It depends on the situation: Monitoring, blunting and perceived control.

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It Depends on the Situation: Monitoring, Blunting and Perceived Control

by

Ritu Kaushal

A Thesis
Submitted to the Faculty of Graduate Studies and Research
through Psychology
in Partial Fulfillment of the Requirements for
the Degree of Master of Arts at the
University of Windsor

Windsor, Ontario, Canada

2002

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Abstract

When placed in a threatening situation, individuals may seek information about the source of their distress (monitor) and/or avoid such information (blunt) in order to cope with it. The choice of coping strategies adopted can be influenced by various situational characteristics. The purpose of the present study was to investigate the relationship among the constructs of monitoring, blunting, and one situational characteristic, namely perceived control. Two hundred and seventeen undergraduate students completed the Monitoring-Blunting Questionnaire (MBQ). They were presented with ten stressful scenarios and asked to indicate the extent to which they would seek information (monitor) and avoid information (blunt) in each of the scenarios. In addition, they were asked to indicate how much influence they felt they had over what happens to them for each scenario. The scenarios varied significantly and substantially in ratings of perceived control, even though the authors of the MBQ intended the scale to include only uncontrollable scenarios. No significant relationship was found between the correlation of monitoring and blunting across the ten scenarios and ratings of perceived control. Also, monitoring was more stable across scenarios than blunting. Supplementary analyses revealed a more pronounced relationship between perceived control and blunting as compared to monitoring. These results suggest that identifying both monitoring and blunting as coping styles may not be appropriate, as each has a distinct relationship with perceived control. Furthermore, the consistency of monitoring but not blunting across scenarios suggests that the former is more dispositional, whereas the latter is more situational.
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Chapter I

Introduction

Throughout their lifetimes, individuals must cope with a variety of stressors that range from visiting the dentist to experiencing turbulence on an airplane. These stressors tend to vary in how controllable they are perceived to be, which has implications for how people deal with them. For example, a trip to the dentist is higher in perceived control because an individual in this situation can engage in actions that will directly reduce the distress stemming from it, such as choosing to look into the expertise of the dentist, inquiring about the tools that will be used, or deciding to leave (Miller, 1987). In comparison, being on a turbulent flight is lower in perceived control because an individual cannot do much directly to relieve the distress that s/he is experiencing (Miller, 1987). S/he instead may focus efforts on chatting with the passenger beside him/her about other things, concentrating on the in-flight movie, or engaging in other forms of distraction (Miller, 1987). An individual in a stressful situation may engage in a plethora of coping behaviours all at once, depending upon whether the particular strategies used have effectively reduced distress. The coping strategies chosen are most probably the result of a particular individual’s coping tendency (preferred coping strategy) and the characteristics of the specific situation in which the person finds him/herself.

The purpose of the present study was to explore the relationships among individuals’ self-reported tendencies to seek information, avoid information, and perceive control in various stressful situations. The results of the present study will highlight some serious implications for coping with various threatening situations. Specifically, the relationship between information-seeking and information-avoidance is of great
relevance to clinical settings within the health care system, as the decision to seek or avoid information no doubt influences coping outcome. Also, determining whether individuals engage in similar or different strategies across varying situations, be it visiting the dentist or being diagnosed with cancer has implications for both the methods of intervention used and their subsequent success in reducing distress.

_Monitoring and Blunting Coping Constructs_

Miller (1980) identified two styles of coping with threatening situations, namely monitoring (seeking out threat-relevant information) or blunting (distracting oneself from threat-relevant information). Individuals who seek information about a threatening situation (monitors) do so by orienting themselves toward the threatening information, asking questions, and/or engaging in other behaviours characterized by vigilance (Byrne, 1964). Those who distract themselves from such information (blunters) orient themselves away from the threatening information, and engage in denial and other avoidant behaviours (Byrne, 1964).

When visiting the dentist, for example, monitoring would occur if an individual sought information about the risks and benefits of the procedure, the dentist conducting the procedure, and the tools that may be used (Miller, 1987). In contrast, blunting would occur if the individual avoided information about the situation by thinking about the weather, vacation plans, or other, more pleasant, things (Miller, 1987). In the case of being on a turbulent flight, an individual engaging in monitoring would seek out information from the flight attendant about the problem, listen for unusual noises coming from the engine, or review the safety information booklet provided to passengers (Miller, 1987). Blunting would occur if the individual avoided information about the situation by
chatting with the passenger beside him/her about other things, choosing to focus attention on the in-flight movie, or engaging in other forms of distraction (Miller, 1987).

Miller (1980, 1987) also designed the Miller Behavioural Style Scale (MBSS), a questionnaire that assesses the monitoring and blunting coping constructs (Miller, 1980, 1987). In the MBSS, individuals are asked to imagine four stress-evoking scenarios (a turbulent flight, going to the dentist, dismissal from work, and a hostage situation; Miller, 1980). Each scenario is followed by four statements that represent a tendency to seek information (e.g., "I would ask the dentist exactly what work was going to be done") and four statements that represent a tendency to avoid information (e.g., "I would take a tranquilizer or have a drink before going"). Individuals are asked to indicate whether they would engage in the particular strategy presented in the statement (Miller, 1980; Zuuren & Wolfs, 1991).

As an alternative to the MBSS, Muris, Zuuren, De Jong, et al. (1994) developed the Monitoring-Blunting Questionnaire (MBQ). Like the MBSS, it measures monitoring and blunting by presenting individuals with a number of stress-evoking situations. The MBQ contains ten scenarios that range from participating in a psychology experiment in which electrical shocks are administered, to being a passenger in a vehicle with an inexperienced driver during bad weather (Muris, Zuuren, De Jong, et al., 1994). Individuals are given information outlining the characteristics of both the monitoring and blunting coping strategies, and are then asked to indicate the extent to which they would make use of each strategy on two 11-point monitoring and blunting scales (Muris, Zuuren, De Jong, et al., 1994).
Although the MBQ was developed more recently, and as such has been used less often in coping research, this scale seems to be a better measure of monitoring and blunting than the MBSS. First, the MBQ includes ten scenarios; whereas the MBSS only includes four. Inclusion of a greater number of scenarios allows for a better assessment of cross-situational consistency. Relatedly, using the MBQ would increase the reliability of the monitoring and blunting scores across scenarios. That is, assuming cross-situational consistency (as the authors of these scales seem to), the MBQ is a better measure because there are ten samples of the same coping style instead of four.

Preliminary studies investigating the predictive validity of the MBQ have been promising (Muris, Zuuren, De Jong, De Beurs, & Hanewald, 1994). It seems that individuals’ experiences of threatening situations and scores on the MBQ do indeed line up (Muris, Zuuren, De Jong, De Beurs, & Hanewald, 1994). In contrast, there is little evidence for the predictive validity of the MBSS (Muris, De Jong, Zuuren, & Schoenmakers, 1996; Muris, Zuuren, & De Vries, 1994; Muris, Zuuren, Merckelbach, Stoffels, & Kindt, 1994; Zuuren & Wolfs, 1991). Muris, Zuuren, and De Vries (1994) found no behavioural correlates of MBSS scores for individuals who were threatened with a realistic medical film. Similarly, Zuuren and Wolfs (1991) also demonstrated that individuals’ self-reports of actual experiences of stressful situations and their MBSS scores did not correspond.

