THE EFFECT OF PARENTING STYLES ON CHILDREN'S

ABILITY TO COPE WITH STRESS

By

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Abstract

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Research about stress and coping emphasizes that adaptive coping is the use of problem-focused coping strategies in manageable situations and the use of emotion-focused strategies in unmanageable situations. Children's perception of the manageability of a stressor may be influenced by their parents. Parents may thus influence their children's choice of coping strategies and their subsequent adjustment. There is a lack of research about this pathway which the present study investigated. The present study collected data 93 children in 3rd, 4th and 5th grades and their mothers. Results indicated that parenting style does not influence children's choice of coping strategy regardless of perceived manageability of the stressor, nor does parenting style influence child adjustment. Additionally, results indicated that children who displayed adaptive coping did have better adjustment than those who did not display adaptive coping. Age and gender mattered in some instances. Future studies should investigate additional possible mediators, follow children over several years to determine age effects, and collect data from diverse backgrounds.

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CHAPTER ONE
INTRODUCTION

Significance and Specific Aims

Individuals continually deal with stress, whether daily hassles or larger planned or unplanned life events (e.g., birth of a child, the aftermath of a natural disaster); the accumulation of stressors can have deleterious effects on both physical and mental health (Fields & Prinz, 1997; Piko, 2001; Wheaton, 1985). Nothing can be done to completely avoid stressors, so researchers are interested in knowing more about how individuals cope with stress, and which specific coping mechanisms yield the best psychological outcomes. Several dual-process coping models have been developed, with the common theme of either manipulating the environment to deal with the stressor, or regulating one's emotions to cope with the stressor (Fields & Prinz, 1997; Hampel & Petermann, 2005). The two dual-process models that appear most in the stress and coping literature are problem- versus emotion-focused coping, and approach versus avoidance. Problem-focused coping emphasizes taking necessary actions to modify the circumstances that are creating the stress (Compas, Malcarne, & Fondacaro, 1988; Wilson, Pritchard, & Ravalee, 2004). In contrast, emotion-focused coping emphasizes trying to avoid the original source of stress, and/or regulating emotional states caused by a given stressor in order to reduce the tension and psychological arousal associated with the stressor (Saarni, Mumme, and Campos, 1998; Connor-Smith, Compas, Wadsworth, Thomsen, & Saltzman, 2000; Fields & Prinz, 1997, Folkman & Lazarus, 1980). Approach strategies include actively seeking out information, showing concern, and making plans (Fields & Prinz, 1997). In contrast, avoidance strategies include cognitive attempts to minimize or avoid the stressor (Fields & Prinz; Power, 2004). In general, avoidance is thought to have negative outcomes except in the case of situations that are rare and unlikely to reoccur (Power).

Within each dual-process model, either strategy is potentially adaptive, depending on the situation (e.g., Compas et al., 1988; Connor-Smith et al., 2000) and a person's perception of the manageability of the stressor (Miller & Green, 1985; Skinner, 1991; Skinner & Wellborn, 1994; Stanton, Danoff-Burg, Cameron, & Ellis, 1994). Fields and Prinz (1997) and Saarni et al. (1998) indicated that individuals tend to use mostly problem-focused coping in situations they perceive as manageable, and emotion-focused coping in situations they perceive as unmanageable. Therefore more positive outcomes are expected when individuals use problem-focused coping strategies for stressors they perceive as manageable, and/or emotion-focused coping for stressors they perceive as unmanageable (Compas et al., 1988; Griffith, Debow, & Ippolito, 2000; Stanton et al., 1994).

Stress and coping researchers have also studied the effects of stress, and varying coping strategies, on children's adjustment. Some possible moderating factors in the coping process are children's gender (Piko, 2001; Saarni et al., 1998), children's age (e.g., Compas et al., 1988; Fields & Prinz, 1997; 2001; Saarni et al., 1998), and characteristics of the parent-child relationship.

Some studies have shown gender differences in children's use of coping strategies. Girls may utilize more emotion-focused strategies whereas boys may utilize more problem-focused strategies (e.g., Piko, 2001), although some studies have shown that girls utilize both about equally (e.g., Rossman, 1992; Wilson et al., 2004).

Some research has shown that younger children tend to use problem-focused coping more than emotion-focused because they lack the cognitive capacity to know if a stressor is manageable or not. However, as children age, they gain more cognitive abilities that allow them to differentiate manageable from unmanageable stressors; increased cognitive capacity also adds

emotion-focused coping to their repertoires (Saarni et al., 1998; Skinner & Zimmer-Gembeck, 2007). Skinner and Zimmer-Gembeck indicated that there are five major developmental transitions during childhood, each of which is characterized by cognitive advancements and consequently greater capacities for coping. One of these transitions is during late childhood to early adolescence, which they defined as ages 10-12. They also emphasized that the development of coping strategies occurs very rapidly between the ages of 8-12. Skinner and Zimmer-Gembeck also stated that during these transitional periods, children begin to coordinate their coping efforts with those of people around them; at this age parents provide models of how to cope with stress (e.g., Power, 2004).

Researchers have recently been interested in the ways in which children's coping may be affected by characteristics of the parent-child relationship and parenting styles (e.g., Hasan & Power, 2004; Power, 2004; Skinner & Zimmer-Gembeck, 2007). Power (2004) indicated that parents have a significant effect on how their children cope with stress, a pattern that may be especially true during adolescence (Wolfradt, Hempel, & Miles, 2001). Parents may hinder the development of positive coping strategies if they shield their children from too many stressors; children need the opportunity to cope with stressors in order to have the best psychological outcomes. Therefore it is important for children to have parents who will neither overprotect them from stress nor overexpose them to stress (Fox, Henderson, Marshall, Nichols, & Ghera, 2005). Overprotection may be indicative of authoritarian parenting, which is high in control but low in warmth. Overexposure may be indicative of permissive parenting, which is high in warmth but low in control. (Baumrind, 1971; 1973; 1991b). Authoritative parenting, high in both warmth and control, has been shown to be positively correlated with active coping in youth (e.g., Power, 2004; Wolfradt et al., 2001).

However, less is known about the pathways that may link parenting styles to adaptive or maladaptive coping strategies and coping outcomes in youth; this study seeks to answer these questions. The findings from the studies listed above guide the research questions for the current study, the primary focus of which is to investigate 1) the degree to which parenting style is associated with children's coping strategies and their subsequent coping outcomes, and 2) if children's age and/or gender moderates the relation of coping strategies to coping outcomes. This study extends current research in the field of parental influences on stress and coping in youth by focusing specifically on preadolescents and the associations between parenting characteristics and their children's perceptions of stressors as manageable or unmanageable.

CHAPTER TWO

LITERATURE REVIEW

Overview of Stress and Coping

Lazarus (1991) defined stressful events as those that are significant to an individual and can be interpreted as potentially causing physical, psychological or social harm. Stressors in people's lives can be defined as internal or external demands that are beyond an individual's capabilities to immediately resolve (Compas et al., 2001). Internal demands can include unresolved feelings toward a person or situation, worry, anxiety, and emotional burden. External demands may vary from daily hassles, such as housecleaning or heavy traffic, to non-normative large stressors such as the death of a loved one, moving, or the aftermath of a natural disaster. Non-normative or major life stressors were once thought to be more highly predictive of adult maladjustment; however, research has begun to show that an accumulation of daily hassles is often a stronger indicator of maladjustment than are major stressors (Fields & Prinz, 1997).

Researchers are interested in how people respond to both normative and non-normative stressors, or, in essence, how they cope. There are countless definitions of coping, the most highly cited one being that of Lazarus and Folkman (1984), who defined it as "…constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person…" (p. 141). However, this definition has been criticized for lacking links to cognitive development (Skinner & Zimmer-Gembeck, 2007). Compas et al. (2001) added to the definition of Lazarus and Folkman (1984) by noting that coping is "a conscious and volitional effort to regulate emotion, cognition, behavior, physiology, and the environment in response to stressful events or circumstances" (p. 42). This thesis will use the definition originally presented by Lazarus and Folkman, as it is the most

comprehensive and widely-used definition in the field of stress and coping research (Compas et al., 2001; Fields & Prinz, 1997; Wilson et al., 2004,) and will also acknowledge aspects of cognition in the development of coping.

In order to even have the capability to cope, individuals must first possess the ability to regulate their own emotions. Some researchers have gone so far as to say that emotional regulation and coping are synonymous (Bridges & Grolnick, 1995). Saarni et al. (1998) made the same claim, identifying three dimensions of a framework for analyzing coping and emotional regulation: perceived manageability of a stressor, the use of solitary versus socially interactive coping strategies, and the use of internal versus situational strategies. Effective coping includes acknowledgment of one's own feelings and emotions, awareness of free agency, and successful evaluation of a stressful event. Hence, if people do not have the capacity for emotional regulation, they will not be able to effectively cope with stress (Saarni et al.).

Dual-Process Models of Coping

In addition to a broad definition of coping, it is important to understand various coping strategies that people utilize when under stress. Compas et al. (1988) emphasized that the perceived manageability of a stressor greatly affects coping strategies. Coping strategies are often described using dual-process models; the common theme among the models is that one strategy of the pair is aimed at affecting the stressor itself or to master some aspect of the external environment, whereas the other strategy is in place to manage the individual, or regulate one's emotions associated with or elicited by a particular stressor (Fields & Prinz, 1997; Hampel & Petermann, 2005; Skinner & Zimmer-Gembeck, 2007). It is important to highlight that adaptive coping does not imply that people repress emotions that stem from a stressor. Instead, healthy emotional regulation allows for a range of emotions that precede adaptive coping

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(Skinner & Zimmer-Gembeck). Five dichotomous coping models are notable (See Table 1): problem-focused versus emotion-focused, approach (active) versus avoidance (passive) primary (assimilative) versus secondary (accommodative), engagement versus disengagement, and voluntary versus involuntary, (Compas et al., 2001; Compas et al., 1988; Connor-Smith et al., 2000; Fields & Prinz, 1997).

Problem-focused versus emotion-focused coping. Problem-focused coping emphasizes gaining information, talking to others involved in the stressful situation, producing possible solutions, and taking necessary actions to modify the circumstances that are creating the stress via direct problem solving, including changing the external situation to ease internal stress levels (Compas et al., 2001; Wilson et al., 2004). Emotion-focused coping, as the name implies, emphasizes expressing emotion, utilizing social support, trying to avoid the original source of stress, and regulating emotional states caused by a given stressor in order to reduce the tension and psychological arousal associated with the stressor (Compas et al., 1988; Connor-Smith et al., 2000; Fields & Prinz, 1997, Folkman & Lazarus, 1980). Examples of coping strategies that are considered positive include emotional expression, seeking social and/or informational support, self-calming, positive thinking, reframing/acceptance, humor, and the use of religion. Those that are considered negative include venting or outbursts, suppressing emotions, self-blaming or criticizing, blaming others, social withdrawal, denial, and distraction/distancing (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001; Compas et al. 1988; Saarni et al., 1998; Wilson et al., 2004). Emotion-focused strategies that are considered problematic and could lead to poor adjustment are cognitive or behavioral avoidance, social withdrawal, resigned acceptance, venting, wishful thinking, and self-blame or self-criticism (Compas et al., 2001).

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Table 1

Dual-Process Models of Coping

Strategies of affecting the stressor itself, or mastering some aspect of the external environment	Strategies of managing one's own emotions associated with or elicited by the stressor
I. Problem-focused coping	Emotion-focused coping
II. Approach (active)	Avoidance (passive)
III. Primary coping (assimilative)	Secondary coping (accommodative)
IV. Engagement	Disengagement
V. Voluntary coping	Involuntary coping

A key aspect of emotion- versus problem-focused coping is appraisal of the manageability of a stressor (Miller & Green, 1985; Skinner, 1991; Skinner & Wellborn, 1994). Control appraisal refers to the perceived manageability of a stressful situation and its consequences, or its manageability (Power, 2004). On the other hand, challenge appraisal is considered one of the most adaptive forms of perceived manageability, or coping; those who view stressors as a challenge rather than a threat show higher levels of healthy adjustment than those who do not (Hale & Whitehouse, 1998; Skinner & Brewer, 2002). Fields and Prinz (1997) supported this idea by suggesting that stressors which individuals view as changeable or not changeable require different coping strategies. Saarni et al. (1998) pointed out that one's perceived control over a situation dictates how coping efforts will be undertaken and emphasized that individuals tend to use mostly problem-focused coping in situations they perceive as changeable, whereas they would use mostly emotion-focused coping in situations they perceive as unchangeable truths they must accept. Therefore, in the present study, more positive outcomes are expected when individuals use problem-focused coping strategies for stressors they perceive as manageable, and/or emotion-focused coping for stressors they perceive as unmanageable (Compas et al., 1988; Griffith et al., 2000).

