solving and emotion regulating capacities. Folkman and Lazarus (1988) posited that any stressful encounter and every daily encounter has more than one implication for well-being and more than one option for coping. Coping research led them to argue that uni-dimensional approaches to coping are incomplete in that they do not capture the emotional complexity that coping involves. Folkman and Lazarus specifically assessed, among other things, the bi-directional relationship between emotions and coping.

Through a series of studies on stress and coping, Folkman and Lazarus (1988) examined the extent to which eight different forms of coping mediated four types of emotions in stressful
events of day-to-day living. The studies developed from Folkman and Lazarus’ research in coping theory and clinical work. Folkman and Lazarus (1988) developed the Ways of Coping Questionnaire, suggesting that coping exists within a broad range of cognitive and behavioral strategies. The WCQ organized coping into eight scales including the following: Confronting (e.g., “fought for what I wanted”), Distancing (e.g., “went on as if nothing happened”), Self-Control (e.g., “kept others from knowing how bad things were”), Seeking Social Support (e.g., “accepted sympathy and understanding from someone”), Accepting Responsibility (e.g., “realized I brought the problem on myself”), Escape-Avoidance (e.g., “tried to make myself feel better by eating, drinking, smoking or using drugs”), Planful Problem Solving (e.g., “I made a plan of action and followed it”), and Positive Reappraisal (e.g., “changed or grew as a person in a good way; found new faith”) (see also Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986).

Folkman and Lazarus’ (1988) administration of the WCQ led them to conclude that coping processes are associated with a wide range of ongoing emotions that extend beyond a single dimension. This conclusion challenged the conceptualization of coping as merely a uni-dimensional approach – avoidance or defensive ego process. Though Folkman and Lazarus (1988) offered a bi-dimensional approach to coping, they indirectly suggested that coping existed in multiple dimensions. From the same research study conducted in 1988, Folkman and Lazarus also concluded that some forms of coping may be more helpful than others in some populations and in some contexts. Folkman and Lazarus (1988) noted that an understanding of the differential effects of coping is particularly important if our field was to develop “effective coping-related interventions” (p. 474).
Folkman and Lazarus made notable contributions to our understanding of how people might manage themselves in stressful situations. Their conclusions created space for exploration of the usefulness of a variety of coping approaches in a variety of contexts with a variety of populations of people. Folkman and Lazarus’ notes suggested that their research could be the beginning of the development of coping – related interventions. Prior to the emergence of Folkman and Lazarus’ research in 1980, coping literature focused primarily on individuals’ responses to ageing and chronic illness and was conducted with adults who were of middle class socio economic status (Folkman & Lazarus, 1988). Folkman and Lazarus studied a group of 75-85 married couples with at least one child in the home. The people selected for their study were Caucasian and primarily Protestant or Catholic, with at least an eighth grade education, were not bedridden and had an above-marginal- family income ($18,000 for a family of four in 1981) (see DeLongis, Lazarus & Folkman, 1988; Dunkel-Schetter, Folkman, & Lazarus, 1987; Folkman & Lazarus, 1986; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; Folkman, Lazarus, Gruen, & DeLongis, 1986).

Of the aforementioned studies conducted by Folkman and Lazarus (DeLongis, Lazarus, & Folkman, 1988; Folkman & Lazarus, 1986, 1987; Folkman, Lazarus, Gruen et al., 1986; Folkman, Lazarus, Dunkel-Schetter et al., 1986), all featured significant conclusions and discussion points regarding the process of coping, health and well-being, social support, depression and stress in human beings. Relative to this dissertation project, there are specific items worthy of attention. In chronological publication order, 1986 research featured the exploration of relationships between appraisal, coping, health and symptoms (Folkman et al., 1986) and appraisal, coping and encounter outcomes (Folkman, Lazarus, Dunkel-Schetter et al., 1986). In the former, Folkman, Lazarus, Gruen et al. (1986) began the conclusion section
articulating the variability of the aforementioned variables as a major issue. It was dually noted that these variables represent processes that occur in “specific person-environment transactions” (Folkman, Lazarus, Gruen et al., 1986, p. 578).

In the latter article (Folkman, Lazarus, Dunkel-Schetter et al., 1986), four major issues were raised by researchers concerning the relations among appraisal, coping and encounter outcomes. The first issue being “causality” among variables and the bidirectional relationship among the variables; researchers concluded suggesting that relationships among variables may appear different from or even opposite of presumptions and hypotheses. That is, depending on which perspective is taken on the direction of causality, different outcomes can be expected. The second major concern involved the value of micro analytic versus macro analytic assessment techniques. As referenced in prior work (Folkman & Lazarus, 1981), the choice in measurement involves having items that can be used with a variety of people in a variety of settings versus those that are richer in descriptive power but limited to specific people in specific contexts. The third major issue involved the method of self-report. As also referenced in their 1985 research, while self-report is often the only method by which to gather information regarding psychological processes, it also requires verification by other methods such as observation of direct behavior and physiological assessment. The final major concern involved the importance of “interindividual” and “intraindividual” approaches in understanding coping processes and the mechanisms through which they come to affect people’s well-being over a long period of time. This includes comparing people with each other relative to their preferred strategies of coping with diverse stressful encounters over time.

The third article published by Folkman and Lazarus (1986) specifically examined stress processes and depressive symptomology. Relative to this study, Folkman and Lazarus (1966)
discussed the limits of their ability to generalize their findings due to the participants being
drawn exclusively from White, middle to upper class populations. Folkman and Lazarus (1986)
also noted that subjects who were classified as high in depressive symptoms were not necessarily
clinically depressed.

Later research by Dunkel-Schetter, Folkman, and Lazarus (1987) discussed correlates of
receiving social support. The focus of the study was on support received during stress and not on
predictors of access to support providers, seeking of support or providers’ ability to provide
support. These researchers noted that in past research, socio-demographic factors had been
shown to affect substantially people’s access to support and the effects of it (Dunkel-Schetter et
al., 1987). This research study also suggested that coping through problem solving and support
seeking may act as a strong elicitor of various types of support, whereas confronting may signal
that additional information is needed by the person who is doing the coping. In addition, these
authors discussed that while distancing oneself was selective, it may also be a signal that the
person does not want information or advice. Because of this, the relation between coping and
social support could suggest interplay of these two stress related processes based upon explicit or
implicit communication between the giver and receiver (Dunkel-Schetter et al., 1987). An article
examining the impact of daily stress on health and mood also explored psychological and social
resources as mediators (Delongis, Lazarus, & Folkman, 1988). The authors rendered a host of
thoughts regarding their research experiences with daily hassles, health and mood. In particular,
these authors noted high levels of self-esteem and emotional support moderated the relationship
between hassles and physical symptoms on the day hassles increased and on the day following
the increase. These authors also noted the difficulty in differentiating between behavior linked to
illness and behavior associated with illness symptoms. With this in mind, authors concluded that
stress management was an individual set of biological and psychological systems at work with each individual having their own set of response characteristics in addition to sharing common mechanisms.

Within this dissertation project, assessment tools will be administered that will ideally inform, educate and or confirm ideas about Africultural approaches, styles, and patterns of coping. This process of sharing historical and cultural information through the administration of the assessment is important in fostering creative identity development. As youth are exposed to empirically supported assessment tools assessing their styles of coping within a cultural context, adolescents have the opportunity to learn the dimensions of Africultural forms of coping, (privately) reflect on the items, endorse the featured items if applicable, consider their personal relationship to the assessment items, perform a (private) self-assessment and or create an opportunity to strategically implement the assessment items in their personal lives. There will also be an isolation and examination of the process of listening to music in such a way that strongly encourages the adolescent to become mindful of their physical, psychological and emotional responses to the music they listen to. The goal of this dissertation project is to assist the Africultural youth in deliberately engaging themselves in a culturally positive form of coping by educating them of its existence and helping them develop a language to talk about how they self-engage. Examination and analysis of the data from these quantitative assessment tools is essential in identifying Africultural adolescents who are likely self-engaging in a positive way in addition to African American adolescents who may not be.

**Shift in Population Focus**

While Folkman and Lazarus were studying coping in (primarily) Caucasian adult populations, other researchers were using Folkman and Lazarus’ assessment tools to explore
coping behavior with other populations including chronically ill pediatric and Africultural populations (Carver, Weintraub, & Scheier, 1989; Greer, 2007; Kirkland, 1998; Littrell & Beck, 2001; Spirito, Stark, & Williams, 1988; Wills, 1986). In 1986, Thomas Wills explored the relationship between stress and coping in early adolescence. Wills was particularly interested in the use of substances in samples of urban school aged children. With a sample described as 44%-48% “White,” 16%-18% “Black,” 20%-26% “Hispanic,” and 8%-11% “Asian-American,” Wills (1986) concluded that there are both methodological and theoretical implications for the study of substance use in adolescents relative to stress and coping. Methodological implications included the idea that there may be different reasons why adolescents are likely to smoke cigarettes versus drink alcohol. For this reason, it may be helpful to teach adolescents skills to help them manage stress over time and skills to help them manage temptation. Theoretical implications included the idea that there may be multiple causes to negative events and that emotional distress may be a response to adverse events largely beyond the adolescent’s control. In contrast to these findings, overtly distressed African American adolescents are commonly assumed to have done something to cause the distress, thus resulting in a punishment like response from the environment. As Wills (1986) mentioned, it is important to consider coping behavior from the perspective that suggests African American adolescents are responding to social and environmental challenges beyond their control.

In 1988, Spirito, Stark, and Williams created a brief coping checklist for chronically ill adolescents with the primary criticism that this population was confronted with a number of stressors specific to their illness and the most current coping inventory at the time (the WCQ) was lengthy (Spirito et al., 1988). Spirito et al. (1988) developed the KIDCOPE, which featured 10 coping categories to describe different types of strategies used within each specific category.
The categories included Problem Solving (e.g., trying to fix the problem by thinking of the answer or asking someone else), Distraction (e.g., trying to forget it), Social Support (e.g., spending time with [adults] family and or friends), Social Withdrawal (e.g., staying by oneself), Cognitive Restructuring (e.g., trying to see the good side of things), Self-Criticism (e.g., blaming oneself for causing the problem), Blaming Others, Emotional Regulation (e.g., trying to calm oneself down, yelling, screaming), Wishful Thinking (e.g., wishing the problem never happened; wishing things were better), and Resignation (e.g., doing nothing because the problem could not be fixed). As depicted in Table 2, the KIDCOPE’s subscales are similar in content to the WCQ.

Table 2

Comparison of KIDCOPE and WCQ Subscales

<table>
<thead>
<tr>
<th>WCQ Subscale</th>
<th>KIDCOPE Item</th>
<th>WCQ Item</th>
<th>KIDCOPE Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confrontive Coping</td>
<td>Problem Solving</td>
<td>Fought for what I wanted</td>
<td>Trying to fix the problem by Thinking of the answer or asking someone else</td>
</tr>
<tr>
<td>Distancing</td>
<td>Distraction</td>
<td>Went on as if nothing happened</td>
<td>Trying to forget it</td>
</tr>
<tr>
<td>Self-Control</td>
<td>Social Withdrawal</td>
<td>Kept others from knowing how bad things were</td>
<td>Staying by oneself</td>
</tr>
<tr>
<td>Seeking Social Support</td>
<td>Social Support</td>
<td>Accepted sympathy and understanding from someone</td>
<td>Spending time with [adults] family and or friends</td>
</tr>
<tr>
<td>Accepting Responsibility</td>
<td>Self—Criticism</td>
<td>Realized I brought the problem on myself</td>
<td>Blaming oneself for causing the problem</td>
</tr>
<tr>
<td>Escape-Avoidance</td>
<td>Emotional Regulation</td>
<td>Tried to make myself feel better by eating, drinking, smoking or using drugs</td>
<td>Trying to calm oneself down, yelling, screaming and wishing the problem never happened; wishing things were better</td>
</tr>
<tr>
<td></td>
<td>Wishful Thinking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planful Problem Solving</td>
<td>N/A</td>
<td>I made a plan of action and followed it</td>
<td>N/A</td>
</tr>
<tr>
<td>Positive Reappraisal</td>
<td>Cognitive Restructuring</td>
<td>Changed or grew as a person in a good way; found new faith</td>
<td>Trying to see the good side of things</td>
</tr>
<tr>
<td>N/A</td>
<td>Blaming Others</td>
<td>N/A</td>
<td>Blaming others</td>
</tr>
<tr>
<td>N/A</td>
<td>Resignation</td>
<td>N/A</td>
<td>Doing nothing because the problem could not be fixed</td>
</tr>
</tbody>
</table>
Different from the WCQ, the KIDCOPE was designed to observe coping behavior in pediatric populations and examine the unique coping patterns of children with acute and chronic illness. The KIDCOPE was developed from 10 of the most commonly mentioned coping categories in the coping literature at the time (Spirito et al., 1988). Initial research was conducted with adolescents between the ages of 10 and 18 years. Conclusions from this initial study included a unique difference in the type of coping between children with and without a diagnosed chronic illness. Specifically, adolescents with a diagnosed chronic illness were more likely to cope by socially withdrawing and self-distracting/dischanging than those who were not diagnosed. The authors noted this conclusion was consistent with other research findings suggesting children in dental offices and those undergoing aversive medical treatment behaved similarly and also withdrew, self-distracted and disengaged (Brown et al., 1986; Redd et al., 1987 as cited by Spirito et al., 1988). Adolescent patients without a diagnosed clinical illness coped similarly by withdrawing, self-distracting/ disengaging however not nearly as frequently (Spirito et al., 1988).

A chronically ill patient is an example of a person that must consistently manage repeated exposure to stress and adversity. Though the aforementioned research does not mention further exploration of the amount of decrease between groups, the cause for decrease in the frequency of this particular response style, nor does it fully suggest what maintained this behavior in the patients who utilized this approach in managing their health related concerns. This is an example of the potential for confusion that comes with interpreting seemingly withdrawn, distracted and disengaged behavior. Concerning chronically ill patients however, this behavior is not accompanied by an assumed deviant or defiant position relative to the context or environment. In contrast, when these same behaviors are exhibited by Africultural adolescents coping with the
ongoing daily stresses of racism, they appear frequently misunderstood and often lead to negative social sanctions.

Spirito et al. (1988) noted that attempts at coping through what was referred to as *disengagement* (e.g., Distraction and Social withdrawal) may be maladaptive in certain patients or under certain circumstances and further research using a brief coping checklist should allow for examination of most effective strategies for coping with various aspects of chronic illness or different illnesses. Spirito et al. (1988) also noted the importance of the inclusion of parent and teacher observations regarding coping behavior in adolescents due to the KIDCOPE’s strict reliance on a self-report data collection method. Specific notice was, however, also given to the covert nature of some coping strategies, suggesting that it may be difficult for parents and teachers to correctly interpret the meaning of certain coping behavior. Spirito et al. (1988) strongly advocated for the use of a brief coping checklist in work with pediatric patients as a preventative measure, an assessment of treatment efficacy and as an exploratory tool of individual coping style preference. The KIDCOPE made a significant contribution to the development of assessment tools designed to explore coping styles in adolescents and Spirito et al.’s (1988) research exposed the potential for misinterpretation of adolescent coping behavior given the potential for some coping behaviors to manifest covertly. This dissertation exposes the need for study of coping behavior unique to African American adolescents that may not present overtly.

In 1989, Carver, Scheirer, and Weintraub developed a multidimensional coping inventory to assess the different ways in which people respond to stress. The inventory was named the COPE (Coping to Problems Experienced) and was developed with influence from the WCQ and with an increased emphases on theoretical rather than empirical development of scales. The
COPE offers a unique approach to the study and exploration of coping. Because the COPE was theoretically derived (e.g., transactional theory and theory of behavioral self-regulation), the COPE also featured an extended conceptualization of coping beyond the single dimensions of emotion-focused and problem-focused coping. Items were selected as being diverse and representative of potential coping responses and not theoretical domains of interest to these researchers. Carver et al. (1989) suggested the scales were linked loosely to theoretical principles post hoc. These researchers strongly suggested that given the empirical development of coping assessment, it was appropriate that a theory-based path to coping assessment be developed. These researchers extended Folkman and Lazarus’ work by conceptualizing emotion-focused and problem-focused coping to extend beyond single processes. Emotion-focused coping was conceptualized to involve denial, positive reinterpretation of events and seeking of emotional support. Problem-focused coping was conceptualized to involve planning, taking direct action, seeking assistance, screening out other activities and occasionally forcing oneself to wait before taking action (Carver et al., 1989). Carver et al. (1989) also noted that existing scales seemed to lack a great deal of clarity. Problematic items described an act without fully indicating why the action was being taken and or a single item was conceptualized to include two conceptually distinct qualities. For example, some items included committing a risky act and doing something that was unlikely to solve the problem, while being content with having done something as opposed to nothing (Carver et al., 1989). The researchers noted that there could be many explanations for committing a risky act and participating in risky behavior. They also noted the confusion of identifying the most important behavior when there are two or more behaviors listed in one item. These ideas further developed existing conceptualizations of coping as a complex and multidimensional process as Folkman and Lazarus (1988) previously proposed.
Finally, Carver et al. (1989) criticized the specific items in the existing measures suggesting they did not represent theoretically interesting categories of coping. This criticism reflected an analysis of how assessment scales were developed from an atheoretical understanding of coping. The multidimensional approach of the COPE includes coping strategies associated with latent dimensions of emotion-focused coping, problem-focused coping and maladaptive efforts to cope that may serve to hinder or impede the progress in resolving stressful situations (Greer, 2007).

The COPE incorporated five scales measuring aspects of problem focused coping (e.g., active coping, planning, suppression of competing activities, restraint coping, seeking of instrumental social support), five scales measuring aspects of emotion focused coping (e.g., seeking of emotional social support, positive reinterpretation, acceptance, denial, turning to religion) and three scales measuring less useful coping responses (e.g., focus on venting of emotions, behavioral disengagement, mental disengagement) (Carver et al., 1989).

Though not as heavily incorporated in research as the WCQ, the COPE has been used with Africultural populations and has made published contributions to various professional health journals. The COPE contributed to our collective understanding of coping behavior in Africultural populations by suggesting that African American female nursing students have a tendency to actively cope (e.g., take action to get rid of the problem, do what has to be done one step at a time, take direct action to get around problems) (Carver et al., 1989; Kirkland, 1998). Use of the COPE among African American homeless men suggested that those who utilized components of problem focused coping managed themselves better than those who utilized components of emotion focused coping (Littrell & Beck, 2001). However, an exploration of the usefulness of the COPE for measuring coping strategies among African American college students suggested that the COPE continue to be used with caution (Greer, 2007). Greer’s (2007)
exploration of coping strategies among African Americans involved administration of the COPE in its original form (see Carver et al., 1989) and an imposed, culturally relevant latent structure (Greer, 2007).

The purpose of Greer’s (2007) research was to examine the existing structure of the COPE (Carver et al., 1989) and compare it with an imposed, culturally relevant latent structure derived from an Africentric framework. Confirmatory Factor Analysis (CFA) was used to test the competing models. The study confirmed that regarding African Americans, the culturally relevant latent structure had a better overall fit though the COPE was able to capture some aspects of coping strategies employed by African Americans. The culturally relevant latent structure featured a reorganization of coping subscales proposed by Carver in 1989 from three constructs (emotion focused, problem focused, disengagement) to four Africulturally grounded constructs (spirituality, interconnect, problem oriented, disengagement). The significance of the reorganization included an adjusted description of approaches to coping as well as the option for adjusted interpretations of the meaning of approach. This study encouraged researchers to make extra effort to ensure that their research efforts are congruent (culturally) to the populations being studied (Greer, 2007).

Use of the COPE with African Americans also suggested that caution should be taken when articulating conclusions/ results of research with the intention of generalizing them to the whole Africultural body (Clark, 2004; Greer, 2007). A criticism of the COPE is its constraint of theoretical underpinnings when used with African Americans. The theoretical framework of the COPE is absent of the punishment like effects of racism on the individual and thus is positioned to misinterpret the meaning of behavior in Africultural populations. The COPE’s extended theoretical conceptualization of coping behavior served to expose unique features of coping
within African American populations. Use of the COPE with African Americans, over time has suggested that this population has coped with stressors by focusing on relieving stress associated directly with the problem experienced. Greer’s (2007) study with African American college students from a historically black college/university and a predominantly white college/university found a discrepancy in the conceptualization of a particular coping strategy. Whereas Carver et al. (1989) proposed that focusing on and venting emotions was a dysfunctional coping strategy, African American participants conceptualized this approach as an aspect of interconnectedness essential to the Africentric perspective. Carver et al. (1989) proposed that this strategy would load high on the latent disengagement/withdrawal factor when in fact it loaded high on the interconnectedness latent factor among African American college students between the ages of 18 and 25 years (Greer, 2007). Carver et al.’s (1989) research included participants who were students from a single university. For this reason, additional research was needed with additional samples of African Americans to determine whether similar differences in factor structure are identified (Greer, 2007).

Table 3 shows the difference in how coping variables were conceptualized between Carver et al. (1989) and Greer (2007). Greer’s (2007) research was not a proposal of a specific model of coping for African Americans, but rather a demonstration of the need for caution and a clear purpose when using the COPE with Africentric populations because of its likely inability to provide an accurate picture of the coping process being demonstrated, particularly the motive for utilizing the coping process selected. In an attempt to further highlight Greer’s (2007) position, the table (p. 62) was used to identify the coping strategy proposed by Carver et al. in 1989 and also show how Greer re-examined and re-defined coping strategies and related
variables with an Africultural lens. The use of the same letter in the table below notes the use of the same coping term.

Table 3

**Comparison of Coping Variables as Conceptualized by Carver et al. (1989) and Greer (2007)**

<table>
<thead>
<tr>
<th>COPE (Carver et al., 1989)</th>
<th>COPE Subscale Items (Variables)</th>
<th>Africentric Latent Model (Greer, 2007)</th>
<th>ALM Subscale Items (Variables)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotion Focused</td>
<td>Denial, Religion, Acceptance, Social Support (Emotional), Humor, Positive Reinterpretation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Focused</td>
<td>Social Support (Instrumental), Active Coping, Planning, Suppression of Activities, Restraining</td>
<td>Problem Oriented</td>
<td>Active Coping (^b), Humor (^a), Positive Reinterpretation (^a), Suppression of Activities (^b)</td>
</tr>
<tr>
<td>Disengagement</td>
<td>Mental Disengage, Vent Emotions, Behavioral Disengage, Substance Use</td>
<td>Disengagement</td>
<td>Mental Disengage, Behavioral Disengage, Substance Use (^c), Denial (^a)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spirituality</td>
<td>Restraint (^b), Religion (^a), Acceptance (^a), Planning (^b)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interconnect</td>
<td>Vent Emotions (^c), Social Support (Emotional) (^a), Social Support (Instrumental) (^b)</td>
</tr>
</tbody>
</table>

\(^a\) Emotion focused  
\(^b\) Problem focused  
\(^c\) Disengagement

This comparison of the two perspectives is a good example of how differences in worldview generate different causes and meanings for behavior that are then forced into a single label and a single coping approach/style. The generation of multiple causes and meanings is most useful when they stimulate the individual experiencing the stress to label their own experience and acknowledge whether or not this is helpful. One potentially valuable outcome of this dissertation project is to introduce Africultural adolescents to assessment tools featuring coping ideas that will give language to stressful experiences and (empirically supported) positive
interventions. With language to articulate experiences with stressful, environmental and emotional situations, others may have the opportunity to be informed of experiences in a way that is helpful for the adolescent and for society. This may also positively reinforce ethereal escape as a culturally common approach to stress management that has been criticized out of context as being maladaptive among adolescents.

While some coping language varies across authors, there is also some similar language describing coping styles and coping behaviors. The chart is one example of many approaches to coping that uses similar language while organizing the behavior into different styles and approaches. Harrell’s work in 1979 made mention of the lack of agreement among Africultural populations concerning the best approach for responding to culturally motivated adversity and challenge. This chart exposes the confusion of using similar coping language to describe perhaps two different motives and culturally relevant approaches to coping. For example, the use of the phrase “problem focused” versus “problem oriented” implies different meanings. To orient and to focus are separate ideas yet they both involve a “problem” and they both involve similar behaviors. One’s motive for focusing on a problem may include the belief that the problem will be/ can be resolved. Whereas one’s motive for orienting themselves to a problem may include becoming familiar with the problem, not in an attempt to solve it, but rather in an attempt to manage oneself in the midst of it. Racism, oppression and marginalization are systemic problems for underrepresented groups of people that cannot be fixed by the single underrepresented individual. For this reason, the underrepresented individual who is often managing an individual experience with said systemic problems, is likely to orient themselves to the problem, become familiar with the dynamics of the problematic system and cope with the problem using a set of
behaviors that are likely to yield feelings of safety and security amidst a system beyond the control of the individual.