Also, the MBQ has been designed such that individuals are not limited by a restrictive response set, as they are when completing the checklist of monitoring and blunting items in the MBSS. In the MBQ, individuals are asked to circle a rating indicating the extent to which they would engage in a monitoring or blunting strategy,
allowing for more variability in responses as compared to simply indicating the presence versus absence of certain coping behaviours. Relatedly, the MBQ provides actual definitions for the constructs of monitoring and blunting so that individuals can refer to them before circling a response. This is not the case for the MBSS, in which monitoring and blunting are restricted to a limited number of behaviours based on the particular coping option presented in the checklist.

More generally, some concerns have been raised regarding the use of all monitoring and blunting scales (Bijttebier, Vertommen, & Steene, 2000; Muris, Zuuren, De Jong, et al., 1994; Muris, Zuuren, & De Vries, 1994; Muris, Zuuren, Merckelbach, et al., 1994; Zuuren, De Groot, Mulder, & Muris, 1996). One problem with these measures is that individuals are asked to imagine themselves in the scenario outlined and then to indicate how they would respond when placed in such a situation. The problem with this is rooted in the difference between actual behaviours versus thoughts about behaviours. In this way, both the MBSS and the MBQ identify how people think that they would respond to a stressful scenario.

In addition, measures of monitoring and blunting also suffer from inconsistent definitions of the monitoring and blunting constructs. With respect to Miller's (1980) monitoring-blunting distinction, there is disagreement in the literature as to whether monitoring and blunting are related or independent constructs (Bijttebier et al., 2000; Muris & Schouten, 1994; Muris, Zuuren, De Jong, et al., 1994). Miller's approach has been inconsistent (Bijttebier et al., 2000). In her earlier work, Miller (1980) argued that monitoring and blunting are polar opposites. Thus, if an individual is in a stressful situation and is blunting, s/he cannot be monitoring (and vice versa). Recently, Miller
(1987) has redefined the relationship between the constructs of monitoring and blunting as separate but related dimensions. Other researchers have shown that the monitoring and blunting constructs are uncorrelated, demonstrating that low levels of monitoring and blunting as well as high levels of both constructs are possible simultaneously (Bar-Tal & Spitzer, 1999). In their study, Bar-Tal and Spitzer (1999) asserted “all combinations of monitoring and blunting may be present within a given individual at a given time” (p. 408-409).

Lazarus and Folkman (1984) argue that problem-focused coping (defining the problem and generating the best possible solution) and emotion-focused coping (altering the way one feels about the problem without necessarily devising a solution) often occur concurrently. Zuuren and Wolfs (1991) have investigated the relationship between monitoring and problem-focused coping as well as blunting and emotion-focused coping. In their view, the search for threat-relevant information can be seen as a type of problem-focused coping and part of emotion-focused coping involves distraction from the situation, which is also the most important aspect of blunting (Zuuren & Wolfs, 1991). This hypothesis was tested by asking individuals to fill out both the MBSS and the Ways of Coping Checklist (WCC) and observing the correlation between the two sets of coping constructs (Zuuren & Wolfs, 1991). Their results indicated that monitoring was significantly positively correlated with problem-focused/help seeking, and blunting was significantly positively correlated with wishful thinking/escape, which is a type of emotion-focused coping (Zuuren & Wolfs, 1991).

When monitoring and blunting are seen as being part of a continuum, the relationship between the two can only be negative, and it would be impossible to both
monitor and blunt in a stressful situation. Yet, when seen as independent constructs, the relationship between the two is not as limited, and can be either positive, negative, or absent. In this respect, it would be possible for an individual to engage in both monitoring and blunting behaviours. Using the parallel between problem-focused coping and monitoring as well as emotion-focused coping and blunting as introduced by Zuuren and Wolfs (1991), it seems more likely that monitoring and blunting are independent constructs. As the problem-focused and emotion-focused concepts are multidimensional, and monitoring and blunting have been shown to map onto them, it follows that monitoring and blunting are also multidimensional (and thus independent) in nature. In both cases, then, the presence of one does not necessitate the absence of the other.

Perceived Control

With respect to the influence of perceived control, Miller provides no relevant data. In fact, she designed the MBSS to include only uncontrollable scenarios (Miller, 1987). However, Zuuren and Wolfs (1991) demonstrated that the four MBSS scenarios vary in ratings of perceived control, with the turbulent flight and hostage scenario being ranked as lower in controllability than the dentist and dismissal scenarios. Pilot data obtained from graduate students at the University of Windsor who were presented with a modified version of the MBQ lend further support to Zuuren and Wolf’s (1991) findings. These students were presented with the ten scenarios of the MBQ, and were asked to rate the perceived controllability of each scenario on a 7-point Likert scale, 1 = highly uncontrollable; 7 = highly controllable (see Appendix A). A repeated measures analysis of variance was conducted on this pilot data, demonstrating a significant effect of
perceived control and substantial variation of perceived control ratings, ranging from one to seven.

Consider the scenario involving a trip to the dentist, which is a situation high in perceived control, as previously demonstrated by Zuuren and Wolfs (1991). In this case, monitoring will lead to several possible courses of action (looking into the expertise of the dentist, inquiring about the tools that will be used, deciding to leave) in which an individual can exert direct control upon the stressful situation, which will serve to reduce the levels of distress associated with that situation. To the extent that monitoring occurs, blunting may not be necessary, as monitoring may have led to other behaviours that have reduced distress. Thus, a negative correlation is expected between monitoring and blunting in this scenario and others with relatively high levels of perceived control.

In contrast, the scenario involving a turbulent flight is a situation low in perceived control, as previously demonstrated by Zuuren and Wolfs (1991). In this case, monitoring may not lead to any possible courses of action in which an individual can exert direct control upon the stressful situation. To the extent that monitoring occurs, blunting may also be necessary to reduce the levels of distress associated with the situation and, as a result, the individual may focus efforts on distraction from the stressful situation (chatting with a nearby passenger about other things, focusing attention on the in-flight movie, drinking to avoid thinking about it). Thus, a positive correlation is expected between monitoring and blunting in this scenario.

In this way, measures of monitoring and blunting that include different scenarios should demonstrate different monitoring-blunting correlations based on the perceived controllability of the particular scenarios included in one scale as compared to another. In
fact, this might explain the mixed results found in the coping literature that sometimes demonstrate a correlation between monitoring and blunting and sometimes do not. Thus, there is instability because the per scenario correlation changes as a function of perceived control.

More often than not, the coping strategies that people engage in consist of both information-seeking and information-avoiding behaviours (Lazarus & Folkman, 1984). When faced with a stressful situation, most people will initially seek out information about the source of their distress, although the amount of information-seeking engaged in depends upon the individual (Lazarus & Folkman, 1984). If this information-seeking leads to a potential solution to the problem, then the individual need look no further. However, if seeking information has not helped to reduce distress, then the individual must alter his/her strategy by avoiding information. Thus, to some extent, monitoring may be relatively more stable across situations than blunting. This suggests that monitoring may more dispositional in nature.
Chapter II

Current Study

The present study evaluated the relationship among monitoring, blunting, and perceived control across ten stressful scenarios in an attempt to investigate the conceptual concerns surrounding the constructs of monitoring and blunting and clarify the inconsistencies present in the coping literature with respect to these constructs. The MBQ was used instead of the MBSS due to the aforementioned weaknesses of the latter measure as well as the inappropriate nature of the hostage scenario in the MBSS in light of the terrorist attacks on the World Trade Center on September 11th, 2001. A within-subjects design was used in order to allow for the measurement of the stability of individual differences in monitoring and blunting across the ten scenarios.

