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Culture, Coping, and Context: Primary and Secondary Control among Thai and American Youth

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Do cultural values and traditions influence the development of coping styles? To address this question, we compared self-reports of coping by 6–14-year-olds in Thailand and the U.S. One hundred and forty-one children were interviewed about six common stressors: separation from a friend, injection in a doctor's office, adult anger, peer animosity, school failure, and physical injury. Children's self-reported coping *methods* were coded as *overt* or *covert*. Coping *goals* were coded as reflecting *primary control* (attempts to influence objective conditions), *secondary control* (attempts to adjust oneself to objective conditions), or *relinquished control*. Although findings revealed numerous cross-national similarities, there were also multiple main and interaction effects involving culture, suggesting that sociocultural context may be critical to our understanding of child coping. Consistent with literature on Thai culture, Thai children reported more than twice as much covert coping as American children for stressors involving adult authority figures (i.e. adult anger, injection in doctor's office). Thai children also reported more secondary control goals than Americans when coping with separation, but American children were five times as likely as Thais to adopt secondary control goals for coping with injury. The findings support a model of coping development in which culture and stressor characteristics interact, with societal differences most likely to be found in situations where culture-specific norms become salient.

Keywords: Coping, culture, primary and secondary control, children, adolescents, Thailand, stress, cross-cultural.

Introduction

Over the past two decades, a burgeoning of developmental research on coping has enriched our understanding of how coping relates to such factors as type of stressor and child's age. The modest correlations typically found between stressful life events and disorder during childhood suggests that stress per se may be less important to psychological well-being than the patterns of coping children use in response to that stress (Aldwin & Revenson, 1987; Banez & Compas, 1990; Compas, 1987a; Elwood, 1987). Additional findings suggest that styles of coping with common stressors, or "daily hassles", may be more closely related to overall child adjustment than are coping responses to major life events, perhaps because children so often confront these common everyday stressors (Compas, 1987b; Wagner, Compas, & Howell, 1988). Overall, the findings suggest that research on how children cope with everyday stressors may contribute importantly to our understanding of child adaptation and dysfunction.

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Although a good deal has been learned thus far, we still know surprisingly little about how responses to stress may relate to the child's sociocultural context. In his influential review of child coping research, Compas (1987a) noted this gap and argued that "the relation between various social contexts or ecologies and the coping behavior of children and adolescents needs to be examined in greater detail" (p. 401). Research on the development of coping has indeed suffered from a limitation aptly summarized in Graham's (1992) title: "Most of the Subjects Were White and Middle Class" (p. 629). Extending the research across cultural and ethnic boundaries may help us to identify socialization processes that influence children's values and beliefs, which may in turn shape their choices of coping strategies (see Compas, 1987a). Such research could thus enrich our picture of the development of coping patterns. In addition, such research might sharpen our picture of culture and its effects, by suggesting ways in which societal forces may influence children's responses to threat and challenge.

The present study was designed to serve both these objectives by bringing together the study of child coping and cultural context. We drew from a specific control-related model of coping, and we focused on youngsters from Thailand and the U.S., two cultures to which the model is particularly relevant. The theoretical framework was the primary-secondary control model (Rothbaum, Weisz, & Snyder, 1982), which has been employed in analyses of cultural differences (see, e.g., Weisz, Rothbaum, & Blackburn, 1984a, b) and in studies of child coping (see, e.g., Band & Weisz, 1988, 1990; Thurber & Weisz, 1997; Weisz, McCabe, & Dennig, 1994), but has not previously been used to study child coping across cultures.

Building on this model, we distinguished between coping *methods* and coping *goals*, and each of these was further subdivided. Among coping methods, we distinguished between those that were outwardly observable, or *overt*, and those that were hidden from view, or *covert*. Coping goals were classified as involving *primary control* (i.e. modifying objective conditions to fit one's wishes), *secondary control* (i.e. adjusting oneself to fit objective conditions), or *relinquished control* (i.e. a lack of goal directed behavior—no attempt either to modify or adjust to conditions). Note here that much of the past research on child coping has focused solely on coping methods, with little attention given to the objectives or goals underlying those methods. Such an approach, in our view, may miss important information, because different children may employ the same coping behavior in the service of quite different goals. Because cultural groups may differ with respect to either coping responses *or* coping goals, it seemed important to distinguish clearly between the two in the present study.