In 1997, the COPE (Carver et al., 1989) was adjusted and modified to become the BRIEF-COPE (Carver, 1997). The significance of this structural modification was its brevity. Carver (1997) observed that administration of the 60-item COPE resulted in mild participant irritation by virtue of the length and redundancy of the assessment tool. In the interest of future researchers and participants, Carver (1997) adjusted the brief cope to 28 items. Carver (1997) intended the BRIEF – COPE to assess important coping responses quickly while accommodating focused interest and extreme time demands of researchers who may also wish to selectively use scales of greatest interest in their samples (Carver, 1997). Though the BRIEF-COPE was normed with a 34% African American sample, it was not designed to measure the unique coping behavior of Africultural populations.

James H. Amirkhan (1984, 1990) also responded to the study of coping from a different perspective than Folkman and Lazarus (1988). Amirkhan (1984, 1990) focused particularly on the lack of connection between coping assessment tools and theoretical models of coping. Noting that these perspectives on theory and assessment had evolved from inductive and deductive approaches, Amirkhan (1984, 1990) sought to develop a new perspective that would respectfully feature components of both approaches. Amirkhan (1984, 1990) would initiate the discussion of assessment items that were independent of one another and subscales that were not interconnected. With influence from the WCQ, Amirkhan (1990) went on to develop the Coping Strategies Indicator, which was a key tool in the development of a coping assessment tool unique to Africultural populations.
After roughly 10 years of coping exploration and coping assessment utilization, James H. Amirkhan made some notable observations regarding the progress of the study of coping and our collective understanding of coping behavior (Amirkhan, 1990). Amirkhan (1990) noted that while researchers had long sought a finite set of strategies to define coping responses, while hypothetical categories had been designed with the intention of being mutually exclusive and collectively exhaustive of coping strategies, and while actual responses to stressful stimuli had been assessed, most of these deductive, simple and symmetric taxonomies had not been verified empirically and the categories had proven to be highly inter correlated. Amirkhan (1990) observed that the strategies actually used in coping did not correspond with those delineated by theoreticians and that the a priori devised taxonomies failed to include important strategies that became apparent in the validation process. In addition, Amirkhan (1990) observed a lack of generality among coping assessment tools, with different investigations of coping yielding different and distinct pictures of coping due to a focus on circumscribed populations. Amirkhan (1990) observed a specific dilemma among researchers exploring coping behavior that forced them (researchers) to choose a coping assessment tool that could be used with a variety of people in a variety of situations or a tool that is richer in descriptive power yet also limited to people in specific contexts.

Amirkhan’s (1990) observations stemmed from reflection of prior contributions made by Folkman and Lazarus (Folkman & Lazarus, 1980; Folkman, Lazarus, Dunkel-Schetter et al., 1986; Lazarus & Folkman, 1984). Amirkhan’s (1990) research focus combined the best of inductive and deductive approaches to the study of coping. Amirkhan (1990) did this specifically through his development of the Coping Strategies Indicator (CSI) (Amirkhan, 1990). Amirkhan’s (1990) approach was opposite of his coping research ancestors in that the purpose of the CSI was
to isolate fundamental coping strategies with wide applicability by empirically deriving them from data as opposed to theoretically imposing them upon data (Amirkhan, 1990). The CSI was formed from an initial list of 161 items pulled from coping scales dating 1969 to 1984 (Amirkhan, 1990) and from student and collegial suggestion. The 161 responses were considered “distinct” and were selected to “represent a variety of dimensions” (Amirkhan, 1990). Those dimensions included behavioral versus cognitive, active versus passive, instrumental versus palliative, and self-reliant versus dependent on others. An initial survey was administered only to respondents who expressed interest in the study. A total of nearly 2,000 respondents comprised four different community samples and participated in the survey. Of the four community samples, there was a general skew in the direction of female respondents, younger aged respondents and respondents with higher incomes. Amirkhan’s (1990) research series unfortunately made no mention of racial/ethnic origin of the participants. While the purpose of the study was not racially/ethnically motivated, demographic info containing participants’ racial/ethnic identity would have been helpful for general scientific understanding.

Three factors emerged in the development of the CSI: a problem-directed strategy, a strategy of turning to others for comfort and an avoidant strategy (Amirkhan, 1990). The CSI featured items derived from the WCC including five items from the Problem Solving scale, five items from the Avoidance scale and four items from the Seeking Support scale. The CSI distinguishes itself from other coping assessment tools specifically in the area of psychometric properties. The three scales measured proved to be independent of one another and generally free from demographic influences (except possibly race). In addition, the internal consistency, test-retest reliability and construct validity were consistently superior to what had been reported for other coping assessment tools.
The development of the CSI further created room for a discussion about the value of assessment tools with scales independent of one another. Researchers were considering the unique contributions of strategically grouped assessment items with unique populations of people. Unique to the CSI and different from the WCC (WCQ), the Avoidance scale on the CSI includes purposeful attempts at withdrawal or distraction as opposed to focusing on the defensive like responses as conceptualized on the WCC (Amirkhan, 1990). This unique feature of the CSI Avoidance scale helped to highlight a unique coping preference and strategy among Africultural populations. In fact, this was the first time in the history of coping that avoidance had been conceptualized as purposeful and adaptive rather than defensive and maladaptive. This adjustment in interpretation would serve as the foundation of the development of an Africultural assessment tool designed to measure the unique and purposeful behavior demonstrated by Africultural populations in response to racism. Furthermore, the author’s seemingly deliberate separation of scales created the opportunity for future researchers to creatively explore specific coping aspects in unique populations of people while considering the effects of unique environmental circumstances. This conceptualization of avoidance is a core value of this assessment tool for the present study. The purpose of the CSI in this dissertation project is to assess the deliberate, adaptive and positive use of avoidance in adolescents.

Africultural Assessment

While African approaches to coping were being studied and discussed among health professionals as early as 1979, review of the literature suggests that the development of an assessment tool designed to explore the unique coping behavior of people of African descent had yet to be published formally (Utsey, Adams et al., 2000). Researchers interested in the coping behavior of people of Africultural populations opted to use published assessment tools that were
available at the time. These studies were unique in that they featured a scholarly approach to the study of coping in Africultural populations that had previously gone unstudied. The body of literature published made a significant contribution to our collective investigation of the unique differences between (dominant) American culture, African American and Afrikan American (first generation Africans with American citizenship) culture. This group of researchers contributed greatly to our collective understanding of the difference in coping between dominant and underrepresented populations of people (see Kirkland, 1998; Littrell & Beck, 2001; Utsey, Ponterotto, Reynolds, & Cancelli, 2000; Vigna, Hernandez, Kelley, & Gresham, 2010).

Without a more explicit and sustained focus on Africultural experiences, however, scholarly, health related literature continued to reference coping as a response to environmental stressors in a manner that inherently minimized the effects of systemically oppressive institutions (e.g., racism, sexism, capitalism, and Judeo-Christian ethics) (Daly, Jennings, Beckett, & Leashore, 1995). While there had been scholarly discussion of the effects of racism upon Africultural populations, the reflection of the discussion in scholarly literature was selective. Published literature concerning the coping strategies of Africultural populations involved a combination of research agendas from an ethnically variable group of researchers. Though there was a need for study of ethnically diverse groups of people, there were also contextual risks and consequences for researchers who would initiate and complete the research given the influences of various systems of oppression during the 1960s through the 1980s (e.g., racism, sexism, and capitalism). The use of dominant group focused coping assessment tools with Africultural populations suggested there was a collective minimization, perhaps even deliberate oversight of the unique differences between people dealing with oppressive systems (e.g., racism) and those who were not.
While there are still challenges and consequences connected to the study and exploration of coping strategies unique to Africultural population, progress has been made. Thanks to the courage of researchers initiating projects with Africultural populations between the 1960s and 1980s, risks were taken and health care professionals were able to learn valuable information specifically about the difference between the assumed thought process and coping strategies of African Americans and perhaps a more accurate, self-reported account.

The Journal of Black Psychology published two articles (Barbarin, 1993; Johnson, 1993) that specifically discussed clinical issues in the Diagnostic and Statistical Manual Third Edition (DSM-III) (Johnson, 1993) and coping and resilience (Barbarin, 1993) in the lives of African American children. Both articles explored the behavior of African American children within the cultural context of racism, respectfully noted their observations and experiences of the misinterpretations of the behavior explored and finally provided readers with adjusted analyses structurally loaded with the context of racism paralleling the (prior) dominant analysis. The articles reviewed the effects of racism on the behavioral presentation of African American children. As discussed in detail, the articles reflected a more in depth exploration of the inferences Harrell was making in 1979 though no direct mention was made of the former project.

Barbarin’s (1993) article on coping and resilience, made a valiant effort to explore the inner lives of African American children. Barbarin (1993) noted however that while much has been presumed about the inner life of an African American child, the truth is the inner workings of their minds remain an “enigma” (Barbarin, 1993, p. 483). Barbarin (1993) carefully noted that there is a misleading portrait of African American children as individuals and as a group. Respectfully, Barbarin (1993) observed that little media and research interest is given to the African American child who successfully navigates challenges presented by their environment.
(e.g., rampant denigration of their race) given they have no control over the majority of the challenges presented by their environment. Barbarin (1993) commented that even the research has focused on externalizing disorders (e.g., delinquency, aggression, problems related to social and academic maladjustment). Three alternative and potentially more fruitful factors to research were mentioned specifically in this article including personal resilience, coping, and emotion regulation.

Barbarin (1993) noted that personal resilience and environmental protective factors were thought to play a crucial role in mediating the relationship between psychosocial development and environmental challenges (e.g., poverty). “For children who have been severely stressed, positive outcomes are related to qualities such as personal reflectiveness, self-efficacy, easy temperament, self-esteem, and a high level of cognitive skills” (Barbarin, 1993, p. 482). Barbarin (1993) went on to note, “These abilities equip children to make adaptive, personal responses to challenges and to access environmental resources that facilitate health and normal development” (p. 482). Barbarin (1993) also observed that protective factors within the environment include family functioning characterized by warmth, cohesion, enlightened discipline, culture and ethnic identification, supportive extra-familial relationships, and community structures such as churches, neighborhood organizations, and schools that effectively promote competence in social and cognitive domains (Barbarin, 1993; Reid, Landesman, Treder, & Jaccard, 1989). Barbarin (1993) went on to clarify that social support in the family, neighborhood, schools and churches act as buffering agents as they reduce emotional strain on parents and help to decrease the presence of punitive, coercive, and inconsistent parenting behavior (Barbarin, 1993; Keltner, 1990; McLoyd, 1990a; Ogbu, 1985; Spencer, 1990). Regarding coping, Barbarin (1993) argued that emotion regulation and self-control make up the basic components and are fundamental to
the process. Barbarin (1993) commented that while emotions have the potential to disorganize behavior and regulate behavior, the chronic experience of negative emotions is incapacitating. Barbarin (1993) argued the importance of learning more about the relationship between educational achievement, psychological adjustment and emotional experiences. Regarding emotion regulation, Barbarin (1993) noted, “Whereas some individuals cognitively discount stressful situations and repress emotional responses, others have heightened awareness and reflect on different manifestations and nuances of life stressors. The latter group of youngsters attend fully to and give expression to the distress that these events cause in their lives. These strategies could be related to the development of social competence and to academic achievement” (Barbarin, 1993, p. 484).

In Barbarin’s (1993) model of socio-emotional development, religiosity and a firm racial identity were considered as positive resources that have a favorable impact on socialization and ultimately a positive impact on achieving developmental outcomes for African American children. Barbarin (1993) posited that particular emotion focused and problem focused coping strategies developed over time and with parental socialization (e.g., denial, acceptance, distraction, reaching out to others and emotional ventilation). Barbarin (1993) gave an example of a child whose parents taught him to manage emotional arousal by accepting the situation and consulting a higher being for help through prayer. Barbarin (1993) observed that strategies involving the enduring of suffering and delay of gratification may prepare children well for adaptation to and success in academic settings. The value of Barbarin’s (1993) work to the study of coping in African American children was tremendous in that it offered a theoretical position that conceptualized African American children from a strength based perspective,
acknowledging that academically and developmentally successful African American children also endure unavoidable suffering.

Ronn Johnson’s exploration of clinical issues in the use of the DSM-III-R with African American children contributed an adjusted diagnostic paradigm to the study of African American children. Johnson’s (2003) work is essential to this dissertation project because of its recent, clear articulation of the damage that is done to the Africultural child when they are being assessed clinically from a lens that does not include Africultural values. Granted, Johnson’s work was in direct reference to the DSM-III yet his point is still relevant as the DSM-V does not directly reflect a diagnostic system inclusive of diagnostic sensitivity to an Africultural Worldview.

No issue has been more important to all of the criticisms of traditional psychology than the diagnosis of African American children. McLoyd (1991) presents a cogent analysis of the life experience of many African American children. It is a life affected by an “incalculable” number of factors (e.g., economic deprivation, minority status, and the unique experience of racism). The clinical diagnostic picture is further complicated by an overriding tendency to define African American behavior in terms of White norms. (Johnson, 2003, p. 448)

Johnson (2003) concluded by strongly suggesting misjudgment has occurred when the DSM-III-R principles are applied to African Americans without the acknowledgement of the factors that are relevant to African Americans. Johnson (2003) offered the following guidelines as approaches for enhancing clinical diagnostic skills with African American children:

1. Each step in the diagnostic process should include at least some acknowledgment of the role that the values, the beliefs, and practices of African Americans assume
in the development and manifestation of psychopathology. There should be a reference to an Afrocentric factor for specific disorders and symptoms once they are identified. A case-focused training approach using decision trees for African American clients would be quite useful.

2. Clinicians should be encouraged to inform patients (children and parents) of their right to challenge and question diagnoses offered. The patient should be included in the conceptualization of the diagnosis offered (where logically feasible).

3. The Association of Black Psychologists, APA, and state licensing boards should work together to assure the integration of an Afrocentric perspective into graduate training programs. In addition, the same issues need to be documented in the licensure process as well as in continuing education.

4. Consultation with a senior clinician skilled in diagnosis and treatment of African Americans is critical.

5. The clinician’s diagnostic hypotheses should always prompt a series of questions so that the patient responds only with symptoms relevant to the hypothesis. The hypotheses and questions must elicit Afrocentrically related diagnostic issues.

(Johnson, 1993, p. 458)

Johnson's (2003) work extends Harrell’s (1979) discussion of the harmful effects of racism upon the Black individual. Harrell (1979) also mentioned that while the behavior of a Black person may not seem indicative of any type of pathology, pathology may exist depending upon how they see themselves within a larger racial context. Johnson (2003) specifically referenced the work of Thomas and Sillen (1972), which focused on the history of psychiatry misdiagnosing African Americans. Thomas and Sillen’s (1972) work referenced times of
enslavement when enslaved Africans were given pathological labels such as “dramptomania” after continuously trying to escape or “dysaesthesia aethioptica” when evading work or damaging “‘master’s’” property (Johnson, 2003, p. 449). Aside from the obvious contributions to the study of coping behavior with Africultural populations and clinical issues in psychology, these diagnostic paradigms would set the optimal stage for the development, validation and publication of a coping assessment tool designed to measure the unique coping behavior in Africultural populations by continuing to expose the incomplete conclusions easily presumed when conceptualizing the behavior and meaning of behavior demonstrated by Africultural populations using a dominant conceptual framework. These authors (Harrell, 1979; Johnson, 2003; Thomas & Sillen, 1972) helped to inform the health care system of the complexities of Africultural behavior specifically in African American children.

In 2000, Utsey, Ponterotto, Reynolds, and Cancelli used the Coping Strategies Indicator and other assessment tools to explore relationships among racial discrimination, coping, life satisfaction and self-esteem among African Americans. The CSI was administered to 213 African Americans with the criticism that the existing coping assessment tools, though they had been used to study coping in African Americans, were not wholly suitable to examine coping in African Americans dealing with the effects of racism. The results of this study indicated that in situations of individual racism, avoidance coping strategies were preferred by African American women over seeking social support and problem solving strategies. These results were consistent with prior studies suggesting that avoidance was a common response for African Americans who had encountered racism (see Amirkhan, 1990; Krieger & Sidney, 1996; Utsey et al., 2000). Findings of the study also included avoidance strategies as a predictor of self-esteem and life satisfaction among African Americans experiencing racism.
Utsey, Ponterotto et al. (2000) found that seeking social support coping strategies and cultural racism were significant predictors of race related stress in African Americans. *Cultural racism* occurs when the cultural practices of the ‘dominant’ group are generally regarded by society and its institutions as being superior to the culture of a ‘subordinate’ group. Cultural racism can be observed in the manner in which the contributions of African Americans have been largely ignored in the annals of American history. Given that racism is an invidious and omnipresent stressor in the lives of many African Americans, research aimed at delineating those coping behaviors that effectively ameliorate its potentially harmful psychological and somatic consequences is warranted. However, this is not to suggest that the elimination of racism should not be pursued. (Utsey, Ponterotto et al., 2000, p. 72)

Utsey, Ponterotto et al. (2000) also specifically referenced Feagin’s (1991) explanation for African American’s avoidance strategy preference over a confrontational response that is costly in time and energy and potentially less likely to result in some form of aversive outcome for challenging the dominant racist system. Regarding social support coping strategies, cultural racism, and race related stress, it seems that among Africultural populations the seeking of social support is often an indicator of race-related stress associated with cultural racism. Certainly this statement can be interpreted with a varying degree of intensity given the fact that Africultural groups of people are inherently supportive and social. This statement implies Africultural groups of people use their inherent nature to manage prolonged exposure to adversity.

Overall, the CSI was significant to the study of coping in that its development stemmed from an analytical review of the status of coping literature with the intention of advancing our understanding of coping strategies by modifying existing tools used to measure coping. Not only
did the CSI advance our coping assessment tool development, it also contributed to our recognition of the unique differences and preferences of coping strategies among Africultural populations. While the CSI was not designed specifically for this purpose, researchers interested in the unique coping strategies of African Americans were able to maximize the output of the CSI based upon the unique way in which it was created. The CSI helped particularly to initiate a philosophical shift in the meaning of what seemed like avoidant behavior in Africultural populations.

This philosophical shift would eventually develop into formal, organized research with Africultural populations based upon Africultural principles. This formal, organized research would also lead researchers to the development of an Africultural coping assessment tool. Overall, since 1980, researchers have made a notable transition from exploring responses to stress, to defining the process of responding to stress (coping), to exploring the variety of patterns of responding to stress (coping strategies), to developing assessment tools specifically for the measurement of these strategies, to examining the nature of these responses in diverse ethnic and age groups of people. In a short amount of time, health related fields were able to bring significant attention to the concept of coping and its function. The study of coping in Africultural populations, adolescent/youth populations and adolescent Africultural populations began to stretch and challenge the foundation upon which historical coping literature was built. As frameworks/ models and assessment tools were being applied to underrepresented populations of people, researchers (Carver, 1997; Harrell, 1979; Utsey, Ponterotto et al., 2000) noticed the unique similarities and differences in responding between groups. Researchers (Johnson, 1993; Utsey, Ponterotto et al., 2000) documented their findings and then began to actively and deliberately make an argument that these populations needed to be studied further.
and they needed to be assessed with assessment tools designed to measure the unique capabilities of each population based upon the cultural norms of the population.

**The Africultural Coping Systems Inventory (ACSI)**

In the year 2000, Utsey, Adams, and Bolden published the initial validation of the Africultural Coping Systems Inventory (ACSI). The ACSI was developed with the primary criticism that the existing coping literature reflected an absence of the coping strategies unique to Africultural populations of people who disproportionately suffer from race related diseases. The ACSI was the first of its kind, developed to measure the unique collective, spiritual-centered and ritual-centered coping behavior in Africultural populations of people.

With strong influence from the proposed five scales of coping by Folkman and Lazarus in 1985 (e.g., problem focused, detachment, wishful thinking, seeking social support, focusing on the positive), Utsey framed four Africultural coping systems (e.g., cognitive/emotional debriefing, spiritual centered coping, collective coping and ritual centered coping). The ACSI was also developed with strong influence from an Africultural Worldview. In fact, the ACSI was developed primarily in response to the absence of spirituality grounded and culturally relevant behavior in existing coping assessment instruments. The four systems referenced featured principles of an African-centered worldview. Cognitive/emotional regulation is an adaptive strategy that evolved out of centuries of oppression in which African Americans faced severe consequences for the open expression of emotion (Utsey, Adams et al., 2000). Spiritual coping represents the degree to which an individual’s beliefs about God or a higher power are used in managing adversity (Utsey, Adams et al., 2000). Spiritual coping enhances resilience by providing a basis for optimism and the ability to recover from adversity (Christian & Barbarin, 2001). Collective coping is a group-centered strategy whereby individuals rely on their family
and social networks for managing risk and adversity. Ritual coping represents an African American cultural practice where rites and rituals are used as a means of providing structure to spiritual expression (e.g., celebrating events, acknowledging the presence of ancestors, fictional kinship.) Fictional kinship refers to the informal adoption of individuals who are not biologically related into one’s family. These individuals are assigned or volunteer for a particular role of a particular biological family member and operate as a biological family member in that position would (e.g., aunt, cousin, sister, uncle).

Of the four Africultural systems (subscales), three (e.g., cognitive/ emotional debriefing, spiritual centered coping and collective coping) reflect strategies from four of five scales organized by Folkman and Lazarus (1985) on the WCQ. The cognitive emotional debriefing system on the ACSI featured concepts of detachment, seeking social support and focusing on the positive subscales on the WCQ. The spiritual centered coping subscale on the ACSI features concepts of the problem focused coping, seeking social support and focusing on the positive subscales on the WCQ. The collective coping subscale on the ACSI features concepts of the problem focused coping, seeking social support and focusing on the positive subscales of the WCQ. Utsey, Adams et al.’s (2000) fourth coping system (e.g., ritual centered coping) did not correspond with any of the scales proposed by Folkman and Lazarus in 1985. Ritual centered coping and the items featured on the ritual centered coping scale capture the unique ritualistic behavior of African culture, which was not featured in the WCQ. Because the ACSI was designed specifically to capture unique African-centered coping behavior and because the WCQ was not designed to specifically capture unique African-centered coping behavior, there was no relevance in WCQ assessment items to the idea of ritual centered coping.
The ACSI was also developed with strong influence from the CSI (Amirkhan, 1990) and the Spirituality Scale (Jagers & Smith, 1996). As noted above, the CSI featured a revised conceptualization of avoidance that included the purposeful and adaptive components different from defensive postulations. The Spirituality Scale, as developed by Jagers and Smith (1996), is a paper and pencil assessment tool designed to measure spirituality from an Africultural perspective. The Spirituality Scale was administered to African American and European American college students. The Spirituality Scale featured indices of internal, external, and quest religious motivation, divine and personal agency, and religious and existential well-being. Initial scale development data confirmed good internal consistency within groups, while females endorsed at higher levels than males, African Americans endorsed at higher levels than European Americans and an internal religious motivation was predictive of scores on the Spirituality Scale for African Americans (Jagers & Smith, 1996).

The inclusion of the Spirituality Scale in the development of the ACSI was a deliberate effort to incorporate many of the spiritual beliefs and practices that originated in West and Central Africa and have strategically been preserved. Daly, Jennings, Beckett, and Leashore’s research in 1993 found that when confronted with stressful situations, African Americans relied on “group derived ego strengths” (e.g., family, community, social support networks) and other approaches to coping based on religious and or spiritual belief systems (e.g., prayer, meditation). The ACSI was a reflection of several authors’ work noting the presence of an Africultural Worldview in the belief system of contemporary African Americans that also reflects 300 years of endured “chattel slavery” (see Akbar, 1996; Ani, 1990; Asante, 1998; Azibo, 1992; Daly, 1995; Hollaway, 1990; Jackson, 1982; Nobles, 1990; Sutherland, 1993).
The ACSI was initially developed from a summary of response patterns across African American and Afro-Caribbean college age students attending community college, private university and public university. Generally, the students were from the northeast geographic region of the United States of America. Utsey et al.’s (2000) development and initial validation of the ACSI involved 392 African American college students from colleges, universities and the community (female \( n = 263 \); male \( n = 129 \)). Participants ranged in age from 16 to 62 years (\( M = 28.56 \)). Cronbach’s alphas ranged from .71 to .82 (e.g. Cognitive Emotional Debriefing .79; Spiritual Coping .82; Collective Coping .78; Ritual Centered .76) on this sample. ACSI scores from this sample were also positively and significantly correlated with the Ways of Coping Questionnaire (WCQ) (Folkman & Lazarus, 1985). Exploratory Factor Analysis and Confirmatory Factor Analysis supported a four-factor oblique model as best representing the unique coping behaviors of African Americans. Factors included Cognitive/Emotional Debriefing (Factor I), Spiritual-Centered Coping (Factor II), Collective Coping (Factor III) and Ritual-Centered Coping (Factor IV) (Utsey, Adams et al., 2000). A 2003 study by Constantine, Wilton, Gainor, and Lewis reported alpha coefficients for the ACSI ranging between .83 and .87. This study featured 144 African American college student participants (female \( n = 106 \); male \( n = 38 \)). Participants varied in age between 17 and 29 years (\( M = 19.90 \)). This study further demonstrated that ACSI subscales were positively and significantly correlated with religious problem solving styles.

