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Coping flexibility in preschool-aged children:The role of mataernal emotion socialization, coping socialization, and coping styles

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Coping Flexibility in Preschool-Aged Children: The Role of Maternal
Emotion Socialization, Coping Socialization, and Coping Styles

by

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ABSTRACT

Previous research has demonstrated that mothers' socialization efforts and modeling of coping styles are related to their children's coping choices. The purpose of this study was to examine whether these relations also held for preschool-aged children's coping flexibility – the ability to adapt coping strategies to a changing stressful situation – and whether these relations were moderated by mother-child relationship quality. Four- and five-year-old children ($N = 31$) participated in a vignette coping interview and their mothers completed measures of emotion socialization, coping socialization, coping flexibility, and mother-child relationship quality. Results showed that mothers' emotion and coping socialization, but not their coping flexibility, were related to two aspects of children's coping flexibility. Mother-child relationship quality did not moderate these associations. Results are discussed in terms of the developmental progression of coping flexibility and recommendations are made for parenting behaviours that can help engender this skill in children.

iii

DEDICATION

To my Mom, Rhoda, for teaching me the value of compassion.

To my Dad, Ken, for teaching me the value of creativity.

To my husband, Jamie, for teaching me the value of hard work.

And for always making me smile.

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TABLE OF CONTENTS

V.   DISCUSSION

APPENDICES

REFERENCES

LIST OF TABLES

LIST OF APPENDICES

CHAPTER I

INTRODUCTION

The purpose of the present study was to examine the role of maternal emotion socialization, coping socialization, and modeling of coping in young children's coping flexibility. Although coping has been investigated to quite some depth in adults, children's coping has not yet received equal attention, especially with those as young as 4- and 5- years old. It is particularly important to study coping in children of this age because they are experiencing great changes in their cognitive, social, and emotional development (e.g., see Piaget, 1952). Furthermore, this is also the time when children start to spend more time with their peers, and thus have to learn to deal with others' needs, goals, and behaviours (Dunn, 1993). Understanding the role of parents in helping children navigate this sometimes stressful and conflicting world of peer interactions is essential for understanding how children learn to adapt to these life changes. Little is known, however, about how parental influences help children acquire coping skills, or how children influence the socialization and modeling efforts their parents provide. This study addresses this gap in the literature by asking the following questions: (1) Are mothers' emotion and coping socialization styles associated with their preschool-aged children's coping flexibility? (2) Is mothers' coping flexibility associated with their preschool-aged children's coping flexibility? (3) Are these relationships moderated by the quality of the mother-child relationship?

1

CHAPTER II

REVIEW OF LITERATURE

Models of Coping

According to Weiten and Lloyd (2003), successful coping consists of "efforts to master, reduce, or tolerate the demands created by stress." (p. 95). Coping is similar to the construct of emotion regulation, which is the ability to modulate the intensity, duration, and expression of one's emotional experiences (Saarni, 1999). According to Blair and her colleagues, coping differs from emotion regulation in that the main focus of coping is on decreasing the experience of negative emotions, whereas emotion regulation refers to modulating the experience and expression of a wide variety of emotions, both positive and negative (Blair, Denham, Kochanoff, & Whipple, 2004). Because the focus of this study was parental influences on children's ability to cope with negative emotions, this section will primarily review the research on coping, although relevant studies that refer to emotion regulation are also presented.

Various models have been used to conceptualize coping. For example, according to the primary-secondary control model of coping (Rothbaum, Weisz, & Snyder, 1982), individuals cope with stressful circumstances by either trying to control the objective situation or by making changes within themselves to deal with the situation as it currently stands. These are referred to as primary and secondary control strategies, respectively. Individuals who give up or do not attempt to actively cope with a stressor are said to employ a third, nonconstructive, strategy called relinquished control.

Lazarus and Folkman's (1984) Ways of Coping model presents coping strategies as problem-focused or emotion-focused. According to their model, problem-focused

2

coping refers to attempts to control or change the situation in order to obtain a goal (similar to primary control). For example, working with a tutor to improve test performance would be a problem-focused strategy, as it involves a direct change to the student's test preparation. Emotion-focused coping refers to making emotional or cognitive adaptations to adjust to a situation without attempts to change it (similar to secondary control). For example, a child watching television to distract himself after a fight with a sibling is an emotion-focused strategy, as it involves an effort to feel better without directly changing the cause of the stress.

The Ways of Coping model is an empirically derived model, and numerous studies have supported the utility of this two-dimensional structure (e.g., Lazarus & Folkman, 1984; Sørlie & Sexton, 2001). This model has also frequently been used in previous coping research with children. For example, Bynum and Brody (2005) investigated the associations between mothers' problem- and emotion-focused coping and children's self-regulation. Kalpidou, Power, Cherry, and Gottfried (2004) used data gathered from parents to describe children's coping responses as problem- or emotion-focused. Finally, Halpern (2004) distinguished between problem- and emotion-focused coping as a basis for classifying the coping strategies that preschool-aged children generated in response to hypothetical vignettes about stressful situations. Given this empirical support for the Ways of Coping model, it will be used to conceptualize coping strategies for this study.

Outcomes of Coping

The importance of studying children's coping processes is demonstrated by research that has examined the emotional, behavioural, and social outcomes of coping

3

efforts. Most of the research on children's coping has, until recently, focused on major life stressors, such as divorce (e.g., Miller, Kliewer, Hepworth, & Sandler, 1994), medical procedures (e.g., Altshuler & Ruble, 1989; Caty, Ritchie, & Ellerton, 1989; Manimala, Blount, & Cohen, 2000; Powers, Blount, Bachanas, Cotter, & Swan, 1993), military relocations (Lopez & Little, 1996), domestic violence (Ornduff & Monahan, 1999), maltreatment (Smith & Walden, 1999), and death of a family member or close friend (e.g., Smith, 1991). Other researchers have suggested that being able to successfully cope with the common hassles of everyday life is more predictive of positive adjustment than coping with major life stressors (Kanner, Coyne, Schaefer, & Lazarus, 1981). In fact, studies have demonstrated that the strategies children use to cope with everyday stressful occurrences are related to numerous important variables, including emotional and behavioural adjustment, social competence, and peer acceptance (e.g., Eisenberg & Fabes, 1992; Halpern, 2004; Sandstrom, 2004). Therefore, many researchers believe that greater attention should be directed toward studying children's coping in everyday types of situations, rather than the less frequent major life stressors.

Many studies have suggested that, overall, problem-focused coping strategies lead to better adjustment than emotion-focused strategies when used in everyday stressful situations (see Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001 for a review). For example, Compas, Malcarne, and Fondacaro (1988) asked 10- to 14-year-old boys and girls to complete an open-ended questionnaire in which they described two stressful events (one academic and one interpersonal) that had happened to them within the past three months. Participants were then asked to explain why the situation was upsetting and how controllable they believed the situation to be. Then, they listed all of

4

the ways they could think of to handle that situation and indicated which of those strategies they actually used. The authors found that the young adolescents' use of problem-focused strategies was related to fewer internalizing and externalizing problems as assessed by self- and mother-reports. In contrast, the use of emotion-focused strategies was related to a greater number of both of these types of problems.

In a study on bullying and victimization among Italian adolescents, Baldry and Farrington (2005) investigated risk factors for engaging in bullying and protective factors for preventing victimization by bullies. The 14- to 19-year-old participants rated their own involvement in bullying and being bullied, as well as their typical coping strategy usage. Results showed that use of emotion-focused coping strategies was a risk factor for being victimized, and use of problem-focused coping was negatively related to both bullying and victimization. In other words, using more problem-focused coping predicted fewer bullying behaviours and less victimization of the adolescents, a finding that supports the assertion that problem-focused strategies are typically more adaptive.