Approach/Active coping versus Avoidance/Passive coping. Approach is characterized by purposefully seeking information, showing concern, and making plans to resolve a stressful situation. Approach strategies may be manifested as behavioral attempts to resolve a stressor by focusing on it directly, attempts at cognitive reframing of a stressor, or emotional attempts to weaken the stressor. On the other side of the spectrum is avoidance, characterized by avoiding information, a lack of concern, and distracting oneself from the stressor. It may be manifested as cognitive attempts to minimize or deny a stressor, behaviorally avoiding the situation through

mental escape, or emotional outbursts to relieve tension caused by a stressor, escape behaviors to avoid confronting the situation, relieving tension by expressing emotion, substance abuse, distraction, relaxation, and exercise (Fields & Prinz, 1997; Power, 2004). Approach is usually thought to be a more effective strategy than avoidance (Power).

The dual-process models mentioned above are the two that appear the most often in the stress and coping literature. However, it is important to highlight that the two models are not interchangeable, meaning that problem-focused coping is not synonymous with approach, and emotion-focused coping is not synonymous with avoidance.

Stanton et al. (1994) criticized the two dual-process models mentioned above, arguing that questionnaires assessing emotion-focused coping are often confounded by including questions pertaining to distress, even though distress is not indicative of coping. In an attempt to reconcile this issue, Stanton and colleagues combined the two dual-process models and asserted that emotion-focused coping can facilitate either approach or avoidance. Consequently, they created a new measure which they called emotion approach coping. They hinted at the idea of emotion avoidance, but never explicitly used this term; it also remains unclear whether problem-focused coping could facilitate approach or avoidance. Stanton et al. also asserted that emotion focused coping is maladaptive when individuals choose to ignore or avoid a situation, indicating emotion-avoidant coping. In contrast, they stated that emotion-approach coping is adaptive when people acknowledge and express their emotions elicited from the stressful event. Therefore the present study will expect to see adaptive outcomes in people who use emotion focused strategies paired with approach, not avoidance.

Primary (assimilative) versus secondary (accommodative) coping. Primary coping encourages developing a sense of control over the environment and regulating emotions. This is

accomplished by directing one's attention toward influencing objective events or conditions through manipulating the environment to align it with one's own desires. This tactic could also include strategies such as problem solving or regulating one's reactions. In contrast, secondary coping involves attempts to adapt to the environment or, put another way, adjusting one's mindset to align with existing conditions through acceptance or cognitive reframing (Compas et al, 2001; Fields & Prinz, 1997). Primary coping is integral in dealing with modifiable circumstances such as studying for an exam, whereas secondary coping is integral in adjusting to psychological upsets of non-normative stressors such as the death of a loved one (Fields & Prinz).

Engagement versus disengagement. Engagement refers to individuals' stress responses that lean toward the source of stress or toward their emotions or thoughts. This involves problem solving and seeking social support. Hence, disengagement refers to people's stress responses that shy away from the source of stress or their thoughts and emotions, which could be manifest as withdrawal or denial (Compas et al., 2001). This dichotomy is analogous to Saarni et al.'s (1998) dimensions of coping and emotional regulation that emphasizes an individual's choice between socially interactive or situational (engaged) coping strategies as opposed to those that are internal or solitary (disengaged). This dual process model differs from approach and avoidance in that it is a broader model of coping; avoidance is a single strategy that fits under the umbrella of disengagement. Cognitive distraction is another example of disengagement, but it is not solely avoidant because it requires acknowledgement of the original stressor and purposefully redirecting attention toward something else (Ayers, Sandler, & Twohey, 1998; Compas et al., 1999).

Voluntary versus involuntary coping. Voluntary efforts are those efforts of which a person is consciously aware. They are oriented toward cognitive, behavioral, emotional, and/or physiological regulation in response to a stressor. Involuntary reactions such as intrusive thoughts and emotional or physiological responses, therefore, are temperamentally based and unconsciously conditioned responses. An individual may or may not be cognitively aware of them, but they are not intentionally controllable (Connor-Smith et al., 2000). Skinner and Zimmer-Gembeck (2007) suggested that because involuntary responses are unregulated, they represent a strong stress reaction and/or difficulty with action regulation. In contrast, voluntary coping represents a weak stress response and/or a mature regulatory system.

Outcomes Associated with Stress and Coping

Daily hassles, especially when experienced cumulatively, are correlated with psychological maladjustment, whereas major stressful events have a lesser impact on well-being (Compas, Orosan, & Grant, 1993; Fields & Prinz, 1997; Seiffge-Krenke, 2000); the likelihood of maladjustment generally increases as the level of exposure to stressful events increases (Attar, Guerra, & Tolan, 1994). Maladjustment can be seen through both internalizing and externalizing problems. Looking specifically at problem versus emotion focused coping and engagement versus disengagement, Compas et al. (2001) reported findings from several studies suggesting that problem-focused coping and engagement were associated with fewer internalizing and externalizing problems, whereas emotion-focused coping and disengagement were associated with more internalizing and externalizing problems. Coping outcomes can also be manifested emotionally and physically. Emotional outcomes include depression, anxiety, withdrawal, avoidance, and self-criticism. Physical outcomes include poor health, aggression, behavioral

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problems and risk-taking behaviors, drug use, and even criminal activity (Compas et al.; Printz,

Shermis, & Webb, 1999; Saarni et al., 1998).

Theoretical Frameworks Applicable to Stress and Coping

The Ecological Model. Ecology refers to the interaction between organisms and their

environment. Bronfenbrenner's ecological model (1979) focuses on individuals, specifically a

single child, and how influences in the child's proximal and distal environments affect

development. Bronfenbrenner believed that human development involves a constant interaction

between the developing individual and the changing properties of the environment in which a

person lives; this interaction is affected by changing relations between both proximal and distal

influences with which the individual may not be directly involved.

The ecological model includes five levels, or subsystems, which include the microsystem,

mesosystem, ecosystem, macrosystem, and chronosystem. The microsystem is a single setting in

a child's immediate environment that includes patterns of activities, roles, and interpersonal

relations. These settings may be in the home, the neighborhood, or at school. The mesosystem

accounts for interactions between individual microsystems, such as the interaction of home and

school. The exosystem consists of environments that affect a child, but the child is not an active

participant in them, such as parents' work settings and even the media. The macrosystem is the

most distal, and includes consistencies of subcultures, beliefs and ideologies; influences include

religion, ethnicity, and socioeconomic status. The chronosystem refers to global changes in

patterns of stability or historical context over time. At a more proximal level, this could include a

baby sibling, or an older sibling leaving for college. At a more distal level, this could include

national trends such as the great depression or the baby boomer generation (Bergen, 2008;

Berndt, 1997).

The ecological model is applicable to stress and coping because subsystems are constantly interacting and changing. This process ultimately affects the individual, and he or she will have to adapt, or cope, accordingly. As parents deal with life changes, children see how their parents are coping with those stressors. Parents' coping can be adaptive or maladaptive, affecting the rest of the family positively or negatively, respectively. Parental outcomes affect parent-child interactions, ultimately affecting how children cope with stressors in their own lives.

Attachment Theory. Parent-child attachment begins in infancy. Unlike other species, human infants typically form relationships with their primary care givers within the first two years of life that usually continue throughout the lifespan. Ainsworth used the 'strange situation' study to classify four attachment styles: secure, insecure-resistant, insecure-avoidant, and 'unclassifiable' (Ainsworth, Blehar, Waters, & Wall, 1978). Securely attached infants see their mothers as a 'secure base' from which to explore and are distressed when she leaves, but clearly enjoy the contact when she returns. Both types of insecurely attached infants show somewhat ambivalent feelings toward their mothers at the time of separation and reunion. The unclassifiable infants may suffer from developmental delays, or in some cases neglect or abuse, and show generally abnormal behaviors (Berndt, 1997). Ainsworth found that that approximately 65% of infants were securely attached to their mothers, about 20% combined showed either insecure-avoidant or insecure-resistant attachment, and about 13% were 'unclassifiable' (Main & Solomon, 1990).

The importance of infant-mother attachments has implications for later development. Bowlby (1951, 1969) suggested that insecure or disorganized attachment in infancy leads to children who exhibit anxiety, depression, antisocial behavior, and even have difficulties with social relationships later in life. In contrast, secure attachments are the foundation of healthy

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psychological development (Sroufe, 1979). Securely attached infants become children who are more likely to show positive interpersonal skills and have successful peer relationships. Youth who were securely attached as infants are also more well-liked by peers and show fewer behavioral problems in school (Erickson, Sroufe, & Egeland, 1985; Lafreniere & Sroufe, 1985; Suess, Grossman, & Sroufe, 1992; Waters, Wippman, & Sroufe, 1979). Such behaviors are important to note because as previously mentioned, socially incompetent behaviors are often due to maladaptive coping, whereas adaptive coping is associated with socially competent behaviors (Compas et al, 2001; Piko, 2001). Specifically, Howard and Medway (2004) found that adolescents' insecure attachment to at least one of their parents was positively correlated with negative avoidant coping such as substance use, whereas a secure attachment was associated with more positive coping outcomes.

Family Systems Theory. Family systems theory is rooted in clinical psychology, and suggests that each individual relationship within a family affects all family members. In essence, the relationships are interdependent; and family members influence and are influenced by each other (Berndt, 1997). Patterson (1982) indicated that together, children and parents create patterns of interactions. This kind of bi-directionality can be seen in the quality of the parent-child relationship (Power, 2004).This is relevant to stress and coping in a similar manner to that of the ecological model. If family members are behaving in reaction to each other, then parents need to be particularly aware of how their own behavior is affecting how their children handle stress and their children's subsequent coping outcomes.

Stress and Coping Among Youth

Overview. Although excitatory and inhibitory responses in the central nervous system are already stabilizing during infancy, young infants do not have the ability to self-soothe. But with

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age, individuals' problem-solving repertoire expands, and they learn to control or regulate their emotions in response to stressful events (Saarni et al., 1998); in other words, they learn how to cope. However, children may be limited in their coping strategies because they lack experience in stressful situations; additionally, their cognitive, affective, expressive and social facets are not yet fully developed. The most common stressors reported by children include fear of negative evaluation by peers and adults, conflict with adults, social exclusion, and parental conflict or loss (Fields & Prinz, 1997).

As previously mentioned, perceived manageability of a stressor dictates coping strategies, but assessing the manageability of a stressful situation may be more difficult for children than for adults. Therefore, it may be more useful to analyze children's coping on a situational basis rather than in the broad categories of major stress versus daily hassles. Many children have not had to deal with a major life stressor, so their strategies for coping with normative stressors may provide enough information to determine if their coping is effective (Fields & Prinz, 1997).

Individual stressors have a varying degree of impact on youth, particularly during adolescence, a time of great change and decision-making; the decisions are often in response to stressors. It is therefore essential that youth learn effective coping strategies in order to promote positive growth and development (Werner, 1989). Across a variety of stressors, adolescents tend to employ emotion-focused coping strategies, and tend to use approach more than avoidant coping strategies (Fields & Prinz, 1997). Among adolescents who show maladaptive coping styles and more avoidant coping strategies, there is a high risk for unhealthy psychological development (Compas et al, 2001; Seiffge-Krenke, 1995; Seiffge-Krenke & Klessinger, 2000; Wolchick & Sandler, 1997).

Appraisal. Hansen and Power (2004) found that the dimensions of stress appraisals

reported by 9-12 year-olds were the same as those found in adults: degree of threat, significance,

self-blame, external blame, manageability, gain, and predictability. A greater threat to self or

others, the significance that children place on a stressor, and the degree of internal blame for

stressors beyond their control, are predictive of child maladjustment (Jouriles, Spiller, Stephens,

McDonald, & Swank, 2000; Lengua, Sandler, West, Wolchick, & Curan, 1999; Mazur,

Wolchick, Virdin, Sandler, & West, 1999; Spaccarelli, 1994). External blame, or attributing

hostile motives to others in neutral situations rather than taking some accountability for the

situation (the hostile attribution bias), is more common among aggressive children (Dodge,

1985). Self- and external blame mechanisms refer to a child's ability to appraise the cause of a

stressor, whereas manageability refers to the child's appraisal of the manageability of the stressor

once it has occurred.