Specific Hypotheses

In the present study, three hypotheses were tested. First, it was hypothesized that the ten scenarios would differ in how controllable they are perceived to be. Second, it was hypothesized that the correlation between monitoring and blunting would vary as a function of the perceived control of the scenario. Thus, a scenario that is higher in perceived control would demonstrate a negative correlation between monitoring and blunting; whereas, a scenario that is lower in perceived control would demonstrate a positive correlation between the two constructs. Third, it was hypothesized that monitoring occurs more consistently across scenarios than blunting, and thus is more stable in nature. Thus, if monitoring is more stable than blunting across situations, an individual’s monitoring scores across scenarios would demonstrate less variation than blunting.
Chapter III

Method

Study Design

Participants first filled out a measure assessing monitoring and blunting in ten stressful situations. The ten scenarios were counterbalanced using a latin square design. Subsequently, participants were presented with a measure assessing perceived control in the ten scenarios presented in the same order.

Participants

Two hundred and seventeen undergraduate students at the University of Windsor were randomly selected from the Psychology Department Participant Pool. 188 of the participants were female, and 29 were male, ranging in age from 18 to 40. Participation in the study was voluntary. Each participant was given one bonus point toward an undergraduate psychology course in exchange for participation in this study.

Measures

Two questionnaires were used in the present study and are included in the appendices.

Monitoring-Blunting Questionnaire (MBQ)

Muris, Zuuren, De Jong, et al. (1994) have created a coping measure known as the Monitoring-Blunting Questionnaire (MBQ). This measure was designed to distinguish between information-seeking and information-avoidance during a stressful situation. In the MBQ, individuals were asked to imagine ten stress-evoking scenarios. These scenarios ranged from participating in a psychology experiment, in which electrical shocks are administered, to being a passenger in a vehicle with an inexperienced driver.
during bad weather (see Appendix B). The first three scenarios of the MBQ are also present in the MBSS. Each scenario was followed by two 11-point scales on which respondents were asked to indicate the extent to which they would engage in a monitoring or blunting strategy in that particular situation, where 0 = not at all and 10 = very much (see Appendix B). Individuals were asked to respond to each scenario by circling a rating that identified how much of each strategy they would engage in.

Perceived Control Measure

Following the MBQ, participants were presented with the same ten scenarios and asked to rate the extent to which they felt that the scenario was controllable on a 11-point scale, where 0 = no control at all and 10 = complete control (see Appendix C). Specifically, participants were asked to consider what they could do about each situation and then indicate how much influence they would have over what happens to them.

Procedure

A list of names, student numbers, and phone numbers for potential participants were obtained from the Psychology Department Participant Pool at the University of Windsor. Potential participants were contacted by telephone and asked if they would be willing to participate in the study. Those individuals that were interested were informed of both the tasks that they would complete for the study as well as the study duration (approximately 30 minutes). Once verbal consent to participate in the study was obtained, an appointment was scheduled for the participant, and s/he was reminded of the appointment by telephone the night before s/he was scheduled to meet the experimenter.

Participants were tested in groups ranging in size from two to fifteen individuals. On the day of the appointment, participants were again given a brief description of the
study in which they were about to participate, they were asked if they had any questions or concerns about the study, and then were given a consent form to sign (see Appendix D). These were collected prior to handing out the questionnaires and were kept separately to ensure confidentiality. First, participants were presented with an instruction page that included both the questionnaire instructions and the definitions of monitoring and blunting to ensure that they understood the concepts and how to complete the scales. The experimenter then read aloud this instruction page to the group of participants and encouraged that they refer to it while they completed the questionnaire. Each participant was then asked to complete the MBQ, and then subsequently the perceived control measure. Generally, participants needed approximately thirty minutes to fill out the questionnaires. Upon completion of the questionnaires, participants were told that they had completed the experiment and were then given more information about the study (see Appendix F). At this time, participants were also assured of the confidentiality of their answers. To this effect, there was no identifying information on the questionnaires in order to assure anonymity. Only the experimenter had access to a master list of participant names/student numbers for the purposes of assigning credit in the form of bonus points towards an undergraduate class.
Chapter IV

Results

Perceived Control

As hypothesized, there were significant differences in controllability ratings across the ten scenarios, $F(1, 216) = 106.39, p < .001$. Ratings ranged from 1.65 to 6.69 on the 0 to 10 scale, with the turbulent flight scenario being rated as the least controllable and the psychology experiment scenario being rated as the most controllable (see Table 1).

Correlation Between Monitoring and Blunting as a Function of Perceived Control

The correlation between monitoring and blunting was determined for each of the ten scenarios. It is interesting to note that the correlations are all quite stable and negative (see Table 1). As can be seen in Table 1, the second hypothesis was not confirmed. Indeed, there was no correlation between mean control ratings and the correlation between monitoring and blunting, $r = -.12, p = .74$.

The role of perceived control as the moderator of the monitoring and blunting relationship was investigated for each scenario in turn. Using the method outlined by Aiken and West (1991), the perceived control and monitoring variables were centered for each scenario, and the interaction between the two centered variables was computed. A regression analysis was then conducted with blunting identified as the dependent variable, and the centered perceived control and monitoring variables as well as the interaction term entered into the equation. This was done for each of the ten scenarios. In no case was the interaction significant (all $ts < 1.61$, all $ps > .11$). Thus, perceived control did not moderate the relationship between monitoring and blunting.
Table 1

Mean Ratings of Perceived Control (PC) for the Ten MBQ Scenarios in Ascending Order of Perceived Control and Correlation Between Ratings of Monitoring (M) and Blunting (B)

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Mean PC</th>
<th>SD</th>
<th>$r_{M,B}$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turbulent Flight</td>
<td>1.65</td>
<td>2.06</td>
<td>-.50**</td>
</tr>
<tr>
<td>Tumour</td>
<td>1.96</td>
<td>2.07</td>
<td>-.61**</td>
</tr>
<tr>
<td>Appendicitis</td>
<td>3.12</td>
<td>2.71</td>
<td>-.38**</td>
</tr>
<tr>
<td>Sales</td>
<td>3.61</td>
<td>2.59</td>
<td>-.56**</td>
</tr>
<tr>
<td>Hospital Visit</td>
<td>3.98</td>
<td>2.68</td>
<td>-.48**</td>
</tr>
<tr>
<td>Dentist Visit</td>
<td>4.17</td>
<td>2.77</td>
<td>-.45**</td>
</tr>
<tr>
<td>Complaints</td>
<td>4.20</td>
<td>2.57</td>
<td>-.44**</td>
</tr>
<tr>
<td>Passenger</td>
<td>5.43</td>
<td>2.76</td>
<td>-.67**</td>
</tr>
<tr>
<td>Suspicious People</td>
<td>5.75</td>
<td>2.46</td>
<td>-.61**</td>
</tr>
<tr>
<td>Psychology Experiment</td>
<td>6.69</td>
<td>2.69</td>
<td>-.46**</td>
</tr>
</tbody>
</table>

*Note.*  
* $^p < .05$  
** $^p < .01$
Next, a regression analysis was conducted for the ten scenarios combined. The data set that resulted was ten times larger than the number of individuals participating in the study ($N=2170$). Dummy coding of participant was used in the regression analysis and included 216 dummy coded vectors. The use of dummy coding was necessary to eliminate dependency problems. Again, blunting was the dependent variable. The results demonstrated that perceived control failed to moderate the relationship between monitoring and blunting, $t(219) = 0.93, p > .35$.

