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Coping and Development: An Index of Resilience

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Resilience is a concept that has captured people's interest in recent years in the hope of being able to readily identify the elements that make young people able to bounce back from adverse circumstances. Coping is an important component of resilience in that it can be conceptualised, operationalised, measured and developed. Since stress and coping have been arguably one of the most widely researched areas in the field of psychology there is a diverse literature. This article provides a brief review of the literature in the field of coping, particularly as it relates to adolescents. It provides a definition of the construct and considers correlates such as age and gender. It draws attention to the paucity of literature on family patterns of coping, such as an exploration of parents and their children's coping. Coping is helpful as part of a person-centred, rather than a situation-centred, approach to risk and resilience.

■ **Keywords:** coping, development, resilience

The purpose of this article is to present an overview of concepts and insights related to coping. Coping has proven to be a highly useful construct, which can be operationalised into multiple components. It can be used for both research as well as enhancing life skills such as resilience. Coping forms the research framework for many of the articles in this issue of *Children Australia* so this article is aimed at providing a broader theoretical introduction to the subsequent articles.

It has long been recognised that coping skills are related to psychological wellbeing and psychosocial competence (Frydenberg et al., 2004). As adolescence is a time of significant developmental change, it follows that in more recent years there has been a surge of literature documenting the coping responses of adolescents (see, e.g., Frydenberg, 1997, 2008; Seiffge-Krenke, 1995). There is also a growing expectation on schools and healthcare professionals to provide interventions for young people in order to increase their resilience and the use of effective coping skills, especially during what can be a difficult transition time for some. Despite the apparent importance of understanding the development of coping skills, there is a surprising lack of clarity about how these skills are acquired in children and adolescents. Some theorists argue that coping skills development can be attributed to factors such as age, sex or temperament (Bolger, 1990; Costa, Somerfield, & McCrae, 1996), while others emphasise the importance of cultural, family and other social influences (Aldwin, 1994; Kliewer, Fearnow, & Miller, 1996; Zimmer-Gembeck & Locke, 2007). In their review of coping literature, Compas, Connor-Smith, Saltzman, Harding Thomsen and Wadsworth (2001) propose that researchers 'need to pay closer attention to the social context in which children encounter and try to cope with stress' (p. 122).

While the concept of 'coping' has acquired varying definitions, it is most generally recognised as being an individual's response to a stressful encounter or event. A widely cited definition is that of Lazarus and Folkman (1984), who describe coping as 'constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person' (p. 141). The focus of this model is on strategies used for managing or altering stressors (e.g., problem-focused coping), as well as those used in the regulation of negative emotional arousal associated with the stressor (e.g., emotion-focused coping). Similarly, with respect to adolescents, Frydenberg (2008)

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acknowledges the cognitive and subsequent behavioural aspects of coping, defining it as 'the responses (thoughts, feelings and actions) that an individual uses to deal with problematic situations that are encountered in everyday life and in particular circumstances' (p. 25).

Coping and Mental Health

It is generally acknowledged that there is a relationship between certain coping styles and mental health, particularly depression. For example, particular coping behaviours are considered to be a key protective factor against negative outcomes such as anxiety, depression and eating disorders for people in risk situations (Kovacs, 1997; Rutter, 1990). Similarly, how people cope is considered an important variable in descriptions of depression (Zeidner & Saklofske, 1996). Research indicates that depressed persons are more likely to employ emotional and avoidance coping responses, in contrast to the problem-solving strategies used by people reporting no depression (Seiffge-Krenke & Klessinger, 2000; Zeidner, 1994). Likewise, a study by Compas, Malcarne and Fondacaro (1988) indicates that the use of adaptive problem-focused coping strategies (rather than emotional coping responses) serve as a protective factor against a variety of behavioural and emotional problems in young adolescents. In contrast, frequent use of emotion-focused coping has been related to higher levels of behavioural problems, and symptoms of anxiety and depression (Compas, Ey, Worsham, & Howell, 1996; Frydenberg, 2008; Lewis & Frydenberg, 2004). Therefore, an understanding not only of how people cope, but also how coping skills are developed, is especially valuable in assisting young people to make a successful transition through adolescence.