The study focused on Thailand and the U.S., two cultures that might well be expected to differ with respect to both methods and goals of child coping. With regard to *coping methods*, the distinctive value system found in Thailand may foster a greater emphasis on covert methods of coping among Thai children than their American age-mates, at least for stressors involving individuals who are older or in positions of authority. From early childhood on, Thai youngsters are taught to minimize overt display of feelings. Thais are taught not to oppose others openly, but rather to conceal anger, doubt, anxiety, or grief (Kulick & Wilson, 1992). A Thai ideal is to be *choie choie*, i.e. to manifest a well-regulated interpersonal style that maintains a consistent outward display, thus not revealing one's inner emotions (National Identity Office, 1991). In fact, outward expressions of anger are considered to be signs of ignorance and crudity, suggesting that one has not yet learned how to control oneself (National Identity Office, 1991). One American scholar (Klausner, 1993, p. 139), living in Thailand, experienced the Thai avoidance of overt expression in this way:

> I found it frustrating and exasperating. I could never be certain how someone felt, and, if I sensed a hidden anger or displeasure, I found it almost impossible to pressure or entice an explanation of the underlying causes… I remember being annoyed by my inability to elicit any less neutral response to an invitation than, "if you would like," "as you wish," "follow your heart," and other Thai variations on this theme…

Consistent with these examples, Thai youngsters are taught to inhibit overt expression of their wishes and feelings, particularly around authority figures or those who are older than they (Gardiner, 1968; Limanonda, 1995; National Identity Office, 1991). One Thai student commented (Gardiner, 1968), "Parents train their children not to contest the point that they think is right. So, when I am angry with my parents or any elder brother or sister about their regulation or advice, I must be quiet" (p. 225). Another student noted, "When I know the people who make me angry are my parents or another I respect, I will complain softly. But when I know that it is my younger brother or sister, I will be louder and louder… (p. 226)." As this latter example suggests, Thai children, more than American children, are encouraged to respond to stressors that involve older persons or authority figures in ways that avoid overt display.

American culture, by contrast, generally emphasizes open expression of emotional states, thoughts, and feelings in the service of psychological health. It is believed among Americans that attention to one's inner experience and "knowing how you're feeling" will help alleviate distress (Bellah, Madsen, Sullivan, Swindler, & Tipton, 1985). Sharing and venting of even negative emotions, such as anger and frustration, is not discouraged among Americans, and may even be encouraged (Markus & Kitayama, 1994). As children pass through various developmental stages, Americans tend to expect a certain amount of undercontrolled behavior, as evidenced by such terms as "the terrible twos" and "typical teenager" (Weisz, 1989).

In comparison, the Thai child is taught from an early age to be *krengchai*, i.e. extremely reluctant to impose on others or disturb their personal equilibrium by expressing one's own feelings or wishes overtly, particularly in relation to elders and respected authority figures (Limanonda, 1995; Mulder, 1985; National Identity Office, 1991; Phillips, 1965; Suvannathat, 1979). As Klausner (1993, pp. 258–259), noted:

> In Thai society, with its emphasis on "social place" as expressed in elder-younger, subordinate-superior, patron-client relationships, *krengjai* is, most often, an attitude displayed towards one higher in the rank, social status, or age scale. It is diffidence, deference and consideration merged with respect.... Often one will hesitate to visit someone at his house or invite him to a social function due to a reticence to impose on the elder or superior... *krengjai* is also observed in one's reticence to seek help or ask for something desired from a superior unless it is absolutely necessary.

With regard to *coping goals*, some of the extant literature suggests that Thais may be somewhat more inclined toward secondary control than are their American age-mates. Thai children are taught from an early age to maintain smooth, harmonious interactions with others by adjusting to existing situations they do not actually prefer, or by deferring to the wishes of others. An emphasis on deference and accommodation to others is evident in the 10 "kingly virtues", which include *forbearance*, *lack of obstruction*, *self-denial*, *gentleness*, and *generosity* (Toth, 1982, p. 144). Moreover, the concept of *mai pen rai* ("never mind", "not to worry"), often invoked when something unfortunate happens, reflects the notion that one must gracefully submit to external forces beyond one's control, including *karma* (the cumulative impact of past deeds; Limanonda, 1995). The ideas of adjusting oneself to a prevailing situation, denying oneself, and deferring to the wishes of others, seem to involve accommodating to prevailing conditions rather than trying to change those conditions. Americans, by contrast, seek to prevent undue influence by others or connection to them, preferring a more independent view of the self (Markus & Kitayama, 1994). Thus, in some respects, Thai values appear to favor secondary control coping goals moreso than do American values.

On the other hand, the literature also suggests that Thais can be quite persistent in pursuit of individualistic, self-oriented goals, and thus in seeking primary control. Thais are known for their strong sense of individual autonomy, their emphasis on self-improvement and self-advancement, their pursuit of personal achievement, and their cultivation of individual skills and talents (Kulick & Wilson, 1992). "Broadly speaking," according to Klausner (1993), "we may view Thai culture as a battleground on which the forces of individualism on the one side and social place and hierarchy on the other wage continual internecine warfare" (p. 389). Such ongoing "internecine warfare" may lead Thai youth to be selective in their coping goals, with certain situations evoking the impulse for individualism and pulling for primary control and others situations evoking more self-denial and secondary control. If this is the case, then cultural differences in coping goals may be best understood by sampling a selection of different situations—i.e. different classes of stressors—and testing for stressor-specific cultural differences. This was one aim of the present study.