Studies with younger children have also demonstrated a relationship between children's use of problem-focused coping strategies and positive outcomes (e.g., Blair et al., 2004; Compas et al., 1988; Halpern, 2004; Kalpidou et al., 2004). For example, Kalpidou and her colleagues conducted a study investigating 3- to 5-year-old children's ability to stay on-task during a boring cutlery-sorting task, despite the presence of more attractive distractions. Children who were better at regulating their emotions were also better at following task instructions by not playing with the attractive toys, compared to children who had difficulty regulating their emotions. Compliance with the task instructions was also related to children's typical usage of coping strategies in response to

5

a set of common stressors, as reported by mothers and teachers. Specifically, better compliance was related to greater use of problem-focused coping strategies and less use of emotion-focused strategies. This pattern of results was seen as adaptive because the emotion-focused strategies that parents reported their children using were typically maladaptive, such as releasing negative feelings through aggression (i.e., yelling or hitting things), whereas the problem-focused alternatives typically resulted in solving the problem in a prosocial manner. The authors concluded that children who regulate and effectively cope with their emotions during frustrating circumstances seem more likely to exhibit cooperative behaviour. Cooperation, in turn, plays an important role in academic and peer success.

In a study that looked more directly at the association between coping strategies and emotional and behavioural outcomes, Halpern (2004) examined preschool-aged children's coping using hypothetical vignettes that described four types of stressful situations: a mastery challenge, a peer conflict, a parent-child conflict, and a separation situation. Each vignette consisted of a short paragraph about a child that experienced one of each of the problems. The children in the study were read each vignette, and then asked how they would cope if they were in that situation. Strategies were coded as problem-approach coping, problem avoidance, emotion venting, passive acceptance, or non-coping. Halpern found that preschool-aged children's use of more problem-approach coping (a type of problem-focused coping) was related to fewer internalizing problems as rated by the children's caregivers. Halpern also found that higher total-coping scores (a composite score that included all coping responses, excluding any anti-social or non-coping strategies) were related to fewer internalizing and externalizing problems. These

6

findings suggest that both reported willingness to directly face and solve a hypothetical problem, as well as the ability to generate unique and situation-specific coping strategies, are related to fewer emotional and behavioural problems in young children.

Blair and her colleagues (2004) also examined the emotional and behavioural outcomes of children's problem-focused coping efforts. They investigated whether coping strategies were related to problems in adjustment and social competence in preschool-aged children, as well as whether coping had greater effects than, or moderated the impact of, temperament on these outcomes. Parents rated the child's temperament as well as the likelihood that their children would engage in each of 13 types of coping strategies. Teachers completed the same coping measure, as well as rating the child's social competence and behaviour problems. The findings suggested that using constructive, problem-focused coping strategies was related to fewer teacher-reported internalizing behaviours among the preschool-aged children, even after controlling for the child's temperament.

Whereas problem-focused strategies have been shown to result in positive outcomes, other studies have suggested that the use of emotion-focused coping strategies may serve as a risk factor for the development of behavioural and/or emotional problems. For example, in the study by Blair and her colleagues (2004), preschool-aged children's use of passive, emotion-focused coping strategies was related to more adjustment problems. Specifically, emotional venting, or emotionally releasing negative feelings as a coping strategy, was positively related to internalizing and externalizing behaviours, and negatively related to social competence. This finding makes sense in light of the fact that the emotional venting displayed by children often included using verbal or physical

7

aggression to release negative feelings. Furthermore, the authors found that coping strategies can also serve as a moderator of the relationship between temperament and problematic behaviours. That is, the use of emotion-focused passive coping strategies (e.g., denying or avoiding the problem) in children with high levels of temperamental vulnerability (e.g., irritable-frustrated temperament) was associated with greater teacher-reported externalizing and internalizing behaviours.

Sandstrom (2004) also found support for this idea that maladaptive emotion-focused strategies are related to children's adjustment problems. Specifically, Sandstrom found that 9- to 12-year-old children who used aggressive emotion-focused coping strategies in response to peer rejection reported more depression, social anxiety, peer withdrawal, and were rated lower in social preference by their peers. In addition, coping in a ruminative manner - a maladaptive emotion-focused strategy that involves thinking about the problem without doing anything to remedy it - was also positively associated with internalizing problems. In fact, these two coping strategies of aggressive and ruminative coping predicted internalizing symptoms, even after accounting for gender and peer ratings of social preference.

In summary, there is a great deal of evidence to suggest that the use of problem-focused coping strategies generally leads to better adjustment than the use of emotion-focused strategies in stressful interpersonal situations. Problem-focused coping has been associated with positive outcomes such as fewer externalizing and internalizing behaviours, and greater social competence (e.g., Compas et al., 1988; Halpern, 2004), as well as with lower likelihood of bullying and being victimized by bullies (Baldry & Farrington, 2005). The use of emotion-focused coping strategies has been more often

8

associated with negative outcomes, such as greater internalizing and externalizing symptoms and lower social competence (e.g., Blair et al., 2004; Sandstrom, 2004).

The Goodness-of-Fit Approach

One difficulty with the proposition that problem-focused strategies are always more adaptive than emotion-focused strategies is that it depends, in part, on which strategies one classifies as problem- and emotion-focused. For example, Hardy, Power, and Jaedicke (1993) described primary (problem-focused) strategies as including physical aggression/confrontation and verbal aggression/confrontation. Although these types of strategies serve to achieve the aggressor's goal, it is challenging to think of how these strategies would be considered the most adaptive in an interaction with another person. More importantly, this generalization does not take into account situational context, such as coping by trying to change situations that are clearly beyond one's control.

In fact, it can be argued that whether problem-focused or emotion-focused coping strategies are more effective depends on whether or not one has control (or at least perceives control) over the situation. Efforts to change the situation (problem-focused strategies) are thought to be most effective in controllable situations. Efforts to adapt to the situation as it currently stands (emotion-focused strategies) are seen as most adaptive in uncontrollable situations (Folkman & Lazarus, 1980; Heckhausen & Schulz, 1995). In light of this, researchers are beginning to recognize the importance of a goodness-of-fit between the context of a situation (e.g., its controllability) and the choice of problem- or emotion-focused coping strategies (e.g., Band & Weisz, 1988). In addition, Lazarus (1991) notes that being accurate in the perception of what one does and does not have control over is very important to successful coping outcomes.

9

In support of this goodness-of-fit idea, Forsythe and Compas (1987) asked undergraduates to report their perceived controllability of the most distressing major life event they had experienced within the previous six months and the most distressing daily hassle they had experienced during the previous two months. Participants then completed the Ways of Coping Checklist (Folkman & Lazarus, 1985) in response to each of these events. Results showed that undergraduates who had a mismatch between perceived controllability and the type of coping strategy they reported using had more psychological problems. In particular, participants who reported using more emotion-focused strategies in situations they perceived as controllable and more problem-focused strategies in situations they perceived as uncontrollable reported more behavioural, emotional, and somatic problems.

The goodness-of-fit principle has also been demonstrated in children's coping. In the study by Compas and his colleagues (1988), results showed that the highest ratings of emotional and behavioural problems occurred amongst the 10- to 14-year-olds who generated few problem-focused strategies in response to a situation they believed they could control, as well as those who generated more problem-focused strategies to a situation they believed was beyond their control. The authors also found that the children and young adolescents who used the most emotion-focused strategies overall were the ones who had the most emotional and behavioural problems. This would seem consistent with the generalization that use of emotion-focused strategies leads to more negative outcomes; however, upon closer examination, many of the emotion-focused alternatives that were generated were aggressive and/or antisocial (e.g., "hit the other person" and "threw things"). Therefore, this finding is consistent with the goodness-of-fit idea in that

10

these strategies did not fit with the goal of maintaining positive relationships with others. Taken together, these findings suggest that problem- and emotion-focused strategies may both be considered adaptive, depending on their match to the controllability of the situation, and so long as they do not have an additional cost, such as harming others.

Although incorporating the idea of goodness-of-fit into studies of adaptive coping is an improvement to the study of children's coping, most of these studies use retrospective reports of single coping strategy choices for a single event. The liability of this approach is that it does not allow researchers to examine how children's coping flexibility helps them adapt to within-situation changes in controllability as an event unfolds.

In fact, few researchers have explicitly identified coping flexibility as the focus of their research, and those who have generally define it as the ability to use adaptive coping strategies across different situations that vary in controllability (e.g., Band & Weisz, 1988; Cheng, 2001; 2003; Folkman & Lazarus, 1985). Research on coping flexibility within a single changing situation is largely nonexistent (e.g., Band & Weisz; Folkman & Lazarus). Therefore, in the present study, coping flexibility was operationally defined as the ability to shift strategies in response to the demands of a single changing stressful situation. Babb and her colleagues suggest that changing coping strategies in accordance with changes in the controllability of a single situation may be a more important indicator of coping flexibility than changing coping strategies across situations because it requires an on-line cognitive shift in a person's coping efforts that is not present when studying coping in a non-changing situation (Babb, Levine, & Arseneault, 2007). This conceptualization of coping flexibility was supported by Babb and her colleagues' study,

which found that 10- and 11-year-old children, in comparison to 7- and 8-year-old children, were more likely to switch from primary (problem-focused) to secondary (emotion-focused) strategies, as a situation shifted from controllable to uncontrollable. This was mediated by the ability to perceive decreases in controllability.