Coping and Stress

Given that adolescence is a time of considerable physical, psychological, social and developmental changes, it follows that this stage of life can create stress for young people (Hauser & Bowlds, 1990; Seiffge-Krenke, 1995). According to Hobföll (1989), stress is a reaction to the perceived threat or loss of resources (i.e., objects, personal characteristics or conditions that are valued by the individual). In the case of students entering secondary school at Year 7, or beginning their final years of education at Year 11, the transition can bring about a perceived loss of resources (e.g., change of adolescents sense of autonomy, loss of social support, increased study demands and change in sense of school membership), which can create additional pressure. Whether making the transition from primary to secondary school, or to senior secondary school, this change often brings with it a different school environment as well as new academic and social challenges. A study by Isakson and Jarvis (1999) indicates that certain adaptive coping strategies (such as problem-solving and planning) used by students making the move from junior high school to high school, are associated with a greater sense of school connectedness. Such coping strategies can therefore be seen as helpful for adolescents making a school transition. Conversely, Vanlede, Little and Card (2006) found that the antisocial coping strategies used by some students making the transition to high school consistently predicted higher levels of depression and aggression.

Coping and Gender

While the adolescent years can bring additional stressors, not all young people employ the same coping strategies to manage this stage. There is an abundance of coping literature that gives examples of gender and age differences in coping (e.g., Compas et al., 1987; Frydenberg & Lewis, 1993a, 1999, 2000; Pearlin & Schooler, 1978; Seiffge-Krenke & Shulman, 1990). Generally, girls are more likely to seek social support than boys (Bird & Harris, 1990; Frydenberg & Lewis, 1993a, 1999; Patterson & McCubbin, 1987), and also report more stress associated with social difficulties than boys (Compas et al., 1987; Groër, Thomas, & Shoffner, 1992). Likewise, Frydenberg and Lewis (1993a, 2000) found that girls use more social support strategies, as well as wishful thinking, tension-reduction and self-blame strategies than boys. Although this may imply that girls generally do not cope as well as boys, the authors also show that girls are more likely than boys to employ problem-solving strategies. Seiffge-Krenke (1990) found that male and female adolescents differ in their interpretations of stressful situations. The authors report that girls assess the same event as being four times more threatening than do boys, and that girls interpret the situation as more complex, more internally caused and they continue to think about the event after it is over. Conversely, research on gender differences indicate that males are socialised to use more problem-focused, direct coping strategies than females (Blanchard-Fields, Sulsky, & Robinson-Whelan, 1991; Pearlin & Schooler, 1978), and boys are more likely to attempt to manage by themselves rather than look for social support (Seiffge-Krenke, 1990). In addition, adolescent boys more readily use physical activity as a way to cope than girls of the same age (Frydenberg & Lewis, 1993a, 2000).

Age and Coping

As well as gender differences in coping styles, age — as an index of developmental differences — is an important predictor of coping responses. Research consistently indicates that there are differences between the coping responses of younger and older adolescents (Compas et al., 1988; Seiffge-Krenke & Shulman, 1990). For example, the results of cross-sectional studies by Frydenberg and Lewis (1993a, 1999) indicate that adolescents use less productive coping strategies as they get older. Their studies had Australian secondary students complete the Adolescent Coping Scale (Frydenberg & Lewis, 1993b). Year 7 students reported the use of more 'work hard to solve the problem' strategies, which the authors attribute

to their eagerness to do well at the start of secondary school. As students reach the final years of secondary schooling, however, they report greater use of ineffective coping strategies: self-blame and tension-reduction coping responses such as taking alcohol, cigarettes or other drugs were used more to manage stress. A subsequent longitudinal study confirmed that the use of self-blame and tension reduction strategies increase significantly between the ages of 14 and 16, as well as other strategies such as seeking social support, solving the problem and keep to self (Frydenberg & Lewis, 2000). The researchers concluded that between the ages of 14 and 16, adolescents experience the greatest change in coping responses, but this shift results in a concerning increase in nonproductive coping strategies (Frydenberg & Lewis, 2000). Similarly, Compas et al. (1988) recognised an increase in emotion-focused coping responses between 12 and 14 years of age. These noticeable changes in coping strategies during the adolescent years correspond with substantial developmental changes.

Likewise, there are significant differences in the coping responses of adolescents and adults. For example, Pearlin and Schooler (1978) found that older adults use less effective coping strategies than younger adults. Blanchard-Fields et al. (1991) reported that there is an increase in coping strategies that focus on solving the problem, and a decrease in coping strategies that focus on regulating emotions, as we become older. In addition, a study by Bowles and Fallon (2006) indicated that, compared with adults, adolescents use more passive strategies such as 'learning to live with it' (as opposed to the activity-based, purposeful coping strategies that adults are more likely to employ). The authors point out that adults typically have access to more resources and more control over the use of their resources when coping. Furthermore, because adolescents are having more 'new' experiences, the effect may be more acute and destabilising compared with adult experiences. It is possible that adolescents do not know how to effectively regulate and manage their responses to stress and may suffer more fatigue than adults (Bowles & Fallon, 2006). Not only are adolescents experiencing significant life changes, but they are less experienced at dealing with these changes compared to adults.