The study was guided by a general model of culture and coping, involving the interplay of the two factors. In this model, culture is best construed as interacting with type of stressor, with the nature of cultural differences shifting from one type of stressor to another. Moreover, we propose that the influence of culture will be seen most vividly in situations where cultural beliefs, values, norms, and customs are salient in the stressor. This *cultural salience* notion may have different implications for coping methods and goals, in the context of Thailand and the U.S. As for coping methods, the literature reviewed above suggests that Thai children may use relatively more covert methods in response to stressors involving interactions with older persons or authority figures, but not necessarily in other situations. With respect to coping goals, the literature is not clear on which particular stressors will evoke more primary or secondary coping in Thai versus American children, but the present study provided an opportunity to generate some initial evidence on the question.

Toward these ends, we obtained children's reports of their coping in response to six common but distinct types of stressors. Coping styles have often been assessed by asking youngsters how they might respond in hypothetical situations. This method may be useful, but children's responses to questions about hypothetical situations may differ from the coping strategies they employ in actual encounters with stressful events. Accordingly, we asked children in the present study to describe their coping methods and goals in relation to events they actually recalled having experienced. We used their respones to address the culture-related research questions noted above, and also to explore the roles of age and gender. Age differences in coping styles have been found in some previous research (see, e.g., Band & Weisz, 1988; Carson & Bittner, 1994), and some of the evidence (reviewed by Compas, Connor, Thomsen, Saltzman, & Wadsworth, 1998; Rudolph, Dennig, & Weisz, 1995) suggests that secondary control coping may increase with age. But the findings are not consistent across all studies, and the potential interplay of age and culture has remained virtually unexamined. As for gender, most studies have either not found significant sex differences in child coping or not tested for such differences (e.g. Glyshaw, Cohen, & Towbes, 1989; Hardy, Power, & Jaedicke, 1993). Here it seemed appropriate to include such tests, given potentially influential gender differences in the ways boys and girls are socialized in the two comparison cultures (see, e.g., Limanonda, 1995; Suvannathat, 1979; Weisz, McCarty, Eastman, Chaiyasit, & Suwanlert, 1997). Accordingly, our design included tests of culture, age, and gender effects on coping across six different stressful situations.

Method

Subjects and Design

The 141 children in the study (58 boys and 83 girls) formed a 2 (Culture) × 3 (Age) × 2 (Gender) design, with unequal cell sizes. The 73 U.S. children were all pupils in elementary schools, in suburban areas of North Carolina; the 68 Thai children were drawn from elementary schools in suburban areas of south-central Thailand. All the Thai children were ethnic Thai, and nearly all the American children were Caucasian. The three age groups were 6–8-year-olds, 9–11-year-olds, and 12–14-year-olds.

Interviews

All interviews in Thailand were done by a post-BA level Thai clinical psychologist. All U.S. interviews were done by a post-BA level first-year clinical psychology graduate student. Both interviewers followed a detailed script, and all children were interviewed individually. Interviewers were trained to adhere to the exact wording of the written interview. Each child was asked to recall times in the past year when they had felt bad, unhappy, or scared when encountering the following six stressors: (1) the child was separated from a friend, because of moving away or moving to a different school or a different class; (2) the child went to a doctor's office to get a shot; (3) the child's mother, father, or a teacher got angry at him/her; (4) a peer said unkind things to him/her; (5) the child got a grade on an exam or a report card that he/she did not like; and (6) the child had an accident and was physically hurt. These six situations were chosen to provide a sample of relatively specific everyday stressors. The interview was first written in English. Preparation of the Thai version involved initial translation into Thai, then back-translation into English, correction of inequivalencies, and production of a final Thai version.

For each event recalled, children were asked to tell what happened and how it felt, then to describe what they thought and did in response (i.e. their coping *method*). To assess the goals underlying each coping method, children were asked "How did you think that [*coping method*] would help or make things better?" Responses were recorded verbatim. All Thai responses were translated into English for coding, with two bilingual Thai psychologists reaching consensus on the translations.

Coding: Coping Methods and Goals

Coping methods were coded as overt or covert. Overt methods involved outwardly visible behavior. Examples of overt methods were: "I ran away and hid" and "I screamed". Covert methods were not outwardly visible. Examples included, "I tried to remember my favorite things" and "I think that getting a shot will be good for me". Instances when the child reported that no actions were taken but a goal was stated were also coded as covert. Examples include "I don't say anything when my friends blame me", "I didn't talk back to them", and "I thought I wouldn't do anything".

Coping goals were coded as involving either primary control, secondary control, or relinquished control. Following Rothbaum et al. (1982) and Weisz et al. (1984a, b), child goals were coded as involving primary control if they entailed efforts to increase reward or reduce punishment by modifying existing conditions (e.g. events, outcome, other people's opinions of oneself). Examples of primary control goals in the present interviews included, "Make friends realize that I do think of others" and "Clean the wound and make it not hurt". Child goals were coded as involving secondary control if they entailed efforts to increase reward or reduce punishment by adjusting self to fit existing conditions. Examples of secondary control goals included, "…feel better", "…feel less afraid", and "I make my mind ready, and it gives me a chance to relax". Finally, relinquished control was coded when a child reported no goal-directed coping behavior—i.e. either no coping behavior or a coping method lacking any goal.