Coping strategies. Power (2004) suggested six contrasting responses to coping utilized by

children. Children who exhibit approach, analysis, optimism, perseverance, autonomy and

problem solving generally show positive outcomes in manageable stressful events. Over time,

they may switch to the corresponding stress responses: avoidance, action, realism, flexibility,

help-seeking, and acceptance, respectively. Finally, as they gain more information about a

stressful situation, children may switch back and forth between the two types of responses.

Outcomes. Children who can appraise a stressor as manageable have more positive

psychological outcomes (Power, 2004). Potential gain from stressor is similar to manageability.

Children, and particularly adolescents, may perceive a stressor as a challenge of which they

believe they can gain from in the long run (Garnefski, Kraaij, & Spinhoven, 2001). Lastly,

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positive adjustment is associated with predictable stressors such as an upcoming exam, as opposed to unpredictable ones, such as a fight with a friend (Seligman, 1975).

Children who can successfully utilize primary coping strategies are able to take necessary steps to assess a stressful situation, ultimately deciding if they can deal with a situation themselves, or if they need to seek additional support from others. Those who are unsuccessful are more prone to antisocial strategies such as impulsive behaviors and aggression (D'Zufilla & Goldfried, 1971; Shure, 1982). Because primary coping requires less cognitive capacity, children often utilize these strategies more than secondary coping strategies. However, in stressful situations perceived as unmanageable, children and adolescents who are able to employ secondary coping strategies show better outcomes than children who cannot (Garnefski et al., 2001; Jeney-Gammon, Daugherty, Finch, Belter, & Foster, 1993;).

Age differences. Younger children may be solely limited to emotions such as guilt and anger in stressful situations. But as they mature and learn to distinguish between manageable and unmanageable stressors, children learn how to cope by using cognitive reframing, distraction, and avoidance through play (Saarni et al., 1998; Skinner & Zimmer-Gembeck, 2007); however, distraction seems to be used less frequently as children reach adolescence (Donaldson, Prinstein, Danowsky, & Spirito, 2000; Hampel & Petermann, 2005). Continued cognitive development allows older children to recognize their own power in perceiving stressors as less aversive, and their ability to use internally focused strategies (Saarni et al., 1998), encouraging them to be active rather than passive in their own coping (Compas et al., 2001; Compas et al., 1988; Connor-Smith et al., 2000). Skinner and Zimmer-Gembeck (2007) reported that between the ages of 10-16, children become better able to determine the best source of support for specific stressors. Fields and Prinz (1997) also suggested that younger children utilize primary coping

strategies because they lack the experience in stressful situations that older children may have. Secondary coping strategies are more abstract and require cognitive maturity, so older children and adolescents may use them more than younger children, who may rely more on primary coping strategies. Skinner and Zimmer-Gembeck (2007) noted that when compared to young children, older children and adolescents more often use cognitive problem solving by considering multiple ways to solve a problem; furthermore, successful problem solving was positively correlated with age. This study will address possible age differences in the coping strategies utilized by youth.

Several researchers have examined reactions to medical, academic, social and self-identified stressors in three age groups: preschool children (ages 2 to 7 years old), elementary age children (ages 7 to 12 years old), and adolescents (ages 13 to 20 years old); however, no studies have been conducted to date with preschoolers concerning self-identified stressors. For preschoolers, aggression and avoidance/passive coping were utilized most in the case of medical stressors. Within avoidance strategies, preschoolers had a greater reliance on distraction via imagery and problem-focused avoidance rather than cognitive distraction or emotion-focused coping (Alsthuler & Ruble, 1989; Band & Weisz, 1988; Peterson, Harbeck, Chaney, Farmer, & Thomas, 1990). To deal with social stressors, preschoolers used avoidance more than approach, and more problem-focused than emotion-focused coping; their problem-focused strategies included direct problem solving and seeking support, and active resistance through defending their position without using aggression (Band & Weisz, 1988; Benzweig, Eisenberg, & Fabes, 1993; Fabes & Eisenberg, 1992). With academic stressors such as getting a poor grade, one study found that preschoolers used problem-focused coping twenty-two times more than emotion-focused coping, including avoidance and problem-focused aggression (Band & Weisz, 1988).

Elementary aged children tended to use emotion-focused coping and avoidance strategies over approach or problem-focused coping when dealing with medical stressors. Evidence exists of a developmental trend such that during the older elementary years, children increasingly use less problem-focused coping and more emotion-focused coping. The disparity between problem-focused versus emotion-focused coping seemed to increase with age (Alsthuler & Ruble, 1989; Band & Weisz, 1988; Brown, O'Keefe, Sanders, & Baker, 1986). Elementary aged children also used emotion-focused coping including self-calming, positive self-talk, and social support over problem-focused coping to deal with self-identified stressors (Brodzinski, Elias, Steiger, Simon, Gill, & Hitt, 1992; Brown et al., 1986; Hoffman, Levy-Shiff, Sohlberg, & Zarizke, 1992; Rossman, 1992; Ryan, 1989; Wertlieb, Weigel, & Feldstein, 1987). In contrast, for both social and academic stressors, elementary aged children utilized problem-focused coping including direct problem solving, avoidance, and aggression more than emotion-focused coping including positive self-talk, cognitive reframing and social support. There were mixed findings about the use of approach or avoidance strategies in this age group, although elementary aged children used avoidance far more frequently than did preschoolers. Although 10-year-olds, more than 7-year-olds, had a heightened awareness that coping should be emotion-focused, they did still use problem-focused coping strategies; this could be because in general, 10-year-olds have not yet mastered the use of emotion-focused coping strategies (Band & Weisz, 1988; Brown et al., 1986; Compas et al., 1988; Gamble, 1994; Jenkins, Smith, & Graham, 1989). This observation supports Fields and Prinz's (1997) theory that with age, children use emotion-focused coping more than problem-focused coping as their experiences with stressful situations increase.

Further support for Fields and Prinz's (1997) theory can be seen in the coping strategies of adolescents. For both medical and social stressors, adolescents used fewer avoidance than

approach strategies, and fewer problem-focused than emotion-focused strategies; emotion-focused strategies included positive self-talk, cognitive reframing, diverting attention away from the stressor, wishful thinking, and support seeking (Armistead, McCombs, Forehand, Wierson, Long, & Fauber, 1990; Brown et al., 1986; Compas et al, 1988; Gamble, 1994; Stern & Zevon, 1990). For self-identified stressors, adolescents named dating problems and threats to self-esteem. For both stressors, they used emotion-focused coping, including seeking support and positive self-talk, and more approach rather than avoidance. In the small amount of avoidance coping that was utilized, adolescents exhibited mostly cognitive avoidance, followed by behavioral avoidance, indicating that cognitive strategies are likely to be more useful in easing emotional discomfort (Blanchard-Fields & Irion, 1988; Brodzinski et al., 1992; Brown et al., 1986, Dise-Lewis, 1988; Ebata & Moos, 1991; Fromme & Rivet, 1994; Gamble, 1994; Glyshaw, Cohen, & Towbes, 1989; Groer, Thomas, & Shoffner, 1992; Halstead, Johnson, & Cunningham, 1993; Hardin, Carbough, Weinrich, Pesut, & Carbough, 1992; Hoffman et al., 1992; Patterson & McCubbin, 1987; Phelps & Jarvis, 1994).

Researchers have also studied overall coping trends between and within the three age ranges mentioned above. There was an overall reduction in the prevalence of avoidance strategies, and as mentioned earlier, older children showed more cognitive than behavioral avoidance. Additionally, with age, coping strategies became more specific to the individual stressor, supporting Fields and Prinz's (1997) theory of cognitive maturity (Alsthuler, Gevero, Ruble, & Bornstein, 1995; Alsthuler & Ruble, 1989; Band & Weisz, 1986; Benzweig et al., 1993; Rossman, 1992). Within the elementary age group, children's coping strategies seemed to be in a continual state of change, with older children showing more cognitive coping abilities, including cognitive reframing and cognitive decision making.

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As they mature, children learn to apply different coping strategies to different situations, and there is less use of social support (Alsthuler & Ruble, 1989; Band & Weisz, 1988; Curry & Russ, 1985; Kliewer, 1991; Rossman, 1992; Ryan, 1989; Wertleib et al., 1987). In early adolescence, children tend to use more emotion-focused coping. As they move into middle and late adolescence, they show a smaller range of overall coping strategies, but the variety of cognitive strategies increases (Blanchard-Fields & Irion, 1988; Brodzinski et al.,1992; Brown et al., 1986; Compas et al., 1988; Gamble, 1994; Groer et al., 1992; Spirito, Stark, Grace, & Stamoulis, 1991).

Coping has also been linked to adjustment in the three age groups. In preschoolers, aggression, revenge, and venting were not considered socially adaptive in coping with stress, whereas problem solving and expressing dislike were correlated with social competence (Fabes & Eisenberg, 1992; Field, Alpert, Vega-Lahr, Goldstein, & Perry, 1988;). In elementary aged children, increased emotion-focused and decreased problem-focused coping strategies were positively associated with aggression, delinquency, and thought disorders, and support seeking was positively correlated with internalizing symptoms. The use of cognitive distraction, self-calming and direct problem-solving were associated with lower anxiety, and active coping was thought to be the best strategy in reducing both internalizing and externalizing behaviors (Brown et al., 1986; Compas et al., 1988; Fabes, Eisenberg, Karbon, Troyer, & Switzer, 1994; Garber, Braafladt, & Weiss, 1995; Hoffman et al., 1992; Jenkins et al., 1989; Kliewer, 1991; Kliewer & Sandler, 1993; Mantzicopoulos, 1990; Sandler, Tein, & West, 1994; Wertleib et al., 1987). In adolescents, poor social adjustment was linked with self-destructive behaviors, aggression, emotional outbursts, and both cognitive and behavioral avoidance. In contrast, better social adjustment was correlated with the use of emotion-focused coping strategies. Internalizing and

externalizing symptoms were reduced with cognitive coping, approach strategies and social support (Armistead et al., 1990; Dise-Lewis, 1998; Fromme & Rivet, 1994; Glyshaw et al., 1989; Hoffman et al., 1992; Ebata & Moos, 1991; Patterson & McCubbin, 1987; Wills, 1986).

Gender differences. Preadolescent males and females report different stressors as well as different coping strategies, which is crucial to consider when analyzing effective coping, healthy adjustment, and social competence in this age group (Saarni et al., 1998). Young adolescent girls have a tendency to report more interpersonal problems with friends than do boys. Boys, on the other hand, report more school problems than interpersonal problems (Compas, Davis, & Forsythe, 1985; Stark, Spirito, Williams, & Gueverrmont, 1989; Wagner & Compas, 1990). Washburn-Ormachea, Hillman, & Sawilowsky, (2004) proposed that this gender difference could stem from gender role expectations in which femininity is associated with expressing emotion, and masculinity is associated with the suppression of emotion. Therefore boys may be just as likely as girls to experience interpersonal problems, but are less willing to admit or discuss them. This trend can be seen in girls' more frequent use of social support as a coping mechanism when dealing with stress (Dise-Lewis, 1988; Donaldson et al., 2000).

Gender differences also arise in physical symptoms of stress. Depression, anxiety, eating disorders, headaches, frequent doctor's visits, use of prescription medication and poorer overall health are reported more by females, whereas males report more antisocial behavior and substance abuse (Ehrenberg, Cox, & Koopman, 1990; Elkind, 1984; Humphrey, 1989; Macintyre, Hunt, & Sweeting, 1996; Myers et al., 1984; Nolen-Hoeksema, 1991; Wilson et al., 2004).

Some researchers have noted that associations between coping strategies and social competence are moderated by child gender. Social competence in boys can be observed through

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their display of constructive coping strategies such as problem solving and a lack of excessive negative emotion. In girls it is better observed in how much they utilize avoidant coping strategies, such as showing self-reliance and positive imagery, as opposed to externalizing behaviors such as acting out or provoking conflict (Copeland & Hess, 1995; Saarni et al., 1988). Additionally, socially competent boys tend not to use hostile verbal coping strategies in response to anger provocation, whereas girls might be more inclined to do so. Instead, girls are considered more socially skilled when they avoid anger provocation (Saarni et al.). For both boys and girls, showing an excessive amount of emotion is associated with less constructive coping, whereas children who do not tend to escalate conflict are seen as socially desirable and therefore competent in their ability to cope (Saarni et al.). Both genders also display emotion-focused coping, but girls use it more often to deal with friendship issues and physical pain whereas boys use it more often to manage problems with their girlfriends (Bull & Drotar, 1991; Piko, 2001; Stark et al., 1989). This use of emotion-focused coping suggests that girls may be more likely to internalize stress in the form of worrying, anxiety, self-blame and withdrawal. In contrast, boys experiencing stress are more likely to show externalizing behaviors such as physical exercise or anger (Rossman, 1992). Boys tend to use problem-focused coping more frequently than emotion-focused coping, but girls employ both coping strategies about equally (Piko, 2001; Wilson et al., 2004).