Although changes in coping styles can be seen as congruent with the cognitive developmental changes that occur during adolescence, there is still some lack of clarity about the nature of this process (Compas et al., 2001). Researchers vary in the extent to which they see the development of coping skills as biological innate processes, or the result of environmental influences. For example, infants appear to have some instinctive coping responses that ease negative emotions in place at birth; behaviours such as seeking support from others, thumb-sucking, looking at hands or using tangible objects all seem to serve as primary coping strategies for infants dealing with stressors (Gunnar, 1994). In contrast, environmental effects such as family composition, life events and peer influences all contribute to human behaviour and responses (Frydenberg, 1999; Rutter et al., 1997). However, as previously stated, coping is a complex and multidimensional concept and attempts to reduce the development of coping to a nature–nurture debate are futile. Surprisingly, there is a paucity of literature about the nature of coping development, with the exception of longitudinal studies by Losoya, Eisenberg and Fabes (1998) and Frydenberg and Lewis (2000). Losoya et al. (1998) studied the patterns of coping in a sample of 4–6-year-old children until they were 10–12 years old. Interestingly, the researchers found that coping is relatively stable across time; in particular, levels of problem-focused coping and aggressive coping remained fairly consistent over the 6-year period, but changed in developmentally predictable ways. This stability would suggest that coping behaviours are better predicted by individual differences than age or developmental stage.

Temperament, Personality and Coping

In the same way, some theorists have linked coping responses to intraindividual dispositions such as personality and temperament, suggesting that many aspects of coping are likely to be stable across time and situations. For example, Bolger (1990) stated that 'coping is personality in action under stress' (p. 525). He conducted a study that indicated that the neuroticism trait is related to self-blame and wishful thinking coping responses, leading to increased anxiety. Likewise, Costa et al. (1996) found that certain coping responses are associated with NEO-PI-R personality factors. People high on Neuroticism are more likely to use escapist fantasy and withdrawal; Extraversion is associated with using a sense of humour; Openness is related to rethinking the problem from a different perspective; people high on Agreeableness tend to take a stoic attitude and control their emotions; while those high in Conscientiousness are more likely to concentrate on what to do next. A longitudinal study, The Australian Temperament Project (Prior, 1999) showed that temperament (considered to be the foundation of personality) and coping remain fairly stable throughout childhood and adolescence. Moreover, there was a positive correlation between positive temperament and effective coping behaviours, which were also associated with higher levels of academic and social competence. In contrast, Wadsworth, Raviv, Compas and Connor-Smith (2005) propose that coping is more malleable during childhood, and it is not until adulthood that it becomes more trait-like and stable. There is certainly a vast amount of literature supporting the notion that coping and personality are related (see also Hewitt & Flett, 1996; McCrae & Costa, 1986; Ruchkin, Eisemann, & Hägglöf, 1999). This notion that personality traits — which are generally recognised as being stable in individuals — are related to coping behaviours is consistent with the stability of coping strategies used by children in the longitudinal study by Losoya et al. (1998). Therefore, this body of research indicates that intraindividual traits play a key role in coping development.

Family Environment

In addition to the influences of gender, age, personality, temperament and other biological predispositions, socialisation processes are believed to play a role in children's acquisition of coping skills (Aldwin, 1994; Zimmer-Gembeck & Locke, 2007). The family environment has been described as the most powerful context that has the potential to influence child and adolescent coping behaviours (e.g., Dusek & Danko, 1994; Kliewer et al., 1996; Zimmer-Gembeck & Locke, 2007). Adolescents spend a great deal of their time in the family setting, so it is important to understand the connection between family life and coping.