Utsey et al. (2004) also examined the structural invariance of the Africultural Coping Systems Inventory across three samples of African descent populations. The samples of Africultural populations included people recruited from colleges, universities and the community. The first sample included 202 African Americans (females \( n = 120 \); males \( n = 68 \))
with parents who identified as African American and were born in the United States. Participants ranged in age from 18 to 62 years ($M = 23.9$). The second sample included 143 African Caribbeans (females $n = 95$; males $n = 48$) with parents who identified as having African ancestry and who were born in the Caribbean. The third sample included 117 Africans (females $n = 48$; and males $n = 69$) who were born in Africa including Ghana, West Africa, and Botswana, southern Africa. Utsey et al. (2004) noted in this work that with regard to concurrent validity of scores, the ACSI correlated in the expected direction with the WQC (Folkman & Lazarus, 1985) and the Spirituality Scale (Jagers & Smith, 1996). Results included subscale inter-correlations that ranged from .39 to .63 for the African American sample, .22 to .55 for the African Caribbean sample, and .13 to .66 for the African sample. The coefficient alphas for Cognitive and Emotional debriefing across the three samples ranged from .61 to .83; for Spiritual – Centered coping, .73 to .81 for Collective Coping, .60 to .74, and for Ritual – Centered Coping, .60 to .78 (Utsey et al., 2004).

The suggestions given to future researchers regarding the ACSI by Utsey et al. (2004) came from the initial goal of the study, which was to test the structural invariance of the ACSI across three unique populations. Utsey et al. (2004) were specifically looking to assess the ACSI’s fit to the data and determine if its underlying factor structure was invariant across the three unique samples. The results of this study were mixed. Results from the preliminary, single group analysis using confirmatory factor analysis (CFA) suggested that the ACSI measurement model fit the data poorly for each of the three samples. As a result, items were removed from the ACSI. A single group analysis of the ACSI baseline model using several fit indices revealed that CFA fit indices for the African American sample were slightly below the Comparative Fit Index (CFI) cutoff and appropriately below the cutoff for the root mean square error of approximation
range (RMSEA). The African and African Caribbean samples featured CFI values well below the recommended cutoff and also appropriately below the cutoff for the RMSEA. Similarly, for the simultaneous CFA across the three separate samples, the CFI was slightly below the desired cutoff and appropriately below the RMSEA cutoff. Utsey et al. (2004) conducted a final CFA, imposing additional invariance constraints specifically on the variance and covariance parameters of the model. The results were also mixed and suggested that while the factor pattern coefficients of the ACSI’s measurement model are invariant across three samples, its variance and covariance parameters are not. Utsey et al. (2004) used these seemingly conflicting statistical results to note that researchers have advised against using rigid cutoffs to evaluate the adequacy of a model’s fit (Quintana & Maxwell, 1999). Utsey et al. (2004) also noted that CFA is intended to compare multiple models on how well each provides a fit to the data, not simply determine a single model’s acceptability or lack thereof. While the ACSI features an Africulturally loaded approach to the process of coping, the results from the ACSI with different groups of Africultural populations suggest that different groups experience cultural racism differently and respond differently. Results from the validation study of the ACSI suggest within Africultural populations of people, the tools fit best with African American populations of people.

In 2007, Utsey, Bolden, Lanier, and Williams used the ACSI to examine the role of culture specific coping as a predictor of resilient outcomes in African Americans from high-risk urban communities. Culture specific coping in this article referred to cultural factors including beliefs, behaviors and practices unique to Africultural groups of people that also make up the Africultural Worldview (also referred to as the African Centered World View or ACWV). “The worldview of African Americans is grounded in a strong spiritual/religious belief system, extended familial and fictive kinship bonds, a collective social orientation, and affective
expressiveness” (Utsey et al., 2007, p. 77). The sample for the 2007 study included adults averaging 25 years of age who were in some way affiliated with a community based adult learning program and a residential job training program. The authors hypothesized that culture – specific coping would be a stronger predictor of quality of life outcomes than the traditional factors (e.g., cognitive ability, social support, and family cohesion and adaptability) (Utsey et al., 2007). The ACSI was used to measure four unique culture-specific coping strategies. The ACSI subscales measuring the four coping strategies included cognitive/ emotional debriefing, spiritual-centered coping, collective coping and ritual coping.

Results from the study (Utsey et al., 2007) were consistent with literature suggesting that African Americans rely on cultural factors to manage adversity. Beyond traditional factors, spiritual and collective coping significantly predicted quality of life in the sample. The clinical implications of the study illuminated the importance of culture in the quality of life and mental health functioning of African Americans. Recommendations included the consideration of how spiritual and collective coping may facilitate positive outcomes among African American clients. This recommendation further supported the claim made by researchers in 2002 that spiritual coping and collective coping were related to positive self-esteem in an African American adolescent sample (Constantine, Donnelly, & Myers, 2002; Utsey et al., 2007).

The ACSI and Youth Populations

 Shortly after the initial development of the ACSI, researchers used the tool to examine the relationship between collective self-esteem and Africultural coping styles in African American high school students (Constantine et al., 2002). The results of this study led researchers to make the claim that Africultural youth are engaging in spiritual and collective systems of coping which ultimately provided a stronger claim for the presence of a unique
system of coping with racism among Africultural populations and the need for the development of interventions designed specifically to address cultural factors sensitive to the culture of Africultural groups of people.

Conner’s (2003) study introduced the ACSI-M (Africultural Coping Systems Inventory – Modified) which featured a scale that specifically assessed for the use of creative coping including use of poetry, listening to music, dance, drama and visual arts. The ACSI-M is a modified version of the ACSI designed to fit a study examining Spiritual, Collective, and Creative Coping in African American youth (Conner, 2003). Conner’s (2003) study included 208 Black high school students (female \( n = 119 \); male \( n = 89 \)). Participants varied in age between 14 and 18 years (\( M = 15.74 \)). Twenty items were added to the ACSI rendering a total of 50 items on the ACSI-M. The additional items reflect a Creative-Centered Coping subscale (e.g., “Wrote my feelings down in a journal”) that includes behaviors/ coping strategies involving dance, drama, literacy, music and visual arts (Conner, Baranetsky, & Zsuffa, 2000). The 2003 study found that youth who do not endorse African-centered values/worldview when dealing with stress are at a greater risk for developing challenges in coping with mental health concerns such as depression (Conner, 2003). Conner (2003) also reminded the reader of differences in unique methods of coping among African American adolescent males and females. This assessment tool demonstrated the intersection of cultural values, worldview, spirituality, communalism, creativity and coping styles. This researcher found this to be especially significant considering how Greer (2007) demonstrated that coping for the African American adolescent is a comprehensive and all-inclusive process as opposed to an isolated experience with a single solution.
Recent use of the ACSI with adolescent populations specifically examined the impact of racial discrimination and coping strategies on internalizing symptoms in African American youth (Gaylord-Harden & Cunningham, 2009). In 2007, a youth version of the ACSI (Y-ACSI) was created (Gaylord-Harden & Cunningham, 2009, p. 536). In 2009 the Y-ACSI was administered to 268 African Americans in the 6th-8th grades who were attending public school in economically disadvantaged communities (Gaylord-Harden & Cunningham, 2009, p. 535). Similar to the ACSI, the Y-ACSI was designed to measure unique coping behavior in Africultural populations of adolescents. The Y-ACSI specifically grouped coping into three factors. The factors included Emotional debriefing (e.g., expressing oneself creatively to manage stress and emotions using poetry, songs, short stories etc.), Spiritually-centered coping (e.g., asking God for strength) and Communalistic coping (e.g., spending time with family and relying on individual interdependence with others around). Different from the original version of the ACSI (Utsey, Adams et al., 2000), Ritual coping is not a factor featured. Perhaps the elimination of the factor was a reflection of Utsey et al.’s (2004) analysis of the ACSI’s poor fit to the three samples of participants in a test of structural invariance.

Results from this study (Gaylord-Harden & Cunningham, 2009) included the observation that collective coping among Africultural adolescent populations may serve as a predictor of anxiety and sometimes depression under the condition of high levels of distress. Consideration of the level (e.g., high, moderate, low) of distress upon the adolescent in this context parallels Harrell’s (1979) research examining coping styles within African Americans given varying degrees of racial oppression. There are varying degrees and conditions upon which distress and racial oppression present. For example, some stressful/ distressing situation may occur in static,
while another situation may occur repeatedly for extended periods of time (for a variety of reasons).

In a 2009 study (Robinson-Wood, 2009), 80 African American females between the ages of 18 and 25 years attending a predominantly White institution were administered the ACSI. Results of the study included collective coping as a preferred coping system and cognitive emotional debriefing as a next best preferred coping system. The study specifically examined stress and cultural coping among ethnically diverse black college women with specific emphasis on love, school and money. The author noted the unique concerns pertaining to black women who are attending college. A particular concern was the potential harm of “avoidance” and avoidant behavior. The concern is the psychological/ cognitive processes associated with a passive system of avoidant behavior. In this context, avoidant behavior included cognitive attempts to minimize or deny a stressor and behavioral efforts to avoid or withdraw from a stressor (Robinson-Wood, 2009). The concern stemmed from research studies that found a correspondence between avoidance coping strategies, denial and greater distress. The finding was interpreted to infer that the behavior may stem from an emotionally reactive orientation that is likely to maintain the problem (Robinson-Wood, 2009). In the opinion of this researcher, this idea of avoidance is the opposite of the deliberate, (pro) active, positive avoidance that can be used to address the problem directly by not confronting the problem directly. If we rest on the position that a person under high levels of stress may cope with the stress by confronting the stress and that this confronting behavior is indicative of a lack of information on the behalf of the person coping, it seems reasonable that in a situation where information is not deliberately being sought in a confronting style/approach, no information is lacking and the response given is deliberate. The purpose of this dissertation project is to explore this potentially deliberate,
healthy psychological escape and release process that occurs in Africultural youth (specifically between the ages of 18 and 22 years), often through the use of music.

**The Influence of the African Centered Worldview**

From its origins in the late 1970s and early 1980s, the study of coping grew at a steady rate to include its unique features in underrepresented groups of people by 2000 (see for example Barbarin, 1993; Folkman & Lazarus, 1980; Harrell, 1979; Utsey, Adams et al., 2000; Utsey, Ponterotto, 2000). In roughly 30 years, the study of coping has been organized, assessed and further developed to magnify the unique differences in styles among different groups of people. The study of coping over time has highlighted the inherent and fundamental differences in motivation behind particular coping styles unique to individuals of particular demographic and racial groups. Roughly 30 years ago, the case had been made for careful assessment and cautious interpretation when clinically assessing Africultural and adolescent populations. Within a 30-year time span, researchers developed the study of coping to include coping assessments sensitive to age, racial-ethnic orientation and coping strategy preference. Tremendous progress has been made in the area of published coping, health and healthcare related literature. In fact, Africultural coping research helped the study of coping in other racial and ethnic groups.

For example, further administration of the ACSI led researchers to strongly suggest that the treatment of mental health disorders including those as pervasive as psychosis needed to move in the direction of a Person Centered approach to Care (PCP) which is sensitive to unique cultural differences particularly in Africultural populations (Tondora, O’Connell, Miller, Dinzeo, Bellamy, Andres-Hyman, & Davidson, 2010). This suggestion came from a research study describing a peer-based, culturally competent, person centered care and treatment plan. The care and treatment plan was administered to both African American and Latino participants who were
also diagnosed with a psychotic disorder. Within this study, the ACSI (Utsey, Adama et al., 2000) and the Brief COPE (Carver, 1997) were administered to examine coping styles among participants. These assessments were administered as part of a collection of assessments with the attempt to provide the most thorough peer-based, culturally sensitive treatment.

Journals such as Adolescence and the Journal of Mental Health Counseling published articles in 2004 and 2005 that explored different components of coping respectively. Adolescence featured an article exploring the coping attitudes, sources, and practices among Black and Latino college students (Chiang, Hunter, & Yeh, 2004). This study specifically featured the use of the Coping Attitudes, Sources and Practices Questionnaire (CASPQ) which was an assessment tool developed in 2000 designed specifically to survey the coping attitudes, practices and sources associated with Asian cultural values emphasizing social and familial relationships (Chiang et al. 2004). The CASPQ was organized with influence from Utsey, Adams et al.’s (2000) work that articulated culture-specific coping among Blacks subscribing to an African Centered Worldview. The CASPQ was designed to measure the collectivistic ways of coping while highlighting interdependence (Chiang et al., 2004).

The CASPQ (Chiang et al., 2004) is a checklist formed from initial focus groups with Asian American college students. The CASPQ is divided into three sections: coping attitudes, coping sources and coping practices. The study found that among African American and Latino college students, school grades, study skills, job choice and relationship with family were the issues students marked as concerns (Chiang et al., p. 802). Regarding coping sources, the most frequently reported were talking with friends, parents and a significant other. Among African Americans, 54.7% reported they preferred to keep their problem to themselves, while 47.3% of Latinos preferred to keep their problems to themselves. Regarding coping practices, exercise,
hobbies and activities with family were the coping practices endorsed. Regarding African Americans, exercise and hobbies were the top two coping practices endorsed. Activities with family, studying, social activities and religious activities were endorsed equally as coping practices. This article concluded that Black students participate in religious and social activities while counseling was not a frequent coping practice. Results from this study also highlighted the importance of activities with family, friends or engaged in alone for the two groups. These findings are in line with aspects of an African centered worldview (Utsey, Adams et al., 2000). For the purpose of this literature review, the significance of this article is the endorsement of the preference to keep problems to oneself.

The Journal of Mental Health Counseling featured the development and initial validation of the Collectivistic Coping Styles Measure (CCSM) with African, Asian, and Latin American International Students (Moore & Constantine, 2005). The purpose of this study was to develop and validate a self-report measure to assess specific collectivistic coping styles among African, Asian and Latin American international college students. This study featured the use of the CCSM and the Coping Strategies Inventory (CSI) in an assessment of the degree to which African, Asian, and Latin American international students utilized social support seeking and forbearance to cope with their problems or concerns. The authors of this article defined collectivistic coping broadly as close relationships with family, friends, and community used meaningfully when coping with problems and the consideration of others’ well-being in the context of dealing with others problems or concerns. The authors defined forbearance as “the tendency to minimize or conceal problems or concerns so as not to trouble or burden others” (Moore & Constantine, 2005, p. 331). The authors also made mention of prior work by Marsella in 1993, who observed that cultures emphasizing collectivism also encourage sacrificing and
enduring distress in the face of adversity. For the purpose of this literature review, the significance of this article is its definition and explanation of forbearance. Forbearance is yet another example of a coping principle that manifests internally and may present behaviorally in a variety of ways including what has been labeled (maladaptive) psychological withdrawal and ethereal escape.

**Need for This Dissertation Project**

While we know quite a bit about the types of strategies Africultural youth use to cope, there is certainly more to any Africultural adolescent or young adult than what meets the eye. A casual observer may suggest three common interpersonal styles exhibited by Africultural youth: congregating in large groups, keeping to themselves, and engaging in some form of antisocial behavior. Yet missing from this observation is an understanding of the internal experience of these choices, and in particular the means by which these behaviors may serve as positive coping strategies in a racialized context. For this reason it is imperative to extend conceptualization of Africultural young adult behavior beyond what is visible. Societal expectations must be challenged to include coping strategies that are protective, positive, healthy, adaptive and often internal. Given the history of African American people, it seems particularly valuable to continue to explore the role of music and spirituality in promoting positive health among African American youth as well as other Africultural populations. Evan Parks (2000) asserted that college is an integral time for the development of spirituality. Long standing community practices involving music and spirituality can be seen to have conceptual links to the Africulturally focused understandings of coping and warrant further focused examination. Internal coping processes often include a physiological response and an intrapersonal psychological experience for the individual. Consistent with the Transformative paradigm, one
potential benefit of this dissertation research is to incite and cultivate a relaxed physiological response in young Africultural adults by informing them of coping styles involving music that also reinforce Africultural principles. This change in physiology is likely to happen in such a way that surprises the adolescent toward insight and enlightenment thus likely to be self-administered in the future as a result of its efficacy, practicality and usefulness. These components are ideally to be demonstrations of a transformative paradigmatic research structure with ever-apparent positivistic features. This approach is most likely to enhance developmental trajectory by refining healthy, proactive behaviors that are also communicating in a way that is culturally appropriate with the use of music and song and is occurring at a prime time in the adolescents’ development, where they are most likely to explore its utility and optimize its potential. “The spiritual quest is a lifelong pursuit, but it emerges full bloom during the transition from youth to adulthood. For most students, the college years are a time of questioning and spiritual searching…” (Dalton, 2001, p. 17).

Given the relationship between stress, health and quality of life, it is imperative that researchers and particularly those working closely with symptoms of psychopathology continue to challenge irrational thoughts about a single individual’s ability to cope and preferred style of coping with distress. For this reason, continuing to explore and understand positive, adaptive and helpful approaches to managing stress is essential in maximizing human developmental trajectory. This development will be explored specifically with regard to the type of coping young Africultural adults believe they engage themselves in, their experiential relationship with music and the degree to which participants allow music to affect their state like (situational) experience. Considering the historical significance of music around the world, exploring the capability of music to serve as a medium for psychological intervention seems appropriately
progressive. Though the statistical data did not always capture this experienced feeling, individuals’ experiences of the world around them are often what prompt them to seek mental health services. Ideally, future projects regarding this topic are likely to include a component of physiology.

Africultural populations of youth/older adolescents in particular have not been studied empirically in as much detail as their adult counterparts, or as children and adolescents from majority racial groups. Beyond this, data from studies involving Africultural populations of adolescents has not been published and made available to researchers. This research project will contribute significantly to the existing body of empirically supported literature concerning young adult Africultural populations. The purpose of this study was to explore the use of music in the lives of college students and to specifically explore the use of music as a medium for coping with daily stress through the process of ethereal escape. Use of ethereal escape was explored through participant responses to self-report questionnaires concerning spirituality, coping, and music listening. The research questions were: What styles of coping are exhibited by Africultural populations of adolescents? What is the relationship between ethereal escape and various systems of coping in Africultural populations of adolescents? What can Africultural populations of adolescents teach us about their lived experiences of ethereal escape?
CHAPTER III

METHODOLOGY

The purpose of this study was to explore the use of music in the lives of college students and to specifically explore the use of music as a medium for coping with daily stress through the process of ethereal escape. Use of ethereal escape was explored through participant responses to self-report questionnaires concerning spirituality, coping, and music listening. The research questions were: What styles of coping are exhibited by Africultural populations of adolescents? What is the relationship between ethereal escape and various systems of coping in Africultural populations of adolescents? What can Africultural populations of adolescents teach us about their lived experiences of ethereal escape?

This chapter outlines information about the participants, instrumentation, recruitment and data collection procedures, research design, and statistical analyses used to examine the research questions for this study.

Participants

A total of 155 participants completed the survey. Of the 155 participants, 4 participants were excluded from analysis due to incomplete surveys unable to be scored. Due to missing data, responses for specific portions of the survey ranged from 132 to 151. Participants ranged in age from 18 to 22 years ($M = 19.43, SD = 1.42$). The majority of the sample identified as Female (71.6%), with the remainder identifying as Male (27.6 %) or Male/Female (< .01%). Approximately half of the sample reported their academic standing as Freshman (49.3%). One participant identified their academic standing as Other and noted their status as Junior/senior student transfer. For the purpose of this study, this data entry was added to the Senior academic
standing category ($n = 15, 11.2\%$). The majority of the sample self-identified as Heterosexual ($n = 112, 84.8\%$).

The majority of the sample ($n = 130, 83.9\%$) self-identified as being of one race. 12.1\% of participants identified being a member of two races, 3.1\% identified being a member of three races, and .6\% identified being a member of four races. Additionally, participants were asked to specifically describe their racial identity. The majority of participants described their racial identity as African American and Black ($n = 89, 67.42\%$). The following table lists the standard U.S. Census race options displayed for each participant. Included in the table is the frequency with which each option was chosen. For example, 130 participants exclusively endorsed African American/Black.

Table 4

*Participant Age*

<table>
<thead>
<tr>
<th>Age</th>
<th>$f$</th>
<th>%</th>
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<tbody>
<tr>
<td>18 years</td>
<td>59</td>
<td>38.1</td>
</tr>
<tr>
<td>19 years</td>
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<tr>
<td>20 years</td>
<td>19</td>
<td>12.3</td>
</tr>
<tr>
<td>21 years</td>
<td>29</td>
<td>18.7</td>
</tr>
<tr>
<td>22 years</td>
<td>16</td>
<td>10.3</td>
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Table 5

*Participant Gender*

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<thead>
<tr>
<th>Gender</th>
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<tbody>
<tr>
<td>Male</td>
<td>37</td>
<td>27.6</td>
</tr>
<tr>
<td>Female</td>
<td>96</td>
<td>71.6</td>
</tr>
<tr>
<td>Male/Female</td>
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<td>&lt;.01</td>
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Table 6

*Participant Academic Standing*

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<tr>
<th>Academic Standing</th>
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<tbody>
<tr>
<td>Freshman</td>
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<td>49.3</td>
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<tr>
<td>Sophomore</td>
<td>26</td>
<td>19.4</td>
</tr>
<tr>
<td>Junior</td>
<td>27</td>
<td>20.1</td>
</tr>
<tr>
<td>Senior (^a)</td>
<td>15</td>
<td>11.2</td>
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</table>

\(^a\) Includes one student who noted their status as Junior/senior student transfer.

Table 7

*Participant Race Characteristics (Select all that Apply)*

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<thead>
<tr>
<th>Standard Race Option</th>
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<tbody>
<tr>
<td>African American/Black</td>
<td>130</td>
<td>83.9</td>
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**Race (No. of Races Reported)**

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<th>Race Combination</th>
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<tbody>
<tr>
<td>Two races</td>
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<td>12.1</td>
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<tr>
<td>Three races</td>
<td>5</td>
<td>3.1</td>
</tr>
<tr>
<td>Four races</td>
<td>1</td>
<td>.6</td>
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</table>

**Reported Race Combinations**

<table>
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<tr>
<th>Race Combination</th>
<th>( f )</th>
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</tr>
</thead>
<tbody>
<tr>
<td>African American/Black and American Indian or Alaska Native</td>
<td>14</td>
<td>9.0</td>
</tr>
<tr>
<td>African American/Black and Filipino</td>
<td>3</td>
<td>1.9</td>
</tr>
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<td>African American/Black and Chinese</td>
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<td>.6</td>
</tr>
<tr>
<td>African American/Black and Korean</td>
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<td>.6</td>
</tr>
<tr>
<td>African American/Black and American Indian or Alaska Native/Filipino</td>
<td>1</td>
<td>.6</td>
</tr>
<tr>
<td>African American/Black and American Indian or Alaska Native/Korean</td>
<td>3</td>
<td>1.9</td>
</tr>
<tr>
<td>African American/Black and Native Hawaiian/Caucasian/White</td>
<td>1</td>
<td>.6</td>
</tr>
<tr>
<td>African American/Black and American Indian or Alaska Native/Korean/Caucasian/White</td>
<td>1</td>
<td>.6</td>
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Table 8

*Participant Race Labels*

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<th>Label (Self-ascribed)</th>
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<td>22.72</td>
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<tr>
<td>Black</td>
<td>59</td>
<td>44.70</td>
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<td>Black and Mexican</td>
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<td>.77</td>
</tr>
<tr>
<td>Black woman in America</td>
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<td>.77</td>
</tr>
<tr>
<td>Black American and Nigerian</td>
<td>1</td>
<td>.77</td>
</tr>
<tr>
<td>African American and Creole</td>
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<td>.77</td>
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<tr>
<td>African American and Cuban</td>
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<td>.77</td>
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<td>.77</td>
</tr>
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<td>.77</td>
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<td>.77</td>
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Table 9

Participant Sexual Orientation

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<td>Heterosexual</td>
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<tr>
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<tr>
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Instrumentation

Background Questionnaire

The demographic questionnaire (see appendix A) included questions concerning age, gender, self-identified racial-ethnic identity of the participant, type of stress experienced (e.g., academic, relational), sexual orientation, highest level of education completed, total number of years having attended the local college/university, current academic standing, and general level of physical health (e.g., healthy, prone to illness, carrier of a medical disorder or disease). This questionnaire also asked participants if they identify as a first generation college student and whether or not they experience stress related to paying for their education and related expenses (e.g., housing, meals, books, supplies, lab fees, etc.).
Music Listening Questionnaire

The purpose of the Music Listening Questionnaire (Mitchell, MacDonald, Knussen, & Serpell, 2007; see Appendix A) was to explore participants’ relationship with music including music listening patterns. The importance of music, participants’ value of music and frequency of listening to music were explored with the intention of identifying a group of people who deliberately interact with music as a medium for Ethereal Escape. The MLQ was initially developed as the adolescent music listening survey. The adolescent music listening survey was developed in 2000 by North, Hargreaves and O’Neill. This tool was developed to assess music listening patterns and was modified in 2007 to become the MLQ by Mitchell et al. to include items regarding music’s efficacy in helping with coping with aspects of illness. Items included frequency of music listening, perceived reason for listening to music, ability to play an instrument and personal importance of music.