Supplementary Analyses

In addition to the analyses described above, supplementary analyses were conducted to further investigate the second hypothesis. Looking across scenarios (see Table 2), the correlations between blunting and perceived control are more consistently negative than those between monitoring and perceived control, in which some of the correlations are positive and some are negative. Furthermore, there are a greater number of significant correlations between blunting and perceived control as compared to monitoring and perceived control (see Table 2).

Using the larger data set with dummy coding, a similar pattern of results was obtained. In this analysis, perceived control was regressed onto the 216 dummy coded variables, and the residual values were obtained. This process was repeated for both monitoring and blunting. The obtained residuals were then correlated with each other. The correlation between the residuals for perceived control and monitoring was $r = .03$ and non-significant ($p > .1$); however, the correlation between the residuals for perceived control and blunting was $r = -.15$ and significant ($p < .01$). (The correlation between the residuals for monitoring and blunting was $r = -.57$ and also significant, $p < .01$.)
Table 2

Correlation Between Ratings of Perceived Control (PC) With Respect to Monitoring (M) and Blunting (B) for the Ten MBQ Scenarios in Ascending Order of Perceived Control

<table>
<thead>
<tr>
<th>Scenario</th>
<th>( r_{M,PC} )</th>
<th>( r_{B,PC} )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turbulent Flight</td>
<td>.12</td>
<td>-.13</td>
</tr>
<tr>
<td>Tumour</td>
<td>.14*</td>
<td>-.16*</td>
</tr>
<tr>
<td>Appendicitis</td>
<td>.01</td>
<td>-.14*</td>
</tr>
<tr>
<td>Sales</td>
<td>.12</td>
<td>-.03</td>
</tr>
<tr>
<td>Hospital Visit</td>
<td>.26**</td>
<td>-.22**</td>
</tr>
<tr>
<td>Dentist Visit</td>
<td>-.01</td>
<td>-.14*</td>
</tr>
<tr>
<td>Complaints</td>
<td>-.03</td>
<td>-.07</td>
</tr>
<tr>
<td>Passenger</td>
<td>.13*</td>
<td>-.14*</td>
</tr>
<tr>
<td>Suspicious People</td>
<td>-.08</td>
<td>.04</td>
</tr>
<tr>
<td>Psychology Experiment</td>
<td>.05</td>
<td>-.06</td>
</tr>
</tbody>
</table>

Note.  
* \( p < .05 \)  
** \( p < .01 \)
Using the procedure for testing the difference between two non-independent correlations as devised by Williams (1959), the correlation between perceived control and blunting was found to be more pronounced than that between perceived control and monitoring, $t(1951) = -4.38, p < .001$.

*Intra-individual Stability of Monitoring and Blunting*

For each person that participated in the study, intra-individual standard deviations for monitoring and blunting across the ten scenarios were calculated. As hypothesized, there was less scenario to scenario variation for monitoring ($M = 2.54, SD = 0.93$) than for blunting ($M = 2.81, SD = 0.91$), $t(216) = 5.54, p < .001$. 
Chapter V

Discussion

Perceived Control

As hypothesized, the MBQ scenarios did vary in perceived control. Though some argue that the scenarios included in the MBQ are all uncontrollable in nature (Miller, 1987; Muris, Zuuren, De Jong, et al., 1994), there was a wide range of perceived control ratings, virtually spanning the width of the scale. These observed differences in ratings of perceived control argue against the aggregation of scenarios, as such a practice would eliminate important situational differences among the scenarios. Although this was not the original intention of the authors of the scale, using scenarios that diverge maximally with respect to controllability might be a better approach, as it would allow for greater exploration of situational effects on coping behaviour.

Lazarus and Folkman (1984) have also acknowledged the role of situational control as an important part of the coping process. They conceptualized control as an important situational factor in the appraisal of a stressful situation (Lazarus & Folkman, 1984). Situational control appraisals refer to the extent to which an individual believes that s/he can influence a particular person-environment relationship (Lazarus & Folkman, 1984). These appraisals are the result of a person's evaluation of the demands of the stressful situation, the availability of coping resources, and the ability to implement the necessary coping strategies (Lazarus & Folkman, 1984). Thus, Folkman and Lazarus (1984) have argued that the perceived control of a stressful situation influences how that situation is appraised, and the extent to which an individual engages in a particular coping strategy. In line with the views of Lazarus and Folkman (1984), the results of the
present study underscore the role of perceived control as an important situational factor in determining a coping response.

The observed variance in perceived control has some implications for the validity of the MBQ. Including both controllable and uncontrollable scenarios in the scale may in fact increase its predictive validity, as it would potentially allow for the prediction of coping behaviours in situations that vary in control. That the scale was assumed to contain only uncontrollable scenarios may in fact explain the mixed results that have been obtained in the literature with respect to predictive validity (Muris, et al., 1996; Muris, Zuuren, & De Vries, 1994; Muris, Zuuren, Merckelbach, et al., 1994; Zuuren & Wolfs, 1991). In this respect, correlating peoples’ coping behaviours with measures of monitoring and blunting that incorrectly assume particular scenarios to be low in perceived control would no doubt lead to a mismatch between the two.

Like controllability, the amount and type of information that is included in each scenario description of the MBQ differs greatly from one scenario to the next. This information may influence whether an individual feels that s/he can know something about the stressful situation and whether or not s/he can do something about the situation. It is also important to note that issues of controllability and predictability are interrelated. Furthermore, Miller and Mangan (1983) demonstrated that the amount of information presented in a scenario (minimal versus maximal) influences the choice of coping strategy adopted. Thus, in addition to the observed differences in perceived control, it seems that the MBQ scenarios probably differ in other ways as well and, in fact, evidence in the coping literature converges on this point. Muris, Zuuren, De Jong, et al. (1994) and Zuuren and Wolfs (1991) demonstrated that the four scenarios of the MBSS were scored
dissimilar on a variety of characteristics including imaginability, predictability, duration, possibility to obtain information, and possibility to distract. In this respect, Seligman (1968) has also identified predictability (in addition to controllability) as a dimension along which stressful situations may vary. It would be beneficial for future research to include a wide range of situational characteristics in order to explore their relationship with each other as well as their influence on coping behaviour. With respect to perceived control, future studies should distinguish between behavioural control (involving direct action in response to a stressful situation), cognitive control (involving interpretation of a stressful situation), and decisional control (involving the options available to an individual in a stressful situation) in the appraisal of a threatening situation (Averill, 1973). Simply giving people the opportunity to explain their ratings of perceived control could help to identify which type of control they are exerting. Distinguishing among various types of perceived control might help to explain why perceived control varies from one scenario to the next, which should serve to further clarify the results of the present study.