Given that children's ability to cope flexibly with changing situations improves with age, it is important to investigate why this developmental trend occurs. Babb and her colleagues' (2007) findings suggest a developmental shift in middle childhood in the cognitive abilities underlying coping flexibility. However, cognitive changes may only tell part of the story. Other possible factors include social influences, such as parental socialization and modeling of coping strategies. Despite increasing interest in this area, there is still a lack of understanding of and research into parental socialization of children's coping (Valiente, Fabes, Eisenberg, & Spinrad, 2004). Therefore, the present study will address this gap by investigating the associations between several potential parental influences – in particular, maternal emotion socialization style, coping socialization style, and maternal modeling of coping flexibility – and children's coping efforts.

Parental Emotion Socialization and Coping

Because successful coping requires recognizing and changing strong emotions, it is thought that parents who foster an understanding of emotion in their children are also likely to provide their children with a foundation on which they can learn to cope with these emotions (Gentzler, Contreras-Grau, Kerns, & Weimer, 2005). This ability is often referred to as parents' emotion socialization style (Gottman, Katz, & Hooven, 1996) and this has been linked to a variety of social, academic, and physiological outcomes in

12

children. Emotion socialization refers to how parents use, model, explain, and coach emotions to their children, both verbally and non-verbally (e.g., Halberstadt, 1986). These parental behaviours contribute to children's ability to recognize, label, and handle emotions in their lives. Gottman and his colleagues referred to this socialization process as part of a parental meta-emotion philosophy, which they described as parents' organized systems of thinking about and handling emotions in themselves and in their children.

Gottman (1997) identifies four emotion-socializing parenting styles. "Emotion-Coaching" parents accept, listen to, validate, and explain emotions to their children, as well as offer suggestions for how to deal with those emotions. This style is seen as being the most advantageous for children's positive emotional development. "Laissez-Faire" parents are aware of emotions and offer comfort and acceptance of those feelings in their children, but they do not offer suggestions for how to understand or manage them. "Dismissing" parents do not understand emotions very well, and disregard and demean their children's expressions of negative emotions. Finally, "Disapproving" parents are not only naïve about emotions, but they also display overt criticism when their children express their negative feelings. Although a large of amount of research has been done on emotion socialization, the impact of this parenting variable on children's coping flexibility has not yet been investigated in depth.

There is some evidence that parents' emotion socialization behaviours are related to children's coping abilities. Studies have shown that parents' emotional expression, one dimension of emotion socialization, is associated with children's emotion regulation (e.g., see Creasey et al., 1997; Eisenberg, Gershoff, et al., 2001; Garner, 1995; Garner &

13

Power, 1996; Halpern, 2004; Kopp, 1989; Valiente et al., 2004). For example, in Halpern's study of preschool-aged children's coping strategies, she also investigated the influence of the family environment on children's coping. One variable of interest, family expressiveness, referred to the degree to which family members acted and communicated openly, as well as shared their feelings with one another. Halpern found that preschool-aged children whose families reported higher emotional expressiveness reported using fewer problem-avoidance strategies (emotion-focused strategies that were inappropriate for dealing with the hypothetical situations presented to the children). For children, like the ones in Halpern's study, having experiences with family members that label and discuss their feelings may result in a better understanding of those feelings. These children would then be less upset about experiencing negative emotions, and may be more willing to confront emotion-eliciting problems rather than avoid them for the sake of avoiding the accompanying emotional response (Gottman, 1997). It is also possible that through emotion expression, parents inadvertently suggest or model coping choices to their children.

Researchers have also suggested, however, that it is unlikely that simply expressing emotions, regardless of their positive or negative valence, is adequate to help children understand and cope with their own emotions. In fact, a general pattern of results has emerged that indicates that high levels of expressed positive emotions, together with low levels of expressed negative emotions, are likely optimal for children's development of emotion regulation and coping (e.g., Creasey et al., 1997; Eisenberg, Gershoff, et al., 2001; Garner, 1995; Valiente et al., 2004). For example, Garner found that mother-reported positive expressiveness in the family was positively related to self-soothing

14

behaviours (an early emotion-focused coping strategy) in a Strange-Situation paradigm in children as young as 1- and 2-years-old. Based on the goodness-of-fit idea, this form of emotion-focused strategy is adaptive for toddlers who are experiencing situations involving uncontrollable separations from their mothers and the presence of strangers. On the other hand, high levels of family negative-submissive emotional expressions (e.g., sadness and crying) were negatively related to toddlers' self-soothing behaviours. These findings suggest that children who are frequently exposed to more negative emotions in the home may be less able to cope with their own negative emotions during a stressful situation, whereas those who are exposed to more positive emotional expressions may be better at effectively coping with the same situation.

Creasey and his colleagues (1997) also investigated the relationship between parents' emotional expressions and children's affective reactions and coping responses. In their study, first- and second-grade children were read nine hypothetical vignettes describing a peer, their mother, or their father feeling happy, sad, or angry. The children were then asked how that would make them feel, and for the negative-emotion provoking vignettes, what they could and would do to make those feelings go away. They found that children experienced more distress (higher levels of sadness and anger) in response to stories about negative parental affect. Children also endorsed more avoidant (emotion-focused) coping options in response to negative parental affect, whereas they chose more active-coping strategies in response to peer negative affect. Thus, in this study, imagined parental expression of negative emotions had a unique effect on children's coping choices. Specifically, children were less likely to choose active, problem-focused coping

15

strategies when confronted with parent sadness or anger, as compared to peer negative emotions.

In another study that illustrates the influence of maternal expressions of emotions on children's functioning, Eisenberg, Gershoff, and their colleagues (2001) investigated whether emotional expression by mothers of 4- to 8-year-olds was related to their children's adjustment. Children were instructed to complete two puzzles without looking at the pieces; one alone and the other with the verbal assistance of their mother, who could see the puzzle pieces. Children's regulation abilities and mothers' emotional expression were assessed by observation during the puzzle tasks. Mothers and teachers also completed questionnaires measuring the children's regulation, social competence, internalizing behaviour, and externalizing behaviours, and mothers rated their typical emotional expression in the family. The authors found that mothers' expressions of emotion were related to their children's externalizing behaviours and social competence, but these relationships were mediated by children's skill at emotion regulation. That is, maternal positive expressiveness was related to children's better regulation skill, and this led to fewer behaviour problems and greater social competence in the children. Maternal negative expressions were related to less skill in regulation, and this led to more behaviour problems and less social competence.

Emotional communication is another aspect of emotion socialization that has been linked to children's coping strategy usage (e.g., Gentzler et al., 2005). Emotional communication refers to the process of openly discussing emotions with children as they arise, and also includes the notion of accepting emotions. Gentzler and her colleagues conducted a study to determine if greater emotional communication and emotional

16

acceptance by parents was associated with 9- to 12-year-old children's use of more adaptive coping strategies. Mothers and fathers in this study completed questionnaires assessing their children's typical coping strategies and their own responses to their children's negative emotions. Children reported on how much they would prefer to be around and share their feelings with their parents in response to hypothetical emotion-evoking situations. Furthermore, the researchers observed a five-minute conversation between parents and children about an event that was upsetting to the child. As the authors predicted, they found that mothers' appropriate problem- and emotion-focused reactions to their children's expressed emotions, greater encouragement to express emotions, and fewer instances of displaying unsupportive or distressed reactions were related to greater use of constructive coping strategies in children. A similar pattern of results was found for fathers. These results suggest that children who are exposed to more open, accepting, and straightforward emotional discussions with their parents are better able to use more adaptive coping strategies.