The Music Listening Questionnaire features items assessing respondents’ listening frequency (e.g., How often do you listen to music? On average how many hours per day do you listen to music?) These specific items came from North et al.’s research in 2000. From there, respondents were asked to give an agreement rating from 1 to 10 for 13 reasons (also referred to as categories) why they listen to music. Categories included the following: to enjoy the music, to be creative/ use my imagination, to relieve boredom, to help me get through difficult times, to express my feelings/ emotions and to reduce loneliness (see North et al., 2000). Categories also included the following: to get me in a mood I want to be in, to set the mood when I’m with others, and helps me perform activities I would normally find boring (as taken from Gantz et al., 1978). The final question on this survey offered chronically ill patients the opportunity to comment freely about whether music has helped them cope with their illness and whether their
illness has prevented them from playing a musical instrument. On the MLQ participants were also asked to rate the degree to which music was important in their life, and their perceptions of the importance of music to the life of the average person. These responses were collected using a 4 point rating scale (e.g., not important, of little importance, important, very important.) MLQ items also asked participants to rate the frequency of music listening using a 6 point rating scale (e.g., not very often, once a week, 3-5 times per week, once or twice a day, throughout the day/during the day, as often as I can), and how valuable music is to them on a 10 point scale (e.g., 1 = music has no value; 10 = music is extremely valuable).

In the aforementioned 2007 study (Mitchell et al., 2007), this questionnaire was mailed to 850 patients who had registered within the last year with a Glasgow hospital pain clinic. Three hundred eighteen (females $n = 198$; males $n = 114$) questionnaires were completed asking participants to not only provide information about their music listening but also their level of pain using the Pain Rating Index of the McGill Pain Questionnaire (Melzack, 1975) and their quality of life using the Short Form World Health Organization Quality of Life Scale (WHOQOL – BREF, UK version) (WHOQOL Group, 1998). Participants varied in age between 24 and 90 years ($M = 53.9$). One hundred seventy-five participants were educated to high school level and 126 to college or university level.

Results from this study indicated that most respondents (31%) listen to music Most Days out of the week, while an additional 27% of respondents endorsed listening to music At Least Once a Day or More. Regarding the importance of music, 37.1% reported music as being Quite Important, with 44.7% of respondents believing that the average person rates music with the same degree of importance in their life. Other options for responding in this category included, Not at all Important (11.9%), A Little Important (31.8%), Very Important (16.7%), and No
Response (2.5%). Regarding the 13 reasons for listening, the most frequently endorsed category (reason) was To Enjoy the Music. Following this reason was To Feel Relaxed, To Relieve Tension and To Relieve Boredom (see Mitchell et al., p. 44-45). Factors were identified within these reasons and included Factor I, Creating an External Impression (i.e., To be Trendy/cool), Factor II, Fulfilling Emotional Needs (i.e., To Relieve Tension/stress), and Factor III, Enjoyment (i.e., To Relieve Boredom). For the purpose of this dissertation, the MLQ was also analyzed using 5 out of 6 items making up Factor II (i.e., Fulfilling Emotional Needs). This factor was specifically chosen for inclusion because of its analysis of participant use of music to attend to emotional needs and subsequent implication of music’s value to positively contribute one’s psychological and emotional fulfillment.

Regarding frequency of music listening and quality of life, a Pearson correlation found a significant positive correlation between total score on the WHOQOL scale and frequency of music listening ($r = .26, p < .001$, 2-tailed). Series of Spearman’s Rank Order Correlations investigated the relationship between frequency of music listening and the individual aspects of quality of life measured by the WHOQOL. Frequency of music listening was positively correlated with respondents’ Own Quality of Life ($r = .23$), Having No or Less Need for Medical Treatment ($r = .12$), Enjoyment of Life ($r = .25$), Finding Life Meaningful ($r = .21$), and Having More Energy ($r = .16$). Significant positive correlations were also found between Frequency of Listening and Feeling Able to Perform Activities ($r = .16$), and Never or Seldom Feeling Depressed ($r = .18$).

Comments from the open response section regarding how music helps pain featured the responses of 85 participants who were mostly educated at the university level. Of 10 categories (i.e., Relaxation, Sleep, Distraction, Coping, Mood, Stress/tension Reduction, Breathing,
Pleasant Memories, Exercise, and Concentration), 45.9 % (n = 39) endorsed Relaxation (e.g., “Listening to music enables me to chill out/calm down, and it helps me every time”) and an additional 47.1% (n = 40) endorsed Distraction (e.g., “When listening to classical music, particularly a piece I know well, I can get so mentally involved in the music that I can be oblivious of everything including my own pain”) (Mitchell et al., p. 47). Mood was the third most endorsed category (11.8%, n = 10) (e.g., “I find certain types of music can completely change your present mood should you need cheering up”). Forty-five participants chose to describe their music style preference. Twelve out of 45 participants noted a Classical music preference; 11 out of 45 noted a Pop music preference, and 6 out of 45 noted a Relaxation music preference.

Comments from the open response section regarding how music helps other aspects of chronic illness revealed Distraction (e.g., “Taking your mind off of aspects of the illness while hospitalized”) (22.8%; n = 13), Mood (e.g., “Lifting spirits especially when singing along”) (19.3%; n = 11), Relaxation (e.g., “Helps me to fall asleep every night”) (19.3%; n = 11) and Depression (e.g., “Listening to a certain song post the death of a friend to help cope”) (15.8%; n = 9) were the most frequently endorsed categories.

The MLQ was selected particularly because of its sensitivity to and use with chronically ill patients (Mitchell et al., 2007). While there is no medical diagnosis for a summation of a lifetime of experienced oppression, one may conclude that managing its effects are similar in process to managing the physiological, psychological, emotional and spiritual effects of a chronic illness. Because this tool was also modified from its original version designed specifically for adolescents and the nature of this study is geared toward coping behavior in adolescents, this questionnaire seems fitting for the desired population. For the purpose of this
dissertation project, additional questions were added to further explore the degree to which
participants were intentional about the type of music they listen to. There has been very little
psychometric investigation of the tool.

Participant responses to the MLQ helped to describe the sample, distinguish clusters of
participants, and demonstrate the functions of ethereal escape. While all participants may not
have been managing a chronic illness, they may have been managing constant stress associated
with racism. For this reason, this assessment tool was suitable in measuring the nature of
relationship among participants and music and additional items were added to the assessment
tool to specifically fit components of ethereal escape that were not featured in the original music
listening assessment tool.

**Spirituality Scale**

The Spirituality Scale was developed by Jagers, Boykin, and Smith (n.d.) to measure
spirituality among Black urban youth from an Afrocultural perspective (see Appendix B). The
Spirituality Scale features 25 total items that focus on spiritual attitudes (e.g., “To me, everything
has some amount of spiritual quality”) and behaviors (e.g., “Though I may go to the doctor when
I’m ill, I also pray”). Items are responded to on a 6-point Likert-type scale, ranging from 1
(completely false) to 6 (completely true). Scores on the Spirituality Scale are obtained by
summing responses to the 25 items. Higher scores on the Spirituality Scale mean that
participants endorse stronger belief in these Africultural aspects of spirituality.

The 25 items on the Spirituality Scale were formed from an initial pool of items
generated from a conceptual frame of spirituality as a “worldview” or “organizing principle
within African culture” (Jagers & Smith, 1996). Alpha coefficients of .84 and .87 were yielded
for African American and European college student samples respectively, suggesting good
psychometric properties. Jagers et al. (n.d.) reported a 3-week test retest reliability coefficient of .88. For the current dissertation, Cronbach’s alpha was .84.

In 1996, Jagers and Smith recruited 143 undergraduate students to participate in a study further examining the Spirituality Scale. Participants were identified as African American (41 females and 27 males) and European American (31 females and 44 males). Alpha coefficients of .77 and .83 were obtained for African Americans and European American students respectively. The mean score on the Spirituality Scale for African Americans was 4.13 ($SD = .67$) while the mean score for European Americans was 3.69 ($SD = .78$). Jagers and Smith (1996) also reported that while female participants generally had higher scores on the SS, African Americans were found to have significantly higher scores on the SS than did their European counterparts. Jagers and Smith (1996) also reported that, for African Americans, scores on the Internal Religious Motivation Scale were found to be a significant predictor of Spirituality Scale scores.

**Africultural Coping Systems Inventory-Modified (ACSI-M)**

For the purpose of this dissertation project, a modified version of the ACSI (Utsey, Ponterotto et al., 2000; see Appendix C) was used. In 2003, the ACSI-M (Conner, 2003) (Africultural Coping Systems Inventory-Modified), which featured a scale that specifically assessed for the use of creative coping including use of poetry, listening to music, dance, drama and visual arts, was introduced. The ACSI-M is a modified version of the ACSI designed to fit a study examining Spiritual, Collective, and Creative Coping in African American youth (Conner, 2003). Twenty additional items were added to the ACSI rendering a total of 50 items. The additional items reflect a Creative-Centered Coping subscale (e.g., “Wrote my feelings down in a journal”) that includes behaviors/coping strategies involving dance, drama, literacy, music, and visual arts (Conner, Baranetsky & Zsuffa, 2000). The ACSI-M also includes the four original
ACSI subscales: Cognitive Emotional Debriefing (e.g., “Hoped things would get better in time”), Spiritual Centered Coping (e.g., “Prayed things would work themselves out”), Collective Centered Coping (e.g., “Shared feelings with a family member or a friend”), and Ritual Centered Coping (e.g., “Lit a candle for strength or guidance in dealing with the problem”). Items are responded to on a 4-point Likert-type scale, ranging from 0 (does not apply or did not use) to 3 (used a great deal.) Scores on the ACSI-M are obtained by summing responses within each subscale to produce a total subscale score. Higher scores on the subscales mean that participants endorse a greater use of this particular Africultural coping system.

The ACSI-M was developed on a sample including 208 Black high school students (female \( n = 119 \); male \( n = 89 \)). Participants varied in age between 14 to 18 years \( (M = 15.74) \) (Conner, 2003). This assessment tool demonstrated the intersection of cultural values, worldview, spirituality, communalism, creativity and coping styles. Conner (2003) reported a Creative Coping subscale alpha of .84. The additional subscale alphas were .74 for Cognitive-Emotional Debriefing, .80 for Spiritual-Centered Coping, .69 for Collective-Centered Coping, and .65 for Ritual-Centered Coping. For the current dissertation study, the Cronbach’s alphas were .91 for Creative Coping, .82 for Cognitive Emotional Debriefing, .71 for Spiritual Centered Coping, .66 for Collective Centered Coping, and .67 for Ritual Centered Coping.

The Africultural Coping Systems Inventory (Utsey, Adams et al., 2000) was intended to measure the culture-specific, spiritually based coping behaviors and strategies used by African Americans in everyday stressful situations. The ACSI is a 30-item self-report measure that requires participants to describe a stressful event they have experienced within the past week and then indicate which strategies they used to deal with the situation. The ACSI was used to explore internal and external coping strategies in African American college students. Specific strategies
assessed included those characteristic of Spiritual, Collective, and Ritualistic Africultural systems of coping. The ACSI features an assessment of specific characteristics of Spiritual Centered coping (e.g., “Prayed things would work themselves out”), Collective Centered coping (e.g., “Shared feelings with a family member or a friend”), Ritual Centered coping (e.g., “Lit a candle for strength or guidance in dealing with the problem”), and Cognitive/Emotional Debriefing (e.g., “Hoped things would get better in time”) using a Likert scale rating system. The rating system extends from 0 to 3 with 0 suggesting the mentioned strategy was not used and or not applicable while 3 represents using a particular strategy a “Great deal.” Different from the ACSI-M, the original ACSI does not contain the Creative Coping Scale.

Spiritual coping represents the degree to which an individual’s beliefs about God or a higher power are used in managing adversity over time. Collective coping is a group-centered strategy whereby individuals rely on their family and social networks for managing risk and adversity over time. Ritual coping represents an African American cultural practice where rites and rituals are used as a means of providing structure to spiritual expression over time (e.g., celebrating events, acknowledging the presence of ancestors). Cognitive-emotional debriefing is an adaptive strategy that evolved out of centuries of oppression in which African Americans faced severe consequences for the open expression of emotion (Utsey, Adams et al., 2000). Strategies of cognitive-emotional debriefing include “Tried to forget about the situation,” “Tried to convince myself that it wasn’t that bad,” and “Hoped things would get better with time” (Utsey, Adams et al., 2000). Scoring of the ACSI first requires the examiner to further explore the events described by participants and exclude extreme situations (e.g., death of a spouse) that may be atypical. Once all items are completed, subscale items are scored to derive a subscale
score for each of the aforementioned coping strategies using the ACSI scoring scheme. Higher scores on ACSI subscales suggest higher use of a particular coping strategy.

Utsey, Adams et al.’s (2000) development and initial validation of the ACSI involved 392 African American college students from colleges, universities and the community (female \( n = 263 \); male \( n = 129 \)). Participants ranged in age from 16 to 62 years (\( M = 28.56 \)). Cronbach’s alphas ranged from .71 to .82 (i.e., Cognitive Emotional Debriefing .79; Spiritual Coping .82; Collective Coping .78; Ritual Centered .76) on this sample. ACSI scores from this sample were also positively and significantly correlated with the Ways of Coping Questionnaire (WCQ) (Folkman & Lazarus, 1985). Exploratory Factor Analysis and Confirmatory Factor Analysis supported a four-factor oblique model as best representing the unique coping behaviors of African Americans. Factors included Cognitive/Emotional Debriefing (Factor I), Spiritual-Centered Coping (Factor II), Collective Coping (Factor III), and Ritual-Centered Coping (Factor IV) (Utsey, Adams et al., 2000, p. 211).

**Coping Strategies Indicator (CSI)**

The Coping Strategies Indicator (Amirkhan, 1990; see Appendix D) was developed to measure the degree to which three different coping strategies are used to manage stressors. The CSI is comprised of 33 items that comprise three subscales to measure a Problem Directed/Solving strategy (e.g., “Tried to solve the problem,” “Brainstormed all possible solutions before deciding what to do”), a strategy of Seeking Social Support (e.g., “Confided your fears and worries to a friend or relative”) and an Avoidance strategy reflecting either physical or psychological withdrawal (e.g., “Avoided being with people in general; daydreamed about better times”) (Amirkhan, 1990). Items are responded to using a Likert-type scale ranging from 3 (a lot), to 1 (not at all). Scores on the Coping Strategies Indicator are obtained by summing
responses to subscale items to produce a subscale score. Higher scores indicate greater use of the coping strategy measured on a particular subscale.

Amirkhan (1990) organized initial development of the CSI in a way that would sample a large number of people, allow for the emergence of naturally forming response clusters and then isolate only the responses that were common to a wide spectrum of people and events. Amirkhan’s (1990) research focus was on the process of development of a coping assessment tool that reflected the concerns of the sample as a whole while also demonstrating applicability and sensitivity to individual variation in responses. This initial scale development research for the CSI included participants from a southern California community who were invited to volunteer on-site at community supermarkets, health clinics, motor vehicle agencies and unemployment agencies. The first sample featured 357 participants, the second 520 participants, the third 954 participants, and the fourth 92 participants. Of the total number of participants, roughly 40% were male and 60% female. Participants varied in age from younger than 25 years to older than 45 years. Participants also varied in educational attainment from grammar school to graduate/ professional school (see Amirkhan, 1990, p. 1067). The researcher made no mention of the racial and culturally ethnic background of the participants.

The four samples included provided data for factor analytic research of scale properties. The first and second population samples resulted in the extraction of three factors (coping strategies) including a problem directed approach, an approach involving others and a purposeful avoidant/withdrawal/distraction approach. Factors were extracted from both population samples using both principle-factor analysis (PFA) and principle components analysis (PCA). The third population sample again confirmed the existence of the three factors as being most represented though not dismissing the presence of other coping approaches. The data from the third sample
was used to identify 36 most frequently endorsed items among the three strategies. The final protocol was formed by eliminating three items that also had the lowest correlations to their respective scales. The fourth sample was the first to experience the final 33-item assessment tool featuring 11 items from each factor. Of the final assessment items, 5 of 11 Problem Solving, four of 11 Seeking Support items, and 5 of 11 Avoidance items were identical or similar to factor scale items of the WCC (see Amirkhan, 1990, p. 1070; Vitaliano et. al, 1985; Lazarus & Folkman, 1984).

Reliability information for the CSI has been previously assessed with Cronbach’s alpha. The sample used to compute the alpha scores consisted of 92 participants (41 male, 51 female) who varied in age and household income and had at least earned a high school diploma. No racial and ethnic information was reported for the sample. The Support Seeking scale alpha was reported to be .93. The Problem Solving scale alpha was reported to be .89. The Avoidance scale alpha was reported to be .84 (Amirkhan, 1990). For the current dissertation study, Cronbach’s alphas were .84 for Seeking Social Support, .89 for Problem Solving, and .82 for Avoidance.

Four to 8 week test-retest reliability coefficients were also reported by Amirkhan (1990) using two population samples including the previously mentioned sample, in addition to 100 introductory psychology students. Pearson coefficients were reported at .80 and .86 for Support Seeking, .83 and .77 for the Problem Solving scale, and .82 and .79 for the Avoidance scale (Amirkhan, 1990).

Regarding convergent validity, sample four was used in addition to 200 volunteers recruited from upper level psychology courses, 188 of whom completed the study. Correlation coefficients were reported at .56 for the CSI Problem Solving and WCC Problem Focused
subscales, .46 for the CSI Seeking Support and WCC seeks Social Support subscales and .55 for the CSI Avoidance and WCC Avoidance subscales (Amirkhan, 1990).

Regarding discriminant validity, a sample of 100 students from an introductory psychology course was asked to complete protocols in an attempt to distinguish the CSI from the Crowne-Marlowe Social Desirability Scale. Results indicated a good variability of scores on the social desirability scale and no significant correlations with the CSI were found (see Amirkhan, 1990).

Unique to the CSI and different from other assessment tools, the Avoidance scale on the CSI includes purposeful attempts at withdrawal or distraction as opposed to focusing on the defensive like responses as conceptualized on the WCC (Amirkhan, 1990). Africultural adolescents are likely to endorse criteria that are featured on this (deliberate) Avoidance scale. This scale is essential in highlighting the likely use of what is referred to as “avoidance” in directly and consciously managing stress in a healthy, adaptive way. Because this scale can be explored independent of the other scales featured on this tool, this scale will be essentially useful in examining the types of relationships between deliberate avoidance, spirituality, music, and ethereal escape.

**Ethereal Indicators**

Twenty-seven items from the ACSI, the SS, and the CSI were identified as potential indicators of ethereal escape (see Appendix E). These items were assigned a point value of 1 if endorsed at a specified level as detailed below. A point value of 0 was assigned if not endorsed. Scores were totaled and participants endorsing a minimum of 20 indicators were considered likely to engage in ethereal escape. These participants were invited to participate in focus groups. Five items on the ACSI-M were identified as potential indicators of ethereal escape. Nine items
on the SS were identified as potential indicators of ethereal escape. All participant responses to the CSI were analyzed and 13 criteria were identified that may reflect participants who cope ethereally with music however with less of a focus on spirituality and or participants who cope ethereally and are likely to do so internally and or alone and who may also have been mislabeled because of their coping system.

Criteria from the ACSI included endorsement of Little and Great Deal of Use of the following items: “Listened to music to deal with my problem;” “Played a musical instrument to relax;” “Sung some songs with friends;” “Sung a song to myself to reduce the stress;” and “Wrote words to a song to express my feelings.”

Criteria from the SS included an endorsement of Somewhat True, Mostly True, and Completely True of the following items: “To me every object has some amount of spiritual quality;” “To have faith in each other is to have faith in God;” “I believe that the world is not under our control but is guided by a greater force;” “I act as though unseen forces are at work;” “Just because I have faith and beliefs does not mean I live that way all of the time;” “Without some form of spiritual help, there is little hope in life;” “The most important part of me is the inner force which gives me life;” “To me it is possible to get in touch with the spirit world;” and “I feel that life is made up of spiritual forces.”

Criteria from the CSI included A Lot and A Little endorsement of the following criteria: “Brainstormed all possible solutions before deciding what to do;” “Tried to distract yourself from the problem;” “Did all you could to keep others from seeing how bad things really were;” “Set some goals for yourself to deal with the situation;” “Weighed your options very carefully;” “Daydreamed about better times;” “Tried different ways to solve the problem until you found one that worked;” “Spent more time alone than usual;” “Thought about what needed to be done
to straighten things out;” “Formed a plan of action in your mind; avoided being with people in general;” “Fantasized about how things could have been different;” and “Tried to carefully plan a course of action rather than acting on impulse.”

Procedures

Because college is an integral time for the development of spirituality (Parks, 2000) participants were self-identifying Africultural students who were currently enrolled in secondary education. In this context Africultural refers to people of self-identified African descent including and not limited to people who identify as African American (e.g., parent(s) were born in America, individual was born in America), of African descent and living in America (e.g., parents were born in Africa, individual was born in Africa), mixed African American and another ethnic group including Latino/a, and Afro-Caribbean. Participants were invited from a mid-western public university and a southeast public university. Participants were recruited from first year seminar courses and introductory English and psychology courses. Participants were also recruited from supplemental courses (e.g., academic probation remediation, career exploration) that are offered for 1 to 2 university credits. Participants were recruited from various student organizations registered at the university and within distinct colleges found within the university. Students were invited to participate during their student organization meetings and additionally were invited through the use of email, Facebook, Twitter, and Instagram. These participant pools were utilized because they represented a sample likely to contain Africultural populations of young adults. While the aforementioned recruitment strategies yielded roughly 40 participants, an additional recruitment tactic was implemented to increase participation.

This researcher collaborated with the Office of Institutional Research and Planning at the southeastern university to develop an additional recruitment strategy that did not violate
students’ privacy as members of protected classes. The Office of Institutional Research built an excel spreadsheet containing 3,000 randomly selected student email addresses. This researcher contacted each student directly using the email address provided in the spreadsheet. Students were contacted three times via email and encouraged to participate. This strategy at this university rendered a total of 9 additional participants. This researcher contacted the office of institutional research and planning at the mid-western university and a similar strategy was implemented. The mid-western university built this researcher a blind list-serve containing only students likely to meet some or all of the inclusionary criteria (e.g., self-identified as Africultural and or between the ages of 18 and 22 years). This approach in addition to all aforementioned approaches yielded roughly 436 participants though not all participants met criteria for inclusion in this study. The target sample for the study was 200 participants self-identifying as being of Africultural descent. A total of 151 participants met criteria for inclusion.

Prior to the administration of assessment tools, participants were asked to render consent. Consent documents included a brief description of the project, the risks and benefits, time involvement, data storage, and confidentiality. While participants were expected to benefit from the study, the online assessment featured complete information on how to contact personal counseling resources available free of charge to enrolled undergraduate students in the event of strong emotional reactions to survey items. Participation was voluntary and participants were permitted to discontinue the survey at any time. Prior to the collaboration between the mid-western university institutional research and planning departments, participants were asked to specifically endorse inclusionary criteria (e.g., age and racial/ethnic background) upon completion of the survey. Upon collaborating with the mid-western university institutional research and planning departments, the items assessing inclusionary criteria were moved to the
beginning of the survey upon completion of the provision of consent. Participants who did not endorse inclusionary criteria at this time were redirected to an end of survey page online and thanked for their participation.