As mothers and fathers play a key role in child and adolescent adjustment (Frederico, Davis, & Barber, 1999), it follows that the parental role is particularly powerful when considering coping development. Research suggests that parents play an instrumental role in introducing coping strategies to children (Chapman & Mullis, 1999; Melnick & Hinshaw, 2000) and this contribution continues through adolescence and may persist into adulthood (Patterson & McCubbin, 1987). Parents both explicitly coach children and inadvertently model particular behaviours that draw out certain coping behaviours from children (Kliewer et al., 1996; Shulman, 1993). For example, out of concern for their child's emotional well-being, some parents will overprotect their child from negative feelings instead of helping them learn effective coping. Such interventions from parents can promote learned helplessness (Noble & McGrath, 2005). As such, the parental modelling of behaviour and parental responses to child behaviour (e.g., reinforcement and punishment) may be among the pathways by which parenting practices influence the coping strategies that young people learn to employ (Clark, Novak, & Dupree, 2002). The dichotomy is that parent responses influence children's behaviour and children's behaviour in turn elicits certain parent responses (Rollin, Dao, & Holland, 2004), so to date it has been difficult to ascertain the extent to which coping development can be attributed to parents.

Research indicates that the dynamics of the parent–child relationship can influence how children interpret and cope with stressful events. In their recent study that examined how relationships with parents and teachers influence coping strategies, Zimmer-Gembeck and Locke (2007) found that parents had the dominant effect on adolescent coping, when compared with the more limited influence of teachers. Adolescents who have a more positive relationship with parents (i.e., parents who express more warmth, who provide clear guidelines and who provide support and allow for young people's choices and decision-making) are more likely to use active, problem-focused coping strategies. Conversely, if adolescents live in a home that has more hostility, a chaotic living environment and is more coercive, they are more likely to try to avoid problems experienced at home and rely on wishful thinking coping strategies (Zimmer-Gembeck & Locke, 2007). Research indicates that high levels of mother–adolescent conflict are associated with adolescents at greater risk of experiencing internalising and conduct problems (Caples & Barrera, 2006), aggression and anxiety (Crittenden, Claussen, & Sugarman, 1994). Moreover, family conflict, or lack of attachment, has been shown to elevate the risk of unproductive coping styles such as youth substance abuse (Bamberg, Toumbourou, Blyth, & Forer, 2001). In their study of parental socialisation of children's coping behaviour, Kliewer et al. (1996) purported that 'when children feel secure in their relationships with their parents, they are freer to face the world confidently, are more prosocial, have better quality relationships with peers, and are apt to have active or approach-oriented coping strategies' (p. 2352). These studies suggest that a positive relationship with parents provides a form of social support, which enhances psychological resources and therefore enables young people to cope with stressful events (Wolfradt, Hempel, & Miles, 2003).

Similarly, the way adolescents perceive parenting practices relates to different coping outcomes. A range of studies show that perceived mother and father support (i.e., companionship, intimacy, affection and expression of admiration) is associated negatively with adolescent anxiety and depression, and associated positively with better adolescent adjustment such as greater use of social support and problem-focused coping skills (e.g., Gomez & McLaren, 2006; Holahan, Valentiner, & Moos, 1995; McIntyre & Dusek, 1995; Wolfradt et al., 2003; Zimmerman, Ramirez-Valles, Zapert, & Maton, 2000). In addition, Meesters and Muris (2004) found that perceived parental rejection was significantly associated with the use of passive coping strategies such as withdrawal and avoidance. Therefore, the way that parenting practices are perceived by young people is an important factor when considering the development of child and adolescent coping skills.

In conclusion, parent–child relationships, as well as parenting practices, substantially influence the coping behaviour of children and adolescents. But the extent to which young people actually adopt the coping strategies used by their parents remains to be determined. Based on the well-documented social learning literature (Bandura, 1977), it could be expected that children's coping would be influenced by the coping behaviour modelled by their parents (Kliewer et al., 1996). Indeed, children often learn socialisation skills such as interpersonal behaviours, gender role behaviours, prosocial and altruistic behaviours, and aggression through behaviours that have been modelled to them (Benson, Messer, & Gross, 1992). There is certainly a wealth of literature that consistently highlights that children of depressed parents are more likely to experience depression than children whose parents are not experiencing depression (e.g., Beardslee, Keller, Lavori, Stalet, & Sacks, 1993; Jaser et al., 2005; Johnson & Jacob,

2000; Sarigiani, Heath, & Camarena, 2003), but to date there has been very little research that directly examines the similarities and differences in parent and adolescent coping strategies.

All in all, to date there is a great deal of information on coping and the related concomitants such as age, gender, temperament and family life. Nevertheless, there is still a great deal that we do not yet know. How we translate our current knowledge into practice is important. What is clear is that it is important to consider coping from the perspective of the person and the situation. Therefore, drawing conclusions from one population or age group may not be valid for another. Thus we are guaranteed that there will be ongoing research in the expectation that our efforts will be rewarded by providing insights into what we can do to develop resilience from early years through to adolescence and beyond.

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