For both genders, passive coping is usually associated with negative psychological health, whereas both problem- and emotion-focused coping are usually associated with positive psychological health (Piko, 2001). However, Wilson et al. (2004) did find that for females, problem-focused coping was negatively correlated with poor psychological health, but was

positively correlated in males. Wilson et al. also found that avoidant coping strategies were positively correlated with physical symptoms of stress for both genders.

Compas et al. (1988) reported that sixth grade girls were able to produce more coping strategies than sixth grade boys in response to both academically and interpersonally stressful situations. However, by eighth grade, boys had caught up and even surpassed the eighth grade girls in the number of coping strategies they were able to generate. The present study will look at the possible impact of child gender on the association between parenting characteristics and child coping, as well as the possible interaction of child age and child gender.

Parental Roles in Children's Coping

Parenting styles. The emotional climate established by parents in the home through responses to their children's emotions, and scaffolding of their children's problem solving, can influence children's coping strategies (Power, 2004). Power emphasized that the quality of the parent-child interaction is the single most important resource children have in their responses to stress. Parent-child relationship quality can be assessed using the constructs of parenting styles originally proposed by Baumrind through her studies of parental control. Using the two constructs of demandingness (control) and responsiveness (warmth), she identified four parenting styles: authoritative parents are high in both control and warmth, authoritarian parents are high in control but low in warmth, permissive parents are low in control but high in warmth, and rejecting or neglecting parents are low in both (Baumrind, 1971; 1973; 1991a: 1991b).

The warmth in authoritative parenting is manifested by parents encouraging self-expression and individuality in their children, and the demandingness aspect of authoritative parenting can be seen in parents expecting mature behavior from their children through consistently enforcing reasonable rules and standards of behavior. Authoritarian parenting is

manifested in parents becoming overly controlling and legitimizing/rationalizing their level of authority. Permissive parents commonly exhibit little or no control over their children by demonstrating extreme leniency, and often allow adolescents to greatly dictate their own behaviors and actions (Baumrind, 1991a; Smetana, 1995; Steinberg, 1999). Rejecting or neglecting parents often disengage from the responsibilities of raising their children (Lamborn, Mounts, Steinberg & Dornbusch, 1991).

Countless studies have shown that authoritative parenting is correlated with the best outcomes for children (Lamborn et al., 1991; Smetana, 1995; Steinberg, 1999; 2001). Compared to children of authoritative parents, children of authoritarian parents tend to show poor self-concepts and low self-esteem (Steinberg, 1999). Positive child adjustment, as seen with fewer internalizing or externalizing problems, is most common with parents who display authoritative strategies, whereas problematic behavior is more common when parents reject, ignore or punish their children, or are inconsistent in the quality of interactions with their children. As previously mentioned, adaptive coping outcomes in youth can be seen when they use active, emotion-focused tactics (Piko, 2001). Wolfradt, et al. (2001) found that parental warmth was positively correlated with active coping. Also, children tend to use more approach and active coping strategies when their parents exhibit authoritative parenting characteristics such as warmth, support, acceptance, rule enforcement and family cohesiveness (Brook, Brook, Whiteman Arencibia-Mireles, Pressman & Rubenstone, 2002; Dusek & Danko, 1994; Herman & McHale, 1993; Kliewer & Lewis, 1995; Lohman & Jarvis, 2000; McIntyre & Dusek, 1995; McKernon, Holmbeck, Colder, Hommeyer, Shapera & Westhoven, 2001; Valentiner, Holahan & Moos, 1994). Additionally, adolescents' recognition of moderately strict parenting, as is characteristic of authoritativeness, is correlated with an increased ability to self-regulate problem issues (Gray

& Steinberg, 1999), lending support to the idea that authoritative parenting promotes adaptive coping in youth.

In a study investigating the relation between adolescents' perceptions of parenting styles and youth anxiety, perceived parental control and parental pressure, characteristics of authoritarian parenting, were positively correlated with child anxiety, whereas parental warmth, characteristic of authoritative parenting, was negatively correlated with child anxiety (Wolfradt et al., 2001). These researchers also found that authoritarian parenting was more closely associated with depersonalization and overall poor adolescent psychological adjustment. The inverse pattern was not found; in this study authoritative parenting was not shown to be negatively correlated with depersonalization, anxiety or poor adjustment. However, they did find that adolescents who perceived their parents as authoritative reported more frequent use of active coping strategies. Similarly, in a study investigating the relation between parenting styles and resilience in adolescents, Kirtzas and Grobler (2005) found authoritarian parenting to be closely linked to youth psychological disturbance. The present study will examine the associations among parenting styles, as reported by parents, and children's perceptions of their coping.

Parental protection, monitoring, and control. As the primary influence on children's coping, many parents make a conscious effort to protect their children from excessive stress. However, parents vary in their views of what a child needs protection from, and just how important it is to protect children from stressors (Power, 2004). Because they are high on the control dimension of parenting, authoritarian and authoritative parents may protect their children more than permissive or neglectful parents, who generally exert little control. Parents often try to protect children from family difficulties, relations with antisocial or unpleasant peers (to protect them from peer rejection), dangerous adults, objects, ideas and places, media images such as sex

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and violence, disease, and school failure (Brodsky & DeVet, 2000; Crouter & Head, 2002; Griffore & Phenice, 1996; Lehman & Koerner, 2002; Mason, Cauce, Gonzales & Hiraga, 1996; Power & Manire, 1992; Power, Olvera & Hays, 2002). However, parents must be careful of how protective they are of their children's experiences with stress. Fox et al. (2005) warned that parents can hinder their children's development of effective coping if they shield children from almost every stressful situation. Thus it is a logical hypothesis that parents should act as filters, allowing their children to be exposed to stressors they can handle without overprotecting or overexposing them. Power (2004) grouped parental protection strategies into five groups: direct prevention (restricted access and technological aides), withholding information, rule setting and enforcement, supervision, and promoting positive alternatives (prosocial activities); the frequency of each of these parental control tactics decreased as children aged and parents perceived their children as better able to handle more and more stress. The children in the current study are preadolescents (grades 4-6), whose parents are likely still filtering their exposure to stressors. The current study seeks to further investigate the relation between parenting style and child coping in this age group.

Monitoring is another common tactic used by parents to reduce exposure to stress in their children's lives. Common parental monitoring tactics include being physically available and participating in adolescents' activities or ensuring other adult presence at activities, checking in, soliciting information from others in the adolescents' lives, and setting and enforcing rules about expected behavior outside of the house (Power, 2004). It is a good idea for parents to be aware of their children's activities; in particular, higher levels of parental monitoring are negatively associated with problem behaviors in adolescence, such as conduct disorder, delinquency, substance abuse, and early sexual activity (Crouter & Head, 2002).

Parental control can be conceptualized as psychological or behavioral. Silk, Morris, Kanaya and Steinberg (2003) defined psychological parental control as the use of covert strategies such as conditional acceptance, guilt, and manipulation of youths' thoughts and emotions; conversely, they defined behavioral control as the amount of monitoring and limit-setting done by parents, with the goals of socialization and behavior regulation. High amounts of psychological control were experienced by youth as intrusive, manipulative and overprotective, leading to social withdrawal and delayed development of social competence (Silk et al., 2003; Steinberg, 2001; 1999). Either form of control in excess is not desirable, as too much psychological control is more predictive of internalizing than externalizing problems, and too much behavioral control is more predictive of externalizing than internalizing problems (Gray & Steinberg, 1999). Just as adolescents' perception of authoritative parenting is associated with positive outcomes, their perception of the validity of parental authority is crucial as well. Even perceived attempts at psychological or behavioral control were found to predict deleterious emotional health and poor psychological adjustment in adolescents (Gray & Steinberg). Clearly, parents must be aware of whether their attempts to protect their children from stressors are being interpreted as monitoring, or control.

Parental influences on children's coping strategies. Parents can affect their children's appraisal of a stressor through modeling, coaching, or contextual effects (Kliewer, Sandler, & Wolchick, 1994). Modeling can refer to children's witnessing their parents' reactions to a stressor either during the event, their recollections of their parents' previous reactions, or even parents' verbal statements about a stressor in a non-stressful situation. Coaching includes a parent's appraisal for the child and guided appraisal. In explaining the difference between these two, Power (2004) used the example of a child getting a bad grade at school. A parent appraising

the situation for the child might say "your teacher has never been fair to you" whereas guided appraisal mimics scaffolding by asking children a series of questions intended to help a child recognize relevant stimuli contributing to the stressor, seek out appropriate information, encourage logical analysis, understand cause and effect, and encourage taking different perspectives (Power). Contextual effects include praise and acceptance, or scolding, criticizing and rejecting (Power). As an example of modeling threat and significance, Power explained how children learn the degree in which to fear an approaching dog based on the parent's level of fear either in that situation, or by remembering how their parent responded to an approaching dog in the past. The same effect can happen by a parent verbally stating his or her fear of dogs, even with no dog present.

Parents can also affect the degree to which children blame themselves. Again, this often happens through modeling, but also via coaching and contextual effects. Parents who blame themselves for stressors in front of their children are modeling the behavior and their children may exhibit self blame as well (Seligman, Peterson, Kaslow, Tannenbaum, Alloy, & Abrahamson, 1984). As previously mentioned, coaching involves a parent appraising the stressor for the child, and might say something such as "It's all right. Not everyone is good at that." Positive contextual pathways include acceptance, comfort, shared time, and granting autonomy. In contrast, negative contextual pathways (scolding, criticizing and rejecting) occur when a parent says something such as "You can't do anything right" (Power, 2004). Negative contextual factors are associated with depressive attribution in children (Gibb, 2002). Parents usually encourage external blame through contextual pathways; parents who are overly punitive, rejecting, controlling, and physically abusive may encourage a hostile attribution bias in their children (Cassidy, Kirsh, Scolton, & Park, 1996; Dodge, Pettit, Bates, & Valente, 1995; Downey

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& Walker, 1989; Gomez & Gomez, 2000). Scaffolding may also be apparent in parental coaching of external blame by asking a child a series of progressive questions about a stressful event, none of which place any accountability on the child (Power, 2004).

Children's internal locus of control has a great impact on their perceived manageability of a stressor; their locus of control is affected by parental reasoning, responsiveness, optimism, autonomy granting in problem solving, and low levels of control (Carton & Nowicki, 1994; Carton, Nowicki, & Balser, 1996; Chandler, Wolf, Cook, & Dugovics, 1980; Epstein & Kimorita, 1971; Hasan & Power, 2002; Loeb, 1975; Olvera, Remy, Power, Bellamy, & Hays, 2001). Parents often act as filters of children's capacity to appraise their own coping abilities. Hence, parents' statements and actions can determine whether their children interpret a stressor as either a challenge or a threat (Parsons, Alder, & Kaczala, 1982). Despite a lack of research on the correlation between parental influence and children's perceived gain from a stressor, Power (2004) speculated that there most likely is a parental influence through modeling, coaching, and contextual pathways.

CHAPTER THREE

SUMMARY

Individuals are continually faced with stress, whether daily hassles or expected or unexpected life events. Researchers have identified two broad methods of coping with stress; the two most highly cited models in the literature are problem-focused versus emotion focused strategies, and approach versus avoidance; however, the two models are not synonymous or interchangeable. Problem-focused strategies involve modifying the environment to lessen negative effects of the stressor, whereas emotion-focused strategies involve changing one's perceptions of the stressor and controlling the emotions elicited by the stressor to lessen negative effects. Approach strategies include actively seeking information to modify the stressful situation, such as showing concern, making plans to resolve the situation, and attempts at cognitive reframing. Avoidance strategies include cognitive avoidance of, and intentional distraction from the stressor, such as denial of the stressor, distraction from the stressor, a lack of concern, and emotional outbursts. Which strategy individuals choose to use may depend on whether they perceive the stressor as manageable or unmanageable. Problem-focused coping is more likely to be used in stressful situations perceived as manageable, whereas emotion-focused coping is more likely to be used in stressful situations that are perceived as unmanageable. Avoidance is generally thought to be maladaptive except in the case of a rare event that is not likely to be repeated.