Data were collected using an online administration process. In the final form of the survey, a question regarding consent to participate in addition to two demographic questions were administered first followed by the Music Listening Questionnaire. The demographic questions administered inquired of inclusionary criteria needed for the study (e.g., age, racial/ethnic background.) The Spirituality Scale was administered third followed by the ACSI-M and the CSI. The remaining demographic questions followed the CSI. This order is most fitting because of its ability to garner information regarding participants’ thinking about their use of music and participation in music related activities prior to the use of music being introduced as a form of coping.

The SS, ACSI-M, and CSI were arranged in the specified order because both the ACSI-M and the CSI asked participants to consider a stressful event when providing responses to assessment items. For this reason it was determined to be most efficient to ask participants to consider a stressful event at one time during the survey as opposed to two. This order was also likely to educate the participant on Africultural principles of coping. Such education is an important component to making this project part of a culturally transformative process. The CSI was likely to be experienced as the most different assessment tool. Differences in language, length of the assessment tool, and types of coping may have been noticed by participants. The CSI was not grounded in an Africultural perspective, and thus may have been clear to participants once they completed two assessments that clearly articulated Africultural principles and values.
Upon completion of all the survey, participants had the opportunity to earn extra credit as an incentive from instructors. Extra credit in individual courses was offered at the discretion of each instructor. Participants also received a description of the coping systems that the featured assessments explored. The purpose of this description was to educate participants on Africultural approaches to coping by providing detailed descriptions of the coping systems assessed. No recommendations for growth were offered at this time; however, a list of counseling referral resources was provided to participants upon completion of the online assessment tools.

A list of specific items identified as potential indicators of ethereal escape were used to identify potential focus group participants. The focus groups were intended to explore the role of music in the lives of participants and to specifically learn about participants’ lived experiences with ethereal escape. Five ACSI-M items were previously identified as ethereal escape indicators. Participants that endorsed the ACSI-M criteria with a 2 (used a lot) and or a 3 (used a great deal) were given one point for each ethereal item endorsed. Thirteen CSI items were previously identified as ethereal escape indicators. Participants that endorsed the CSI items indicating A Lot and or A little of the time were given one point for each ethereal item endorsed. Eight Spirituality Scale items were previously identified as indicators of ethereal escape.

Participants that endorsed the eight Spirituality Scale items indicating belief that the statements were Somewhat True, Mostly True, or Completely True were also given one point for each ethereal indicator. An ethereal indicator score was obtained by summing all ethereal indicators assigned one point. Individuals with a total score of 20 and higher were invited for focus group participation. One participant significantly endorsed spirituality criteria (ACSI-M and SS), cognitive and emotional debriefing criteria (ACSI-M) and Avoidance and Problem Solving
Criteria (CSI) and was invited to participate in a single session focus group. This focus group was not conducted because only one participant met criteria for participation.

**Research Design**

This dissertation was proposed as a mixed method descriptive study. A mixed method design was identified as the most efficient approach for gathering both quantitative and qualitative data. A quantitative survey was administered to assess experiences of stress, the role of music, coping and spirituality in participants’ lives. Descriptive analysis of the background questionnaire, Music Listening Questionnaire, Spirituality Scale, Africultural Coping Systems Inventory-Modified, and Coping Strategies Indicator provide a summary of the experiences of stress and coping among these Africultural young adults. These descriptive results were particularly useful because of the emphasis in this study on describing experiences of ethereal escape.

Inferential analyses were used to distinguish the nature of ethereal escape from other approaches to coping. Cluster analysis was used to identify groups of Africultural participants using specific combinations of various systems of coping. Specifically, cluster analysis results answer the question concerning the relationship between ethereal escape and various systems of Africultural coping. Clusters are interpreted using multivariate analysis of variance (MANOVA), discriminant analysis and analysis of variance. A MANOVA with follow-up ANOVAs and paired comparisons was performed as a follow up to the cluster analysis to identify specific variables that differed across clusters. Descriptive Discriminant Analysis was conducted as a follow up to the MANOVA to determine how the eight coping subscales combined to distinguish among the four cluster groups. The principle objective was to identify functions that separate and distinguish clusters and make interpretations about the findings. The Descriptive Discriminant
Analysis provided a literal picture of each of the four clusters and where they sit graphically in relation to one another. Seven additional one-way between groups analyses of variance were conducted to examine the relationship between specific coping styles and potential indicators of ethereal escape. More specifically, five ANOVAs were conducted to explore the response patterns among clusters pertaining to the use of music to satisfy emotional needs (MLQ), one ANOVA was conducted to explore the differences in SS scores across clusters, and one ANOVA was conducted to explore differences in endorsement of previously identified potential ethereal indicators across clusters. Lastly, the design of this dissertation included a plan for conducting focus groups to learn more about participants’ lived experiences.
CHAPTER IV
RESULTS

The purpose of this study was to explore the use of music in the lives of college students and to specifically explore the use of music as a medium for coping with daily stress through the process of ethereal escape. Use of ethereal escape was explored through participant responses to self-report questionnaires concerning spirituality, coping, and music listening. The research questions were: What styles of coping are exhibited by Africultural populations of adolescents? What is the relationship between ethereal escape and various systems of coping in Africultural populations of adolescents? and What can Africultural populations of adolescents teach us about their lived experiences of ethereal escape?

Music listening preferences were also examined in relation to their impact on approaches to coping. These additional relationship explorations are important as they provide more nuanced information that ultimately contributes to the broader picture of the use of music as a medium for ethereal escape. This chapter presents background information for participants related to stress and health, and findings concerning coping styles and ethereal escape based on participants’ responses to the Music Listening Questionnaire, the Spirituality Scale, the Africultural Coping Systems Inventory-Modified, and the Coping Strategies Indicator.

The chapter is divided into three parts. First, preliminary analyses are described. Second, descriptive findings from the background questionnaire, Music Listening Questionnaire, Spirituality Scale, Africultural Coping Systems Inventory-Modified, and Coping Strategies Indicator are reported. Descriptive findings are reported for each scale and subscale. Third, findings from a cluster analysis are reported. The cluster analysis results are examined for
evidence of an ethereal escape cluster. Clusters are interpreted using multivariate analysis of variance, discriminant analysis and analysis of variance.

**Preliminary Analyses**

Prior to conducting the main analyses, the data were screened for completion and outliers. Data were also screened for inclusionary criteria (i.e., consent provided, self-reported Africultural descent, and self-reported age between 18 and 22 years). A total of 436 participants accessed the online survey link. Two hundred eighty-one participants did not complete the survey for unknown reasons. Participants had the option to decline participation at the consent page and also had the option to discontinue participation in the survey at any time. Partial survey data was included if consent was given, criteria for inclusion was confirmed to be met, and partial data was complete within particular sections of the survey (i.e., if entire scales and subscales were completed). A total of 155 participants consented to participate and met criteria. Of the 155 participants, 4 participants were excluded from analysis due to incomplete surveys. Participants included completed at least one measure, resulting in a sample ranging from 132 to 151.

**Descriptive Findings**

This section is divided into three subsections, each containing descriptive statistics. The first subsection provides information regarding background information of participants pertaining to health and perceived stressors. The second section focuses on coping measures, and the third section focuses on Ethereal Escape as assessed on the Spirituality Scale, the Music Listening Questionnaire, and a list of previously identified potential Ethereal Indicators.

**Health and Perceived Stressors**

Health experiences were examined deliberately, as status of health can be used as an indicator of internalized stress. Additionally, presence of a chronic medical condition may
suggest the presence of developed approaches to coping for the purposes of symptom management, affect regulation, and behavior modification. Less than 20% of the total sample reported having a chronic medical condition, a prior mental health condition, or a prior mental health condition diagnosed within the last 5 years (see Table 10).

Table 10

*Self-Reported Health Experiences*

<table>
<thead>
<tr>
<th>Category</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chronic Medical Condition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Yes</td>
<td>25</td>
<td>18.9</td>
</tr>
<tr>
<td>2. No</td>
<td>107</td>
<td>81.1</td>
</tr>
<tr>
<td><strong>Prior Mental Health Condition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Yes</td>
<td>17</td>
<td>12.9</td>
</tr>
<tr>
<td>2. No</td>
<td>115</td>
<td>87.1</td>
</tr>
<tr>
<td><strong>Prior Mental Health Condition diagnosed in the last 5 years (n = 130)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Yes</td>
<td>18</td>
<td>13.8</td>
</tr>
<tr>
<td>2. No</td>
<td>112</td>
<td>86.2</td>
</tr>
</tbody>
</table>

*Note. N ranges from 130 to 132 due to missing data.*

Participants were given the opportunity to endorse up to 14 listed stressors. Of the 14 options, only 6 participants endorsed experience with only one stressor in the last 30 days. Of the 14 stressors listed, Schoolwork was endorsed the most (n = 133, 91.1%) followed by Money/finances (n = 106, 72.6%). Additionally, 8 participants reported Other stressors including Life, Work, Thinking About Life Plans, Self-esteem, and Sex Life as stressors experienced over the last 30 days. The total number of stressors experienced over the last 30 days ranged from one stressor to 11 stressors, with a mean of 4.92 (SD = 2.16, n = 145).
Participants were also given the opportunity to endorse up to 13 listed stressors experienced over the lifespan. Of the 13 stressors listed, Professors/instructors was endorsed the most ($n = 101, 69.1\%$), followed by Money/finances ($n = 100, 68.4\%$). Additionally, 6 participants reported Other stressors including, Self-esteem, Past Events, and Trying to Discover Who I Am as stressors experienced repeatedly across the lifespan. The total number of stressors experienced over the lifespan ranged from one stressor to 11 stressors, with a mean of 4.52 ($SD = 2.58, n = 145$). Of the sample, 96.9% reported experience with two or more stressors (see Tables 11 and 12).

Table 11

*Self-Reported Experiences with Stress*

<table>
<thead>
<tr>
<th>Category</th>
<th>Stressors in the last 30 days</th>
<th>Stressors across the lifespan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$f$</td>
<td>%</td>
</tr>
<tr>
<td>1. Mental Health</td>
<td>43</td>
<td>29.6</td>
</tr>
<tr>
<td>2. Professors/Instructors</td>
<td>71</td>
<td>48.9</td>
</tr>
<tr>
<td>3. School Work/Employment</td>
<td>133</td>
<td>91.7</td>
</tr>
<tr>
<td>4. Significant Other</td>
<td>67</td>
<td>46.2</td>
</tr>
<tr>
<td>5. Family</td>
<td>77</td>
<td>53.1</td>
</tr>
<tr>
<td>6. Physical Health</td>
<td>41</td>
<td>28.3</td>
</tr>
<tr>
<td>7. Transportation</td>
<td>42</td>
<td>28.9</td>
</tr>
<tr>
<td>8. Sexual Identity</td>
<td>7</td>
<td>4.8</td>
</tr>
<tr>
<td>9. Racism</td>
<td>41</td>
<td>28.3</td>
</tr>
<tr>
<td>10. Gender/Identity</td>
<td>4</td>
<td>2.7</td>
</tr>
<tr>
<td>11. Money/Finances</td>
<td>106</td>
<td>73.1</td>
</tr>
<tr>
<td>12. Peers</td>
<td>54</td>
<td>37.2</td>
</tr>
<tr>
<td>13. Friends</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>14. Coworkers</td>
<td>19</td>
<td>13.1</td>
</tr>
<tr>
<td>15. Other</td>
<td>8</td>
<td>5.5</td>
</tr>
</tbody>
</table>

*Note. N = 145.*
Table 12

Self-Reported Total Number of Stressors Experienced

<table>
<thead>
<tr>
<th>Category</th>
<th>Stressors in the last 30 days</th>
<th>Stressors across the lifespan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( f )</td>
<td>%</td>
</tr>
<tr>
<td>1. One Stressor</td>
<td>6</td>
<td>4.1</td>
</tr>
<tr>
<td>2. Two Stressors</td>
<td>15</td>
<td>10.3</td>
</tr>
<tr>
<td>3. Three Stressors</td>
<td>16</td>
<td>11.0</td>
</tr>
<tr>
<td>4. Four Stressors</td>
<td>32</td>
<td>22.1</td>
</tr>
<tr>
<td>5. Five Stressors</td>
<td>21</td>
<td>14.5</td>
</tr>
<tr>
<td>6. Six Stressors</td>
<td>19</td>
<td>13.1</td>
</tr>
<tr>
<td>7. Seven Stressors</td>
<td>17</td>
<td>11.7</td>
</tr>
<tr>
<td>8. Eight Stressors</td>
<td>12</td>
<td>8.3</td>
</tr>
<tr>
<td>9. 9 to 11 Stressors</td>
<td>7</td>
<td>4.9</td>
</tr>
</tbody>
</table>

Note. \( N = 145 \).

Coping Measures

This subsection provides descriptive findings about the scales and subscales on the Africultural Coping Systems Inventory-Modified (ACSI-M) and the Coping Strategy Indicator (CSI.). Means and standard deviations are presented for each of the coping instruments and their subscales. Scaled scores were used to calculate means, standard deviations, and correlations for the ACSI-M and the CSI (see Appendix F).

Scores from the ACSI-M Ritual coping scale were relatively normal. The mean ACSI-M Ritual coping scale score for this sample was 6.26 (Median = 6.00) with a standard deviation of 2.57. This corresponds with an item level rating of 2.09, suggesting that on average, participants responded, Used a Lot (2) to ACSI-M ritual coping items.

Scores from the ACSI-M Spiritual Centered coping scale were relatively normal in distribution. The mean score for the ACSI-M Spiritual Centered coping scale was 20.77 (Median
with a standard deviation of 4.96. This corresponds with an item level rating of 2.60, suggesting that on average, participants responded, Used a Lot and Used a Great Deal (2, 3) to ACSI-M Spiritual Centered coping items.

Scores from the ACSI-M Collective Centered coping scale were relatively normal in distribution. The mean score for the ACSI-M Collective Centered coping scale was 21.93 (Median = 22.00) with a standard deviation of 4.42. This corresponds with an item level rating of 2.75, suggesting that on average, participants responded, Used a Lot and Used a Great Deal (2, 3) to ACSI-M Collective Centered coping items.

Scores from the ACSI-M Cognitive Emotional Debriefing scale were positively skewed. The mean score for ACSI-M Cognitive Emotional Debriefing scale was 23.30 (Median = 22.0) with a standard deviation of 7.21. This corresponds with an item level rating of 2.11, suggesting that on average, participants responded, Used a Lot and Used a Great Deal (2, 3) to ACSI-M Cognitive Emotional Debriefing items.

Scores from the ACSI-M Creative Coping scale were positively skewed. The mean score for the ACSI-M Creative Coping Scale was 40.93 (Median = 38.0) with a standard deviation of 13.15. This corresponds with an item level rating of 2.05, suggesting that on average, participants responded, Used a Lot (2) to ACSI-M Creative Coping items.

Scores from the CSI Seeking Social Support scale were relatively normal in distribution. The mean CSI Seeking Social Support scale score for this sample was 23.44 (Median = 23.0) with a standard deviation of 5.02. This corresponds with an item level rating of 2.13, suggesting that on average, participants responded, A Little (2) to CSI Seeking Social Support items.

Scores from the CSI Problem Solving scale were relatively normal in distribution. The mean CSI Problem Solving scale score for this sample was 25.69 (Median = 26.00) with a
standard deviation of 5.80. This corresponds with an item level rating of 2.33, suggesting that on average, participants responded, A Little and Not at All (2, 3) to CSI Problem Solving items.

Scores from the CSI Avoidance scale were relatively normal in distribution. The mean score for this sample was 24.25 (Median = 24.00) with a standard deviation of 5.06. This corresponds with an item level rating of 2.20, suggesting that on average, participants responded, A Little (2) to CSI Avoidance Scale items.

Correlations among all ACSI-M subscales were statistically significant and positive. Each CSI subscale was also statistically significantly and positively correlated with every other CSI subscale. Correlations between ACSI-M subscales and CSI subscales were not statistically significant. This suggests that the ACSI-M measures different coping behaviors than the CSI.

**Ethereal Escape**

This subsection provides descriptive findings for variables used to assess ethereal escape, including the Spirituality Scale, selected items from the Music Listening Questionnaire, and selected individual items previously identified as potential indicators of ethereal escape. For the Spirituality Scale, means, standard deviations, and correlations with the coping measures are reported (see Table 13). For the MLQ items, means, standard deviations, and frequency of responding are reported (see Tables 13, 14, and 15). For the Ethereal Indicators, each indicator is listed with the frequency of participant responses that met a predetermined response criteria required for endorsement of each Ethereal Indicator (see Table 16).

Scores for the Spirituality Scale were relatively normal in distribution. The mean Spirituality Scale score for this sample was 92.66 (Median = 93.0), with a standard deviation of 17.73. This corresponds with an item level rating of 3.71, suggesting that on average, participants endorsed response options of Somewhat False and Somewhat True (3, 4) to the
spirituality items. Correlations between the Spirituality Scale and the coping measure subscales were near 0 and not statistically significant. The Spirituality Scale was examined in the context of Ethereal Escape because of the inherent celestial quality of the definition of the word ethereal.

The purpose of the Music Listening Questionnaire (MLQ) was to explore participants’ relationship with music. The importance of music, participants’ value of music, and frequency of listening to music were explored with the intention of identifying a group of people who deliberately interact with music as a medium for Ethereal Escape. On the MLQ, participants were asked to rate the degree to which music was important in their life and their perceptions of the importance of music to the life of the average person. These responses were collected using a 4-point rating scale (i.e., Not Important, Of Little Importance, Important, Very Important). MLQ items also asked participants to rate the frequency of music listening using a 6-point rating scale (i.e., Not Very Often, Once a Week, 3-5 Times Per Week, Once or Twice a Day, Throughout the Day/during the Day, As Often as I Can), and how valuable music is to them on a 10-point scale (i.e., 1 = music has no value, 10 = music is extremely valuable). This sample as a whole was interested in music. Participants perceive that music is more important to them than other people.

Table 13

Perceived Importance and Value of Music

<table>
<thead>
<tr>
<th>Item</th>
<th>Possible Range</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Importance of music to the participant</td>
<td>1-4</td>
<td>3.53</td>
<td>.66</td>
</tr>
<tr>
<td>(Perceived) importance of music to others</td>
<td>1-4</td>
<td>2.92</td>
<td>.64</td>
</tr>
<tr>
<td>Music listening frequency</td>
<td>1-6</td>
<td>5.08</td>
<td>.99</td>
</tr>
<tr>
<td>Value of music</td>
<td>1-10</td>
<td>9.05</td>
<td>1.68</td>
</tr>
<tr>
<td>Connection to God when listening to/singing</td>
<td>1-10</td>
<td>8.09</td>
<td>2.19</td>
</tr>
</tbody>
</table>
Table 13—Continued

<table>
<thead>
<tr>
<th>Item</th>
<th>Possible Range</th>
<th>$M$</th>
<th>$SD$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connection to other people when listening to/singing</td>
<td>1-10</td>
<td>6.59</td>
<td>3.17</td>
</tr>
<tr>
<td>To get in a mood I want to be in</td>
<td>1-10</td>
<td>9.83</td>
<td>1.94</td>
</tr>
<tr>
<td>To set a mood with others</td>
<td>1-10</td>
<td>9.34</td>
<td>2.37</td>
</tr>
<tr>
<td>To make me feel more relaxed</td>
<td>1-10</td>
<td>9.85</td>
<td>1.85</td>
</tr>
<tr>
<td>To help with physical pain</td>
<td>1-10</td>
<td>6.58</td>
<td>3.63</td>
</tr>
</tbody>
</table>

Note. $N = 149$ to 150 due to missing data.

Participants were also asked about current and prior experiences playing an instrument and whether they listen to hip-hop music. The sample has experience playing a musical instrument and generally listen to hip hop music (see Table 14). This information was included intentionally as another way to identify individuals potentially using an ethereal approach to coping with stress. Identifying individuals with a strong interest in music was inclusionary criteria for participation in this study intending to explore the use of music as a medium for psychological escape and retreat.

Table 14

*Experience with Music*

<table>
<thead>
<tr>
<th>Category</th>
<th>$f$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Experience with a musical instrument</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Currently plays an instrument</td>
<td>19</td>
<td>12.5</td>
</tr>
<tr>
<td>2. Played an instrument in the past</td>
<td>116</td>
<td>76.3</td>
</tr>
<tr>
<td><strong>Listens to hip hop music</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Yes</td>
<td>140</td>
<td>92.1</td>
</tr>
<tr>
<td>2. No</td>
<td>10</td>
<td>6.6</td>
</tr>
</tbody>
</table>

Note. $N$ ranges from 150 to 151 due to missing data.
The MLQ also asked participants to rate 13 reasons they listen to music using an 11-point Likert scale (1 = strongly disagree, 11 = strongly agree). These 13 reasons for listening were organized into three subgroups as studied initially by North et al. (2000). For the purposes of this dissertation, the subgroup of 5 items identified as Fulfilling Emotional Needs were identified as potential indicators of using music for ethereal escape. More specifically, these items were expected to correlate with the ACSI-M Cognitive Emotional Debriefing subscale. Means and standard deviations are reported for these five MLQ Fulfilling Emotional Needs items in Table 15. All items yielded high means in the direction of the Strongly Agree response category.

Table 15

<table>
<thead>
<tr>
<th>Item</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To be creative and use imagination</td>
<td>8.95</td>
<td>2.61</td>
</tr>
<tr>
<td>2. Help get through difficult times</td>
<td>9.93</td>
<td>1.93</td>
</tr>
<tr>
<td>3. Relieve tension or stress</td>
<td>10.07</td>
<td>1.79</td>
</tr>
<tr>
<td>4. Express feelings and emotions</td>
<td>9.74</td>
<td>2.00</td>
</tr>
<tr>
<td>5. Reduce loneliness</td>
<td>8.34</td>
<td>3.15</td>
</tr>
</tbody>
</table>

Note. N = 149.

There were a total of 23 items identified across all measures as potential indicators of Ethereal Escape. Items reflecting concepts that included connecting with a higher power, connecting with a music form, were ethereal in nature, or involved some form of deliberate avoidance were chosen to explore the concept of ethereal escape. Table 16 shows these 23 potential indicators of Ethereal Escape and provides the percentage of people who met the criteria on each indicator. This dissertation was interested in participants who endorsed 20 out of the 23 previously established ethereal indicators. An Ethereal Indicator score was derived by counting the total number of ethereal items endorsed at the specified level. Ethereal Indicator
scores were relatively normal in distribution. The mean Ethereal Indicator score was 14.23 (Median = 14.0) with a standard deviation of 4.66.