Eisenberg, Losoya, and their colleagues (2001) also investigated the associations between emotion socialization variables and children's emotion regulation and problem behaviours. In their study, second- to fifth-grade children viewed several slides depicting pleasant, unpleasant, and neutral scenes, both with and without the parent present. When the parent was present, the dyad was given time for discussion in between each slide, and these discussions were coded for expressivity and type of interaction. In addition, parents and teachers completed measures that assessed the children's emotion regulation and problem behaviours. Results suggested that several parental emotion socialization variables such as emotion discussion (i.e., efforts by the parent to get the child to label

17

and talk about their own or the depicted characters' emotions) and linking of personal emotion experiences with the presented emotional expressions (e.g., "Remember how much fun you had at *your* birthday party?", p. 192), were positively related to children's emotion regulation ability (a characteristic related to successful coping).

Although positive coping outcomes are often linked with the encouragement of expressing emotion, there are some instances in which parental encouragement of children's inhibition of emotional displays can actually contribute to more beneficial outcomes for their children. For example, Eisenberg, Fabes, Schaller, Carlo, and Miller (1991) found that parents' restrictions on their third- and sixth-grade children's displays of potentially harmful negative emotions were related to greater dispositional and situational sympathy in both girls and boys in response to a sympathy-evoking film. This supports Gottman's (1997) assertion that one component of emotion socialization is helping children to realize the impact their emotions have on others. This realization would likely affect children's coping choices. On the other hand, parents who encouraged inhibition of emotional displays of sadness and anxiety (emotions that were not likely to hurt others) had boys who experienced greater distress and less sympathy in response to the film. These findings indicate that emotion socialization is more complex than just simply encouraging or restricting displays of emotion. Successful parental emotion socialization takes into consideration both the context and the influence those displays will have on others.

Training parents in emotion socialization also seems to have a positive impact on both parents and children. For example, Havighurst, Harley, and Prior (2004) designed and implemented a parenting program intended to increase parents' awareness about

18

emotion socialization, as well as to increase their use of positive modeling and coaching of children's emotions. This program was found to have significant effects on both parents' emotion socialization behaviours and on preschoolers' adjustment. Specifically, parents reported that they became more accepting, encouraging, and interactive in response to their children's displays of emotions after the six-session program. As a result, children of these parents were better able to regulate their negative emotions and had fewer behaviour problems.

In summary, there is a great deal of evidence to suggest that parental socialization of emotion is important for children's coping development. Children who better understand their emotions are more likely to regulate both their experience and expression of those emotions (e.g., Garner & Power, 1996) and have other positive outcomes, such as greater acceptance by peers and lower levels of externalizing and internalizing behaviours (e.g., Blair et al., 2004; Gentzler et al., 2005; Halpern, 2004). Helping children to identify how others' emotions are similar to their own likely results in children who are more empathetic and thus better able to understand the consequences of their actions on others (Eisenberg, Losoya, et al., 2001). These children would be less likely to display maladaptive coping behaviours, such as physical or verbal aggression, that may potentially cause harm to others. The parental behaviours that are believed to engender these skills in children (e.g., parent expressions of positive emotions; emotional communication and discussion) are those that Gottman (1997) describes as characteristic of the Emotion-Coaching parent. To examine the role of emotion socialization on children's development of coping flexibility, a measure of parental emotion socialization style was included in the present study. This instrument assessed the degree to which

19

mothers' emotion socialization practices fit with each of Gottman's four emotion socialization parenting styles. The associations between mothers' endorsement of these styles and children's coping flexibility were then examined to determine whether and how maternal emotion socialization is related to children's skill in coping flexibly with changing situations.

Parental Coping Socialization

Parental socialization of emotion may explain only a part of children's acquisition of coping flexibility. One aspect of effective emotion socialization is parents' ability to suggest to their children methods of adapting to or modifying unpleasant emotional experiences (i.e., coping strategies). Parental coping socialization (Kliewer, Fearnow, & Miller, 1996) occurs when parents directly influence the coping strategies their children choose by suggesting specific strategies to deal with stressful situations. This parenting dimension has been shown to influence children's coping choices, although research in this area is limited (Miller et al., 1994; Kliewer et al.).

In one study that looked at maternal coping socialization, Miller and his colleagues (1994) found that mothers' coping suggestions to their 7- to 14-year-old children were significantly related to the children's use of each type of coping strategy measured. Specifically, mothers' encouragement of avoidance, distraction, support-seeking, positive cognitive restructuring, and negative actions as coping strategies were related to their children's use of these same strategies. Moreover, these associations were found up to five months later. The major limitation of this study, however, was that both the measures of mothers' coping suggestions and children's coping were completed by the mothers in the study. It is possible that these significant correlations could be partially

20

explained by a bias for reporting that the coping strategies their children use are the ones that they suggest.

Kliewer and her colleagues (1996) addressed this limitation in their study on the influence of parental coping socialization on 9- to 12-year-old children. In this study, the children filled out a measure assessing their coping strategy usage and perceived relationship with the parent. Parents completed measures of their own coping, coping suggestions to their child, and family environment. Results showed that maternal suggestions of reframing coping predicted avoidance and support-seeking coping for girls. Paternal suggestions to seek support as a coping strategy predicted boys' use of distraction coping strategies. In the context of the study, all of these coping strategies were considered passive coping strategies, which is consistent with the conceptualization of emotion-focused coping. This indicates that mothers' and fathers' socialization of emotion-focused coping is related to children's use of this type of coping, although these associations may be more complex than a one-to-one relationship. The variable of coping socialization was also significantly related to parents' own coping strategy usage, indicating that parents were typically consistent in the strategies they used and those they suggested to their children (see also Miller et al., 1994).

Taken together, these studies suggest that parental coping socialization is related to children's use of the suggested coping strategies. It has not yet been examined whether these coping socialization influences extend to younger children, such as those of preschool age. Preschool-aged children may, in fact, be more susceptible to parental suggestions because they do not yet have the same level of autonomy as do 9- to 12-year-olds, such as the children in Kliewer and her colleagues' (1996) study. Furthermore, no

21

studies have specifically looked at how parental socialization of coping may be related to children's within-situation coping flexibility. Therefore, the relationship between maternal coping socialization style and children's coping flexibility was explored in this study.

Parental Modeling of Coping

Parents who are aware of the need to suggest a variety of coping strategies to their children may also recognize the importance of modeling adaptive coping choices. Although some coping strategies may develop naturally and without intervention (e.g., self-soothing behaviours in infants; Kessen & Mandler, 1961), it is likely that children also learn coping behaviour through observation. According to Bandura (1977), children acquire new behaviours largely as a result of watching those around them (i.e., through adult modeling). Therefore, the coping behaviours that parents regularly display when dealing with their own stressors would likely be encoded into their children's memory for later use through this modeling process.

Many researchers have found evidence of such a modeling effect (e.g., Bynum & Brody, 2005; Kliewer et al., 1996). Kliewer and her colleagues found evidence of parental modeling of coping in their study on parent and child coping strategy usage. Parents completed measures of their own coping, their coping suggestions to their children, and the family environment. The 9- to 12-year-old children in the study reported on their typical coping strategy usage, and their perceptions of their relationships with their parents. Kliewer and her colleagues found some direct examples of parental modeling of coping strategies. For example, fathers' use of active coping was positively related to boys' use of active coping. The authors also found that mothers' use of

22

religious coping (a form of support-seeking) predicted their 9- to 12-year-old sons' use of support-seeking coping. Fathers' use of religious coping was also associated with girls' support-seeking behaviours. In addition, mothers' use of reframing coping predicted boys' use of active coping strategies. The authors described this as a modeling effect by speculating that boys may interpret mothers' attempts to look at the situation differently and minimize the negative impact of the situation as actively dealing with a stressor. These boys would then employ active strategies when handling negative situations in their own lives.

In another study that looked at maternal modeling of coping, Bynum and Brody (2005) examined the coping strategies and problem behaviours of 8- to 16-year-old children and how these were associated with self-reported maternal coping and reported mother-child relationship quality. The findings suggested that maternal coping was related to child self-regulation. Specifically, mothers' use of more problem-focused coping strategies and fewer helpless coping strategies (a type of emotion-focused coping) was related to a more positive reported relationship with the child, which was then related to children's greater capacity for self-regulation. Self-regulation was defined by use of fewer anger-based coping strategies and greater use of self-control. Thus, the authors concluded that children may learn problem-focused coping strategies from observing their mothers, but may only be motivated to reenact these behaviours if there is a positive mother-child relationship.

