



The socialization of adolescent coping behaviours: Relationships with families and teachers

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Abstract

A motivational theory of children's coping identified aspects of relationships—involvement, structure and autonomy support—that are expected to determine whether coping will be characterized by approach (active) or avoidance. Associations between adolescents' ($N = 487$, Age $M = 14$) relationships with families and teachers, and coping behaviours were examined. Whether a Family Primacy Model or a Context-Specific Model best explained the findings was also determined. A Family Primacy Model received predominant support; adolescents with more positive family relationships used more active coping with problems at home and school. Positive relationships with teachers predicted more active coping behaviours, especially at school.

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Introduction

Coping behaviours are mechanisms to decrease or alter sources of stress and distressing emotions when encountering stress. Broadly, coping has been most often defined as the repertoire of responses people employ when faced with problems that threaten to impinge upon their

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physical or emotional equilibrium (Pearlin & Schooler, 1978). Because of the importance of effectively managing stressful events, there is much research that has examined how individuals cope with stress, and the outcomes associated with stressful events when combined with different coping responses.

Although much research on children's stress and coping has been in the area of psychological functioning and competencies (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001), theories of coping in childhood and adolescence have placed greater focus on socialization processes (Skinner, 1995, 1999; Wolchik & Sandler, 1997). For example, theorists have emphasized the importance of understanding how dimensions of parent–child relationships may influence children's coping behaviours (Skinner & Wellborn, 1994), and researchers have studied parents' socialization of children's coping behaviours (e.g. Klierer, Fearnow, & Miller, 1996). In a recent review, Compas et al. (2001) proposed that researchers “need to pay closer attention to the social context in which children encounter and try to cope with stress” (p. 122). It is logical to expect that relationships with others would impact coping behaviours, given that children and adolescents' close relationships with others have been found to be important to adaptive functioning in other areas (e.g. academic achievement and conduct; Eccles, Early, Frasier, Belansky, & McCarthy, 1997; Steinberg, 2001; Bornstein, 2002).

Coping is a complex process and, partly as a result of this complexity, there has been little consensus regarding the behaviours to include within the domain of coping (Skinner, Edge, Altman, & Sherwood, 2003). This has been even more difficult given the conceptual and definitional overlap of constructs such as emotion-regulation, self-regulation and resilience with coping (Compas et al., 2001).

After considering this complexity, a situation-specific approach to measuring adolescents' coping behaviours was used in the current study and multiple dimensions of coping were assessed. We examined the associations between relationships with family and teachers on two of the most commonly used dimensions of coping—approach (active) and avoidance—when young people experienced problems in the domains of school and home. Approach coping behaviours are active responses that include behaviours that orient individuals toward stress to confront the experience and attempt to manage it. These are responses that entail engagement. In addition, changing ways of thinking or behaving to resolve stressful events and seeking to understand the situation better are also active and engaged coping behaviours. In contrast, avoidance coping responses encompass behaviours that allow one to move away from a stressful event (i.e. to disengage). Avoidance coping was defined as cognitive or other strategies that deny or minimize the threat or behavioural attempts to avoid confronting the stressful situation. In past studies, avoidance coping has also included wishful thinking or imagining things were better (Ebata & Moos, 1991; Skinner et al., 2003). In the current study, wishful thinking was maintained as a third coping dimension. Wishful thinking involves some disengagement from the stressful experience, but also has aspects of approach because there is a need for attention to a target other than the stressor (Ayers, Sandler, & Twohey, 1998; Compas et al., 2001; Cunningham, 2002). The three categories of coping were referred to in the current study as ‘active’, ‘avoidant’ and ‘wishful thinking.’

By primary school, children use both active and avoidant coping strategies (Ayers, Sandler, West, & Roosa, 1996). In fact, using behaviours from each category may be adaptive depending on the situation (Cunningham, 2002; Skinner et al., 2003), and moderate positive intercorrelations have been found between active and avoidant coping scores in children (Ayers et al., 1996).

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