The association between children's reported coping methods and coping goals was assessed through computation of the phi coefficient for each situation by culture. The phi coefficient is equivalent to the Pearson correlation coefficient for 2×2 tables, with values ranging from -1 to $+1$. As shown in Table 1, phi ranged from .05 to .48 across these six situations and two cultures, with a mean of .29. In general, primary control responses tended to be overt, and secondary control responses covert, but this association was only significant for the injury situation and the injection situation in the United States.

Table 1
Association between Coping Goal and Method by Culture and Stressor

	Thailand	U.S.
Separation	.38	.19
Injection	.37*	.34
Adult anger	.05	.13
Peer animosity	.29	.14
School failure	.24	.40
Injury	.48***	.43**

** $p < .01$; *** $p < .001$.

Three research assistants, uninformed as to the children's culture, age, or sex, coded all the data. Reliability of the coders was assessed by having all three assistants code a subset of 90 responses involving methods and goals. Two kappa statistics were calculated for each pair of coders (one for the method codes, and another for goal codes). Pairwise kappas for coping methods between pairs of judges ranged from .831 to .899, with a mean of .869. For coping goals, pairwise kappas ranged from .926 to .928, with a mean of .926.

Results

Overview of Statistical Methods

Data for each stressor consisted of four-dimensional contingency tables involving the three subject factors (culture, age, and gender) and coping method/goal. We analyzed these data using hierarchical log-linear models to test for the association of each factor with response classifications. For each factor and response, we compared the fit of a model that asserted conditional independence to that of a model that included associations among these factors. For example, to test for an association between age (A) and method (M) while allowing for relationships of each to gender and culture (G and C), we compare the models [AGC] [MGC] and [AGC] [MGC] [AM]. Whereas the first model asserts that age and method are unrelated because it does not contain the [AM] relationship, the second model allows for the possibility of their association. Both models are conditional on the values of gender and culture. For this example, the difference (ΔG^2) is calculated by subtracting the likelihood-ratio goodness-of-fit of the first model from that of the second model. This difference is tested against a chi-square distribution with degrees of freedom appropriate to the interaction (here AM).

Each significant interaction was broken down into all of its components, and chi-square analyses were conducted comprehensively (see Wickens, 1989, pp. 148–173 for further details). For example, when we found significant Culture $\times$ Age interactions, we tested for culture differences at each age level (three χ^2 tests) and for age differences within each culture (two χ^2 tests). If any test with more than one degree of freedom yielded a significant result, we subsequently carried out all possible pairwise tests.

We were interested in the effects of culture, age, gender and their interactions on both coping methods and coping