Parents have also been shown to model maladaptive ways of coping. For example, parental modeling of cigarette smoking and alcohol consumption as emotion-focused coping strategies has been shown to predict these behaviours in children and adolescents

23

(Evans et al., 1978; White, Johnson, & Buyske, 2000). In particular, Evans and his colleagues found that parental smoking was a significant factor in 7th-grade children's willingness to smoke, despite their awareness of the long-term negative consequences of smoking. Similarly, White and her colleagues conducted a longitudinal study that followed participants from ages 15 to 28. They found that parent drinking was a significant predictor variable for later heavy drinking among the participants. In fact, this variable was a better predictor than the parenting behaviours (e.g., parental warmth/love and hostility/control) the participants received as adolescents. Because cigarette smoking and alcohol consumption are often used as coping strategies (e.g., Weiten & Lloyd, 2003), this suggests that parents can model potentially harmful ways of coping to their children.

In summary, these studies suggest that parental coping choices are related to their children's coping choices. As a logical extension of this finding, parental coping should also play a role in children's acquisition of coping flexibility. For example, parents who model a large variety of coping strategies may have children who have more strategies at their disposal, and so these children would be better equipped to choose strategies that match the controllability of the situation. Parents may also model coping flexibility directly, by enacting problem-focused strategies to deal with controllable stressors, and then choosing emotion-focused strategies when the stressors become uncontrollable. To date, this modeling effect for coping flexibility has not yet been investigated empirically. This study examined mothers' self-reported coping responses to a changing stressful situation to investigate the relation between maternal modeling of coping flexibility and children's coping flexibility.

Parent-Child Relationship Quality and Coping

From the first days of life, children have their needs met and derive their sense of security from primary caregivers, most often their mothers. Through these interactions, children develop attachments to their parents over the first year or two of development (Bowlby, 1969). Because of this attachment bond, parents are thought to be the primary influence on the development of children's initial coping strategies. For example, Ainsworth, Blehar, Waters, and Wall (1978) found that securely attached children use their mothers as a "secure base" from which to investigate new situations or people, often referring back to them when gauging how to react to the situation. In contrast, insecurely-attached infants do not always seek comfort or help from their mothers when in an unfamiliar situation. This suggests that the quality of the relationship between the parent and child may influence how the child uses the parent as a guide for coping with a negative situation.

Similarly, the quality of the relationship between children and their parents may have an indirect effect on the coping strategies that children enact. For example, a close, supportive relationship may encourage children's use of more support-seeking coping strategies. That is, children who have an open and caring relationship with their parents, and who have learned that their parents will comfort them or offer assistance in solving a problem, may be more likely to approach them when encountering a stressful situation. Because the perceived likelihood of receiving support from a caregiver is high for securely-attached children, it would be more adaptive for them to use this type of strategy, rather than trying other potentially less successful strategies, such as avoidance.

25

Furthermore, securely-attached children may be more receptive to parental socialization and modeling of coping strategies, similar to the way they use parents for social referencing. In contrast, a distant and unsupportive relationship may encourage the use of less beneficial strategies. Insecurely-attached children may come to expect that their parents will not be helpful or may be inconsistent in their supportive role. These children may instead opt for other strategies that are maladaptive, but seem to them more likely to produce a consistent, favorable result (e.g., using aggression to obtain a desired toy). Because they are less likely to view their parents as a source of assistance, these children may not respond to parent socialization or modeling of coping in the same way as a securely-attached child. Thus, parent-child relationship quality may not only provide a secure base from which to try out coping strategies, but also may moderate the influence of parent socialization or modeling practices on children's coping strategy choices.

As evidence that parent-child relationship quality influences children's coping strategy usage, Kliewer and her colleagues (1996) found that 9- to 12-year-old children who reported greater levels of maternal acceptance used more adaptive strategies of active and support coping than did those who reported lower levels of maternal acceptance. Boys' perceptions of paternal acceptance were also related to their use of support coping.

Similarly, Meesters and Muris (2004) found that parental warmth was related to adolescents' active problem solving, social-support seeking, and using comforting thoughts to cope (considered to be an adaptive coping strategy in this context), as well as the use of avoidance. On the other hand, perceived parental rejection was related to less

26

adaptive passive strategies, such as the greater expressing of negative emotions (i.e., venting) and depressive reactions as coping strategies.

A limitation of the Meesters and Muris (2004) study was that it did not take into consideration the level of controllability of any of the stressors the young adolescents in their sample reported. This makes some of the findings of their study difficult to reconcile with the hypothesized effect of parental warmth on coping choices. That is, parental warmth was related to avoidance coping (an emotion-focused strategy), which would seemingly contradict the idea that a positive parent-child relationship is associated with more adaptive strategies. However, it is difficult to determine whether this was a genuine departure from that predicted relationship, or whether it was simply that the situations that they typically preferred to avoid were highly-upsetting, uncontrollable stressors, making avoidance an appropriate strategy for the situation.

Hardy and her colleagues (1993) did take controllability of the stressor into consideration in their study investigating the influence of various parenting variables on 9- and 10-year-old children's coping strategies. Children answered a series of questions about their coping strategies in response to six different mother-reported stressful events that had recently occurred. Mothers also completed questionnaires assessing various aspects of their parenting style (e.g., warmth and monitoring) and the family environment. Interestingly, the authors found that maternal support was positively related to the use of avoidance as a coping strategy in 9- and 10-year-old children, but only in uncontrollable situations. Thus, in that context, avoidance was seen as an adaptive coping choice because more problem-focused attempts to cope with the situation would have been frustrating and unsuccessful.

27

Finally, in Bynum and Brody's (2005) study of rural African-American mothers and their children, it was found that more supportive parent-child relationships were related to higher levels of self-regulation and fewer anger-based coping responses in 8- to 16-year-old children. Furthermore, the quality of the mother-child relationship mediated the association between maternal coping and child self-regulation. Mothers' use of more adaptive coping strategies was related to a more supportive relationship with the child, which, in turn, was shown to be related to children's use of fewer maladaptive coping strategies and greater self-control. Therefore, the findings suggested that a healthy relationship between the mothers and children in the study led to better coping choices in the children.

Taken together, these studies demonstrate that a warm, supportive parent-child relationship is related to children's greater capacity for regulating their emotions, more adaptive coping choices, and better adjustment (e.g., Bynum & Brody, 2005; Eisenberg, Losoya, et al., 2001; Hardy et al., 1993). These associations may be the result of a moderating effect, wherein the degree to which parenting factors are related to children's coping choices depends on how close the relationship is between parent and child. Specifically, a poor parent-child relationship may result in a child who is less receptive to his or her parent's socialization and modeling efforts, and thus that child would be less influenced by those behaviours when making coping decisions. Conversely, a good parent-child relationship would likely lead to a child's greater receptivity to a parent's socialization and modeling. To investigate these assertions, this study examined the quality of the parent-child relationship as a potential moderating influence in children's coping flexibility. Specifically, I examined whether or not the association between

28

children's coping flexibility and the maternal variables (emotion socialization, coping socialization, and modeling of coping) changed as a function of the mother-child relationship quality.

The Present Study

The present study examined the associations between maternal emotion socialization, coping socialization, and modeling of coping with preschool-aged children's coping flexibility. As part of a larger study on children's coping, 4- and 5-year-olds were asked to imagine themselves in three hypothetical situations involving everyday-type problems with peers that changed from controllable to uncontrollable as the event unfolded (modeled after Babb et al., 2007). Children responded to questions about controllability and coping strategy choices, and children's coping flexibility was assessed by how well their coping choices fit with their perceived controllability of the situation. The size of children's coping repertoire was also measured. Having a greater number of coping strategies at one's disposal should be related to greater ability to cope flexibly with a changing situation. Often a child's first or second coping choice is not possible, and so children who can continue to generate qualitatively different types of coping strategies should be better able to cope flexibly within a changing situation. Therefore, the number of unique, non-repeated strategies children generated across all of the vignettes was included as a secondary measure of skill in coping flexibility. To assess the associations between maternal factors and children's coping flexibility, mothers were asked to complete a series of questionnaires that assessed their emotion socialization, coping socialization, and coping flexibility. A questionnaire assessing parent-child relationship quality was also obtained.