Whether children perceive stressful events as manageable or unmanageable can be influenced by their parents. Parents can dictate how much stress children are exposed to (a moderate amount is healthy as opposed to over or underexposure), and how children ultimately cope with stress; this effect could be moderated by a child's age and/or gender. The hypotheses

and research questions of the present study are guided by research in the stress and coping field

as well as research examining parental influences on children's coping outcomes.

CHAPTER FOUR

THE PRESENT STUDY

Hypotheses and Research Questions

In this study, adaptive coping strategies will be identified as using problem-focused strategies in manageable situations and emotion-focused strategies in unmanageable situations; maladaptive will be identified as using emotion-focused strategies in manageable situations and problem-focused strategies in unmanageable situations. Additionally, approach strategies will be considered adaptive and avoidant strategies maladaptive. Therefore, this study will define positive coping as the use of both adaptive and approach strategies.

Hypothesis 1: Children of authoritative parents will report more positive coping strategies than children of authoritarian, permissive or rejecting/neglecting parents.

Hypothesis 2: Children who utilize positive coping strategies will show more positive adjustment than children who utilize less adaptive coping strategies.

Hypothesis 3: Children of authoritative parents will exhibit more positive adjustment than children of authoritarian, permissive, or rejecting/neglecting parents.

Hypothesis 4: The association between parenting style and children's adjustment will be mediated by children's coping strategies (See Figure 1).

Additionally, I will investigate possible moderating effects of children's age and gender.

Figure 1. The Mediation Model.
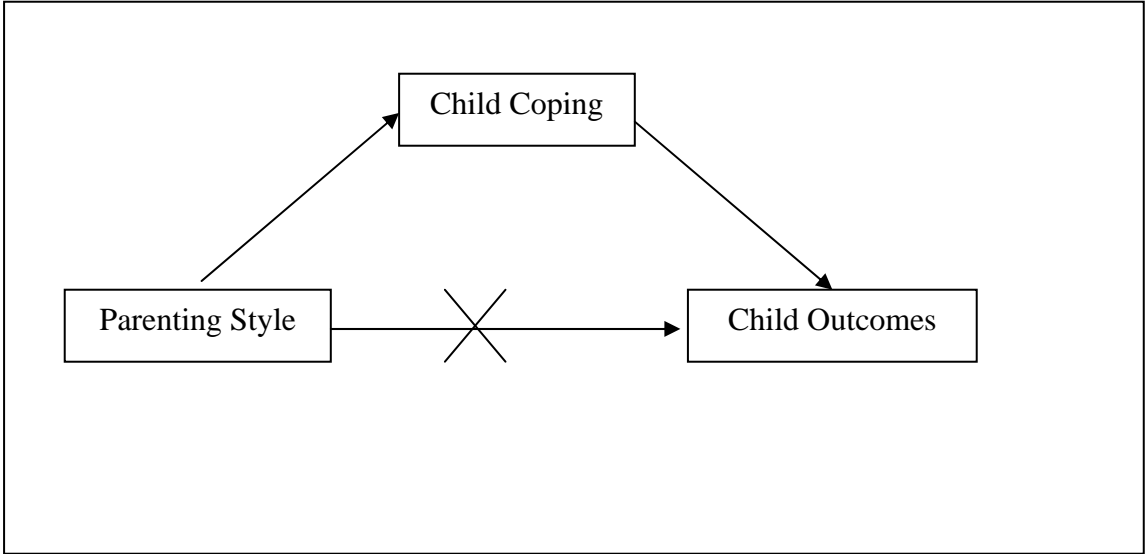
CHAPTER FIVE

METHOD

Sample

Children and parents were recruited from a school-based study on child adjustment in three elementary schools in a small town. Of all third-fifth graders in the district, 434 students (87%) completed an initial, school-based self-report survey. As part of the parental consent process for this initial study, parents were invited to give their contact information to indicate their interest in participating in a subsequent family-based project. Ninety-nine (22.8% of the original sample) 3rd, 4th and 5th grade children and their parent(s) participated in this study. There were forty-five girls and 54 boys, ranging in age from 7 – 12 (M=9.7, SD=1.4) in the sample. Ninety-three mothers and fifty-nine fathers participated; for this study, I only examined data from mothers and children because of the low participation rate of fathers. The racial/ethnic makeup of the sample was 82.7% White, 10.2% Asian, and 7.1% "Other." Using the Hollingshead system of categorizing socioeconomic status (Hollingshead & Redlich, 1958), 58.7% of the sample fell in the top 2 of 5 categories with parents working primarily as white collar, professional workers, and 29.9% fell in the bottom 2 of 5 categories with parents primarily working in manual labor or receiving public assistance.

Procedure

For the original school-based survey, a consent form was sent home with all 3rd, 4th and 5th grade students; an additional section on the consent form gave parents the opportunity to provide contact information if they were interested in participating in the family study. Parents who indicated interest in participating were contacted by telephone and briefed on the procedures of the family-based study, including the anticipated length of interviews (1-2 hours) and the

amount of compensation ($50.00). Participation in the home-based study was voluntary; of 501 students, 129 families (approximately 25%) of the $3^{rd} – 5^{th}$ graders agreed to be contacted. The Institutional Review Board of Washington State University approved all study procedures. Most interviews were scheduled and conducted in the family's home; however, some families preferred to have the interview at the university. In two-parent families, an attempt was made to interview both parents; because a relatively low number of fathers participated, data collected from fathers were not used in these analyses. Trained research assistants working on the larger school project conducted the family interviews in pairs, either in homes or at the university. During the interview, a research assistant first explained the procedures to parents and children. They were told the purpose of the current research, confidentiality, and implications of the research already completed. Research assistants then answered any questions the families had. To protect the privacy of parents and children, one research assistant interviewed the parent(s) while the other interviewed the child in separate areas of the home (or university building) (Hood, Power & Hill, in press).

The parent interviewer briefly read over instructions and paid the parent(s) the $50 incentive. Parents then read and signed a consent form and signed to confirm they had received their monetary incentive. The interviewer explained the directions for each section of the interview packet at the beginning of each new section. The interviewer asked parents if they would like items read to them; most parents completed interview packets on their own, but aid was given to those who chose to have the questions read aloud by the interviewer. Parents were also asked to complete demographic information (Hood et al., in press).

In a separate room, the child interviewer read an assent form to the child, and both the child and interviewer signed the form. Child interviewers read directions for each new section and also read vignettes and survey items aloud to the child (Hood et al., in press).

Measures

Parenting style. Mothers completed the Parenting Dimension Inventory Short Form (PDI-S) (Power, 2002; Power et al., 2002; Slater & Power, 1987), an index of parental nurturance, organization, amount of control, and type of control. The PDI has been shown to be valid in samples that vary in terms of child age and ethnicity, including studies with European American, African American, Mexican American, and Asian American parents (Boggio, 1987; Kelly, 1988; Kelly, Power & Winbush, 1992; Kelly & Tseng, 1992; Power et al., 2002; Sharp 1988). Additionally the PDI has been found to be effective in pediatric populations; although designed for parents of children ages 3 through 12 years (Power, 2002), Dahlquist Power, Cox and Fernbach (1994) successfully used responses from the PDI of parents of cancer patients as young as 2 years old to predict child anticipatory distress. Finally, parental responses to the PDI are correlated with spouses', best friends' and teachers' ratings of parental behavior (Boggio, 1987; Sharp, 1988), indicators of parental psychosocial competence (Coffman-Davee; 1991; Longano, 1990); parental ratings of child behavior problems and social competence (Power, 2002); children's observed distress in medical situations (Dahlquist et al., 1994); and children's optimism and pessimistic and/or depressive symptoms (Hasan & Power, 2002).

Subscales for nurturance and amount of control were used for the present study because they have been effective in distinguishing among the four parenting styles (Power, 2002). The amount of control measure consisted of five items; each item contained two statements and parents were asked to pick the one they agreed with most (e.g., "I care more than most parents I

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know about having my child obey me" versus "I care less than most parents I know about having my child obey me"). Parental control was assessed by summing the number of times mothers indicated a preference for the response reflective of higher control. Mothers received a score of either "0" or "1" for each of the five questions (See Appendix A). Scores therefore ranged from 0 to 5 with a higher score indicating a greater amount of parental control (Power, 2002). Cronbach's alpha for the parental control measure in this sample was 0.47. The alpha coefficient for parental control was low in this sample, but was similar to alphas reported by Power across four samples (alpha = .57) that were demographically similar to this study's sample. The low alpha for the parental control measure is likely due both to the dichotomous nature of the response options. However, despite its low reliability, it was retained for the present study because it has been shown to effectively differentiate between authoritative and permissive parenting styles (Power, 2002).

In addition to the five questions assessing the amount of control, parents completed a six-item measure of nurturance in which they rated their attitudes and behaviors toward the target child on a Likert style scale from 1 (Not at all descriptive of me) to 6 (Highly descriptive of me). Items assessing nurturance included "I encourage my child to talk about his or her troubles" and "I make sure my child knows that I appreciate what he or she is trying to accomplish" (see Appendix B). Parental nurturance was measured by summing the scores across the six items; a higher total score indicated more nurturance (Power, 2002). Cronbach's alpha for the nurturance measure in this sample was 0.76, a level similar to that reported by Power (2002) across four samples (alpha = .80).

Mothers' assessment of manageability. It was important to distinguish between manageable versus unmanageable situations in order to determine if children were actually using

adaptive coping, meaning problem-focused strategies in manageable situations, emotion-focused strategies in unmanageable situations. Six hypothetical situations were presented to mothers about what might happen to their child: (1) hearing other children on the playground saying mean things about him/her, (2) breaking a rule at home, (3) breaking a rule in the classroom, (4) receiving a bad grade, (5) his/her athletic team loses a game, and (6) he/she is picked last during gym class to be on a team (see Appendix C). Mothers were then asked a series of short appraisal items such as "I can do something to fix this situation" or "I can do something so this won't happen again" and asked on a scale of 0 (strongly disagree) to 5 (strongly agree) how true the appraisal statements were for each situation. Based on the mean values, three manageable and three unmanageable situations were identified.

Child coping strategies. For each of the six hypothetical situations, children were asked to answer the open-ended question "what are you going to do?" and were told to be as specific as possible. To code children's responses into coping strategies, each strategy was coded as either problem focused or emotion focused, and as indicative of either approach or avoidance. Cohen's kappa values for inter-rater reliability averaged 0.83 and ranged from 0.7 to 1.0 across the four coping dimensions (see Appendix D). As mentioned previously, problem-focused strategies are those that emphasize changing the external environment, active problem solving, and gaining information (Compas et al., 2001), whereas emotion-focused strategies include reframing, expressing emotion, and regulating emotional states (Compas et al., 1988). Approach strategies emphasize showing concern and making plans to resolve the situation, whereas avoidance strategies show a lack of concern, distraction/mental escape, and denial (Fields & Prinz, 1997). An example of a child's problem-focused strategy in this sample was in response to receiving a bad grade, saying "I would talk to the teacher about why I got that grade and ask what I can do

differently so I can do better on the next exam." An example of a child's emotion-focused strategy in response to breaking a home rule was "I don't know if I would do anything [because] if I tried to talk to [my parents] they would get angry." An example of a child's approach strategy in response to losing a game was "I would practice harder so we can win next time." An example of a child's avoidance strategy in response to overhearing other children saying mean things about him/her on the playground was "I would just ignore them." A response of "I don't know" or answers that were left blank were both scored as a "0" in all four categories.

 Measurements of child adjustment. Children's self-reports from the Seattle Personality Questionnaire (SPQ) were used as indicators of child adjustment. The SPQ is designed to measure symptomology (anxiety, conduct problems and somatization), depression, school dislike (including school sentiment and school loneliness), and lying, although I did not use measurements of lying in this study. Six questions on the survey assess anxiety, eight questions assess conduct problems, four questions address somatization, eleven questions assess depression, four questions assess school dislike in terms of school sentiment, five questions assess school dislike in terms of school loneliness, and three questions assess lying (see Appendix E). Children answered survey items on a 5 point likert scale ranging from 'no' with emphasis to 'yes' with emphasis. A question assessing anxiety asks "Do you worry about what other children might be saying about you?" To assess conduct problems, the survey asks questions such as "Do you often talk in school when you're not supposed to?" "Do you get a lot of headaches?" is an example of a question measuring somatization, and "Do you feel unhappy a lot of the time?" is an example of a question measuring depression. A question assessing school dislike in terms of school sentiment is "Do you think school is fun?" and in terms of school loneliness is "Is it hard for you to make friends at school?" In a study comparing 155 third

graders in a high-risk control sample to 387 third graders in a normative sample, all measures of

the SPQ except lying showed an adequate level of internal consistency for both samples,

indicating that the SPQ is a reliable self-measure of child outcomes (Rains, 2003). In this sample,

alphas on the SPQ were .77 for anxiety, .73 for conduct problems, 72 for somatization, .80 for

depression, .66 for school dislike, .80 for school loneliness, and .79 for school sentiment.