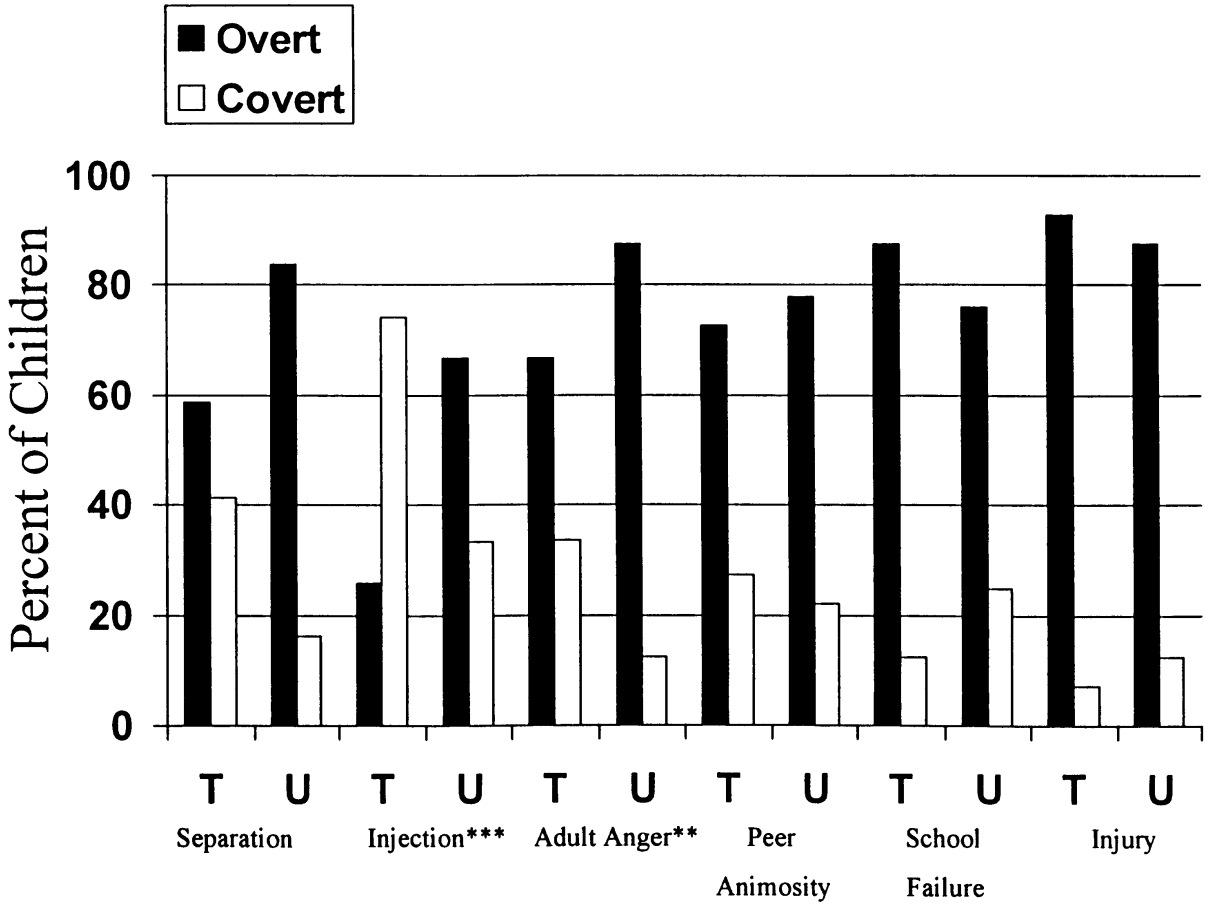

Figure 1. Proportion of various coping methods reported by children from Thailand (T) and the United States (U): ** $p < .01$; *** $p < .001$.

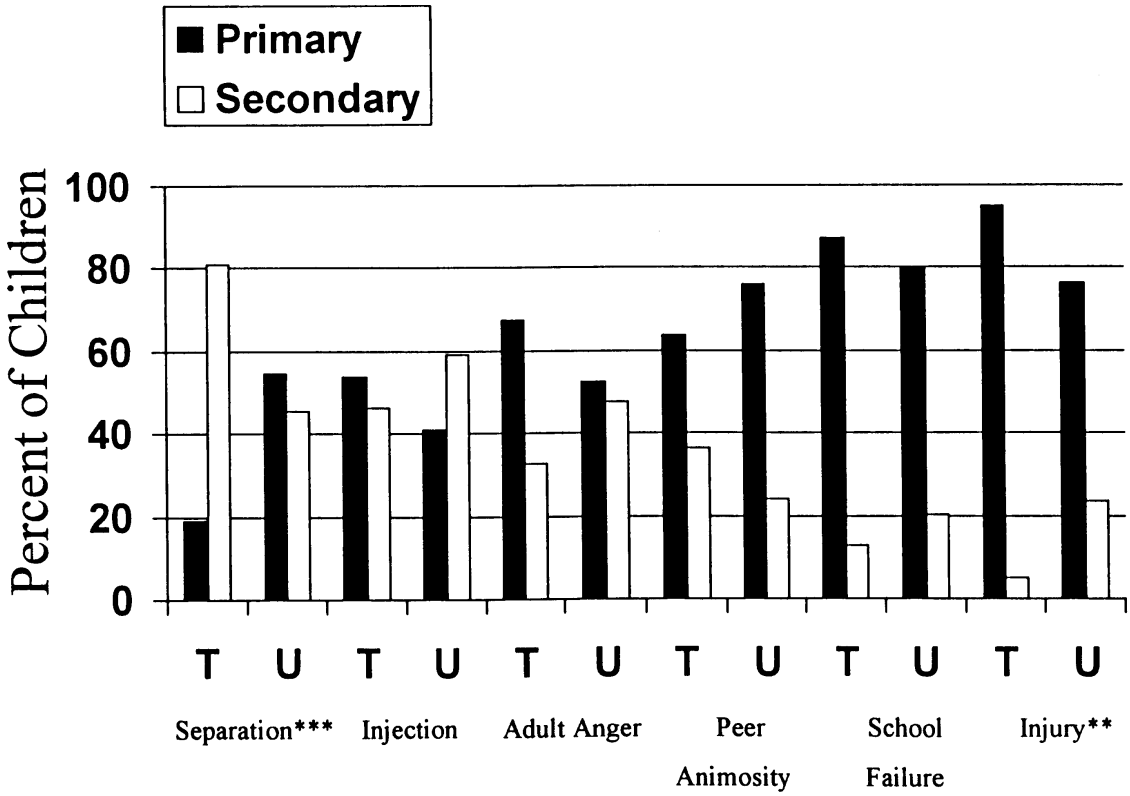

Figure 2. Proportion of various coping goals reported by children from Thailand (T) and the United States (U): ** $p < .01$, *** $p < .001$.

Table 2
Summary of Effects; Use of Covert Coping Methods

	Culture main effect	Culture × Gender		Culture × Age	
		Group	Difference	Group	Difference
Separation ($N = 77$)	n.s.		n.s.		n.s.
Injection ($N = 120$)	T > U***	Boys	T > U***	Younger	T > U***
		Girls	T > U*	Older	T > U***
		Thai	B > G*	Thai	O = Y > M**
Adult anger ($N = 128$)	T > U***		n.s.		n.s.
Peer animosity ($N = 123$)	n.s.		n.s.		n.s.
School failure ($N = 103$)	n.s.		n.s.		n.s.
Injury ($N = 104$)	n.s.		n.s.		n.s.