29

This proposed study addressed several of the limitations and gaps in the literature on parental influences on children's coping. First, this study presented an initial foray into the area of parental influences on coping flexibility. Although parental factors have been shown to influence children's coping (e.g., Bynum & Brody, 2005; Gentzler et al., 2005), no studies have investigated associations between maternal socialization and modeling efforts and children's within-situation coping flexibility.

Second, the procedure for this study used both mother-rated questionnaires and children's responses during a standardized interview, thus avoiding the limitations of previous coping studies that have relied solely on questionnaires from one respondent. Many researchers that have used preschool-aged participants have collected data on children's coping by only having parents fill out questionnaires (e.g., Blair et al., 2004). If parents complete measures of both their own behaviour and their children's behaviour, common method variance (see Fiske, 1982) and/or social desirability bias (Crowne & Marlowe, 1960) could account for some of the findings. Other researchers have used an interview format, whereby children are asked to recall and answer questions about one stressful event (e.g., Band & Weisz, 1988; Compas et al., 1988). However, the lack of standardization in the stressor being described could make it difficult to draw general conclusions, and the problems of relying solely on retrospective reporting could bias any results. The procedures used in this study were designed to address these methodological limitations by using standardized vignettes for all participants and collecting data from both mothers and children.

Third, this study used 4- and 5-year-old children as participants. Although more researchers are beginning to focus on children's coping, the research that has been done

in this area has typically used older samples (e.g., Baldry & Farrington, 2005; Compas et al., 1988; Meesters & Muris, 2004). Preschool-aged children are still a relatively understudied group in the coping literature (Halpern, 2004). Because parents are one of the most important socializing influences at this age (e.g., Bee, 2000), relations between parenting variables and child coping flexibility would be expected to be stronger than for the older children and adolescents that are more often used in coping research. It is important to study how parenting efforts are related to children's coping processes at a young age in order to understand how parents can help children develop more effective coping skills for future social interactions.

Fourth, this study further explored within-situation coping flexibility. Coping flexibility is a relatively new area of study, and those who have investigated coping flexibility have typically conceptualized it as using different strategies across different situations (e.g., Band & Weisz, 1988). Yet stressful situations rarely persist in an unchanging form. Rather, they are dynamic, and one aspect that is likely to change is the controllability of that situation. Although being able to enact an appropriate coping strategy in a given situation is beneficial for coping flexibility, being able to adapt flexibly to single changing situations may be just as, or even more, important. Studying how maternal variables relate to children's within-situation coping flexibility will help us understand how this skill develops.

Finally, this study used vignettes that described commonly occurring, everyday stressful situations with peers that were easy for the preschool-aged participants to understand and imagine. Much of the research that has used vignettes to study children's coping has typically focused on major life stressors (e.g., Lopez & Little, 1996; Miller et

al., 1994; Smith, 1991), rather than the more common everyday hassles that children face. Because major life stressors are relatively infrequent occurrences, children may not have experienced the event (or something similar to the event) and may not understand the situation enough to know how to cope with it, thus resulting in an underestimation of their coping abilities. Furthermore, children's strategies for coping with commonplace stressors are thought to be more closely related to important outcomes, such as interpersonal, emotional, and behavioural adjustment (e.g., Halpern, 2004; Sandstrom, 2004). For these reasons, we chose to use everyday-type stressors in the vignettes.

Hypotheses

Four main hypotheses were tested in this study. First, I hypothesized that mothers who scored higher on the Emotion-Coaching emotion socialization parenting style would have children who had higher coping flexibility scores and who generated a greater number of unique strategies across the vignettes. Previous research has demonstrated that an Emotion-Coaching style is related to greater emotional expressiveness and the encouragement of expressiveness by parents of preschool-aged children (Gottman, 1997; Hakim-Larson, Parker, Lee, Goodwin, & Voelker, 2006). These factors have been related to children's use of constructive coping strategies (Eisenberg, Losoya, et al., 2001; Gentzler et al., 2005; Halpern, 2004). Because coping flexibility is thought to be one form of constructive coping, it was expected that mothers who were higher in Emotion-Coaching would have children who demonstrated greater coping flexibility. In addition, because mothers who are high in Emotion-Coaching spend more time discussing emotions and ways of modifying those emotions with their children (e.g., Gottman), these children would learn about more potential coping choices. This should enable them to

32

generate a greater number of unique coping strategies to deal with the situations presented in the vignettes.

Related to this hypothesis, I also predicted that mothers who obtained higher scores on any of the other three, less adaptive, dimensions of emotion socialization (Laissez-Faire, Dismissing, or Disapproving) would have children who had lower coping flexibility scores and who generated fewer unique strategies. Parents who endorse these types of emotion socialization styles often do not understand emotions, nor do they actively discuss emotional experiences or strategies for regulating those experiences with their children. In addition, parents who endorse either of the latter two styles are also less accepting and tolerant of emotional expressions in their children. These parents would be expected to have children who likewise demonstrate poor understanding of emotional experiences, who have fewer opportunities to learn ways of coping, and thus would have fewer adaptive coping strategies at their disposal (Gottman, 1997). Given these limitations, we would expect that the ability of these children to cope flexibly with a changing stressful situation or to generate unique strategies would be limited.

Secondly, I hypothesized that when presented with an uncontrollable situation, mothers who suggested more emotion-focused coping strategies to their children would have children who scored higher on coping flexibility and who generated more unique strategies across the vignettes. Parental coping socialization has been shown to influence children's coping behaviours (e.g., Miller et al., 1994; Kliewer et al., 1996), although no research has been done in this area with preschoolers' coping flexibility. According to the goodness-of-fit model (Band & Weisz, 1988), parents who socialize emotion-focused coping strategies in uncontrollable situations are suggesting adaptive ways for their

33

children to cope. Furthermore, previous researchers have demonstrated that problem-focused coping strategies are more frequently used by preschool-aged children (Compas, Banez, Malcarne, & Worsham, 1991). Therefore, parents who socialize emotion-focused strategies to a greater extent in uncontrollable situations are providing their children with a valuable tool for coping by encouraging strategies that are both novel and appropriate to the situation. These children, then, should demonstrate higher overall coping flexibility scores and be able to generate more unique strategies in response to the vignettes.

In contrast, I also predicted that mothers who suggested more problem-focused or nonconstructive coping strategies to their children in response to an uncontrollable situation would have children who had lower coping flexibility and total unique strategies scores. Although problem-focused coping strategies are often adaptive (e.g., Compas et al., 2001), suggestions to correct a problem that is beyond a child's control would be maladaptive. Children who persist in coping strategies that do not match their perceptions of controllability in a changing situation would have less skill in coping flexibility, and this would be reflected in lower coping flexibility scores on the vignette tasks used in this study. Furthermore, because children of this age are generally more likely to engage in problem-focused coping (e.g., Compas et al., 1991), mothers who suggest more of these types of strategies are not necessarily helping their children learn new coping strategies to deal with uncontrollable situations. This would result in children generating fewer unique strategies overall. In addition, nonconstructive strategies involve the child using relinquished control or behavioural disengagement to cope. Because these nonconstructive strategies do not involve attempts to either solve the problem or make oneself feel better in an appropriate manner, we would expect that mothers who were

34

more likely to suggest that their children engage in these types of strategies would have children who had less skill in generating coping strategies that were unique, appropriate, and adaptive for a given situation.

Third, I hypothesized that mothers who endorsed, for themselves, a greater proportion of problem-focused strategies in response to a potentially controllable situation and a greater proportion of emotion-focused strategies when that situation became uncontrollable would have children who had higher coping flexibility scores and who generated more unique strategies across the vignettes. Previous research has demonstrated that parents' typical usage of problem-focused or emotion-focused coping is related to their children's similar use of these coping strategies (e.g., Kliewer et al., 1996). Because parents' own coping styles have been shown to have a modeling effect on their children's coping in unchanging situations, they should also serve as a model for coping flexibility skills in changing situations. The more skill mothers demonstrate with flexibly coping with changing stressful situations, the more opportunities their children would have to witness adaptive outcomes as a result of their mothers' coping flexibility. This should result in higher coping flexibility scores and more unique coping strategies generated by these children on the vignette task.

Finally, I hypothesized that the more positive the mother-reported quality of the relationship with the child, the stronger the associations would be between the maternal variables and the child's coping flexibility, when compared to mothers who reported lower levels of positive relationship quality. Previous research has demonstrated that mother-child relationship quality is both directly and indirectly related to children's coping strategy usage (e.g., Bynum & Brody, 2005; Meesters & Muris, 2004).