Table 16

Ethereal Indicators

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spirituality Scale</strong> <em>(Items endorsed at 4 = “somewhat true” or greater)</em></td>
<td></td>
</tr>
<tr>
<td>1. To me, every object has some amount of spiritual quality.</td>
<td>56.8</td>
</tr>
<tr>
<td>2. To have faith in each other is to have faith in God.</td>
<td>68.9</td>
</tr>
<tr>
<td>3. I believe that the world is not under our control but is guided by a greater force</td>
<td>78.4</td>
</tr>
<tr>
<td>4. I act as though unseen forces are at work.</td>
<td>61.5</td>
</tr>
<tr>
<td>5. Without some form of spiritual help, there is little hope in life.</td>
<td>66.2</td>
</tr>
<tr>
<td>6. The most important part of me is the inner force which gives me life.</td>
<td>81.1</td>
</tr>
<tr>
<td>7. To me, it is possible to get in touch with the spirit world</td>
<td>67.6</td>
</tr>
<tr>
<td>8. I feel that life is made up of spiritual forces.</td>
<td>79.1</td>
</tr>
<tr>
<td><strong>Agricultural Coping Systems Inventory</strong> <em>(Items endorsed at 2 = “used a lot” or greater)</em></td>
<td></td>
</tr>
<tr>
<td>1. Listened to music to deal with my problem.</td>
<td>75.0</td>
</tr>
<tr>
<td>2. Played a musical instrument to relax.</td>
<td>21.6</td>
</tr>
<tr>
<td>3. Sung some songs with friends.</td>
<td>38.5</td>
</tr>
<tr>
<td>4. Sung a song to myself to reduce the stress.</td>
<td>55.4</td>
</tr>
<tr>
<td>5. Wrote words to a song to express my feelings.</td>
<td>26.4</td>
</tr>
<tr>
<td><strong>Coping Strategies Indicator</strong> <em>(Items endorsed at 2 = “used a little” or less)</em></td>
<td></td>
</tr>
<tr>
<td>1. Brainstormed all possible solutions before deciding what to do.</td>
<td>35.1</td>
</tr>
<tr>
<td>2. Tried to distract yourself from the problem.</td>
<td>39.9</td>
</tr>
<tr>
<td>3. Did all you could to keep others from seeing how bad things really were.</td>
<td>41.9</td>
</tr>
<tr>
<td>4. Set some goals for yourself to deal with the situation.</td>
<td>43.9</td>
</tr>
<tr>
<td>5. Weighed your options very carefully.</td>
<td>44.6</td>
</tr>
<tr>
<td>6. Daydreamed about better times.</td>
<td>34.5</td>
</tr>
</tbody>
</table>
Cluster Analyses

Cluster analysis was used to identify groups of Africultural participants using specific combinations of various systems of coping. Specifically, cluster analysis results answer the question concerning the relationship between ethereal escape and various systems of Africultural coping. A total of eight variables were included in the cluster analysis: Ritual Coping (ACSI-M), Cognitive Emotional Debriefing (ACSI-M), Creative Coping (ACSI-M), Spiritual Coping (ACSI-M), Collective Centered Coping (ACSI-M), Avoidance (CSI), Seeking Social Support (CSI) and Problem-Solving (CSI). These variables comprise all subscales from all of the coping measures in this study. Cluster analysis identifies distinct groups within the larger sample who responded to the measures similarly and thus may be thought of as sharing an approach to coping. The purpose of this analysis was to identify a group of participants who may be defined as using Ethereal Escape. Cluster analysis will consider clusters of participants based upon the entire samples responses to items on the previously listed eight variables. Because ethereal escape is defined as a combination of coping systems including some of the eight previously...
listed variables, cluster analysis will help us learn about groups of participants within the sample initially based upon their responses to the eight previously listed variables. The sample defined as ethereal was expected to report higher than average use of the following systems of coping from the ACSI-M: Creative Coping, Spiritual Centered Coping, Cognitive Emotional Debriefing; and the following coping strategies from the CSI: Avoidance, Problem Solving (CSI) and Spirituality (SS.) The group defined as ethereal was also expected to highly value music and use music with a daily frequency.

Prior to conducting the Cluster Analysis, the data were examined to determine whether there were multivariate outliers. The data were also examined for multicollinearity using the Mahalanobis distance measure. There were no concerns with multivariate outliers neither multicollinearity. Following this examination, data were standardized by z-scores. A proximity matrix was then constructed using a squared Euclidean measure of similarity. From this point, hierarchical and non-hierarchical analysis methods were used to identify best cluster solutions. Hierarchical single linkage methods were used to determine a range of cluster solutions to examine in the non-hierarchical analyses.

Two open ended hierarchical, single linkage cluster analyses were performed, one using Ward’s method and the other using the Average Linkage method of clustering. The solutions were compared to identify relatively stable cluster groups. Solutions with 4 to 8 clusters showed similarity of cluster membership across Ward’s and Average-Linkage results. Ward’s method of clustering yielded more balanced group sizes. The agglomeration schedule from Ward’s method was used to assess the strength of the 4 to 8 cluster solutions. The differences in agglomeration coefficients demonstrated limited change across cluster solutions 4 to 8. The mean difference in the agglomeration coefficients between cluster solutions 4 to 8 was 30.77 with a standard
deviation of 5.45. The difference between the third and fourth cluster solutions was 91.41 and more than double the difference between the fourth and fifth cluster solutions ($M = 38.32$). This output identified a 4-cluster solution as potentially the best solution at representing the data. Cluster solutions 3 to 8 revealed one relatively small cluster ($n = 11$) identified as a unique group of participants who should be further examined for evidence of demonstrating aspects of ethereal escape.

Non-hierarchical cluster analysis using the $K$-means method was conducted to further examine the viability of a 4-cluster solution. $K$-means solutions were examined for 3, 4, and 5 clusters. The 3-cluster solution yielded the most evenly sized clusters but failed to produce the previously identified potentially ethereal group. In the 4-cluster solution, this small cluster of interest emerges and converges first. In the 5-cluster solution, this small cluster again emerges and converges first. However, in the 5-cluster solution, the number of participants grouped in the small cluster is reduced by almost half ($n = 10$ in 4-cluster, $n = 6$ in 5-cluster). The 4-cluster solution was chosen as the best solution for convergence with Ward’s results and potential for interpretation of a small ethereal group. Table 17 provides data on final cluster centers. Interpretation of this final 4-cluster $K$-means solution uses MANOVA, Discriminant Function Analysis, ANOVA, and paired comparisons to describe the composition of each cluster.

Table 17

<table>
<thead>
<tr>
<th>Final Clusters Centers</th>
<th>Clusters</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ritual Coping (ACSI-M)</td>
<td></td>
<td>4.95</td>
<td>5.36</td>
<td>10.60</td>
<td>7.91</td>
</tr>
<tr>
<td>Spiritual Centered Coping (ACSI-M)</td>
<td></td>
<td>19.05</td>
<td>18.70</td>
<td>29.30</td>
<td>23.73</td>
</tr>
<tr>
<td>Collective Centered Coping (ACSI-M)</td>
<td></td>
<td>20.29</td>
<td>20.64</td>
<td>28.90</td>
<td>23.64</td>
</tr>
</tbody>
</table>
Table 17—Continued

<table>
<thead>
<tr>
<th>Clusters</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Emotional Debriefing (ACSI-M)</td>
<td>19.03</td>
<td>20.40</td>
<td>38.80</td>
<td>27.76</td>
</tr>
<tr>
<td>Creative Coping (ACSI-M)</td>
<td>32.82</td>
<td>33.83</td>
<td>69.80</td>
<td>52.30</td>
</tr>
<tr>
<td>Problem Solving (CSI)</td>
<td>13.24</td>
<td>22.00</td>
<td>14.10</td>
<td>19.48</td>
</tr>
<tr>
<td>Seeking Social Support (CSI)</td>
<td>15.00</td>
<td>23.89</td>
<td>16.60</td>
<td>21.73</td>
</tr>
<tr>
<td>Avoidance (CSI)</td>
<td>16.87</td>
<td>21.60</td>
<td>19.30</td>
<td>20.21</td>
</tr>
</tbody>
</table>

Note. Cluster 1 n = 38; Cluster 2 n = 53; Cluster 3 n = 10; Cluster 4 n = 33.

MANOVA

A MANOVA was performed as a follow up to the cluster analysis to specifically interpret clusters. A total of 8 dependent variables were examined: Ritual Coping (ACSI-M), Cognitive Emotional Debriefing (ACSI-M), Creative Coping (ACSI-M), Spiritual Coping (ACSI-M), Collective Centered Coping (ACSI-M), Avoidance (CSI), Seeking Social Support (CSI) and Problem Solving (CSI) across clusters. The independent variable was cluster membership based upon results from a 4-cluster solution using the K-means clustering method. Preliminary assumption testing was conducted to check for normality, linearity, univariate and multivariate outliers, homogeneity of variance-covariance matrices and multicollinearity. The assumption of multivariate homogeneity of variance was violated (Box’s M = .003). Pillai’s trace was subsequently used to determine statistical significance of the MANOVA. Levene’s test of equality of error variance further revealed violation of homogeneity of variances for four individual variables (p < .05): ACSI-M Collective Centered Coping, ACSI-M Cognitive Emotional Debriefing, ACSI-M Creative Coping, and CSI Problem Solving. For each variable, the group with the largest error variance was Cluster 3. This is consistent with the graphic
representation of the clusters, and the finding that Cluster 3 split into two clusters in the 5-cluster solution.

The overall MANOVA $F$ test was significant ($F(24, 375) = 14.7, p < .01$, Pillai’s Trace = 1.5, partial eta squared = .48). Results indicated there are statistically significant differences among the groups of variables in a linear combination of the dependent variables and for each dependent variable individually. These initial results confirm that the clusters differ on the variables used in the cluster analysis (see Table 18).

Table 18

*ANOVA Results (Follow up to the MANOVA)*

<table>
<thead>
<tr>
<th>Subscale</th>
<th>$F$</th>
<th>$p$</th>
<th>Partial Eta Squared</th>
<th>Power</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ritual Centered Coping (ACSI-M)</td>
<td>(3, 130) = 34.11</td>
<td>.00</td>
<td>.44</td>
<td>1.00</td>
</tr>
<tr>
<td>Spiritual Centered Coping (ACSI-M)</td>
<td>(3, 130) = 34.31</td>
<td>.00</td>
<td>.44</td>
<td>1.00</td>
</tr>
<tr>
<td>Collective Centered Coping (ACSI-M)</td>
<td>(3, 130) = 18.56</td>
<td>.00</td>
<td>.30</td>
<td>1.00</td>
</tr>
<tr>
<td>Cognitive Emotional Debriefing (ACSI-M)</td>
<td>(3, 130) = 80.87</td>
<td>.00</td>
<td>.65</td>
<td>1.00</td>
</tr>
<tr>
<td>Creative Coping (ACSI-M)</td>
<td>(3, 130) = 192.94</td>
<td>.00</td>
<td>.82</td>
<td>1.00</td>
</tr>
<tr>
<td>Problem Solving (CSI)</td>
<td>(3, 130) = 32.59</td>
<td>.00</td>
<td>.43</td>
<td>1.00</td>
</tr>
<tr>
<td>Seeking Social Support (CSI)</td>
<td>(3, 130) = 33.51</td>
<td>.00</td>
<td>.44</td>
<td>1.00</td>
</tr>
<tr>
<td>Avoidance (CSI)</td>
<td>(3, 130) = 7.59</td>
<td>.00</td>
<td>.15</td>
<td>.985</td>
</tr>
</tbody>
</table>

Examination of specific differences between pairs of clusters on individual variables provides more understanding of the nature of individual clusters. Follow up ANOVAs were
conducted for all eight variables individually. Given that all eight variables yielded statistically significant ANOVA results (see Table 18), paired comparisons were examined for each coping scale using a Bonferroni adjusted alpha level of .01. Results from the paired comparisons revealed statistically significant differences for clusters three and four on all variables from the ACSI-M. Considering the Ritual Coping Scale, Cluster 3 \((M = 10.60, SD = 1.43)\) scored statistically significantly higher than all other clusters. Cluster four \((M = 7.91, SD = 2.10)\) also scored statistically significantly higher than Clusters 1 \((M = 4.95, SD = 1.74)\) and 2 \((M = 5.36, SD = 2.06)\). Considering the Spiritual Centered Coping Scale, Cluster 3 \((M = 29.30, SD = 2.21)\) scored higher than all other clusters. Cluster 4 \((M = 23.73, SD = 3.17)\) also scored significantly higher than Clusters 1 \((M = 19.05, SD = 3.74)\) and 2 \((M = 18.70, SD = 3.99)\). Considering Collective Centered Coping, Clusters 3 \((M = 28.90, SD = 2.96)\) and 4 \((M = 23.64, SD = 3.10)\) scored higher than Clusters 1 \((M = 20.29, SD = 2.99)\) and 2 \((M = 20.64, SD = 4.57)\). Considering Cognitive Emotional Debriefing, Clusters 3 \((M = 38.80, SD = 4.66)\) and 4 \((M = 27.76, SD = 4.71)\) scored significantly higher than Clusters 1 \((M = 19.03, SD = 3.05)\) and 2 \((M = 20.40, SD = 4.38)\). Considering the Creative Coping Scale, Cluster 3 \((M = 69.80, SD = 8.31)\) scored significantly higher than the other clusters, and Cluster 4 \((M = 52.30, SD = 5.07)\) scored higher than Clusters 1 \((M = 32.82, SD = 5.72)\) and 2 \((M = 33.83, SD = 5.07)\).

The results from the paired comparisons also revealed statistically significant differences among clusters of participants when examining variables from the CSI. Considering the Problem Solving Scale, Clusters 2 \((M = 22.00, SD = 4.90)\) and 4 \((M = 19.48, SD = 5.45)\) scored significantly higher than Clusters 1 \((M = 13.24, SD = 2.39)\) and 3 \((M = 14.10, SD = 4.01)\). Considering the Seeking Social Support Scale, Clusters 2 \((M = 23.89, SD = 4.14)\) and 4 \((M = 21.73, SD = 5.39)\) scored significantly higher than Clusters 1 \((M = 15.00, SD = 3.41)\) and 3 \((M =
16.60, SD = 5.52). Considering the Avoidance Scale, a statistically significant difference was found only between Clusters 1 (M = 16.87, SD = 4.07) and 2 (M = 21.60, SD = 4.52).

**Descriptive Discriminant Function Analysis**

Descriptive Discriminant Function Analysis was conducted as a follow up to the MANOVA to determine how the eight coping subscales combined to distinguish among the four cluster groups. The principle objective was to identify functions that separate and distinguish clusters and make interpretations about the findings. While MANOVA identifies individual variables that differ between groups, Discriminant Function Analysis identifies linear combinations of variables that define the spatial relationships between groups. The Descriptive Discriminant Analysis was needed to provide a literal picture of each of the four clusters and where they sit graphically in relation to one another. Examination of the classification results including Eigenvalues and Wilk’s Lambda suggest a 2-function solution accounting for 99% of variance (see Table 19). Examination of structure coefficients and discriminant function coefficients provide interpretive information for the functions.

Table 19

*Wilk’s Lambda*

<table>
<thead>
<tr>
<th>Test of Function(s)</th>
<th>Wilk’s Lambda</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 through 3</td>
<td>.069</td>
<td>.000</td>
</tr>
<tr>
<td>2 through 3</td>
<td>.409</td>
<td>.000</td>
</tr>
<tr>
<td>3</td>
<td>.947</td>
<td>.323</td>
</tr>
</tbody>
</table>

The structure matrix provides information about those variables making statistically significant and unique contributions to the discriminant functions. The structure coefficients are comparable to factor loadings in factor analysis. As shown in Table 20, Function 1 is most
defined by Creative Coping (ACSI-M) and Function 2 is most defined by Problem Solving (CSI) and Seeking Social Support (CSI). Further, all ACSI-M variables are moderate to strong contributors to Function 1 and all CSI variables are moderate to strong contributors to Function 2. The discriminant function coefficients provide information about those variables making unique contributions to the discriminant functions. The values of the discriminant function coefficients are parallel to beta weights in regression. As shown in Table 21, Creative Coping (ACSI-M) makes the strongest unique contribution to Function 1, while Problem Solving (CSI) and Seeking Social Support (CSI) make strong unique contributions to Function 2. The following picture shows how the two functions together define the dimensions separating the four clusters (see Figure 1).

Table 20

*Structure Matrix*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Function 1</th>
<th>Function 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ritual Coping (ACSI-M)</td>
<td>.397</td>
<td>.092</td>
</tr>
<tr>
<td>Spiritual Centered Coping (ACSI-M)</td>
<td>.401</td>
<td>-.024</td>
</tr>
<tr>
<td>Collective Centered Coping (ACSI-M)</td>
<td>.291</td>
<td>.020</td>
</tr>
<tr>
<td>Cognitive Emotional Debriefing (ACSI-M)</td>
<td>.609</td>
<td>.107</td>
</tr>
<tr>
<td>Creative Coping (ACSI-M)</td>
<td>.949</td>
<td>.119</td>
</tr>
<tr>
<td>Problem Solving (CSI)</td>
<td>-.065</td>
<td>.746</td>
</tr>
<tr>
<td>Seeking Social Support (CSI)</td>
<td>-.042</td>
<td>.762</td>
</tr>
<tr>
<td>Avoidance (CSI)</td>
<td>.003</td>
<td>.361</td>
</tr>
</tbody>
</table>
Figure 1. How the two functions together define the dimensions separating the four clusters.

Table 21

Standardized Discriminant Function Coefficients

<table>
<thead>
<tr>
<th>Variable</th>
<th>Function 1</th>
<th>Function 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ritual Coping (ACSI-M)</td>
<td>-.063</td>
<td>.146</td>
</tr>
<tr>
<td>Spiritual Centered Coping (ACSI-M)</td>
<td>.114</td>
<td>-.093</td>
</tr>
<tr>
<td>Collective Centered Coping (ACSI-M)</td>
<td>-.186</td>
<td>-.037</td>
</tr>
<tr>
<td>Cognitive Emotional Debriefing (ACSI-M)</td>
<td>.288</td>
<td>.103</td>
</tr>
<tr>
<td>Creative Coping (ACSI-M)</td>
<td>.894</td>
<td>-.010</td>
</tr>
<tr>
<td>Problem Solving (CSI)</td>
<td>-.070</td>
<td>.585</td>
</tr>
<tr>
<td>Seeking Social Support (CSI)</td>
<td>-.113</td>
<td>.621</td>
</tr>
<tr>
<td>Avoidance (CSI)</td>
<td>.038</td>
<td>.181</td>
</tr>
</tbody>
</table>
ANOVA

Five one-way between-groups analysis of variance were conducted to explore the response patterns among clusters pertaining to the use of music to satisfy emotional needs (MLQ). Five specific Fulfilling Emotional Needs Items from the MLQ were used as the dependent variables and the independent variable was cluster membership. The Levene’s test results for the MLQ was significant for the following two items: “To help me get through difficult times” and “To relieve tension/stress. Participants were divided into four groups based upon their cluster membership. There was not a statistically significant difference between clusters for any of the five Fulfilling Emotional Needs items on the MLQ.

A one-way between-groups analysis of variance was also conducted to explore the differences in SS scores across clusters. The Spirituality Scale (SS) was used as the dependent variable and the independent variable was cluster membership based upon results from a 4-cluster solution using the K-means clustering method. The significance level for the Levene’s Test was .749 and therefore non-significant. There was not a statistically significant difference between clusters for the Spirituality Scale ($F(3,130) = .32, p < .05; \text{partial eta squared} = .007$ at a power of .111).

A one way between groups analysis of variance was also conducted to explore differences in endorsement of previously identified potential ethereal indicators across clusters. The Ethereal Indicator Score (number of endorsed indicators) was used as the dependent variable and the independent variable was cluster membership based upon results from a 4-cluster solution using the K-means clustering method. The significance level for the Levene’s Test was .217 suggesting no violation of the assumption of homogeneity of variance. There was not a
statistically significant difference between clusters for the Ethereal Indicator Score \( F(3, 126) = .65, p < .05; \) partial eta squared = .015 at a power of .183).

Table 22

*Means and Standard Deviations by Cluster*

<table>
<thead>
<tr>
<th></th>
<th>Cluster 1 ( N = 38 )</th>
<th>Cluster 2 ( N = 53 )</th>
<th>Cluster 3 ( N = 10 )</th>
<th>Cluster 4 ( N = 33 )</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ritual Coping</strong> (ACSI-M)</td>
<td>M 4.95(^a) SD 1.74 Item Level M 1.65</td>
<td>M 5.36(^a) SD 2.06 Item Level M 1.79</td>
<td>M 10.60(^b) SD 1.43 Item Level M 3.53</td>
<td>M 7.91(^c) SD 2.10 Item Level M 2.63</td>
</tr>
<tr>
<td><strong>Spiritual Centered Coping</strong> (ACSI-M)</td>
<td>M 19.05(^a) SD 3.74 Item Level M 2.38</td>
<td>M 18.70(^a) SD 3.99 Item Level M 2.34</td>
<td>M 29.30(^b) SD 2.21 Item Level M 3.66</td>
<td>M 23.73(^c) SD 3.17 Item Level M 2.96</td>
</tr>
<tr>
<td><strong>Collective Centered Coping</strong> (ACSI-M)</td>
<td>M 20.29(^a) SD 2.99 Item Level M 2.54</td>
<td>M 20.64(^a) SD 4.56 Item Level M 2.58</td>
<td>M 28.90(^b) SD 2.96 Item Level M 3.61</td>
<td>M 23.64(^c) SD 3.10 Item Level M 2.95</td>
</tr>
<tr>
<td><strong>Cognitive Emotional Debriefing</strong> (ACSI-M)</td>
<td>M 19.03(^a) SD 3.05 Item Level M 1.73</td>
<td>M 20.40(^a) SD 4.38 Item Level M 1.85</td>
<td>M 38.80(^b) SD 4.66 Item Level M 3.53</td>
<td>M 27.76(^c) SD 4.71 Item Level M 2.52</td>
</tr>
<tr>
<td><strong>Creative Coping</strong> (ACSI-M)</td>
<td>M 32.82(^a) SD 5.72 Item Level M 1.64</td>
<td>M 33.83(^a) SD 5.07 Item Level M 1.69</td>
<td>M 69.80(^b) SD 8.31 Item Level M 3.49</td>
<td>M 52.30(^c) SD 5.07 Item Level M 2.62</td>
</tr>
<tr>
<td><strong>Problem Solving</strong> (CSI)</td>
<td>M 13.24(^a) SD 2.39 Item Level M 1.20</td>
<td>M 22.00(^b) SD 4.90 Item Level M 2.00</td>
<td>M 14.10(^a) SD 4.01 Item Level M 1.28</td>
<td>M 19.48(^b) SD 5.45 Item Level M 1.77</td>
</tr>
<tr>
<td><strong>Seeking Social Support</strong> (CSI)</td>
<td>M 15.00(^a) SD 3.41 Item Level M 1.36</td>
<td>M 23.89(^b) SD 4.14 Item Level M 2.17</td>
<td>M 16.60(^a) SD 5.52 Item Level M 1.51</td>
<td>M 21.73(^b) SD 5.40 Item Level M 1.97</td>
</tr>
<tr>
<td><strong>Avoidance</strong> (CSI)</td>
<td>M 16.87(^a) SD 4.10 Item Level M 1.53</td>
<td>M 21.60(^b) SD 4.52 Item Level M 1.96</td>
<td>M 19.30(^a,b) SD 7.27 Item Level M 1.75</td>
<td>M 20.21(^a,b) SD 4.80 Item Level M 1.83</td>
</tr>
<tr>
<td><strong>Spirituality Scale</strong></td>
<td>M 93.92 SD 15.97 Item Level M 3.75</td>
<td>M 92.06 SD 19.05 Item Level M 3.68</td>
<td>M 94.00 SD 19.30 Item Level M 3.76</td>
<td>90.03 SD 16.61 Item Level M 3.60</td>
</tr>
<tr>
<td><strong>Ethereal Escape Indicators</strong></td>
<td>M 13.87 SD 4.70</td>
<td>M 14.63 SD 4.70</td>
<td>M 12.50 SD 2.76</td>
<td>M 14.20 <strong>SD 5.10</strong></td>
</tr>
<tr>
<td><strong>To be creative/use my imagination</strong> (MLQ)</td>
<td>M 9.2 SD 2.5</td>
<td>M 9.2 SD 2.4</td>
<td>M 9.6 SD 2.2</td>
<td>M 8.7 SD 3.00</td>
</tr>
<tr>
<td><strong>To help me get through difficult times</strong> (MLQ)</td>
<td>M 10.2 SD 1.7</td>
<td>M 9.5 SD 1.3</td>
<td>M 10.2 SD 1.7</td>
<td>M 10.3 SD 1.5</td>
</tr>
</tbody>
</table>
Table 22—Continued

<table>
<thead>
<tr>
<th></th>
<th>Cluster 1</th>
<th>Cluster 2</th>
<th>Cluster 3</th>
<th>Cluster 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N = 38)</td>
<td>(N = 53)</td>
<td>(N = 10)</td>
<td>(N = 33)</td>
</tr>
<tr>
<td>To relieve tension/</td>
<td>M 10.5</td>
<td>M 9.6</td>
<td>M 10.4</td>
<td>M 10.0</td>
</tr>
<tr>
<td>stress (MLQ)</td>
<td>SD 1.1</td>
<td>SD 2.2</td>
<td>SD 1.7</td>
<td>SD 2.0</td>
</tr>
<tr>
<td></td>
<td>M 9.9</td>
<td>M 9.5</td>
<td>M 10.1</td>
<td>M 9.5</td>
</tr>
<tr>
<td>To express my</td>
<td>SD 1.7</td>
<td>SD 2.3</td>
<td>SD 2.0</td>
<td>SD 2.2</td>
</tr>
<tr>
<td>feelings emotions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(MLQ)</td>
<td>M 8.3</td>
<td>M 7.9</td>
<td>M 8.4</td>
<td>M 8.7</td>
</tr>
<tr>
<td>To reduce loneliness</td>
<td>SD 3.1</td>
<td>SD 3.4</td>
<td>SD 3.7</td>
<td>SD 2.9</td>
</tr>
<tr>
<td>(MLQ)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Means for coping subscales that do not share superscripts differ at \(p < .01\) using Bonferroni’s correction for multiple comparisons. \(N\) varies for Ethereal Escape Indicators \((N = 10-52)\) and MLQ items \((N = 9-56)\). The range of response options for the ACSI-M were 0 = “does not apply or did not use” to 3 = “used a lot.” The range of response options for the CSI were 1 = “a lot” to 3 = not at all.” CSI items were subsequently reverse scored.