T = Thailand, U = U.S.; G = Girls, B = Boys; Y = Younger (6–8-year-olds), M = Middle (9–11-year-olds), O = Older (12–14-year-olds).
The *N*s refer to the numbers of subjects used for the analyses.
* $p < .05$; ** $p < .01$; *** $p < .001$.

Table 3
Summary of Effects; Use of Secondary Control Goals

	Culture main effect	Culture × Gender		Culture × Age	
		Group	Difference	Group	Difference
Separation ($N = 68$)	n.s.	Boys	T > U*	Younger	T > U**
		Girls	T > U*	Middle	T > U**
				Thai	Y = M > O***
Injection ($N = 101$)	T > U***		n.s.		n.s.
Anger from authority ($N = 122$)	n.s.		n.s.		n.s.
Peer animosity ($N = 116$)	n.s.		n.s.		n.s.
School failure ($N = 95$)	n.s.		n.s.		n.s.
Injury ($N = 112$)	U > T**	Boys	U > T**		n.s.

T = Thailand, U = U.S.; G = Girls, B = Boys; Y = Younger (6–8-year-olds), M = Middle (9–11-year-olds), O = Older (12–14-year-olds).
The *N*s refer to the numbers of subjects used for the analyses.
* $p < .05$; ** $p < .01$; *** $p < .001$.

goals. Of the 631 codable goals, the 11 that were coded as reflecting relinquished control coping were dropped from the analysis due to their rarity. The few ($N = 16/665$) methods that were originally coded as both overt and covert were placed in the covert category, since we were particularly interested in identifying children who used at least some covert coping. Similarly, those goals that were originally coded as reflecting both primary and secondary control ($N = 49/631$) were collapsed into the secondary control coping category because we sought to identify children whose goals included at least some secondary control. The *N* for the analyses varied across stressors, because many of the children were not able to recall experiences involving all of the situations, and some who could remember a situation were not able to recall their coping methods and/or goals.

We ran tests separately for each of the six stressful situations, testing main effects and two-way interactions, but not three-way interactions for coping methods and coping goals, separately for each situation. To reduce the risk of chance findings, we set alpha at .01 for all primary analyses. For post hoc analyses testing components of significant interactions, a standard alpha of .05 was used in order to provide sufficient power to explain the findings that met our more stringent (.01) criteria. Only significant effects are reported below.

Overall, we found two main effects of Culture on coping methods (see Fig. 1), and two main effects of Culture on coping goals (see Fig. 2). We found significant Culture × Age interactions in two of the stressful situations, and significant Culture × Gender interactions for three different stressor domains. Results are summarized in Tables 2 and 3.

Separation

Goals. For the stressor involving separation from a friend, more Thai than American children reported secondary control goals (81% vs. 45%) [$\Delta G^2(1,68) = 15.18$, $p < .001$]. For example, Thai children reported trying to forget about the friend, whereas the American children more often tried to make new friends. However, this main effect was qualified by an interaction of Culture × Age [$\Delta G^2(5,68) = 24.81$, $p < .001$], and an interaction of Culture × Gender [$\Delta G^2(3,68) = 11.86$, $p < .01$].

Tests of the culture difference in each age group showed that in the young and middle age groups, goals involving secondary control were more common for Thai than American children [$\chi^2(1,23) = 8.94$, $p < .01$; $\chi^2(1,30) = 8.93$, $p < .01$], but there was no reliable difference in the oldest group. Among the 6–8-year-olds, 90% of Thai children and 31% of American children reported secondary goals. Among the 9–11-year-olds, all of the Thai youth reported secondary control goals, compared to 58% of the American youngsters. Tests of the age group difference within the two culture groups yielded only one significant result: Among Thai subjects only, significantly fewer of the 12–14-year-olds (20%) reported secondary control goals than did the younger two groups [$\chi^2(1,26) = 12.41$, $p < .001$].

The Culture × Gender interaction for coping with separation showed that among boys, Thais reported secondary control goals more than did Americans (91% vs. 47%) [$\chi^2(1,28) = 6.29$, $p < .05$]; for girls, the culture difference went in a similar direction, with 79% of Thais and 44% of Americans reporting secondary control goals [$\chi^2(1,41) = 4.58$, $p < .05$]. Within the two cultures, component gender differences were not significant.

Injection

Methods. Thai children, compared to their American age-mates, reported more covert methods in the injection situation [$\Delta G^2(1,120) = 19.81$, $p < .001$] (74% Thai vs. 33% U.S.). This main effect was also qualified by a significant Culture × Age interaction [$\Delta G^2(5,120) = 27.57$, $p < .001$], and a significant Culture × Gender interaction [$\Delta G^2(3,120) = 25.39$, $p < .001$].