Plan of Analysis

      Coding child coping data. The six hypothetical stressful situations were categorized into

two groups of either "manageable" or "unmanageable." I used mothers' reports rather than

children's reports of manageability because it is possible that children may have an inflated (and

therefore unrealistic) sense of their ability to control stressful situations. Means regarding the

perceived manageability of each situation were calculated, and the three "high manageability"

and three "low manageability" scenarios were clustered to create two groups.

      Despite Stanton et al.'s (1994) findings, I did not create four groups consisting of

problem-focused/approach, problem-focused/avoidance, etc. because the cell sizes were too

small, compromising statistical power. Instead, children received a point for each strategy they

mentioned, and I then calculated a proportion of problem-focused versus emotion-focused

coping, and a separate proportion for approach versus avoidance for each situation, for a total of

four variables/proportions: problem- versus emotion-focused strategies in manageable situations,

problem- versus emotion-focused strategies in unmanageable situations, approach versus

avoidance in manageable situations, and approach versus avoidance in unmanageable situations.

Adaptive coping was operationalized as both the percentage of problem-focused coping

strategies in manageable situations and as the percentage of emotion-focused coping strategies

used in unmanageable situations. Approach (AP) strategies were considered adaptive in either

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situation, and avoidance (AV) maladaptive, because the stressful situations are not uncommon and could reoccur (according to Power (2004), avoidance may have positive outcomes only in situations that are rare and unlikely to reoccur).

Because approach was considered adaptive in all situations in this study, to create a measure for 'approach,' the following formula was used for each child:

$$\frac{total\ AP\ score\ across\ all\ situations}{(total\ AP\ score\ across\ all\ situations\ +\ total\ AV\ score\ across\ all\ situations\ +\ a\ constant)}$$

I then summed the total score across the six situations, and took the mean of that sum to create the measure for 'approach.' To create a measure for 'adaptive coping,' I first created proportions of problem-focused (PF) coping for the three manageable situations, and proportions of emotion-focused (EF) coping for the three unmanageable situations using two formulas. For the three manageable situations, the formula for each child was:

$$\frac{total\ PF\ score\ across\ all\ situations}{(total\ PF\ score\ across\ all\ situations+\ total\ EF\ score\ across\ all\ situations+\ a\ constant)}$$

For the three unmanageable situations, the formula for each child was:

$$\frac{total\ EF\ score\ across\ all\ situations}{(total\ EF\ score\ across\ all\ situations+\ total\ PF\ score\ across\ all\ situations\ +\ a\ constant)}$$

I then summed the total score across the six situations, and took the mean of that sum to create the measure for 'adaptive coping.'

Creating parenting style groups. Using the measure of nurturance described above, mothers were categorized into 'high nurturance' or 'low nurturance' using a median split. Using the measure of control described above, a total score of 0-3 was considered low control, and a total score of 4 or 5 was considered high control. I did not use a median split for the control scale

because the sample was so skewed. Mothers who scored high in both nurturance and control were categorized as authoritative, those who were low in control but high in warmth were categorized as permissive, those who were high in control but low in warmth were categorized as authoritarian, and those who were low in warmth and control were categorized as rejecting/neglecting. Using the strategies mentioned above to determine high and low control and high and low nurturance, there were 35 authoritative mothers, 36 authoritarian mothers, 15 permissive mothers, and 7 neglecting/rejecting mothers. Permissive and rejecting/neglecting were combined into one group to make a group of 22 mothers because each group was not meaningful alone; each group is low in control, making them similar.

Child adjustment. Analyses were run to compare the coping strategies to outcome measures on the SPQ to determine which strategy or strategies chosen by children correlated with positive or negative adjustment. This was done first by analyzing the proportion of problem-focused versus emotion-focused coping strategies utilized for manageable and unmanageable situations and the correlation with child adjustment. The same analysis was then run using the proportion of approach versus avoidant coping strategies. Both analyses also looked at how coping strategies and child adjustment vary by parenting style. Finally, child age and child gender was analyzed as moderators of these pathways.

CHAPTER SIX

RESULTS

The means and standard deviations for all study variables (maternal control, maternal nurturance, adaptive coping strategies, approach coping strategies, and SPQ outcome measures) are listed in Table 2. Given that maternal nurturance was on a scale of 0-6 and maternal control was scored on a scale of 0-5, both means are quite high, although maternal control had nearly twice the standard deviation than did maternal nurturance. The correlations between all study variables are listed in Table 3. Maternal control and maternal nurturance were strongly correlated; however, there was no significant correlation between adaptive coping strategies and approach coping strategies. There were trends between approach strategies and anxiety, and approach strategies and school loneliness; approach strategies were significantly correlated with conduct problems, somatization, school dislike, and school sentiment. Adaptive coping strategies, maternal control and maternal nurturance were not significantly correlated with any SPQ measures, nor were there any trends. Anxiety and school sentiment showed a trend in correlation, and all other SPQ items were correlated with each other, some very highly.

As mentioned, the perceived manageability of a stressor was important in determining whether or not children were using adaptive coping strategies; "adaptive coping" was considered to be using problem-focused coping strategies in manageable situations and emotion-focused strategies in unmanageable situations; "positive coping" was considered to be the use of adaptive coping and the use of approach. Using mothers' reports, the three situations that were considered manageable were receiving a bad grade (M = 4.21), breaking a rule in the classroom (M = 4.29), and breaking a rule at home (M= 4.20); cronbach's alpha for manageable situations in this

Table 2

Descriptive Statistics for All Study Variables (N = 93)

Variables	*M*	*SD*
Maternal Control	3.99	1.11
Maternal Nurturance	5.37	0.56
Adaptive Coping Strategies	0.54	0.17
Approach Coping Strategies	0.70	0.24
SPQ Anxiety	2.43	0.87
SPQ Conduct Problems	1.86	0.57
SPQ Somatization	1.99	0.82
SPQ Depression	2.23	0.76
SPQ School Dislike	1.94	0.70
SPQ School Loneliness	1.79	0.77
SPQ School Sentiment	2.06	0.83

Table 3

Correlations Between all Study Variables (N=93)

Variables	1	2	3	4	5	6	7	8	9	10	11
1. Maternal Control	–										
2. Maternal Nurturance	-.30**	–									
3. Adaptive Coping Strategies	-.04	.08	–								
4. Approach Coping Strategies	.07	-.03	.09	–							
5. SPQ Anxiety	.04	-.05	-.07	.17†	–						
6. SPQ Conduct Problems	.02	-.03	.14	-.26**	.24*	–					
7. SPQ Somatization	.07	.04	.01	-.20*	.21*	.49****	–				
8. SPQ Depression	.07	-.03	-.00	-.17	.42****	.62****	.63****	–			
9. SPQ School Dislike	-.01	-.14	-.00	-.26**	.29**	.58****	.39****	.61****	-		
10. SPQ School Loneliness	-.07	-.05	.13	-.18†	.25*	.43****	.35***	.50****	.82****	-	
11. SPQ School Sentiment	.02	-.14	-.14	-.28**	.19†	.51****	.30**	.50****	.82****	.42****	-

Note. † p<.10. *p<.05. **p<.01. ***p<.001. ****p<.0001.

sample was 0.59. The three situations that were considered unmanageable were hearing negative comments at recess (M = 3.56), the child's favorite sports team losing (M = 2.83), and being picked last in gym class (M = 2.70); cronbach's alpha for unmanageable situations in this sample was 0.51. Cronbach's alpha for approach in this sample was 0.78. Table 4 shows the mean frequencies of children's reports of using each of the four coping strategies in the six hypothetical situations. It is interesting to note that in all but one case, children reported being more likely to use problem-focused than emotion-focused coping strategies, regardless of manageability; however, this trend was reversed for the being picked last in gym class scenario as can be seen in the higher frequency of emotion- rather than problem-focused strategies.

Hypothesis one, that children of authoritative parents would report more positive coping strategies (meaning adaptive coping strategies and approach strategies) than children of authoritarian, permissive or rejecting/neglecting parents was analyzed using an ANOVA, with parenting styles as the between-subjects factor and coping strategy as the outcome variable. The hypothesis was not supported. I found no differences among parenting styles for either adaptive or approach coping strategies. Analyses also demonstrated that adaptive and approach strategies did not differ due to child sex or child gender. These results indicate that parenting style is not associated with child coping strategies, and that the coping strategies were reported at similar frequencies for boys and girls, or for older versus younger children. The F values for hypothesis one are listed in Table 5.

Table 4

Mean Frequencies of Child Report of Use of Coping Strategies in Each Situation (N=93)

Variables	*M*	*SD*
Recess, problem focused	1.27	0.87
Recess, emotion-focused	0.57	0.77
Recess, approach	1.37	0.93
Recess, avoidance	0.47	0.76
Home Rule, problem-focused	0.95	0.88
Home Rule, emotion-focused	0.85	0.79
Home Rule, approach	1.44	0.97
Home Rule, avoidance	0.35	0.60
Bad Grade, problem-focused	1.73	1.09
Bad Grade, emotion-focused	0.23	0.53
Bad Grade, approach	1.78	1.12
Bad Grade, avoidance	0.16	0.45
Class Rule, problem-focused	1.16	1.00
Class Rule, emotion-focused	0.67	0.77
Class Rule, approach	1.59	1.06
Class Rule, avoidance	0.24	0.50
Team Sport, problem-focused	1.19	1.00
Team Sport, emotion-focused	0.71	0.96
Team Sport, approach	1.48	1.02
Team Sport, avoidance	0.48	0.72
Gym Pick, problem-focused	0.42	0.65
Gym Pick, emotion-focused	1.00	0.72
Gym Pick, approach	0.51	0.83
Gym Pick, avoidance	0.90	0.74

Table 5

F and p Values for Positive Coping (Hypothesis 1) (N=93)

	Adaptive				Approach			
	F	p	*M*	*SD*	F	p	*M*	*SD*
Parenting Style	.36	.70			1.88	.16		
Authoritative			.54	.16			.75	.16
Authoritarian			.52	.21			.69	.28
Permissive/Neglecting			.56	.13			.62	.25
Child Sex	.01	.91			1.93	.17		
Parenting Style x Child Sex	.57	.57			.17	.84		
Parenting Style	.58	.56			1.59	.21		
Child Age	1.80	.17			1.37	.26		
Parenting Style x Child Age	.29	.88			.82	.52		

Hypothesis two, that children who utilize positive coping strategies would show more positive adjustment than children who utilize less positive coping strategies, was analyzed using correlational analyses to evaluate the associations among coping strategies and adjustment. The hypothesis was partially supported; in addition, gender and age had an effect in some cases (see Table 6). Overall, there were no statistically significant associations between adaptive coping strategies and child adjustment. However, approach was negatively correlated with conduct problems, school dislike, and school sentiment, and there was a positive trend between approach and anxiety. For boys, there were no statistically significant results between adaptive coping strategies and coping outcomes. Approach was positively correlated with school dislike, school loneliness and school sentiment. For girls, adaptive coping was positively correlated with conduct problems, and approach coping strategies were positively correlated with somatization and depression. Post hoc analyses revealed further significant findings when problem-focused and emotion-focused coping were analyzed separately. Overall, problem-focused coping was negatively correlated with conduct problems and somatization, and there were negative trends between problem-focused coping and depression, school dislike and school sentiment. Emotion-focused coping was positively correlated with conduct problems and somatization, and there were positive trends between emotion-focused coping and depression, school dislike and school loneliness. For boys, problem-focused coping was negatively correlated with conduct problems, and there was a negative trend between problem-focused coping and school dislike. Emotion-focused coping was positively correlated with conduct problems, and there was a positive trend between emotion-focused coping and school dislike. For girls, there was a positive trend between problem-focused coping and anxiety, and a negative trend between emotion-focused coping and anxiety.