Summary

In summary, a comprehensive review of each variable has been provided according to cluster membership. Table 22 shows the degree to which individuals endorsed items pertaining to each variable. This table summarizes the differences among clusters and particularly shows the differences in responses between Cluster 3 and Clusters 1, 2, and 4.

Participants comprising cluster 3 endorse Africultural approaches to coping at rates significantly greater than participants comprising other clusters. This suggests that participants in Cluster 3 are primarily using Africultural systems of coping when responding to daily stress. Of particular note is the very high score for Cluster 3 on Creative Coping (ACSI-M), suggesting that participants in this group are likely to use artistic forms of expression (e.g. painting, drawing, music, dance) to cope with daily life stressors. Cluster 3 is also distinguished from Clusters 2 and 4 by lower scores on Problem Solving (CSI) and Seeking Social Support (CSI).
CHAPTER V
DISCUSSION

The intention of this dissertation was to collect and analyze responses from 200 participants who self-identified as Africultural, were actively enrolled and attending predominantly white institutions of higher education, and were between the ages of 18 and 22 years old. Responses were collected from 151 participants between March 2016 (spring term) and November 2016 (fall term.) Recruitment was intended to strategically identify individuals likely to use ethereal escape as an approach to coping with daily stress. This chapter answers the original research questions and examines implications for future research and practice, as well as generalizability of results. Lastly, the limitations of the study are explored.

The research questions included: What styles of coping are exhibited by Africultural populations of adolescents? What is the relationship between ethereal escape and various styles of coping in Africultural populations of adolescents? and What can Africultural populations of adolescents teach us about their lived experiences of ethereal escape?

Summary of Findings

Styles of coping exhibited by Africultural populations of adolescents were explored through use of simple descriptive statistics. Results of the simple descriptive statistics indicated music was very important in the lives of participants and that participants used varying degrees of the coping strategies and systems measured by the Spirituality Scale, the Africultural Coping Systems Inventory and the Coping Strategies Indicator. Generally, participants responded to Spirituality Scale items indicating they believed the items pertaining to spirituality were somewhat false and somewhat true for them. Participants responded to ACSI-M items indicating a lot and a great deal of use. Participants responded to CSI items generally indicating a little use.
Comparatively, participants in this study scored similarly to European participants in a study conducted by Jagers and Smith (1996) further examining the Spirituality Scale. In this 1996 study, the mean score on the Spirituality Scale for African Americans was 4.13 ($SD = .67$) while the mean score for European Americans was 3.69 ($SD = .78$). Jagers and Smith (1996) also reported that while female participants generally had higher scores on the SS, African Americans were found to have significantly higher scores on the SS than did their European counterparts (Jagers & Smith, 1996). In the present study, item level mean scores for the Spirituality Scale were as follows: Cluster 1 ($M = 3.75, SD = .64$), Cluster 2 ($M = 3.68, SD = .76$), Cluster 3 ($M = 3.76, SD = .77$), and Cluster 4 ($M = 3.60, SD = .66$).

Comparatively, ACSI-M subscale mean scores in this study were higher than ACSI scores across three samples studied in 2004 (see Utsey et al., 2004). The original ACSI featured all of the same coping subscales on the ACSI-M except the Creative Coping Scale, which was developed in 2003 (see Conners, 2003). Utsey et al.’s (2004) study examined coping in three distinct populations (e.g., African American, African Caribbean, and African). Among those distinct populations the range of mean scores for the Cognitive Emotional Debriefing Subscale was 19.66 to 20.04 ($SD 5.49$ to $6.44$) compared to the mean score for this study which was 23.30 ($SD = 7.21$). The range of mean scores for the Spiritual Coping Scale was 13.97 to 14.30 ($SD = 4.58$ to $4.90$) compared to the mean score for this study, which was 20.77 ($SD = 4.96$). The range of mean scores for the Collective Coping Scale was 13.54 to 14.07 ($SD = 3.88$ to $4.23$) compared to the mean score for this study, which was 21.93 ($SD = 4.42$). The range of mean scores for the Ritual Coping was 3.67 to 4.35 ($SD = 1.50$ to $2.20$) compared to the mean score for this study, which was 6.26 ($SD = 2.57$). Perhaps an increase in reported use of coping systems may be explained by evolving social and political systems maintaining various stressors. An increase in
mean scores may also be a reflection of a combined racial ethnic sample that includes African Americans, African Caribbeans and Africans in this sample. Recruitment of participants who endorse a high level of music interest and who identify as Africultural may also contribute to selecting a group of higher scoring individuals.

Comparatively, CSI subscale mean scores in this study were compared to CSI scores noted by James H. Amirkhan, author of the CSI, in 1990. Characteristics of Amirkhan’s (1990) third sample included a sample size of 954 with 63% (n = 597) identified as being 25 years of age and younger. The mean value for the Problem Solving Scale in Amirkhan’s (1990) study was 26.55 (SD = 4.82) relative to this study’s Problem Solving Scale score of 25.60 (SD = 5.80.) The mean value for the Seeking Support Scale in Amirkhan’s (1990) study was 23.42 (SD = 5.63) relative to this study’s Seeking Social Support Scale score of 23.40 (SD = 5.01). The mean value for the Avoidance scale in Amirkhan’s (1990) study was 19.03 (SD = 4.37) relative to this study’s Avoidance Scale score of 24.20 (SD = 5.05). This author anticipated there to be a relationship between Ethereal Escape and Avoidance as Avoidance on the CSI was framed as a deliberate, intentional action versus a passive reaction. For the purpose of this study, the concept of avoidance was framed as healthy, adaptive and potentially an indicator of ethereal escape. Thus, the substantially higher scores on Avoidance for the present sample are viewed as potentially increasing the likelihood of identifying a group of participants using ethereal escape.

This author hypothesized there to be a statistically significant relationship between the Spiritual Coping subscale of the ACSI-M and the Spirituality Scale. This hypothesis was grounded in Utsey et al.’s (2004) article that reported the ACSI correlated with the Spirituality Scale in the expected direction. This author also hypothesized a statistically significant relationship between ACSI-M subscales Cognitive Emotional Debriefing and Creative Coping
with CSI subscales Avoidance and Problem Solving. Statistically significant relationships were found only between ACSI-M subscales independent of CSI subscales and equally between CSI subscales independent of ACSI-M subscales. In fact, results from these subscales confirm a relationship among ACSI-M subscales and a relationship among CSI subscales. Results from this study did not confirm a statistically significant relationship between ACSI-M subscales and CSI subscales. Additionally, participant responses confirmed there is value in Africultural approaches to coping through notably high endorsement of most ACSI-M items and not just items previously identified as indicators of ethereal escape. Participants also confirmed there is value in the use of music to manage reactions to stress through high endorsement of two specific ACSI-M items exploring use of music to manage reactions to daily stress (e.g., “Sung a song to myself;” “Listened to music to manage stress”).

For the purpose of this study, the items on the Creative Coping Scale were generally conceptualized as being indicators of Ethereal Escape. For this reason, the Creative Coping scale was examined more closely. Participants reported using the Creative Coping subscale at a high frequency confirming that Africultural adolescents are using artistic media to manage daily reactions to stress. This subscale featured items exploring use of a variety of artistic approaches (e.g., singing, dance, beading, poetry, song writing) and this study was only concerned with the specific use of music as the medium for ethereal escape. For example, Creative Coping subscale items included “Joined an acting class or group,” “Went to a dance class,” “Wrote a poem or short story,” “Sung a song to myself to reduce the stress.” Additionally, the MLQ explored participants’ use of music listening as an attempt to be creative and use their imagination. On a scale of 1 to 10, Clusters 1 and 2 had a mean score of 9.2 on this single assessment item. Cluster 4 had a mean score of 8.7 on this item, and Cluster 3 had a mean score of 9.6. These item level
means suggest that this sample engages music intentionally to be creative and use their imagination. There is a theoretical relationship between creative forms of coping and music that are apparent on both the MLQ and the Creative Coping subscale on the ACSI-M.

The second research question explored the relationship between ethereal escape and various styles of coping in Afrocaribbean populations of adolescents. This was accomplished through measurement of coping styles (ACSI-M and CSI.) The pattern of endorsement of coping styles was used to identify subgroups within the sample and specifically to explore the emergence of a subgroup representing an ethereal group. This author hypothesized that an ethereal escape was a creative, spiritual and cognitive emotional process facilitated through use of music. In this study, Cluster 3 was identified as a potentially ethereal group because of Cluster 3 participants’ high endorsement of all ACSI-M subscale items compared to the other participant subgroups (clusters). Cluster 3 scale means and items level means were the highest among clusters for all 5 ACSI-M subscales. Cluster 3’s scores on the Creative Coping, Spiritual Coping and Cognitive Emotional Debriefing Subscales on the ACSI-M suggested to this author that this group is most likely to use an ethereal approach to coping with stress compared to the other three cluster groups. Because the process of ethereal escape is internal, cognitive, spiritual and creative in nature, high endorsement of ACSI-M subscales in Cluster 3 suggests this subgroup may use these subscales as they were intended (systematically) to manage daily and even prolonged stress.

Comparatively, Cluster 3 did not score the highest on any of the CSI subscales compared to the other three cluster groups. Clusters 2 and 4 had the highest CSI scale means and item level means for the three subscales. This supports the idea that Cluster 3 is using other approaches to coping with daily stress (Afrocaribbean systems) more than the CSI strategies. While the
Avoidance strategy was hypothesized to be an indicator of ethereal escape, the sample as a whole endorsed more avoidance items than typical, thus potentially masking the role of avoidance in ethereal escape. In fact, scores for Cluster 3 suggest that the process of ethereal escape may be defined as use of a combination of Africultural coping systems. Despite having the lowest scores on the previously identified ethereal indicators, Cluster 3 scored equal to and slightly higher than other clusters on the Spirituality Scale and MLQ items. Again, this suggests that the process of ethereal escape is a combination of creative, spiritual and cognitive processes that create psychological distance between the individual and a perceived stressor. As previously stated, music was identified as the medium for ethereal escape in this study however future research may consider use of other coping behaviors such as singing, dance, beading, poetry, song writing, lighting a candle, exercise, or reading a passage from a devotional/meditational text as alternative means of ethereal escape.

An Analysis of Variance (ANOVA) was used to examine differences in level of endorsement of presumed indicators of ethereal escape across subgroups of Africultural adolescents (clusters) identified as using distinct styles of coping. Results of the ANOVA were not statistically significant and could not confirm a relationship between ethereal indicators and unique patterns of coping exhibited in this sample. Despite this non-significant result, more than 50% of participants reported use of ethereal indicators taken from the Spirituality Scale. On the Spirituality Scale, 78.40% of participants reported they believe the world is not under their control but “Is guided by a greater force;” 68.90% of participants reported that “To have faith in each other is to have faith in God;” and 56.80% of participants reported believing that “Every object has some amount of spiritual quality.” In contrast, less than 50% of participants reported use of ethereal indicators taken from the ACSI-M. However, on the ACSI-M, 59.40% of
participants reported “Singing a song to themselves” to reduce stress, and 80.40% of participants reported “Listening to music” to deal with a problem. Similarly, while less than 50% of participants reported use of ethereal indicators taken from the CSI, 62.8% of participants reported “Avoiding people in general” when managing a stressful situation.

Results of this study suggested that cluster three is likely to include a small group of individuals who cope using ethereal qualities. Cluster 3 reported the following item level means for the previously identified ethereal indicators on the Spirituality Scale: “I believe that the world is not under our control but is guided by a greater force” ($M = 4.90$, $SD = 1.29$); “To have faith in each other is to have faith in God” ($M = 4.90$, $SD = 1.10$); “To me, every object has some amount of spiritual quality” ($M = 5.00$, $SD = 1.16$). Cluster 3 reported the following item level means for the previously identified ethereal indicators on the ACSI-M scale: “Listened to music to deal with my problem” ($M = 3.20$, $SD = .98$); “sung a song to myself to reduce the stress” ($M = 3.00$, $SD = 1.41$); Cluster 3 also reported the following item level mean for the previously identified ethereal indicator on the CSI: “Avoiding people in general” ($M = 1.70$, $SD = .82$).

This study recruited participants from a preliminary frame that focused on whether participants “like music.” This recruitment focus was intended to identify participants who may engage music and/or other coping behaviors as means for ethereal escape (e.g., singing, dance, beading, poetry, song writing, lighting a candle, exercise, reading a passage from a devotional/meditational text). This approach to recruitment thus may have restricted the variation in some indicators of ethereal escape within this sample. As a result, it is difficult to fully separate those using ethereal escape, from those who may simply enjoy music and other forms of creative coping, within this sample. In theory, each ACSI-M subscale could contain various means for ethereal escape unique to each individual. While some individuals may use music as a
medium for creative coping, others may use painting or dance as a medium for the same Africultural (subscale) coping system. It is the reported high use of Africultural coping systems with a reported significantly high use of a creative coping system that suggest Cluster 3 is likely to engage in ethereal escape using some creative/ artistic medium. Additional research is needed to further explore and describe the use of ethereal approaches to coping with daily stress in the lives of Africultural young adults. A broad approach to recruitment capturing a more diverse sample that does not focus solely on participants’ interest in music would likely contribute to a clearer picture of essential characteristics of an ethereal group.

The final research question was designed to focus on what Africultural populations of adolescents are able to teach us about their lived experiences of ethereal escape. This question was designed to create space for a qualitative component of this study and to explore participants’ thoughts about their ethereal experiences first hand. The intention of this researcher was to employ a mixed method approach to study ethereal escape and include a qualitative component to this project. This researcher was hoping to gain more information from the adolescents themselves about the unique process of making the psychological shift and self-engaging in psychological retreat. The choice to use endorsement of 20 previously identified ethereal indicators seemed to have limited the identification of participants. Additionally, there was no monetary or educational (e.g., extra course credit) incentive for participation in the focus group portion of this study. Unfortunately, only one individual met previously established criteria for focus group participation. As a result, focus groups were not conducted and this researcher examined relevant literature to better understand why the focus groups selection criteria was not as effective as anticipated. While quantitative analyses identified a group of people who would be appropriate for interviewing (i.e., Cluster 3), this study was not structured
to identify focus group participants in this procedural manner. More specifically, data collection was set up to be anonymous, with those persons identified as meeting pre-established focus group criteria at the time of data collection being automatically invited to provide contact information if they were interested in participating in the qualitative follow-up. Future research may consider organizing a similar study to identify individuals to interview after data collection and the analysis of data as opposed to using results from data collection as criteria for interview. More specifically, a confidential survey would permit researchers to follow up with participants upon completion of the assessment and invite them for participation in a focus group. Future researchers may also consider use of the ACSI-M as a screening tool for focus group participation. For example, individuals with scores one standard deviation or more higher than the sample mean on the Creative Coping, Spiritual Coping or Cognitive Emotional Debriefing Scales would be invited to participate in a focus group. Because focus groups were not conducted, this researcher was not able to obtain first-hand information about participants’ interpersonal responses to stress neither explore participants’ experiences with music as a medium for ethereal escape. Focus groups were intended to bridge the conceptual gap between identification of a perceived stressor and the conscious psychological processes involved in choosing music not only as a form of coping but also a tool for prolonged stress management.

Implications for Future Research

Utsey, Adams et al. (2000) explored the correlation between the ACSI in its original form and the Ways of Coping Questionnaire (WCQ.) Utsey specifically examined four original ACSI factors (e.g., Cognitive Emotional Debriefing, Spiritual Centered Coping, Collective Coping and Ritual Coping) and their correlation with five WCQ subscales (e.g., Problem Focused, Detachment, Wishful Thinking, Seeking Social Support and Focusing on the Positive.)
Results from Utsey’s analysis suggested significant correlations between the Problem Focused subscale (WCQ) and Collective Coping (ACSI); Detachment (WCQ) and Cognitive Emotional Debriefing; Focusing on the Positive (WCQ) and Cognitive Emotional Debriefing, Spiritual Centered Coping, and Collective Coping (ACSI.) In this particular study, Utsey, Adams et al. (2000) noted that while the WCQ was grounded in a Eurocentric framework, it was the best available measure for establishing concurrent validity of the ACSI. Utsey, Adams et al. (2000) also noted an absence of instruments available to assess the culture specific coping behavior of African Americans. The WCQ was selected as the most appropriate existing tool because some of the WCQ subscales approximate culture specific behaviors of African Americans (e.g., Seeking Social Support, Focusing on the Positive, and Problem Focused Coping.)

Although development of the CSI was also influenced by the WCQ, it was chosen over the WCQ for this dissertation because of Amirkhan’s (1990) conceptualization of the Avoidance scale as a deliberate process of coping. While the CSI is not grounded in Africultural principles, Amirkhan (1990) conceptualized the Avoidance Scale items as deliberate and intentional strategies to cope with perceived stress as opposed to representing passive, reactive response options. The Avoidance scale was administered in the present study to quantitatively measure the process of creating psychological distance between an individual and a perceived stressor. Utsey’s past discussion of the Ways of Coping Questionnaire includes mention of a relationship between coping and detachment however the WCQ frames avoidance as a defensive response. This study was not focused on use of defense mechanisms in response to perceived stressors. Given that the Avoidance subscale did not yield expected results in the present study, greater understanding is needed of Africultural college students and the operational definition of avoidance. While Avoidance on the CSI was contextualized as a strategic and deliberate effort, it
may not fully capture the potential intersection of Detachment, Focusing on the Positive, and Cognitive Emotional Debriefing as measured on the WCQ. Future research intended to more fully understand the unique systems of coping of Africultural populations would benefit from continued exploration of ethereal escape. Perhaps ethereal escape would best be operationally defined as the intersection of Detachment (WCQ), Focusing on the Positive (WCQ) and Cognitive Emotional Debriefing (ACSI, ACSI-M.) Deliberate efforts to create distance between the participant and the individual may best be understood through use of detachment rather than avoidance. While use of the CSI Avoidance scale was intended to identify a coping style that adaptively separates the stress from the individual, this subscale may conceptualize avoidance in the physical sense of the word (proximity to the individual) and not necessarily consider cognitive and emotional distance.

More study of the ACSI-M is needed in an effort to resolve whether we fully understand the unique approaches to coping among Africultural, college students. Perhaps avoidance in this context may be better defined as another form of freedom. For this reason, it seems important to continue to explore the process of ethereal escape as well as the use of music as a medium for ethereal escape. While the focus of this study was ethereal escape through the medium of music, there are likely other approaches to cognitively detaching oneself from stressful situations equally worthy of exploration. For example, certain activities like cooking and exercising may host brief moments of cognitive detachment. While these activities are not inherently spiritual in nature, an individual could infuse a spiritual quality to the activity through use of music, meditation, and internal dialogue (e.g., recitation of a spiritual passage or scripture).

It seems equally important to also continue to examine the concept of ethereal escape as a higher order function of coping. Researchers may consider exploration of ethereal escape
through exploration of various media used to deliberately create psychological and emotional distance that is also restorative and adaptive. Researchers may also consider the degree to which individuals escape ethereally when using various media. For example, is there a difference in the quality of the ethereal escape if the medium is listening to poetry versus listening to music versus listening to a book (e.g., on tape). Researchers may also consider the utility of ethereal escape and its limitations. There may be some stressful contexts in which ethereal escape is not helpful in resolving the perceived stress. For example, if the individual is not properly managing a persistent mental health issue, ethereal escape may not be a reasonable coping option.

Implications of this study for future researchers include simple recognition of the existence of Africultural coping systems. Beyond this recognition there is also a need for researchers to accept the vital necessity of conceptualizing coping among Africultural populations of people with a nuanced lens. For example, the importance of this study includes challenging the potential misunderstanding and misdiagnosis of coping strategies used by Africultural populations of young adults. A small percentage of about 30% of this sample reported racism as a stressor both within the last 30 days and across the lifespan. School work, professors/ instructors, family and money/ finances were all endorsed at frequencies greater than that of racism. Further research is needed to explore the direct (overt, acute) and indirect (covert, prolonged) implications of racism upon each one of the stressors most frequently endorsed.

This study and future coping studies will help to inform clinical impressions with a more refined process of understanding. Researchers seeking to gain greater understanding of coping behavior in general will also have access to results from this study that will help to inform and expand literature of coping for Africultural populations and other historically underrepresented groups of people. This study responds directly to a deficit in published literature that identifies
behavior unique to Africultural populations of adolescents and young adults. This study responds directly to the need for a revised perspective for assessing healthy psychological and emotional development in Africultural youth. Future researchers may consider defining psychological withdrawal/ detachment as a preventative and adaptive process that is different from avoidance. Additionally, future researchers may consider exploring the process of making this kind of psychological shift and thus engaging in a psychological retreat. Lastly, future researchers may continue exploration of the physiological and psychological effects of stressful encounters over time.

Implications for Practice

Music as a therapeutic medium may be very useful and effective in addressing mental and physical health concerns related to stress and anxiety. For practitioners who enjoy music and music related activities, the opportunity to incorporate these in therapy may provide a way for the clinician to establish a more creative and unique rapport with a client that may greatly assist the counseling relationship and the therapeutic process. For clients who also identify as musicians, this approach to therapy may motivate them to initiate progress by way of a familiar and enjoyable process (Silverman, 2003). Existing research suggests this to be particularly true among clients who are residents of long term care facilities such as senior living communities, and clients who are battling chemical dependency. Within various health science fields, researchers are still studying the effect of music on the individual to prove that there is legitimacy in this research topic. Researchers are studying the effects of music to also prove that it offers some worthwhile contributions to the literature and practice of healthcare. There is an interesting split in the study of music and therapy from a physiological perspective versus a psychological perspective. The clinical utility of music as a medium for psychological escape
and retreat versus the clinical utility of music and the chemical effects it has on the brain would be worth further exploration. Future researchers may consider examination of the relationship between chemicals released in the brain and thoughts individuals are having while listening to music. As described more fully in the literature review (see Linblad, Hogmark, & Theorell, 2007), future clinical studies in this area may wish to first better control for confounding variables in order to more accurately identify which physiological responses are more directly related to an individual listening to music.

Considering the historical significance of music around the world, exploring the capability of music to serve as a medium for psychological intervention seems appropriately progressive (see Silverman, 2003; Smith, 2008). At a basic level, it also seems reasonable to identify a chemical released in the brain but easily measured that may indicate the presence of some negative feelings or emotions. It seems reasonable that if the sound of music could be associated with a decrease in the chemical associated with negative emotion, it could be proven that music has some empirical support as a therapeutic tool (Mitchell, 2007). The ambiguity seems to arise because there are always other factors that contribute to the release of cortisol. Because of such factors, it became evident that it is difficult to predict the effect of a musical intervention assessing solely levels of cortisol. The results quickly become clouded due to the biological and environmental factors that affect or contribute to the release of cortisol. Such factors include the time of day, the level of stress perceived by the individual, the type of stress put upon the participant not controlled by the experimental condition, and other health conditions that may affect the release of Cortisol (see Linblad et al., 2007).

Given the relationship between stress and quality of life, it is imperative that researchers and particularly those working closely with mental health continue to challenge irrational
thoughts about the body’s ability to cope successfully with distress. For this reason, exploring
and understanding positive, adaptive and helpful approaches to managing stress is essential in
maximizing human developmental trajectory. Given the challenges mentioned in the study of
cortisol (see Linblad et al., 2007), it seems useful to identify another common physiological
response often used in identifying distress. Blood pressure should be considered as an outcome
variable in future research. Aside from being less invasive, blood pressure should indicate a state
level of basic functioning within a range of normal adolescent development. The benefit of
incorporating an alternate physical measure of stress in future research will include a snap shot
like view of the nature of development in Africultural, college undergraduates. This aspect of
development could be further explored specifically with regard to the type of coping Africultural
adolescents and young adults believe they engage themselves in, their experiential relationship
with music and the degree to which participants allow music to affect their state like (situational)
experience.