*Correlation Between Monitoring and Blunting as a Function of Perceived Control*

The correlation between monitoring and blunting was shown to be quite robust. Contrary to the second hypothesis, however, the present study failed to identify perceived control as a moderator of the relationship between monitoring and blunting. In this respect, no correlation was observed between perceived control and the monitoring-blunting relationship. Looking within scenario for an interaction, again no support for the moderation hypothesis was found. Even after conducting the more sensitive dummy coded analysis, the second hypothesis could not be confirmed. Perhaps other scenario
characteristics such as predictability or level of threat moderate the relationship between monitoring and blunting. In fact, as both of these factors do seem to vary from scenario to scenario, it is quite plausible that they moderate the relationship between monitoring and blunting (Miller, 1987). However, Miller (1987) does not identify either of these variables as potential moderators of the relationship between monitoring and blunting.

In an attempt to understand the obtained results, a closer look at the hypothesized relationship between monitoring, blunting, and perceived control was necessary. Although the present study did not reveal the expected relationship between perceived control and the correlation between monitoring and blunting, the supplementary analyses demonstrated that the two constructs were indeed differentially related to controllability such that perceived control was more related to blunting than monitoring. Recall that part of the second hypothesis predicted that people monitor to learn about how much control they can exert and then decide whether or not blunting is necessary. Central to this hypothesis is the notion of a timeline that coping behaviour is assumed to follow.

However, given that the MBQ is a static questionnaire, it is inappropriate to make predictions about the temporal relationship among monitoring, blunting, and perceived control. In fact, the results have demonstrated that a more direct relationship exists between blunting and perceived control than was originally hypothesized. As perceived control increases, the amount of blunting decreases, irrespective of monitoring. In effect, part of the second hypothesis has indeed been confirmed.

*Intra-individual Stability of Monitoring and Blunting*

The relative stability of monitoring across scenarios is consistent with the idea that there is a certain amount of monitoring that will take place in any type of threatening
situation, regardless of how controllable or uncontrollable it is perceived to be. The supplementary analyses provided support for the stability of monitoring across scenarios by demonstrating that no reliable correlation exists between monitoring and perceived control (a situational variable).

It would seem that individuals need to monitor in a threatening situation in order to learn what it is that they can do to improve it. The relative lack of stability of blunting across scenarios suggests that the amount of blunting that takes place in any type of threatening situation varies according to the particular scenario and/or the characteristics attributed to that scenario (i.e., perceived control).

Thus, although monitoring and blunting are related, they have distinct relationships with perceived control. As such, the relationship between blunting and perceived control is more pronounced than that of monitoring and perceived control. Another finding of the present study has identified the differential stabilities of monitoring and blunting across scenarios. The consistency of monitoring across scenarios suggests that monitoring is more dispositional; whereas, the variability of blunting across scenarios suggests that blunting is more situational. In fact, there is evidence to suggest that monitoring and blunting are differentially related to various indices of psychopathology. Studies have demonstrated a positive relationship between monitoring and measures of dispositional anxiety (as indexed by the State-Trait Anxiety Inventory, STAI), depression and psychiatric symptoms (Miller & Mangan, 1983; Muris, Zuuren, De Jong, et al., 1994). In contrast, the blunting construct of the MBSS has been shown to be unrelated to any of these measures (Miller & Mangan, 1983; Muris, Zuuren, De Jong, et al., 1994). These findings also suggest that the monitoring construct is more
dispositional in nature, whereas the blunting construct is not. Further support for this idea can be found in other areas within the coping literature (Shiloh, Berkenstadt, Meiran, Bat-Miriam-Katznelson, & Goldman, 1997). In their study of the impact of control on coping with a medical threat, Shiloh et al. (1997) demonstrated that perceived control played a mediating role in emotion-focused coping (but not problem-focused coping) with a health threat. Higher perceived control predicted the use of less emotion-focused coping strategies (Shiloh et al., 1997). These results are consistent with the findings of the present study. Both suggest that when individuals cannot exert control over the outcomes of a stressful situation, they attempt to control their emotional responses to these outcomes (Folkman, 1984). Thus, if a person perceives a lack of control over a threatening situation, s/he will reduce the cognitive and/or emotional effort that is spent ruminating about the situation by means of avoidance, denial, distraction, reinterpretation, and the like (Miller, 1980). This is in line with the results of the present study that suggest that higher perceived control seems to decrease the need for blunting. In addition, the failure to demonstrate a relationship between monitoring and perceived control also parallels the findings of Shiloh et al. (1997) that note the absence of a relationship between perceived control and problem-focused coping.

**Limitations**

Individuals were asked to give monitoring and blunting ratings consecutively for each of the ten scenarios. In the MBQ, the monitoring scale always came before the blunting scale, and individuals circled their monitoring and blunting ratings consecutively. It may be that the context of the questions influences the responses made such that thinking about a monitoring rating first influences the blunting rating.
Tourangeau, Rasinski, Bradburn, and D'Andrade (1989) demonstrated that context effects will be greatest when individuals have relatively well-developed, yet conflicting, opinions about a target issue and when the context questions are positioned near each other in the questionnaire. Similarly, Steinberg (2001) found that pairing two questions following a vignette was found to influence responses to the items. She demonstrated that such context or carryover effects produced mean-score differences depending on whether the question was paired or presented separately (Steinberg, 2001). To explain her findings, she suggested that a change in the meaning of a question through context induced pairing might serve as a potential mechanism for this effect (Steinberg, 2001). With respect to the present study, the potential for context effects is great. When filling out the MBQ, anticipation of a second question may have altered the meaning of the first question, and thus influenced the extremity of the responses (Steinberg, 2001). This may explain the finding that monitoring is more stable than blunting across scenarios, as monitoring ratings for the first scenario may very well have served as a benchmark for both the paired blunting ratings as well as future monitoring ratings for the remaining scenarios.

Relatedly, perhaps individuals were influenced by repeated exposure to the ten MBQ scenarios. As the ten scenarios were presented twice, once initially when asked to complete monitoring and blunting ratings, and subsequently for ratings of perceived control, exposure to all ten scenarios before rating them in terms of perceived control may have influenced their ratings. Having seen all ten scenarios before rating them may have led to all sorts of internal comparisons of the scenarios that would no doubt influence subsequent ratings. A potential solution to this problem is to conduct a study in
which individuals are presented with only one of the ten scenarios from the MBQ. Although implementing such a strategy would increase the number of participants required for statistical power, doing so would help to minimize the problem of cross-scenario contamination.