Table 6

Correlations Between Coping Strategies and SPQ Coping Outcomes (Hypothesis 2)

	Overall N = 93				Boys N = 50				Girls N = 43			
	Adaptive	Approach	PF	EF	Adaptive	Approach	PF	EF	Adaptive	Approach	PF	EF
Anxiety	-.07	.17†	.16	-.16	-.06	.10	.09	-.09	-.07	.19	.26†	-.26†
Conduct Problems	.14	-.26**	-.26**	.26**	-.02	-.25	-.29*	.29*	.37**	-.25	-.24	.24
Somatization	.01	-.20	-.24*	.23*	-.06	-.15	-.10	.10	.12	-.34*	-.40	.40
Depression	-.00	-.17	-.18†	.18†	-.16	-.08	-.17	.17	.26	-.31*	-.20	.20
School Dislike	-.00	-.26**	-.19†	.19†	-.19	-.40**	-.25†	.25†	.20	-.08	-.15	.15
School Loneliness	.12	-.18	-.12	.12	.11	-.35**	-.18	.18	.15	-.01	-.10	.10
School Sentiment	-.14	-.28**	-.19†	.19†	-.39	-.34*	-.21	.21	.22	-.14	-.21	.21

Note. PF= problem-focused coping; EF= emotion-focused coping

Note. † p<.10. *p<.05. **p<.01.

Hypothesis three, that children of authoritative parents would exhibit more positive adjustment than children of authoritarian, permissive, or rejecting/neglecting parents, was analyzed using a series of ANOVAs with parenting styles as the between-subjects factor and adjustment indicators as the dependent variables. Hypothesis three was not supported. The means and standard deviations for authoritative, authoritarian and permissive/neglecting parenting styles in each of the SPQ outcomes were not statistically different from each other. Means and standard deviations of each outcome for each parenting style are listed in Table 7. Because both hypotheses one and three were not supported, I did not test hypothesis four, the mediation model. To explore the impact of gender and age, several additional analyses were conducted. For ANOVAs, separate models were run with age and gender as between-subjects factors (age was treated here as a categorical variable). Correlational analyses were conducted separately for boys and girls, and for older and younger youth.

Table 7

Means and Standard Deviations of Each Outcome for Each Parenting Style (Hypothesis 3)

| | Authoritative N = 35 | | Authoritarian N = 36 | | Permissive/Neglecting N = 22 | |
	M	*SD*	*M*	*SD*	*M*	*SD*
Anxiety	2.55	.93	2.38	.84	2.32	.83
Conduct Problems	1.83	.57	1.83	.59	1.93	.53
Somatization	2.13	.89	1.94	.82	1.84	.69
Depression	2.36	.84	2.33	.70	2.26	.73
School Dislike	1.90	.65	1.96	.80	1.96	.62
School Loneliness	1.76	.77	1.80	.87	1.81	.64
School Sentiment	2.02	.66	2.09	1.01	2.10	.77

CHAPTER SEVEN

DISCUSSION

Synopsis of Results

The purpose of this study was to investigate the mechanisms that may link parenting style to child adjustment, particularly the degree to which parenting style is associated with children's coping strategies and adjustment, and if child age and/or gender moderates the relation of coping strategies to adjustment. Researchers have previously investigated parental roles in children's coping, and the role of parenting styles to child outcomes (e.g. Lamborn et al., 1991; Power, 2004; Smetana 1995; Steinberg, 1999; 2001). Other researchers have investigated the association between coping strategies and adjustment in youth (e.g. Piko, 2001). However, to date, no studies have focused on the association between parenting styles to coping strategies and subsequent coping outcomes in youth. This study contributes this missing link to the existing literature.

Hypothesis one, that children of authoritative parents would report more positive coping than children of authoritarian, permissive or rejecting/neglecting parents was not supported; child age and gender were also non-significant predictors of coping. This non-significant finding indicates that parenting style is unrelated to children's choice of coping strategy in this sample, regardless of whether or not the situation was manageable. This finding is somewhat surprising given the existing literature that consistently states that authoritative parenting is positively correlated with the best outcomes for children (Lamborn et al., 1991; Power, 2004; Smetana, 1995; Steinberg 1999; 2001). The discrepancy between the results of the current study and those of existing literature was surprising. A possible explanation for this could be that because they are spending much of their waking time at school, children may gain some of their knowledge

about coping from peers and teachers, which could help explain why parenting style was unrelated to positive coping in the current study. Teachers might often tell students to go resolve an issue amongst themselves when there is an argument rather than letting it go. In such instances when children are told to deal with stressors as they arise, they may favor problem-focused or approach strategies; this may be especially true of younger children such as those in the current study. The mentality to use primarily problem-focused strategies could change with age as children are faced with more stressors and must decide which ones are worth the effort to resolve. This theory is supported by some literature that states that younger children use more problem-focused coping strategies, but as they age and are exposed to more stressors, they learn when to use either problem-focused or emotion-focused coping strategies (Band & Weis 1988; Saarni et al., 1998; Skinner & Zimmer-Gembeck, 2007). The factor of age may help explain the non-significant findings for hypothesis one in that if children are too young to distinguish when to use a certain coping strategy, they will probably use problem-focused strategies in any situation regardless of other influences, in this case parenting styles.

Measurement may be another possible explanation for the lack of significant findings for hypothesis one. Although the PDI is a reliable measure (Power, 2004), only five questions were asked of parents to determine amount of control, each asking parents to choose one of two comments they agreed with most. Some parents may have had a difficult time choosing one or the other, putting them in the 'wrong' group. Perhaps a more extensive survey with more options per question, or a likert style response option (such as the measure of parental warmth) would yield more representative groupings. Also, parents may over-report their use of control toward their children thinking that a certain amount of control in parenting is beneficial to children, which could be a reason for the extreme skewness of the control measure. Additionally, families

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in the current study were all from an upper middle class town, and most were well educated, which could also explain the skewness of the control measure. . Therefore, some parents who ended up not being in the authoritative group in this sample may in fact parent very similarly to authoritative parents.

It is also possible that that the measures used in the current study did not assess all aspects of parenting that could affect children's coping. Specific parenting practices, rather than more broad parenting styles, are likely to be influential but were not measured. These include parental involvement and support, skill encouragement, problem solving, monitoring, disciplinary practices, and reinforcement (Amato & Fowler, 2002; DeGarmo, Patterson & Forgatch, 2004). If the current study would have considered some of these dimensions, perhaps some of them may have shown significant associations with children's coping; Doing so could have shown that parenting cannot be ruled out as a factor in children's coping strategies.

Hypothesis two, that children who utilize positive coping strategies would show more positive adjustment than children who utilize less positive coping strategies was partially supported. Testing the association between positive coping (defined as problem-focused strategies in manageable situations and emotion-focused strategies in unmanageable situations) and child adjustment showed no statistically significant results. However, post hoc analyses in which problem-focused and emotion-focused coping were analyzed separately revealed significant findings. For both boys and girls, problem-focused coping was associated with positive adjustment and emotion-focused was associated with maladjustment. Problem-focused coping was associated with lower levels of conduct problems, somatization, depression, school dislike and school sentiment, whereas emotion-focused coping was associated with higher levels of conduct problems, somatization, depression, school dislike, and school sentiment. Specifically

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by gender, boys exhibited fewer conduct problems and less school dislike when they used problem-focused strategies, and more conduct problems and school dislike when they used emotion-focused strategies. For girls the trends were reversed; the use of problem-focused strategies was positively related to anxiety whereas the use of emotion-focused strategies was related to lowered levels of anxiety. Both trends are consistent with literature indicating that boys show better outcomes when they use more problem- than emotion-focused coping, whereas girls show better outcomes when they use more emotion- than problem-focused coping (Copeland & Hess, 1995; Saarni et al. 1988). These differences may arise from gender role expectations in which boys are expected to overtly deal with problems, as is characteristic of problem-focused coping, and girls tend to use social support more frequently, as is characteristic of emotion-focused coping (Dise-Lewis, 1988; Donaldson et al., 2000; Washburn-Ormachea et al., 2004).

Approach was operationalized as adaptive in all situations, and overall, the use of approach was associated with fewer conduct problems, less school dislike, and less school sentiment, but was slightly positively related to anxiety. When separated by gender, approach was associated with lowered school dislike, school loneliness and school sentiment for boys, and lowered somatization and depression for girls. Approach was not associated with anxiety in boys or girls; furthermore, all significant associations for approach were negative, indicating that approach is related to fewer problematic outcomes in this study.

The fact that there were more statistically significant results for approach than there were for adaptive coping could indicate that children do not yet have enough experience with stressors to know that avoidance is an option. As stated previously, older children have a greater coping repertoire, thus being able to distinguish when to use certain coping strategies, including avoidance, rather than always using problem-focused or approach strategies (Band & Weis 1988;

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Saarni et al., 1998; Skinner & Zimmer-Gembeck, 2007). Avoidance is generally thought to be a poor coping strategy except in situations that are rare and unlikely to reoccur (Power, 2004). All six of the hypothetical situations presented to children were common stressors that did have a likelihood of reoccurring, so it is good that many children reported using approach strategies in those situations, and that approach was associated with a decrease in problematic outcomes. Had children been presented with a hypothetical uncommon stressor, such as being involved in a car accident, perhaps they would have reported using avoidance more in that particular situation than they did in the six more common situations. It is possible that the results of the present study showed significant findings with approach because the hypothetical stressful situations were not uncommon.

Hypothesis three, that children of authoritative parents would exhibit more positive adjustment than children of authoritarian, permissive, or rejecting/neglecting parents, was not supported. No one parenting style was associated with child adjustment, as assessed by the SPQ. As was the case with hypothesis one, these non-significant findings were surprising given the extensive literature emphasizing that authoritative parenting yields the best outcomes for children (Lamborn et al., 1991; Power, 2004; Smetana, 1995; Steinberg 1999; 2001). These non-significant results may indicate that parenting style has no major influence on children's adjustment

Another possible explanation for the non-significant findings may be in what was or was not measured. As was the case with hypothesis one, perhaps significant results would have been apparent had parenting practices been measured in addition to parenting styles.

Strengths and Limitations

One of the biggest strengths of the present study was the use of open-ended data from children. This data collection strategy resulted in a more comprehensive perspective of how children deal with stressors than would a likert-style survey, allowing for the post hoc analyses that revealed contradictions to, and support of, existing literature. Another strength is that data were collected from both children and mothers. Coping and outcome data was available from children, and measurements of both nurturance and control were available from mothers, providing multiple sources of information.

The age of the children in the present study is also a strength. It is an understudied age group; most research with youth focuses on either early childhood, or adolescence. The present study adds to the literature focusing on elementary aged children. It is important to gather information about this age group because earlier childhood is when the foundation is laid for future behaviors. If effective coping can be taught at earlier ages, it could help prevent negative outcomes for children in later childhood and into adolescence.

A major limitation of the present study was the sample. It was somewhat small, with valid data from only 93 mother-child pairs. A larger sample size would have yielded more statistical power, and perhaps findings that were non-significant, or marginally significant, in this study would in fact emerge as statistically significant with a larger sample. Also, the sample was quite homogeneous, at 79% Caucasian, 70% married, and most mothers had completed at least a bachelor's degree. As previously mentioned, this homogeneity could have contributed to non-significant findings for hypotheses one and three because the variability of the sample on the parenting measures may not have been sufficient enough to allow for a true representation of parenting styles. In such a highly educated sample, it is unlikely that there would be large

numbers of either authoritarian or permissive/neglecting parents because educated parents may have more knowledge about the components of positive parenting than would less educated parents. It is possible that many of the parents were in fact authoritative, but were categorized into the 'wrong' parenting style when determining cutoffs to make groups more even. Another limitation, which is true of any survey research, is the potential for self-presentation bias. Because this was not a naturalistic observation, participants had the opportunity to alter personal information; this may have been particularly true when asking parents about their parenting practices, amounts of warmth, and amounts of control. Also, if children had not actually been in one of the hypothetical situations presented to them (or ones very similar), they may not have known how they would handle it, and could have answered something different than how they would actually cope with that stressor. Some children were very honest and said "I don't know," but such answers were coded as zeros, and hence not useful in determining correlations between coping strategies and adjustment.

Implications

We now have a more comprehensive way to view adaptive coping; research has defined adaptive coping as using problem-focused and approach strategies in manageable situations and emotion-focused and avoidance strategies in unmanageable situations (e.g. Fields & Prinz, 1997; Saarni et al., 1998). However, this study showed that approach strategies can lead to positive adjustment in both manageable and unmanageable situations, and that children do not always exhibit maladjustment when they do not use adaptive coping. These findings may provide a new way to assess positive coping in children; perhaps what is considered adaptive does not apply to this age group.