To break the Culture × Age interaction down, we first conducted post hoc tests for culture differences within each age group. Significant culture differences emerged for the youngest and oldest age groups only. Covert methods were more common for Thais than Americans in these two age groups (87% vs. 35% in 6–8-year-olds, and 87% vs. 31% in 12–14-year-olds) [$\chi^2(1,43) = 13.06$, $p < .001$; $\chi^2(1,31) = 10.51$, $p < .001$]. We then ran component tests for age differences within each culture group. We found a difference only among the Thai children, for whom the 9–11-year-olds reported covert coping less than the other age groups (54% vs. 87%) [$\chi^2(1,62) = 8.11$, $p < .01$].

Further analysis of the Culture × Gender interaction in response to sustaining an injury revealed that among the boys, Thais reported using covert methods significantly more than did Americans (88% vs. 29%) [$\chi^2(1,49) = 18.95$, $p < .001$]. The cultures differed in the same direction, although less sharply, for girls; that is, 64% of the Thai girls and 36% of U.S. girls reported using covert methods in the injection situation [$\chi^2(1,72) = 5.63$, $p < .05$]. The gender difference was nonsignificant in the American sample, but significant within the Thai sample [$\chi^2(1,61) = 4.77$, $p < .05$], with Thai boys reporting more covert coping than Thai girls (88% vs. 64%).

Adult Anger

Methods. Thai children, compared to their American age-mates, reported more covert methods in the adult anger situation [$\Delta G^2(1,128) = 8.46$, $p < .01$] (33% Thai vs. 13% U.S.).

Injury

Goals. Children from the U.S. showed higher rates of secondary control coping than did the Thai children (24% vs. 5%) [ΔG^2 $(1,112) = 9.05$, $p < .01$]. For example, American children commonly tried to "forget about it" or "think of something else", whereas Thai youngsters more often reported wanting to "ease the pain", "lessen the 'bleeding'", or "kill the germs". The main effect was mitigated by a significant Culture × Gender interaction [$\Delta G^2(3,112) = 12.68$, $p < .01$].

The component tests showed a different pattern than that found for the separation situation. No Thai boys reported secondary control goals, whereas 26% of U.S. boys did so [$\chi^2(1,49) = 10.03$, $p < .01$]. No significant culture difference emerged in the component test for girls, nor were there significant sex differences within either the Thai or the American sample.

Discussion

We tested for effects of culture, age, and gender on coping, focusing on both the methods children reported using in coping with various stressors and their goals in doing so. Multiple main effects and interactions emerged. The fact that all of these involved culture suggests that sociocultural context may be an important factor to consider in efforts to understand the nature and origins of child coping. On the other hand, it should be noted that in analyses of both coping methods and goals, there were more stressor situations in which the two cultures did *not* differ reliably than situations in which they did, despite having adequate power (.66) to detect "medium" cultural differences and excellent power (.99) to detect "large" cultural differences (Cohen, 1988). In this respect, the findings revealed more cross-cultural similarities than differences. However, the culture effects that did emerge were intriguing, and potentially instructive.

In accord with our preliminary model, the nature and direction of culture effects differed across the different stressful situations. Our findings suggest that the impact of culture on child coping may best be construed not as a monolithic effect that is similar in direction across situations, but rather as an interaction between culture and type of stressor.

Thai–American differences in methods of coping with two of the stressors were quite consistent with the literature on Thai child-rearing and cultural traditions. In the two situations involving interaction with adult authority figures—i.e. getting an injection in a doctor's office, and responding to an angry parent or teacher—Thai youngsters reported markedly greater reliance on covert coping methods than did their American age-mates. This pattern is in close harmony with the literature reviewed in the Introduction. Social behavior in nearly all areas of Thai society is characterized by the predominance of the vertical social relationship, where formalized superordinate-subordinate roles are well defined and guide rules of behavior (Keyes, 1987; Klausner, 1993). For example, respect for elders and authority figures is taught

from an early age (Cooper & Cooper, 1982), and the distinction between *phu-yai* (elders) and *phu-noi* (juniors or subordinates) is particularly critical (National Identity Office, 1991). The two terms imply rank and indicate the amount of deference to which a person is entitled. Direct, overt assertion of one's opinions or wishes in interactions with *phu-yai* would risk violation of important social norms. Since doctors, parents, and teachers all qualify as *phu-yai*, Thai children may be particularly inclined to cope in covert, unobservable ways in those stressful situations that involve interactions with such adults. This, of course, is perfectly consistent with the notion, proposed in the Introduction, that culture effects are most likely to be evident in situations where culture-specific norms and values are particularly salient.

It is instructive to view these findings in the light of previous evidence on behavioral and emotional problems reported by parents of Thai and American youth. In an epidemiologic comparison of adolescents in the two countries, Weisz et al. (1993) found that Thai parents, compared to American parents, reported higher rates of adolescent overcontrolled problems such as shyness, compulsivity, and fearfulness. Moreover, among the undercontrolled problems reported by parents of teens in the two countries, the Americans showed higher levels of direct, overt, and interpersonally aggressive problems, such as fighting, bullying, and disobeying. In contrast, the undercontrolled problems more prevalent in Thai than American teens took more indirect and covert forms, such as moodiness, sulking, and difficulty in concentrating. Note also that these differences were derived from parent reports, and thus reflect primarily behavior the youngsters had shown in the presence of *phu-yai*. Thus, the present findings on coping converge in an intriguing way with earlier findings on parent reports of youth problems.