In addition, the perceived control measure that was used in the present study had several weaknesses. Although respondents indicated the amount of control they felt that they had in each scenario by circling a particular rating, there was no way of determining the definitions of control that they used for each scenario. As the present study did not differentiate between behavioural, cognitive, and decisional control, respondents could have used varying definitions of control, a practice that may have influenced their ratings. Furthermore, each individual could have varied his/her definition of control from one scenario to the next. As a solution, future studies should require respondents to rate the MBQ scenarios on each type of control. Alternatively, simply giving people the opportunity to explain their controllability ratings might identify which type of control they are exerting. Clarifying the role of perceived control in coping behaviour might better explain the variance of perceived control ratings across MBQ scenarios, and this would serve to further clarify the results of the present study.
Chapter VI

Conclusions and Implications

Generally, people deal with multiple stressors that vary in magnitude on a daily basis. Whether dealing with an aversive dental procedure or turbulence on a flight, the manner in which an individual responds to threat varies from one situation to the next. As stressful situations tend to vary in perceived control, this has implications for the coping responses that individuals engage in when placed in such situations. In this respect, the present study has shed some light on the relationship among monitoring, blunting, and perceived control. Monitoring was found to be negatively correlated with blunting for all MBQ scenarios. Although this correlation was quite robust, it was not perfectly negative, indicating that the relationship between monitoring and blunting is not that simple, and that the presence of monitoring is not necessarily equivalent to the absence of blunting. In addition to the fact that monitoring and blunting were not demonstrated to be polar opposites, the observation that many individuals in the present study circled both high monitoring and high blunting scores (and vice versa) for a single scenario of the MBQ does suggest that monitoring and blunting may indeed be independent constructs. Thus, the findings of the present study warrant further investigation of these coping strategies in order to further clarify the monitoring-blunting relationship.

Monitoring seemed to be relatively more stable than blunting across the MBQ scenarios. Based on these results, it seems that people consistently monitor in situations that they find threatening, although the extent to which they seek information tends to vary from one individual to the next. These results suggest that monitoring, as a coping construct, is more dispositional in nature. As blunting seemed to vary across the MBQ
scenarios, it seems that the amount of blunting engaged in during a threatening situation changes depending upon the particular situation, suggesting that blunting is more situational in nature. In addition to the above, the present study also demonstrated differential relationships between monitoring and blunting with perceived control. As compared to monitoring, blunting demonstrated more of a relationship with perceived control. These findings lend further support to the notion that monitoring is more trait-based and blunting is more state-based and underscore the importance of acknowledging both dispositional and situational factors in coping phenomena.

Specifically, the findings concerning monitoring as a possible coping disposition are of great relevance to the many clinical settings within the health care system. In such settings, individual differences in the coping strategies that people engage in often result in differential coping outcomes. Failure to consider such differences may lead to benefits for some patients, no effect, or even detrimental effects for others (Shiloh, Mahlev, Dar, & Ben-Rafael, 1998). Interventions aimed at reducing stress in clinical settings should acknowledge the role of a person’s coping tendency (to engage in high or low information-seeking) and attempt to tailor the intervention accordingly (Shiloh et al., 1998). Individuals who tend to engage in high levels of monitoring should be encouraged to seek information, as doing so may serve to reduce distress (Shiloh et al., 1998). For example, when dealing with a diagnosis of cancer, high monitors would most likely prefer to be provided with as much information as possible regarding diagnosis, prognosis, and possible treatment options. As information-seeking seems to help these individuals deal with threatening information, interventions should encourage monitoring behaviours and provide a great deal of preparatory information. In contrast, individuals
who tend to engage in minimal monitoring should be taught not to concentrate on threatening information, as doing so may actually increase distress (Shiloh et al., 1998). Teaching these individuals alternative coping techniques for distraction, reinterpretation, and the like may actually foster well-being (Shiloh et al., 1998). Using the example involving a cancer diagnosis, low monitors would most likely prefer to be provided with minimal information about the source of threat. As information-avoidance seems to help these individuals deal with threatening information, interventions should encourage blunting behaviours by teaching techniques of distraction and the like. Thus, it would be beneficial to design interventions that provide preparatory information based on a person’s coping tendency. It seems that during preparation for stressful medical procedures, preparatory strategies are most effective when they are consistent with habitual coping style (Muris, Zuuren, De Jong, et al., 1994). Monitors would seem to benefit from being provided with a high level of information, and blunters would fare better with less information (Miller & Mangan, 1983; Watkins, Weaver & Odegaard, 1986). In this respect, Miller and Mangan (1983) demonstrated that patients’ level of psychophysiological arousal was lower when the amount of information provided to these individuals was consistent with their coping style.

The potential benefits of consistency between a person’s coping preference and the amount of information provided to them has some implications for the value of such information. A substantial amount of research has demonstrated a positive effect of increased information (Johnson, 1973; Johnson & Leventhal, 1974; Leventhal, Brown, Shacham & Engquist, 1979). Johnson and Leventhal (1974) demonstrated that preparatory communication reduced the distress of individuals subjected to an endoscopic
examination. Similarly, Leventhal et al. (1979) illustrated the distress-reducing effects of preparatory information about stimulus sensations in individuals who were instructed to submerge one hand into an ice bath (known as the cold pressor task). Thus, these studies have demonstrated that providing people with health-related information is beneficial. In contrast, some of the studies investigating monitoring have demonstrated adverse effects of this coping style (Miller, Roussi, Caputo, & Kruus, 1995; Muris, Merckelbach, Gadet & Meesters, 2000). Muris et al. (2000) have shown that this construct is related to higher levels of anxiety disorder symptoms in children. The Monitoring Process Model as developed by Miller et al. (1995) proposes that monitors and blunters interpret threatening situations very differently. Monitors tend to be more aware of internal and external threatening cues, are more likely to experience intrusive ideation about the stressor, and tend to interpret neutral or ambiguous information as highly threatening (Miller et al., 1995). These individuals are more likely to ruminate on threatening information, thus exaggerating their perceptions of personal risk (Miller et al., 1995). This high level of intrusive ideation and perceived risk, in turn, often results in heightened anxiety, arousal, and distress (Miller et al., 1995; Muris, Zuuren, De Jong, et al., 1994). Thus, these studies have demonstrated that seeking information about a threatening situation may actually be detrimental. So, how can information be good but information-seeking be bad? This apparent inconsistency seems to be rooted in the different characteristics of high and low monitors. As studies have demonstrated a relationship between high levels of monitoring and measures of psychopathology, it may be that high monitors generally engage in more maladaptive coping behaviours that result in more negative coping outcomes. Thus, it is not the actual provision of information that
is detrimental, but rather what these individuals do with this information (i.e., ruminate) that leads to a negative coping outcome. Thus, instead of focusing on the potential benefit and/or harm of providing health-relevant information, it would be more useful to design interventions that aim to match the amount of information provided to a person with his/her coping preference in an effort to produce the best possible outcome.
References


Appendix A
Pilot Questionnaire

Please read over the scenarios listed below and rate each one in terms of its controllability, predictability, and level of threat.

<table>
<thead>
<tr>
<th></th>
<th>low</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>high</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. You participate in a psychology experiment. During this experiment you will receive a series of harmless electrical shocks.

   - controllability  
     - 1  
     - 2  
     - 3  
     - 4  
     - 5  
     - 6  
     - 7  

   - predictability  
     - 1  
     - 2  
     - 3  
     - 4  
     - 5  
     - 6  
     - 7  

   - level of threat  
     - 1  
     - 2  
     - 3  
     - 4  
     - 5  
     - 6  
     - 7  

2. You are in the hospital to undergo an intestinal investigation. To study the intestinal canal, the doctor will insert an apparatus in your anus.