The implications of these results pertain to parents and professionals working with children or families (i.e. teachers, pediatricians, family physicians, and social workers). One thing for these adults to keep in mind is gender. Research shows that boys and girls handle stressors differently (Dise-Lewis, 1988; Donaldson et al., 2000; Washburn-Ormachea et al., 2004), and results from the present study partially support those findings. To optimize children's adjustment, adults may want to encourage boys to use more problem-focused coping strategies and encourage girls to use more emotion-focused strategies, at least in the elementary years. However, adults should also keep in mind that as children grow, they will be exposed to more stressors and will learn for themselves when it is best to use which coping strategy.

If parenting style is unrelated to children's choice of coping or their adjustment, children may be learning coping more from their peers, therefore parents may want to monitor who their children are friends with. Children who cope well with stress are also socially competent (Copeland & Hess, 1995; Saarni et al., 1988), so parents may want to encourage interactions between their children and other socially competent children. This tactic would encourage children to notice other socially competent children (those who are also well adjusted) and hence teach themselves adaptive coping. Applying this principle to the school setting, teachers should notice which children are not exhibiting social competence and possibly encourage them to use more effective coping strategies. Teachers and others who work with children could even incorporate stress management into classroom curriculum by coaching children about effective coping strategies and giving them an opportunity to practice those strategies. Parents and adults could also ask children what is worrying them and also to explain how they would handle that situation. Knowing what we do from the present study about adaptive coping, adults could then

guide children toward the most effective coping strategy, regardless of the perceived

manageability of a stressor.

Future Directions

For future studies, one important first step would be a larger sample. Any study can

benefit from a larger sample. Larger samples provide more statistical power in analyses, and

allow for testing of more complex research questions (e.g., numerous mediators and moderators)

than were possible here. When testing mediators/moderators, a large overall sample will allow

for larger subsamples that do not lose as much statistical power as would smaller subsamples

such as those in the present study. Following children over many years to see if age does in fact

make a difference in choice of coping strategies and subsequent adjustment would be

informative in future studies. Also, instead of set hypothetical stressful situations to present to

children, it might be more telling to give them broad subjects, such as at home, at school, or with

friends, and ask them to come up with their own detailed stressful situation within that category

and have them explain how they dealt with it. Additionally, children should be asked if the

stressor they mentioned is common for them or not. Doing so would allow for testing avoidance

as a positive coping strategy in uncommon situations. Asking children how they would deal with

a hypothetical situation is probably quite reliable, as children's self-reports are valid

representations of their coping strategies (Compas et al. 2001), but allowing them to describe

specific situations they have actually dealt with could yield more useful findings.

To ensure more representative parenting style groups, it would be ideal to gather data

from parent-child duos in various socioeconomic backgrounds and geographic locations.

Diversity among participants would yield a more representative breakdown, although the

potential for bias in self-report data would still exist. Also, it may be useful to survey parents

about their parenting practices and behaviors, not only measures to determine parenting style. Parenting style may not affect children's choice of coping strategies or child adjustment, but perhaps a certain parenting practice or behavior does. A more extensive survey designed to measure these items could reveal a positive correlation between parenting practices/beliefs and child coping strategies and/or adjustment.

A peer measure would be interesting to add to future studies. If children are beginning to learn coping strategies from peers, future studies should include an option for children to explain what kinds of stressors their peers are exposed to, how their peers dealt with those stressors, and how effective they think their peers' coping was. It would also be interesting to examine gender as a potential moderator and ask children how their male and female peers handled the same situation, and if those peers did a good job. Additional teacher perspectives would offer more information from the school setting as well. Teachers could be asked about how they promote positive coping at school, and how effective they think such training is for children.

Other possible mediators and moderators could be studied in the future. Variables such as gender of a parent in a single parent home, sibling age and gender, best friend gender, previous exposure to stress, prior trauma, overprotective parents, or school conflict policies are examples of factors that could influence the correlation between parenting style and child coping. The present study provides a starting point for further research investigating associations between parenting style, child coping, and child adjustment.

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Appendix A

Parenting Dimension Inventory

Measurement of Control

Listed below are pairs of statements concerning parents' attitudes toward childrearing. For each pair, read both statements. Then determine which statement you agree with the most, and circle the letter in front of that statement. Circle ONLY ONE letter per item.

1. A. Nowadays too much emphasis is placed on obedience for children.
    B. Nowadays parents are too concerned about letting children do what they want.
2. A. Children need more freedom to make up their own minds about things than them seem to get today.
    B. Children need more guidance from their parents than they seem to get today.
3. A. I care more than most parents about having my child obey me.
    B. I care less than most parents I know about having my child obey me.
4. A. I try to prevent my child from making mistakes by setting rules for his/her own good.
    B. I try to provide freedom for my child to make mistakes and to learn from them.
5. A. If children are given too many rules, they will grow up to be unhappy adults.
    B. It is more important to set and enforce rules for children to grow up to be happy adults.

The measurement of control was scored as follows: parents received a score of "1" for answering 1B, 2B, 3A, 4A, and 5B. Parents received a score of "0" for answering 1A, 2A, 3B, 4B, and 5A. The answers were summed to come up with a total score ranging from 0-5, with a higher total score indicating a higher amount of control.

Appendix B

Parenting Dimension Inventory

Measurement of Nurturance

The following statements represent matters of interest and concern to some parents. Not all parents feel the same way about them. Circle the number that most closely applies to you and your child.

Not at all descriptive of me 1	Slightly descriptive of me 2	Somewhat descriptive of me 3	Fairly descriptive of me 4	Quite descriptive of me 5	Highly descriptive of me 6

1. I encourage my child to talk about his or her troubles. 1 2 3 4 5 6

2. My child and I have warm intimate moments together. 1 2 3 4 5 6

3. I encourage my child to be curious, to explore
   and to question things. 1 2 3 4 5 6

4. I find it interesting and educational to be with
   my child for long periods. 1 2 3 4 5 6

5. I find it interesting and educational that I appreciate
   what he or she tries to accomplish. 1 2 3 4 5 6

6. I respect my child's opinion and encourage
   him/her to express it. 1 2 3 4 5 6

The measurement of nurturance was scored as follows: the numbers circled after each item were summed to come up with a total score across the six items. A higher total score was indicative of a higher level of nurturance.

Appendix C

Child Qualitative Data

Following each question, children were asked, "What are you going to do? Please be as specific as possible."

1. It is recess. You are outside playing with your classmates. You hear some kids talking. You hear the kids say that they do not like you.

2. You break a rule at home. You knew you were not supposed to. Your parents found out what you did and were upset with you.

3. It is almost Christmas break. Your teacher wants to let you know how you are doing in school. She passes a piece of paper to each student in the classroom with his or her individual grade on it. You get a bad grade.

4. You really like your teacher and she is very strict about students following class rules. You got in trouble for breaking a school rule.

5. You are playing your favorite team sport. You have been excited about this game all week. Today, your team lost the game.

6. Your gym teacher had two students pick whose [*sic*] going to be on which side for a game. You are the last one picked.

Appendix D

Inter-rater Reliability

SUMMARY OF RELIABILITY ANALYSES

		KAPPA	% AGREE
RECESS			
	Problem-Focused	.89	96
	Emotion-Focused	.83	92
	Approach	1.0	100
	Avoidance	.92	96
HOME RULE			
	Problem-Focused	1.0	100
	Emotion-Focused	.85	92
	Approach	--	100
	Avoidance	.77	96
BAD GRADE			
	Problem-Focused	--	100
	Emotion-Focused	1.0	100
	Approach	--	100
	Avoidance	.78	96
CLASSROOM RULE			
	Problem-Focused	.83	96
	Emotion-Focused	.78	96
	Approach	1.0	100
	Avoidance	.89	96
TEAM SPORT			
	Problem-Focused	.71	92
	Emotion-Focused	.83	92
	Approach	--	100
	Avoidance	.70	88
GYM PICK			
	Problem-Focused	.78	92
	Emotion-Focused	.48	92
	Approach	.89	96
	Avoidance	.70	96
AVERAGE		**.83**	**96**

Appendix E

Seattle Personality Questionnaire

SEATTLE PEERSONALITY QUESTIONNAIRE

About Myself

1	Do you often talk in class when you're not supposed to?	YES!	yes	maybe	no	NO!
2	Do you feel afraid a lot of the time?	YES!	yes	maybe	no	NO!
3	Do you worry about what other children might be saying about you?	YES!	yes	maybe	no	NO!
4	Are you afraid to try new things?	YES!	yes	maybe	no	NO!
5	Is it hard for you to make friends at school?	YES!	yes	maybe	no	NO!
6	Do you get a lot of aches and pains?	YES!	yes	maybe	no	NO!
7	Do you think school is fun?	YES!	yes	maybe	no	NO!
8	Do you worry a lot that other people might not like you?	YES!	yes	maybe	no	NO!
9	Do you like everyone you know?	YES!	yes	maybe	no	NO!
10	Do you have kids to play with at school?	YES!	yes	maybe	no	NO!
11	Do you often take things that aren't yours and keep them?	YES!	yes	maybe	no	NO!
12	Would it be hard for you to ask kids you didn't know if you could join them in a game?	YES!	yes	maybe	no	NO!
13	Do you have a lot of scary dreams or nightmares?	YES!	yes	maybe	no	NO!
14	Do you get a lot of headaches?	YES!	yes	maybe	no	NO!
15	Do the kids at school like you?	YES!	yes	maybe	no	NO!
16	Are you always good?	YES!	yes	maybe	no	NO!
17	Do you like your teacher?	YES!	yes	maybe	no	NO!
18	Do you get a lot of tummy aches?	YES!	yes	maybe	no	NO!
19	Do you get into a lot of fights?	YES!	yes	maybe	no	NO!

20	Are you lonely at school?	YES!	yes	maybe	no	NO!
21	Do you ever feel mad?	YES!	yes	maybe	no	NO!
22	Does your teacher get mad too much?	YES!	yes	maybe	no	NO!
23	Is it hard for you to listen and follow directions?	YES!	yes	maybe	no	NO!
24	Do nice things happen to you at school?	YES!	yes	maybe	no	NO!
25	Do you tell a lot of lies?	YES!	yes	maybe	no	NO!
26	Do you feel like throwing up a lot?	YES!	yes	maybe	no	NO!
27	Do you argue a lot with other people?	YES!	yes	maybe	no	NO!
28	Do you feel unhappy at school?	YES!	yes	maybe	no	NO!
29	Do you worry about what other people think of you?	YES!	yes	maybe	no	NO!
30	Do you often tease or make fun of other kids?	YES!	yes	maybe	no	NO!
31	Do you wish you could stay home from school a lot?	YES!	yes	maybe	no	NO!
32	Do you worry about being teased?	YES!	yes	maybe	no	NO!
33	Do you sometimes break things on purpose?	YES!	yes	maybe	no	NO!
34	Do you feel unhappy a lot of the time?	YES!	yes	maybe	no	NO!
35	Do you feel like crying a lot of the time?	YES!	yes	maybe	no	NO!
36	Do you feel upset about things?	YES!	yes	maybe	no	NO!
37	Do you have trouble paying attention in class?	YES!	yes	maybe	no	NO!
38	Do you feel that you do things wrong a lot?	YES!	yes	maybe	no	NO!
39	Do you feel that most things are not much fun?	YES!	yes	maybe	no	NO!
40	Do you feel sorry for yourself?	YES!	yes	maybe	no	NO!
41	Do you have trouble falling asleep or staying asleep?	YES!	yes	maybe	no	NO!

42	Do you feel tired a lot of the time?	YES!	yes	maybe	no	NO!
43	Do you often feel like not eating even though it's mealtime?	YES!	yes	maybe	no	NO!
44	Do you want to be by yourself a lot?	YES!	yes	maybe	no	NO!

The SPQ was coded as follows:
Questions assessing anxiety are 3, 4, 8, 12, 29, and 32.
Questions assessing conduct disorder are 1,11, 19, 23, 25, 27, 30, and 33
Questions assessing somatization are 6, 13, 18, and 26.
Questions assessing depression are 34-44.
Questions assessing school dislike in terms of school sentiment are 7, 17, 24, and 31.
Questions assessing school dislike in terms of school loneliness 5, 10, 15 and 20, and 28.
Questions assessing lying are 9, 16, and 21.