35

Attachment theory suggests that a more positive parent-child relationship may be reflected in children's greater receptivity to maternal socialization and modeling influences. Thus, I predicted that mother-child relationship quality would moderate the associations between the maternal variables and the children's coping flexibility scores, as well as the associations between the maternal variables and the number of unique strategies children generated in the vignettes.

CHAPTER III

DESIGN AND METHODOLOGY

Participants

As part of a larger study on preschoolers' coping flexibility, 53 four- and five-year-old children and their parents were recruited from preschools and daycare centres in Windsor-Essex County in Southwestern Ontario (for simplicity's sake, the term "preschools" will be used here to refer to both preschools and daycares). The parental response rate from these preschools was approximately 10%. As a second method of obtaining participants, undergraduate students at the University of Windsor who had a child aged 4 or 5 years ($n = 13$) were also invited to participate. From these 66 mother-child pairs, 47 who had participated within the previous six months were recruited for the present study. Although all parents were contacted within six months of their child's initial participation, some packages were not returned until up to nine months after the child had participated. Analyses were run to determine whether there were significant differences in any of the maternal or child variables based on whether the data were gathered before or after 6 months of the child's participation, and because significant differences did not emerge, these cases were retained in order to increase power. The mean amount of time between the child's participation and the mothers completing the forms was 2.67 months ($SD = 3.53$ months). Four cases were excluded because of incomplete data and outlying scores on the maternal measures (outliers were defined as those with z-scores greater than ± 3.00).

The final sample for the present study included 31 children and mothers. Of these children, 58% were female. The age distribution was as follows: 77% were five years old

37

and 23% were four years old ($M = 5.21$ years, $SD = 0.44$ years). Based on mothers' reports of their child's ethnicity, 80% of the children were identified as Caucasian, 13% as Asian/Pacific Islander, 3% as First Nations, and 3% as "other." None of the children had received a psychiatric diagnosis.

Of the women who participated, 94% identified themselves as the child's biological mother. One woman was the child's stepmother, and one was a grandmother. Both of these women reported that the child lived with them (half the time and all of the time, respectively) and that they played a primary caregiver role. Therefore, these women's data were included in the analyses (for simplicity, the term "mothers" will be used to refer to all women who participated). The ages of these mothers ranged from 22 to 46 years ($M = 35.39$ years, $SD = 6.08$ years). The majority of the mothers self-identified as Caucasian (77%), while the remainder self-identified as Asian/Pacific Islander (16%), or "other" (6%). All mothers had at least a high school diploma, and the majority (94%) had or were currently working on postsecondary degrees or diplomas. Mothers' marital statuses were: 74% married, 10% separated, 6% divorced, 6% living with their partner, and 3% single/never married. The majority (64%) reported their combined family income to be greater than $70,000. An additional 18% reported incomes between $30,000 and $70,000, and 16% reported incomes below $30,000.

Mothers received $15 compensation for participating in this study. Undergraduate students who participated were given the choice of $15 or one bonus mark toward an eligible course of their choice. Participants were treated in accordance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.

38

Child Measure – Vignette Coping Task

For the vignette coping task, children were asked to listen and respond to three hypothetical scenarios designed to assess their coping strategies (see Appendix A). This method was chosen because it enabled children to provide specific information about what they were thinking and why they had chosen their strategies, rather than just assuming this by passively observing their behaviour. Vignettes were also chosen in order to decrease the possibility of common method variance explaining the findings in whole or in part due to the parents completing measures about both themselves and their child, a limitation common in previous studies (e.g., Blair et al., 2004; Fiske, 1982). Vignettes have been successfully used by numerous researchers to obtain information about children's coping strategies (e.g., Babb et al., 2007; Halpern, 2004; Saarni, 1997).

In the vignette coping task, derived from Babb and her colleagues (2007), children imagined themselves in each of three hypothetical situations involving everyday-type stressful situations with peers that decreased in controllability as the event unfolded. Scenarios were chosen from themes in the literature identified as common problematic situations with peers, and included loss of favourite food, loss of favourite desired object, and loss of opportunity to do something fun. Pilot testing with children between the ages of 6 and 12 indicated that these three vignettes were the ones that most often elicited perceptions of the situation as changing from controllable to uncontrollable. The three vignettes were presented in the same order for all participants, to ensure standardization across children and experimenters, and to ensure that the additional questions asked at the end of the task pertained to the final vignette for all children.

39

Each vignette had two parts: one that was potentially controllable, and one that was uncontrollable. The latter part was accomplished by restating the vignette such that (a) the strategy they had chosen in response to the first part of the vignette was not possible, and (b) some other event had now occurred that rendered their original goal unattainable. For example, in the first, potentially controllable part of the first vignette, the child's favourite sandwich falls on the ground. The child was then asked five questions:

1. Do you think you can still eat that sandwich – yes or no?

2. How would this make you feel – happy, sad, or mad?

3. Why would this make you feel [response #2]?

4. How would you make your [response #2] feelings go away?

5. Why would [response #4] make your [response #2] feelings go away?

In the second, uncontrollable part, the child was told that the sandwich is squashed and therefore cannot be eaten. The same five questions were then asked again. In each vignette, another child was described as being present when the loss of the goal occurred, but the wording was intentionally made unclear as to whether or not the other child caused the loss of the goal and whether or not that child's actions were intentional (e.g., "…another kid bumps into you and the sandwich falls to the ground").

After the second part of the third vignette, children were asked to list all of the strategies they could generate to make their negative feelings in the situation go away. This was done in order to assess how many unique coping strategies they could generate as a measure of the size of their coping repertoires. As an incentive, children received tickets for each strategy generated, which they could later exchange for a small toy prize.

40

Child Procedure

The children were tested individually in a quiet and private room at their preschool. Children who were unable to be tested at their school due to space or regulation constraints, or who were recruited through the psychology participant pool, were tested at the Child Study Centre lab at the University of Windsor.

One of three female undergraduate research assistants conducted the standardized interview procedure with each child. These experimenters received approximately 20 hours of individual training and practice. In addition, the sessions were audio taped and these tapes were periodically reviewed to ensure adherence to the interview protocol. Prior to beginning the interview procedure, experimenters spent approximately 5 to 10 minutes interacting with the children in a friendly manner to make them feel more at ease, as well as to informally screen them for verbal expression ability. After the children agreed to begin, they were presented with a verbal assent protocol describing the procedures of the study and assuring them of the confidentiality of their responses. After children verbally agreed to participate, they began the interview.

At the beginning of the interview, children were formally screened for verbal expression ability by answering simple questions about a short, easy-to-understand story. Following this screening, children were taught how to use a visual rating scale that contained pictures of a happy, sad, and mad face, in order to prepare them for responding to the emotion questions on the vignette coping task. Once children understood the visual rating scale, they were presented with the vignette coping task.

Following the last part of the vignette task, children were allowed to turn in all of their tickets for a small, age-appropriate toy prize of their choice. The children were then

41

debriefed, during which the experimenter answered any of the children's questions and ensured that children enjoyed the testing experience. Children were then thanked and excused to go back to their classroom or playroom.

Coding of Children's Coping Flexibility

Children's responses to the vignettes were coded by five undergraduate research assistants who were blind to the hypotheses of the study. Coders were trained until they reached an average agreement of 80% or higher. Each child's data was coded independently by two raters. Coding assignments were arranged such that each rater was paired with at least two other raters. Coding was done in batches of 10, and coding assignments within these batches were randomized. Interrater agreement for the coding of the children's data was good (Kappas ranged from .73 to .87). Discrepancies were resolved through group discussion.

Based on Lazarus and Folkman's (1984) classifications of coping strategies, children's coping strategies were coded as Problem-Focused if they suggested a way to alter the situation in order to achieve the original goal (e.g., "I'd fix my toy"). Coping strategies were coded as Emotion-Focused if they involved changing internal states (e.g. "I'd hug my mom to make me feel better") or adapting to the undesirable situation (e.g., "I'd laugh about it"). Strategies that involved behavioural distraction (e.g., "I'd play with a different toy") or reinstating the goal, but at a later time (e.g., "I'd have my favourite sandwich tomorrow"), were coded as Goal Substitution strategies. Because these strategies involved the child giving up on the original goal at that time (e.g., eating the same sandwich), but they helped the child adapt to the situation as it stood, these strategies were ultimately defined as Emotion-Focused coping responses. Finally, coping

42

strategies were coded as Behavioural Disengagement if they involved responses that did not do anything to change the situation or the child's internal state (e.g., "I don't know," or "I'd do nothing.").