   - controllability  
     - 1  
     - 2  
     - 3  
     - 4  
     - 5  
     - 6  
     - 7  

   - predictability  
     - 1  
     - 2  
     - 3  
     - 4  
     - 5  
     - 6  
     - 7  

   - level of threat  
     - 1  
     - 2  
     - 3  
     - 4  
     - 5  
     - 6  
     - 7  

3. You visit the dentist to undergo a drilling treatment.

   - controllability  
     - 1  
     - 2  
     - 3  
     - 4  
     - 5  
     - 6  
     - 7  

   - predictability  
     - 1  
     - 2  
     - 3  
     - 4  
     - 5  
     - 6  
     - 7  

   - level of threat  
     - 1  
     - 2  
     - 3  
     - 4  
     - 5  
     - 6  
     - 7  

4. You are a passenger in a vehicle with an inexperienced and uncertain driver. The weather is very bad, and there is a lot of snow and ice on the road surface.

   - controllability  
     - 1  
     - 2  
     - 3  
     - 4  
     - 5  
     - 6  
     - 7  

   - predictability  
     - 1  
     - 2  
     - 3  
     - 4  
     - 5  
     - 6  
     - 7  

   - level of threat  
     - 1  
     - 2  
     - 3  
     - 4  
     - 5  
     - 6  
     - 7  

5. For some time, you have complaints about headaches and dizziness. You visit your doctor. The doctor is suspicious about your complaints and sends you to the hospital to undergo an aversive examination.

   - controllability  
     - 1  
     - 2  
     - 3  
     - 4  
     - 5  
     - 6  
     - 7  

   - predictability  
     - 1  
     - 2  
     - 3  
     - 4  
     - 5  
     - 6  
     - 7  

   - level of threat  
     - 1  
     - 2  
     - 3  
     - 4  
     - 5  
     - 6  
     - 7  


6. Late at night, you walk through a deserted neighbourhood of a city. Suddenly, a group of dubious looking people approach you from a side-road.

   controllability 1 2 3 4 5 6 7
   predictability 1 2 3 4 5 6 7
   level of threat 1 2 3 4 5 6 7

7. Due to a large drop in sales, it is rumoured that several people in your department at work will be laid off. Your supervisor has turned in an evaluation of your work for the past year. The decision about lay-offs has been made and will be announced in several days.

   controllability 1 2 3 4 5 6 7
   predictability 1 2 3 4 5 6 7
   level of threat 1 2 3 4 5 6 7

8. You are on an airplane. The flight is very rough. The stewardess asks you to fasten your safety belt. You have the feeling that something is wrong.

   controllability 1 2 3 4 5 6 7
   predictability 1 2 3 4 5 6 7
   level of threat 1 2 3 4 5 6 7

9. You have discovered a small tumour on your body. Your doctor sends you to the hospital where the tumour is removed. The tissue of the tumour is under investigation in the hospital's laboratory in order to determine whether or not it is cancerous. You are awaiting the result of this investigation.

   controllability 1 2 3 4 5 6 7
   predictability 1 2 3 4 5 6 7
   level of threat 1 2 3 4 5 6 7

10. You visit your doctor with seemingly minor intestinal complaints. However, the doctor diagnoses acute appendicitis and says that it has to be operated on as soon as possible.

    controllability 1 2 3 4 5 6 7
    predictability 1 2 3 4 5 6 7
    level of threat 1 2 3 4 5 6 7
Appendix B
Monitoring-Blunting Questionnaire (MBQ)

Instructions

In a threatening situation, people can make use of two sorts of coping strategies: the monitoring strategy and the blunting strategy. Both strategies can also be used alternately.

The characteristics of the monitoring strategy are:

1. The person looks for information within the threatening situation by carefully paying attention to what is happening.
2. The person seeks information by asking other people about it or by reading in books or magazines.
3. The person seeks information within his/her own past experience by recalling a previous, similar occasion.

The characteristics of the blunting strategy are:

1. The person avoids thinking about the situation, directs his/her attention to other things, or tries to forget about the situation.
2. The person thinks "The situation is probably less serious than it looks".
3. The person engages in pleasant activities to distract him/herself.

This booklet describes 10 situations. Try to imagine that you are in each situation, and indicate the extent to which you make use of the monitoring strategy (M) and the blunting strategy (B) in each situation (0 = not at all; 10 = very much). Tear off this front page, so that you can take a look at the definitions when you rate each situation.

<table>
<thead>
<tr>
<th>not at all</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>very much</th>
<th>10</th>
</tr>
</thead>
</table>
Situations

1. You participate in a psychology experiment. During this experiment you will receive a series of harmless electrical shocks.

Monitoring Strategy:  
0 1 2 3 4 5 6 7 8 9 10

Blunting Strategy:  
0 1 2 3 4 5 6 7 8 9 10

2. You are in the hospital to undergo an intestinal investigation. To study the intestinal canal, the doctor will insert an apparatus in your anus.

Monitoring Strategy:  
0 1 2 3 4 5 6 7 8 9 10

Blunting Strategy:  
0 1 2 3 4 5 6 7 8 9 10

3. You visit the dentist to undergo a drilling treatment.

Monitoring Strategy:  
0 1 2 3 4 5 6 7 8 9 10

Blunting Strategy:  
0 1 2 3 4 5 6 7 8 9 10

4. You are a passenger in a vehicle with an inexperienced and uncertain driver. The weather is very bad, and there is a lot of snow and ice on the road surface.

Monitoring Strategy:  
0 1 2 3 4 5 6 7 8 9 10

Blunting Strategy:  
0 1 2 3 4 5 6 7 8 9 10
5. For some time, you have complaints about headaches and dizziness. You visit your doctor. The doctor is suspicious about your complaints and sends you to the hospital to undergo an aversive examination.

Monitoring Strategy:
0 1 2 3 4 5 6 7 8 9 10

Blunting Strategy:
0 1 2 3 4 5 6 7 8 9 10

6. Late at night, you walk through a deserted neighbourhood of a city. Suddenly, a group of suspicious-looking people approach you from a side-road.

Monitoring Strategy:
0 1 2 3 4 5 6 7 8 9 10

Blunting Strategy:
0 1 2 3 4 5 6 7 8 9 10

7. Due to a large drop in sales, it is rumoured that several people in your department at work will be laid off. Your supervisor has turned in an evaluation of your work for the past year. The decision about lay-offs has been made and will be announced in several days.

Monitoring Strategy:
0 1 2 3 4 5 6 7 8 9 10

Blunting Strategy:
0 1 2 3 4 5 6 7 8 9 10

8. You are on an airplane. The flight is very rough. The flight attendant asks you to fasten your safety belt. You have the feeling that something is wrong.

Monitoring Strategy:
0 1 2 3 4 5 6 7 8 9 10

Blunting Strategy:
0 1 2 3 4 5 6 7 8 9 10
9. You have discovered a small tumour on your body. Your doctor sends you to the hospital where the tumour is removed. The tissue of the tumour is under investigation in the hospital’s laboratory in order to determine whether or not it is cancerous. You are awaiting the result of this investigation.

Monitoring Strategy:
0  1  2  3  4  5  6  7  8  9  10

Blunting Strategy:
0  1  2  3  4  5  6  7  8  9  10

10. You visit your doctor with seemingly minor intestinal complaints. However, the doctor diagnoses acute appendicitis and says that it has to be operated on as soon as possible.

Monitoring Strategy:
0  1  2  3  4  5  6  7  8  9  10

Blunting Strategy:
0  1  2  3  4  5  6  7  8  9  10
Appendix C
Perceived Control Measure

Think about what you could do about each situation. Indicate how much control you would have. Specifically, indicate how much influence you would have over what happens to you (0 = no control at all; 10 = complete control).