Additionally, the present study offers content that has the ability to improve and inform
teaching practices among educators. As teachers become more fluent in recognizing and
responding to coping behavior among their students, they can also modify lessons and
curriculum to reinforce Africultural coping systems. This can be helpful as adolescents are in
active stages of identity development. Ideally, this increased understanding of coping behavior
may help to enhance the student teacher relationship and help reduce the perception of threat and
acting out behavior within the classroom. Approaches to parenting may be greater informed
through this study as the meaning of adolescent behavior is becoming more defined and
understood. Practitioners also have the opportunity to greater inform their formal assessment of
Africultural behavior from a behavior that is inherently positivistic, strengths-based, and
transformative. Future clinicians may also consider use of the ACSI-M as a tool that will teach participants the meaning of their behavior within an unfamiliar context. For example, an adolescent who self identifies as being of Africultural descent may not have an idea of the implications of their behavior within the historic context of an Africultural system. As 18 to 22 years is chronologically an integral time of human development, the ACSI-M may be used to assist adolescents in their identity development by helping them to make meaning of their own behavior.

**Generalizability of Results**

The results of this study may be generalized to include individuals who self-identify as being of Africultural descent, who are also undergraduate students attending predominantly white institutions of higher education, and who are between the ages of 18 and 22 years. While this study was based on Africultural college students, it is important to consider the utility of the approaches to coping in the lives of other racial/ethnic populations of people. Historically, assessments normed on majority groups have also been used to make inferences and interpretations about the meaning of life, behavior and quality of life in marginalized populations. Though this study has clearly defined limits to generalizability, there may be some aspects of Africultural systems of coping that are shared between Africultural and Eurocentric perspectives. Equally, there may be other racial-ethnic groups who also share similar systems of coping with daily stress. Different from other studies, this study gave participants the option to define their racial ethnic background. Studies in the past have only provided participants with racial/ethnic options to endorse. Providing participants the opportunity to define their own racial ethnic background yielded a more nuanced understanding of participants in this study. The
sample included individuals who identified as being of some form of African descent as well as some form of Latin and or Asian descent.

**Limitations of the Study**

The limitations of this study include the approach to recruitment of participants, the overall sample size, the size of the cluster with the most variation (e.g., Cluster 3), the identified indicators of ethereal escape, the chronological age/generation of participants, and a lack of explicit consideration of the use of technology by this generation in the development of this study.

This study deliberately invited people who enjoy music to participate. While music was being explored as the medium for psychological escape, there may have been a qualitative difference in results had inclusionary criteria included previously identified ethereal indicators. Additionally, results may have been different had a broad sample of Africultural college students been recruited and their interest in music been used as a tool to identify individuals who may use music as a medium for ethereal escape.

Ethereal escape was conceptualized broadly as an approach to coping with a spiritual component. Both the Spirituality Scale and the Spiritual Coping Scale (ACSI-M) referenced God. While participants may identify as spiritual and religious, participants may not acknowledge God in their spirituality and or religious practice. Use of God in this study may have impacted participants’ endorsement of the spiritual items included in this study. This may have also contributed to lower scores on previously identified indicators of ethereal escape which resulted in only one participant meeting criteria for focus group participation. Use of God in this study also reflects a value of Judeo-Christian ethics, a dominant religious orientation in the United States. This study may have unintentionally contributed to feelings of marginalization.
and thus may have impacted participants’ responses to spiritually focused items as well as to the overall study.

The advancement of technology within the last 10 years has enhanced access to creative forms of coping. For example, it is not uncommon for individuals to use cellular telephones, smart phones, tablets, and other technological devices to quickly detach from reality. Social media, online games and various other applications are available for download and can quickly distract people from their present reality. Because undergraduates were the focus of recruitment, it is difficult to conclude the degree to which ethereal escape is being used as an approach to coping given the access to various forms of psychological escape. Whereas 10 years ago, technological devices were more limited in their capabilities, access to music was one of the first additions to cellular phones (e.g., downloading ringtones). In 2017, music can be accessed through a plethora of media and ethereal escape can occur by way of various means.

**Conclusion**

In conclusion, this research study confirmed the importance of music in the lives of Africultural college students. This study also confirmed the importance and the utility of Africultural approaches to coping with daily stress in the lives of Africultural people. This study particularly highlighted the importance of creative approaches to coping with stress in the lives of Africultural college students. This is particularly important as we consider effective and accurate diagnosis, treatment and research with Africultural populations as well as other groups of people who have been traditionally underrepresented in this country. This study is also important as we consider the implications of existing, Eurocentric approaches to research, diagnosis and treatment on the “Browning of America.” It is reasonable to conclude that as America continues to evolve in racial ethnic complexity, approaches to research, diagnosis and
treatment must too evolve to attend to the nuances in implications of human behavior. While assimilation has historically referred to underrepresented groups acquiring characteristics of traditionally Caucasian American culture, future assimilation may look like traditionally over represented populations acquiring characteristics of traditionally underrepresented and marginalized cultures. It will be important for researchers and clinicians alike to understand the meaning of the expression of behavior inherent to other cultures and the value of these behaviors to people who have historically comprised a dominant culture. Failure to make this consideration will land researchers and clinicians in the place prior to completion of this study where the potential for misunderstanding and diagnostic confusion is heightened.

The continued advancement of technology means that there will also be a growing capacity for intercultural connection through various technological devices, applications and programs. An increase in intercultural connection will provide some people access to the unrestricted exchange of heterogeneous cultural values, principles and practices. It is important to note that not all people will have access to connect with others from different cultures for various reasons. For individuals who are able to embrace the access however, this unrestricted exchange is going to challenge health care professionals to respond to client concerns from a place beyond standard training and experiences.

The future of health care will assume that all individuals are required to manage daily stress in acute and ongoing forms and will consider the implications of strained capacities for relationships with self and others as indicators of psychopathology. American culture is evolving toward an expectation of cultural humility as an entry level qualification for various professional roles and academic pursuits. Effective research and psychological practice focused on coping
will benefit from continued exploration of Africultural systems of coping as well as systems of coping inherent to other historically marginalized groups.
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Press.

Psychologist, 38*, 245-254.


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Appendix A

Demographic and Music Listening Questionnaire (Mitchell et al., 2007)
This questionnaire is private and there are no right or wrong answers.

Please respond honestly to the following questions to the best of your ability.

Age: 17 18 19 20 21
Gender: Female Male Other: Please explain I prefer not to respond

Sexual Orientation:
Gay
Lesbian
Bi-sexual
A-sexual
Heterosexual
Queer
Pansexual
Questioning
Other: Please explain

Current Academic Standing:
Freshman
Sophomore
Junior
Senior

Did you attend a predominantly white high school? Yes No

Are you a first generation college student (e.g., are you the first person in your immediate family to attend college)? Yes No
Have you ever been diagnosed with a chronic medical condition of any kind (e.g., asthma, diabetes, sickle cell anemia)? Yes  No

Have you ever been diagnosed with a mental health concern (e.g., depression, anxiety, post-traumatic stress disorder)? Yes  No

If so, was the diagnosis within the last 3 years? Yes  No

How do you define your racial/ethnic background?

- African American
- African American and Caucasian
- African
- African and Caribbean (descent)
- African American and Asian (descent)
- African American and Latino/a
- Other: Please explain

Part Two

How often have you listened to music within the last 30-45 days? (Please check one)

- Not very often
- Once a week
- 3-5 days a week
- Once or twice a day
- Throughout the day/during the day
- As often as I can
**How do you listen to music?** (Check all that apply)

- CDs
- My downloads
- My mixes/playlists
- Sharing music from/with friends
- Radio
- Internet
- Live concerts/performances

**How often do you typically listen to music while doing the following?** (Please check one option for each activity)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Quite Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driving</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Housework</td>
<td></td>
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</tr>
<tr>
<td>Reading/homework</td>
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<tr>
<td>Working a job</td>
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<tr>
<td>Socializing</td>
<td></td>
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</tr>
<tr>
<td>In class</td>
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<tr>
<td>Other</td>
<td></td>
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</tr>
</tbody>
</table>
In the last month, who have you listened to music with? (Please check all that apply)

On my own

Friends

Date/boyfriend/girlfriend/spouse

Family

Teachers/instructors

Classmate

Group of people I didn’t know

Do you play a musical instrument currently?  Yes  No

Have you ever played a musical instrument?  Yes  No

Read the questions below and X (mark) your answer to the question in the boxes numbered below.

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>How valuable is music to you?</td>
<td></td>
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<tr>
<td>Music has no value</td>
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<tr>
<td>I feel no connection to other people when I listen to/sing music</td>
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<tr>
<td>I feel a strong connection to other people when I listen to/sing music</td>
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</tr>
<tr>
<td>Do you feel a connection to God when you listen to/sing music?</td>
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<tr>
<td>I feel no connection to God when I listen to/sing music</td>
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<tr>
<td>I feel a strong connection to God when I listen to/sing music</td>
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</tbody>
</table>
Do you listen to Hip Hop music?  Yes  No

How important is music in your life? (Please check one)

Not important
Of little importance
Important
Very important

How important is music to the average person?

Not important
Of little importance
Important
Very important

Why do you listen to music? (Please check a number between 0 and 10 for each statement)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>To enjoy the music</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>To be creative/use my imagination</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>To relieve boredom</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>To help me get through difficult times</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>To relieve tension/stress</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>To express my feelings/emotions</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>To reduce loneliness</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>To get me in a mood I want to be in</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>
Helps me to perform activities
I would normally find boring

Helps me to perform activities
I would normally find physically difficult

Sets a mood when I’m with others

To make me feel more relaxed

To help with my physical pain

Part Three (Please Check All That Apply)

A “stressful situation” is any situation that you found troubling or otherwise caused you to worry. Such situations might have been related to your family, friends, school, job, romantic relationship, or other things you consider important in your life.

Which of the following have resulted in “stressful situations” within the last 30 days?

Professors

Money/finances

Significant other

Family

Physical health

Schoolwork

Peers/co-workers

Car trouble

Racism

Mental health

Other
Which of the following have resulted in repeatedly “stressful situations” over your entire lifespan?

Sexual identity
Mental health
School/teachers
Other
Appendix B

Spirituality Scale (Jagers & Smith, 1996)
**Spirituality Scale**

**General Instructions**

This questionnaire is designed to assess the various ways in which people act, feel and believe regarding several aspects of today’s world. It is not a test, so there are no “right” or “wrong” answers. There is no need for you to be concerned with how you respond or how others may respond. We are only interested in the overall views, not in individual points of view. Therefore, please relax and answer each question as openly, honestly and thoughtfully as you possibly can.

The items on this questionnaire each consist of a single statement. Under each statement there is a scale ranging from 1 to 6. In each instance, these numbers mean the following:

1 = completely false
2 = mostly false
3 = somewhat false (more false than true)
4 = somewhat true (more true than false)
5 = mostly true
6 = completely true

Using this scale, please respond to each statement by circling the number which best represents the degree to which the statement is true or false for you. If there are no questions, please turn the page and begin.

1. To me, every object has some amount of spiritual quality.
2. To have faith in each other is to have faith in God.
3. I pray before taking a test.
4. I believe that the world is not under our control but is guided by a greater force.
5. I believe more in politics than in religion as a way for people to come together.
6. All people have a common core which is sacred.
7. I act as though unseen forces are at work.
8. We all need to have knowledge of the world’s religions.
9. Just because I have faith and beliefs does not mean I live that way all of the time.
10. No preacher could ever understand the problems I have.
11. Without some form of spiritual help, there is little hope in life.
12. I pray before eating a meal.
13. The most important part of me is the inner force which gives me life.
14. My happiness is found in the material goods I own.
15. I feel that all life is simply made up of different chemicals.
16. I pray before going on a trip.
17. To me the world can be described as a big machine.
18. If I had more money, life would be happier.
19. I don’t know where to find the answers to life’s questions.
20. To me, an object’s material worth is that object’s value.
21. Though I may go to a doctor when I am ill, I also pray.
22. The truth is what we learn in school.
23. To me, it is possible to get in touch with the spirit world.
24. Since science and church both have an idea about man’s beginnings, I don’t know which is true.
25. I feel that life is made up of spiritual forces.
Appendix C

Agricultural Coping Systems Inventory-M (Conner, 2003)
ACSI-M: Instructions

The statements below are intended to represent some of the ways people cope with stressful situations in their daily lives. In order to respond to the statements below you will need to think of a specific stressful situation that you have encountered. A “stressful situation” is any situation that you found troubling or otherwise caused you to worry. Such situations might have been related to your family, friends, school, job, romantic relationship, or other things you consider important in your life.

To help us understand the exact nature of the stressful situation you are thinking of when responding to the statements in this questionnaire, please take a moment to write a brief description of the situation in the space provided below.

Use this space to describe your stressful situation:

DID YOU REMEMBER TO DESCRIBE YOUR STRESSFUL SITUATION?

Now, keeping this situation in mind, please indicate the extent to which you used each of the strategies described on the following pages to help you cope with the stress you experienced.

ACSI-M:
This questionnaire is private and there are no right or wrong answers. Please read each statement carefully, and write the number 0, 1, 2, or 3 that best describes your experience.

0 = Does not apply or Did not use
1 = Used a little
2 = Used a lot
3 = Used a great deal

1. Prayed that things would work themselves out. _____
2. Listened to music to deal with my problem. _____
3. Shared your feelings with a friend or family member. _____
4. Got a group of family or friends together to help with the problem. _____
5. Danced on my own. _____
6. Remembered what a parent (or other relative) once said about dealing with these kinds of situations. _____
7. Tried to forget about the situation. _____
8. Drew a picture, painted, or beaded. _____
9. Went to church (or other religious meeting) to get help from the group. _____
10. Went to a poetry group or workshop. _____
11. Thought of all the struggles Black people have had to endure and this gave me strength to deal with the situation. 
12. Thought about what a particular actor/actress would do. 
13. To keep from thinking about the situation I found other things to keep me busy. 
14. Sought advice about how to handle the situation from an older person in my family or community. 
15. Played a musical instrument to relax. 
16. Read a scripture from the Bible (or similar book) for comfort and/or guidance. 
17. Asked for suggestions on how to deal with the situation during a meeting of my organization or club. 
18. Danced with friends. 
19. Thought about a picture or artwork to help me relax. 
20. Tried to convince myself that it wasn’t that bad. 
21. Asked someone to pray for me. 
22. Joked around for fun. 
23. Spent more time than usual doing group activities. 
24. Hoped that things would get better with time. 
25. Sung some songs with friends. 
27. Spent more time than usual doing things with friends or family. 
28. Went to a museum or art show. 
29. Tried to remove myself from the situation. 
30. Sought out people I thought would make me laugh. 
31. Joined an acting class or group. 
32. Got dressed up in my best clothing. 
33. Asked for blessings from a spiritual or religious person. 
34. Went to a dance class. 
35. Helped others with their problems. 
36. Lit a candle for strength or guidance in dealing with the problem. 
37. Wrote my feelings in a journal or diary. 
38. Sought emotional support from family or friends.
39. Burned incense for strength or guidance in dealing with the problem. _____
40. Wrote a poem or short story. _____
41. Attended a social event (dance, party, movie) to reduce stress caused by the situation. _____
42. Sung a song to myself to reduce the stress. _____
43. Expressed my feelings by creating art. _____
44. Used a cross or other object for its special powers in dealing with the problem. _____
45. Found myself watching more comedy shows on TV. _____
46. Went to a dance performance. _____
47. Went to drama therapy. _____
48. Wrote words to a song to express my feelings. _____
49. Left matters in God’s hands. _____
50. Read poetry, comics or a book. _____
Appendix D

The Coping Strategies Indicator (Amirkhan, 1990)
Keeping **that** stressful event in mind, indicate to what extent you...

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Let your feelings out to a friend?</td>
<td>□ A lot □ A little □ Not at all</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Rearranged things around you so that your problem had the best chance of being resolved?</td>
<td>□ A lot □ A little □ Not at all</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Brainstormed all possible solutions before deciding what to do?</td>
<td>□ A lot □ A little □ Not at all</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Tried to distract yourself from the problem?</td>
<td>□ A lot □ A little □ Not at all</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Accepted sympathy and understanding from someone?</td>
<td>□ A lot □ A little □ Not at all</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Did all you could to keep others from seeing how bad things really were?</td>
<td>□ A lot □ A little □ Not at all</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Talked to people about the situation because talking about it helped you to feel better?</td>
<td>□ A lot □ A little □ Not at all</td>
<td></td>
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</tr>
<tr>
<td>8. Set some goals for yourself to deal with the situation?</td>
<td>□ A lot □ A little □ Not at all</td>
<td></td>
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<tr>
<td>9. Weighed your options very carefully?</td>
<td>□ A lot □ A little □ Not at all</td>
<td></td>
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<tr>
<td>10. Daydreamed about better times?</td>
<td>□ A lot □ A little □ Not at all</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Tried different ways to solve the problem until you found one that worked?</td>
<td>□ A lot □ A little □ Not at all</td>
<td></td>
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<tr>
<td>12. Confided your fears and worries to a friend or relative?</td>
<td>□ A lot □ A little □ Not at all</td>
<td></td>
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<tr>
<td>13. Spent more time than usual alone?</td>
<td>□ A lot □ A little □ Not at all</td>
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<tr>
<td>14. Told people about the situation because just talking about it helped you to come up with solutions?</td>
<td>□ A lot □ A little □ Not at all</td>
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<tr>
<td>15. Thought about what needed to be done to straighten things out?</td>
<td>□ A lot □ A little □ Not at all</td>
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<tr>
<td>16. Turned your full attention to solving the problem?</td>
<td>□ A lot □ A little □ Not at all</td>
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<tr>
<td>17. Formed a plan of action in your mind?</td>
<td>□ A lot □ A little □ Not at all</td>
<td></td>
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</tbody>
</table>
18. Watched television more than usual? □ A lot    □ A little    □ Not at all
19. Went to someone (friend or professional) in order to help you feel better? □ A lot    □ A little    □ Not at all
20. Stood firm and fought for what you wanted in the situation? □ A lot    □ A little    □ Not at all
21. Avoided being with people in general? □ A lot    □ A little    □ Not at all
22. Buried yourself in a hobby or sports activity to avoid the problem? □ A lot    □ A little    □ Not at all
23. Went to a friend to help you feel better about the problem? □ A lot    □ A little    □ Not at all
24. Went to a friend for advice on how to change the situation? □ A lot    □ A little    □ Not at all
25. Accepted sympathy and understanding from friends who had the same problem? □ A lot    □ A little    □ Not at all
26. Slept more than usual? □ A lot    □ A little    □ Not at all
27. Fantasized about how things could have been different? □ A lot    □ A little    □ Not at all
28. Identified with characters in novels or movies? □ A lot    □ A little    □ Not at all
29. Tried to solve the problem? □ A lot    □ A little    □ Not at all
30. Wished that people would just leave you alone? □ A lot    □ A little    □ Not at all
31. Accepted help from a friend or relative? □ A lot    □ A little    □ Not at all
32. Sought reassurance from those who know you best? □ A lot    □ A little    □ Not at all
33. Tried to carefully plan a course of action rather than acting on impulse? □ A lot    □ A little    □ Not at all
Appendix E

Previously Identified Ethereal Escape Indicators
Previously Identified Ethereal Escape Indicators

Inclusionary Criteria required for Focus Group Participation

Participants that endorse the following items from the ACSI-M will be invited to participate in focus groups that will further explore their ideas about their relationship with music and the role it plays in their lives. Participants that endorse the following criteria with a 2 (used a lot) and or a 3 (used a great deal) are of first priority and participants endorsing the criteria with only a 1 (used a little) will be considered for focus group participation secondarily. Participants endorsing none of the following criteria will not be invited to participate in focus groups.

#2. Listened to music to deal with my problem.
#15. Played a musical instrument to relax.
#25. Sang some songs with friends.
#42. Sang a song to myself to reduce the stress.
#48. Wrote words to a song to express my feelings.

Participants that endorse the aforementioned criteria from the ACSI-M and all/ some of the following items from the CSI will suggest to the researcher that they cope with stressful events using a deliberately avoidant strategy “a lot” and or “a little” of the time.

The first set of CSI indicators reflect those that both this researcher and Amirkhan (1990) identify as deliberately avoidant strategies:

#4. Tried to distract yourself from the problem.
#6. Did all you could to keep others from seeing how bad things really were.
#10. Daydreamed about better times.
#13. Spent more time alone than usual.
#21. Avoided being with people in general.
#27. Fantasized about how things could have been different.
The second set of CSI indicators reflect those that only this researcher believe may be indicators of deliberate avoidance and ethereal escape:

#3. Brainstormed all possible solutions before deciding what to do.
#8. Set some goals for yourself to deal with the situation.
#9. Weighed your options very carefully.
#11. Tried different ways to solve the problem until you found one that worked.
#15. Thought about what needed to be done to straighten things out.
#17. Formed a plan of action in your mind.
#33. Tried to carefully plan a course of action rather than acting on impulse.

Participants endorsing the aforementioned criteria in addition to the following criteria from the Spirituality Scale will strongly suggest to this researcher that they are likely to deliberately engage themselves in ethereal escape.

#1. To me, every object has some amount of spiritual quality.
#2. To have faith in each other is to have faith in God.
#4. I believe that the world is not under our control but is guided by a greater force.
#7. I act as though unseen forces are at work.
#11. Without some form of spiritual help, there is little hope in life.
#13. The most important part of me in the inner force which gives me life.
#23. To me, it is possible to get in touch with the spirit world.
#25. I feel that life is made up of spiritual forces.
Appendix F

Correlations: SS, ACSI, CSI, MLQ, and Ethereal Escape Subscales
### Correlations: SS, ACSI, CSI, MLQ, and Ethereal Escape Subscales

<table>
<thead>
<tr>
<th>Scale/ Subscale</th>
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<th>2</th>
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<th>15</th>
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<tbody>
<tr>
<td>1. ACSIM – RCC</td>
<td>.60**</td>
<td>1</td>
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<td>2. ACSIM – SCC</td>
<td>.55**</td>
<td>.71**</td>
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<td>3. ACSIM – CCC</td>
<td>.70**</td>
<td>.71**</td>
<td>.66**</td>
<td>1</td>
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<td>4. ACSIM – CED</td>
<td>.74**</td>
<td>.72**</td>
<td>.63**</td>
<td>.84**</td>
<td>1</td>
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<td>5. ACSIM – CC</td>
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<td>-.10</td>
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<td>-.05</td>
<td>-.06</td>
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<td>6. CSI-PSS</td>
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<td>-.05</td>
<td>.03</td>
<td>.01</td>
<td>.01</td>
<td>.55**</td>
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<td>7. CSI – SSS</td>
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<td>.05</td>
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**Note.** ACSI = Agricultural Coping Systems Inventory – Modified -5 (n = 138); RCC = Ritual Centered Coping; SCC = Spiritual Centered Coping; CCC = Collective Centered Coping; CC = Creative Coping; CED = Cognitive Emotional Debriefing; CSI = Coping Strategies Indicator – 3 (n = 134); PSS = Problem Solving Scale; SSS = Seeking Social Support; AVD = Avoidance; SS = Spirituality Scale (n = 148); MLQ-FEN = Music Listening Questionnaire – Fulfilling Emotional Needs; Ethereal Strict = Ethereal Escape Scale as originally scored by this researcher (n = 134)

**Correlation is significant at the 0.01 level (2-tailed). *Correlation is significant at the 0.05 level (2-tailed).
Appendix G

HSIRB Approval
Date: March 11, 2015

To: Mary Anderson, Principal Investigator
    Britne Amos, Student Investigator for dissertation
    Shealyn Blanchard, Student Investigator

From: Amy Naugle, Ph.D., Chair

Re: HSIRB Project Number 15-02-15

This letter will serve as confirmation that your research project titled “MY Music” has been approved under the expedited category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note: This research may only be conducted exactly in the form it was approved. You must seek specific board approval for any changes in this project (e.g., you must request a post approval change to enroll subjects beyond the number stated in your application under “Number of subjects you want to complete the study”). Failure to obtain approval for changes will result in a protocol deviation. In addition, if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

Reapproval of the project is required if it extends beyond the termination date stated below.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: March 10, 2016
Date: October 4, 2016

To: Mary Anderson, Principal Investigator
    Brine Amos, Student Investigator for dissertation
    Shealyn Blanchard, Student Investigator

From: Amy Naugle, Ph.D., Chair

Re: HSIRB Project Number 15-02-15

This letter will serve as confirmation that the changes to your research project titled “MY Music” requested in your memo received October 3, 2016 (to move the demographic questions from the end of the survey to the beginning of the survey; to redirect participants who do not meet inclusion criteria to a message that states “We thank you for your time spent taking this survey. Your response has been recorded.”; and to add 3 new recruitment emails) have been approved by the Human Subjects Institutional Review Board.

The conditions and the duration of this approval are specified in the Policies of Western Michigan University.

Please note that you may only conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: March 10, 2017