One other aspect of our findings on coping methods should be noted. Thai youngsters were more likely than Americans to use covert coping methods when interacting with adults, but they were *not* more likely than Americans, in these situations, to adopt secondary control goals or to relinquish control. In other words, it would not be correct to assume that the deferent, subtle, indirect forms of coping employed by Thai youth in these situations imply a lack of investment in exerting influence or causing events to turn out as they wish. A more accurate view may be that Thai youth were following the social norms for appropriate outward behavior towards adults while maintaining goals that involved just as much primary control as those of American youth.

For these two adult-related stressors, then, cultural differences appeared to have their impact on the methods of coping but not the goals being pursued. This point underscores the importance of distinguishing, in coping research, between the methods employed and the goals underlying those methods. The distinction may be particularly important in efforts to understand the interplay of coping and culture.

The nature and direction of findings on coping goals differed across stressors. Only when encountering separations from friends were Thai youth significantly more likely than American youth to pursue secondary control goals. One possible explanation for this pattern is the fact that the relatively "loose structure" of family life in Thailand gives Thai children considerable experience in coping successfully with separations. The composition of Thai households tends to shift more frequently than in the U.S., with changes in the life stage of the family (Limanonda, 1995). Emotional independence from parents and family is promoted in Thailand (Kulick & Wilson, 1992). Thai children's exposure to separations, plus their likely inability to prevent or modify the separations (i.e. to exert primary control over them), might leave them more inclined than their American agemates to pursue secondary control in coping with separations. This reasoning is consistent with the Culture × Age interaction we found for coping goals in the separation situation: the culture effect was significant for the two preadolescent age groups but not for adolescents. Thai adolescents obviously have considerably more power to exert primary control over separations than Thai preadolescents, and the importance of interpersonal relationships in adolescence may exert a pull in this direction that reduces the impact of cultural differences.

In the injury situation, Thai youth reported primary control goals more often than their American counterparts. This may reflect, in part, culturally different perspectives on healing. An emphasis on folk medicine and traditional healing remains strong in Thailand even today. Both Western and traditional medicine are legally recognized in Thailand; even where Western-style facilities are readily available, it is quite common for Thais to turn to traditional doctors, including herbalists and supernaturalists, in addition to consulting with Western-trained doctors (Mulholland, 1987, 1989). In response to sickness or accidents, traditional healing in Thailand emphasizes activity more than passivity; as Golumb (1985) notes:

> Unlike Western-style doctors, Thai and Malay curer-magicians never inform clients that their condition is hopeless. No matter how serious a situation may seem, patients are continually encouraged to take new measures to reverse the deteriorating trend in their fortune. This fundamental therapeutic approach of traditional practitioners would appear to foster anything but fatalism or passivity (p. 154).

Our finding that Thai children more often use primary control when facing an injury is consistent with this portrayal of Thai traditional approaches to injury and illness. This may represent one situation in which primary control is not only accepted but encouraged in Thailand. The fact that findings on culture and primary vs. secondary control coping goals differed so from one stressor to another argues for the highly situation-specific view of cultural influence posited in the Introduction (for a related perspective, see Olah, 1995).

The findings are also relevant to the arguments of Weisz et al. (1984a, b) suggesting that cultural context influences the degree to which primary and secondary control will be emphasized. Weisz et al. examined Japanese and American perspectives on child-rearing, socialization, religion and philosophy, work, and psychotherapy. Based on the differential value systems reflected in these practices, Weisz and colleagues suggested that

American culture places a heavier emphasis on primary control relative to secondary control than is the case in Japan. Although there may be some truth in this perspective, the present findings underscore the need for caution about any cross-cultural hypothesis that overlooks the interplay of culture and situation.

Further enriching the picture, the interactions found in this study remind us that culture effects may interact not only with situation but also with age and gender. For example, we found that Thai boys used more covert coping methods when receiving a medical injection than did Thai girls, but this difference did not hold in the U.S. This may reflect the premium placed on gender role-appropriate behavior in Thailand, with boys learning early in life not to display signs of weakness, such as overt distress over, or requests for relief from, pain. Whatever their cause, the interactions involving gender serve to remind us that the interplay of culture and stressor on children's coping may be different for boys and girls.

Of course, as in any cross-national comparison, spelling out specific causes of various main and interaction effects involving culture is a daunting task, given the virtually infinite array of differences between any two cultures. In this study, asking the children to recount actual experiences in which they encountered the stressors may have not generated accurate or complete reports of coping, due to problems with recall. Moreover, our sample only allowed for moderate to large cultural effects to be detected, with low power to detect small main or interacting effects. Another limitation of the study is that both samples were homogeneous, creating the possibility that coping methods and/or goals were influenced by geographic region. Nonetheless, identifying cultural differences in coping patterns, documenting the interaction of culture with situation, and noting how patterns differ for coping methods versus coping goals, are all steps toward an enriched picture of child coping in its cultural context.

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