1. You participate in a psychology experiment. During this experiment you will receive a series of harmless electrical shocks.

   no control at all           complete control
   
   0   1   2   3   4   5   6   7   8   9   10

2. You are in the hospital to undergo an intestinal investigation. To study the intestinal canal, the doctor will insert an apparatus in your anus.

   no control at all           complete control
   
   0   1   2   3   4   5   6   7   8   9   10

3. You visit the dentist to undergo a drilling treatment.

   no control at all           complete control
   
   0   1   2   3   4   5   6   7   8   9   10

4. You are a passenger in a vehicle with an inexperienced and uncertain driver. The weather is very bad, and there is a lot of snow and ice on the road surface.

   no control at all           complete control
   
   0   1   2   3   4   5   6   7   8   9   10

5. For some time, you have had complaints about headaches and dizziness. You visit your doctor. The doctor is suspicious about your complaints and sends you to the hospital to undergo an aversive examination.

   no control at all           complete control
   
   0   1   2   3   4   5   6   7   8   9   10
6. Late at night, you walk through a deserted neighbourhood of a city. Suddenly, a group of suspicious-looking people approach you from a side-road.

no control at all                     complete control

0  1  2  3  4  5  6  7  8  9  10

7. Due to a large drop in sales, it is rumoured that several people in your department at work will be laid off. Your supervisor has turned in an evaluation of your work for the past year. The decision about lay-offs has been made and will be announced in several days.

no control at all                     complete control

0  1  2  3  4  5  6  7  8  9  10

8. You are on an airplane. The flight is very rough. The flight attendant asks you to fasten your safety belt. You have the feeling that something is wrong.

no control at all                     complete control

0  1  2  3  4  5  6  7  8  9  10

9. You have discovered a small tumour on your body. Your doctor sends you to the hospital where the tumour is removed. The tissue of the tumour is under investigation in the hospital’s laboratory in order to determine whether or not it is cancerous. You are awaiting the result of this investigation.

no control at all                     complete control

0  1  2  3  4  5  6  7  8  9  10

10. You visit your doctor with seemingly minor intestinal complaints. However, the doctor diagnoses acute appendicitis and says that it has to be operated on as soon as possible.

no control at all                     complete control

0  1  2  3  4  5  6  7  8  9  10
Appendix D
Consent To Participate in Research

You are asked to participate in a study being conducted by Ritu Kaushal under the supervision of Dr. Ian Newby-Clark, from the Psychology department at the University of Windsor. The results of this study will contribute towards a master’s thesis.

The purpose of this study is to investigate the styles of coping that people engage in when placed in stressful situations. If you volunteer to participate in this study, you will be asked to fill out a questionnaire. It will take approximately thirty minutes to complete this study. The study will take place in the Psychology Department. Any information that is obtained from this study and that can be identified with you will remain confidential and will be disclosed only with your permission. To preserve your anonymity, you will be asked not to identify yourself on the questionnaire. The data gathered in this study will be used for research purposes and only the investigators directly involved in this study will have access to these records. Your participation in this study is entirely voluntary. If you volunteer to be in this study, you may withdraw your consent at any time and discontinue participation without penalty. You may also exercise the option of removing your data from the study. In addition, you may refuse to answer any questions you don’t want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so. This study has been reviewed and has received ethics clearance through the University Of Windsor Research Ethics Board. If you have any questions or concerns about the ethics or procedures of this study, you may contact the Office of Research Services at (519) 253-3000 ext. 3916 or via e-mail at ethics@uwindsor.ca.

If you have any questions or concerns regarding this study or would like a written summary of the results, please feel free to contact:

Ritu Kaushal
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or

Ian Newby-Clark
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University Of Windsor
253-3000 ext. 2242
newby@uwindsor.ca

I understand the information provided for the “Coping Styles” study as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

Name Of Subject

Signature Of Subject

In my judgement, the participant is voluntarily and knowingly giving informed consent to participate in this research study.

Signature Of Investigator  Date
Appendix E
Study Instructions

This study is investigating the styles of coping that people engage in when placed in stressful situations.

In a moment, I will give each of you a questionnaire that you are to complete. On the first page, you will find the instructions on how to complete the questionnaire. After reading these instructions, if you have any questions please raise your hand and I will come help you. I must ask for your complete silence and co-operation while you are completing the questionnaires. Again, if you have any questions, please raise your hand and I will help you.

[Distribute questionnaires.]
Thank you for participating in this study. Here is a brief explanation of what the study is about.

I am interested in the styles of coping that people engage in when placed in stressful situations. Depending on the type of stressful situation that people find themselves in, they may choose to either seek information or avoid information about the source of their stress. This is to say that some people will try to learn all they can about the stressful situation, while others will try to distract themselves from the stressful situation. For example, in the questionnaire that you completed, you were presented with different scenarios such as going to the dentist and being afraid of flying. People tend to seek information in the dentist situation, but tend to avoid information in the turbulent flight situation. Why do you think this is?

This occurs, I think, because the situations differ in the amount of control that a person has within that situation. I expect that the more ‘controllable’ the situation, the more likely you are to try to learn more about it. This is because the information that you gain can be used to help your situation. On the other hand, the more ‘uncontrollable’ the situation, the more likely you are to try to distract yourself from it. In this case, any information that you might gain is of no use to you, and won’t help your situation. So, in a nutshell, I am looking at how perceived control influences whether a person seeks information or avoids it in a stressful situation.

As I am still running this study, I ask that you not discuss the details of this study with anyone. Thanks again.
Table G1

Mean Ratings of Monitoring (M) and Blunting (B) for the Ten MBQ Scenarios in Ascending Order of Perceived Control

<table>
<thead>
<tr>
<th>Scenario</th>
<th>M</th>
<th>SD</th>
<th>B</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turbulent Flight</td>
<td>6.71</td>
<td>2.74</td>
<td>5.17</td>
<td>3.42</td>
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<tr>
<td>Tumour</td>
<td>7.33</td>
<td>2.71</td>
<td>4.79</td>
<td>3.36</td>
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<tr>
<td>Appendicitis</td>
<td>7.28</td>
<td>2.54</td>
<td>3.52</td>
<td>3.00</td>
</tr>
<tr>
<td>Sales</td>
<td>6.11</td>
<td>2.80</td>
<td>4.98</td>
<td>2.98</td>
</tr>
<tr>
<td>Hospital Visit</td>
<td>6.24</td>
<td>3.09</td>
<td>5.80</td>
<td>3.43</td>
</tr>
<tr>
<td>Dentist Visit</td>
<td>4.36</td>
<td>3.04</td>
<td>6.11</td>
<td>3.14</td>
</tr>
<tr>
<td>Complaints</td>
<td>7.19</td>
<td>2.04</td>
<td>3.98</td>
<td>2.79</td>
</tr>
<tr>
<td>Passenger</td>
<td>7.66</td>
<td>2.62</td>
<td>2.97</td>
<td>3.25</td>
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<tr>
<td>Suspicious People</td>
<td>7.25</td>
<td>2.77</td>
<td>3.94</td>
<td>3.22</td>
</tr>
<tr>
<td>Psychology Experiment</td>
<td>6.18</td>
<td>3.05</td>
<td>4.21</td>
<td>3.32</td>
</tr>
</tbody>
</table>
VITA AUCTORIS

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