Coping flexibility was measured by comparing the child's response of whether or not they believed they could attain the original goal (perceived controllability) with the type of strategy they chose (i.e., problem-focused or emotion-focused). When children's strategies were appropriate to their perception of controllability over the situation (e.g., using a problem-focused strategy in a situation they perceived as controllable), they received a score of "1". When there was a mismatch between perceived controllability and coping strategy (e.g, using a problem-focused strategy in a situation they perceived as uncontrollable), they received a score of "0." Each child's overall coping flexibility scores were calculated by summing the number of times the child generated an appropriate coping strategy that matched their perceived controllability of the situation; thus the higher the number, the greater the coping flexibility.

Children's Total Coping Flexibility scores were created by summing these matches between controllability and type of coping strategy across both parts of each of the three vignettes, plus the twenty strategies children generated in response to the last vignette. Therefore, scores on this variable represented two aspects of children's coping flexibility – whether or not the strategies they generated matched their perceived controllability of the situation, and also the number of appropriately-matched strategies they could generate.

Coders also generated a Total Unique strategies score for each child. The number of unique strategies children are able to generate is considered to be a significant

43

component of coping flexibility because the development of a large and varied coping repertoire may be a necessary antecedent to the development of coping flexibility. Therefore, this variable was included to determine whether maternal influences played a unique role in children's development of this coping repertoire, in addition to potentially influencing children's overall skill in coping flexibility. This score was calculated by having coders add the number of strategies children reported across all vignettes that were distinct from each other. Repeated strategies, or very similar strategies that seemed to serve the same purpose (e.g., "I'd draw a picture of a butterfly" vs. "I'd draw a picture of a ship") were counted as repetitions and thus were only counted the first time the child reported they would use that strategy.

Mother Measures

Mothers completed a total of seven questionnaires. These included a demographic questionnaire and a series of other questionnaires assessing the target variables of mothers' emotion socialization, coping socialization, and coping flexibility. They also completed measures of the perceived quality of their relationship with their child and the potential control variables of social desirability and perceived stress.

Demographics. Mothers completed a demographics questionnaire for the larger coping flexibility study. This questionnaire included items about background characteristics for both mother and child, such as age, gender, ethnicity, psychiatric diagnoses, and other family variables (e.g., marital status, household income).

Emotion socialization. In order to assess mothers' emotion socialization style, mothers were given the Emotion-Related Parenting Styles Self-Test – Likert (ERPSST-L; Gottman, 1997; as modified by Hakim-Larson et al., 2006). This measure contained 81

items that related to how parents typically conceptualize and manage emotions in themselves and their children. Each mother received a mean score for each of Gottman's four parenting styles of Emotion-Coaching, Laissez-Faire, Dismissing, and Disapproving. Examples of items included, "Anger is an emotion worth exploring" (Emotion-Coaching); "There's not much you can do for a sad child beyond offering her comfort" (Laissez-Faire); "I think that anger is okay as long as it's under control" (Dismissing); and "Children acting sad are usually just trying to get adults to feel sorry for them" (Disapproving). The response choices ranged from 1 (*always false*) to 5 (*always true*) on a 5-point Likert scale. This instrument has demonstrated good construct validity and the emotion socialization style subscales have been found to have good internal consistency, ranging from .72 to .91 (Hakim-Larson et al.).

Social desirability. In order to control for socially-desirable responding on the ERPSST-L, a 13-item short form of the Marlowe-Crowne Social Desirability scale (Reynolds, 1982) was also administered. Respondents answered *true* or *false* to items such as, "There have been occasions when I took advantage of someone" (for which a 'false' answer would indicate a socially-desirable response), and "I'm always willing to admit it when I make a mistake" (for which a 'true' answer would indicate a socially-desirable response). The socially-desirable responses were summed to calculate a social desirability score, whereby higher scores indicated greater social desirability. Reynolds (1982) reported that this 13-item short form had adequate and comparable reliability (α = .76) to the full 33-item scale.

Coping socialization. The revised version of the Parental Socialization of Coping Questionnaire (PSCQ-R; Miller et al., 1994) was used to measure maternal coping

socialization. In completing the PSCQ-R, mothers are usually instructed to indicate how much they encourage or discourage their child to use each of 68 coping strategies to adjust to stressful situations. The 68 items are typically grouped into 16 subscales of coping suggestions, which are further grouped into 8 dimensions. The Problem-Focused Coping dimension included the subscales of Cognitive Decision Making, Direct Problem Solving, Seeking Understanding, and Control. An example of an item from this dimension was "Tell herself that she has taken care of things like this before". The Positive Cognitive Restructuring dimension included the subscales of Positivity and Optimism. An example of an item from this dimension was "Tell himself that things would get better". The Distraction dimension included the subscales of Distracting Actions and Physical Release of Emotions. An example of an item from this dimension was "Go for a walk". The Avoidance dimension included the subscales of Avoidant Actions, Cognitive Avoidance, and Wishful Thinking. An example of an item from this dimension was "Try to ignore it". The Support Seeking dimension included the Problem- and Emotion-Focused Support subscales. An example of an item from this dimension was "Talk to your spouse/partner about how she felt". The final three dimensions consisted of one subscale each. These were the Acceptance, Religion, and Nonconstructive dimensions. Examples of items included "Put his trust in God" (Religion dimension), "Tell herself to accept the situation the way it is" (Acceptance dimension), and "To do something bad to or cause trouble" (Nonconstructive dimension).

Mothers were presented with the entire "Disney World" vignette used in the coping task with the children (see Appendix A, Vignette 3). They were asked to imagine their child in that situation, and when the goal of entering the drawing contest became

uncontrollable, mothers were asked to respond to the PSCQ-R by rating the coping strategies they would endorse for their children in that situation. Each item was rated on a 7-point Likert scale, with response options ranging from 1 (*strongly discourage*) to 7 (*strongly encourage*). Miller and his colleagues (1994) demonstrated that the original version of the PSCQ had adequate to good internal consistency (α = .45 to .85 for the various subscales) and good test-retest reliability (r = .28 to .56 over a period of five to seven months), as well as good validity.

Relationship quality. The Positive Aspects of Relationship subscale of the Child-Parent Relationship Scale (CPRS; Pianta, 1994) was used to assess the quality of the mother-child relationship. In completing the CPRS, mothers were instructed to reflect on the degree to which a set of statements currently applied to their relationship with their child. The full CPRS contained 30 statements to which parents responded on a 5-point Likert scale, with response options ranging from 1 (*definitely does not apply*) to 5 (*definitely applies*). The CPRS had three subscales measuring aspects of parent-child closeness. The first subscale, Positive Aspects of Relationship (α = .72), measured behaviours and feelings that are indicative of a healthy, happy parent-child relationship (e.g., "My child values his/her relationship with me"). The second subscale, Conflicts (α = .83), measured the amount of discord and negative interactions that typically occurred between the parent and child (e.g., "When my child is in a bad mood, I know we're in for a long and difficult day"). The third subscale, Dependence (α =.50) measured the child's reliance on the parent (e.g., "My child reacts strongly to separation from me"). The Positive Aspects of Relationship subscale total score was used to test the hypothesis that mother-child relationship quality would moderate the associations between the other

47

parenting variables and children's coping flexibility. This subscale was chosen because it contained items that represented constructs that have been found to significantly influence children's coping efforts in other studies, such as warmth and comfort (e.g., Kliewer et al., 1996).

Maternal coping flexibility. To measure mothers' coping flexibility, mothers were presented with a brief, two-part, vignette that described a stressful situation that changed from controllable to uncontrollable, similar in structure to the child vignettes. In the vignette, a treasured family heirloom falls off a table and is broken as a result of their child playing with a ball in the house (see Appendix B). This situation was chosen because it represented a type of stressful situation that many mothers would have likely faced in everyday interactions with their children and that would be personally meaningful to them. Furthermore, because it was a situation in which the child was present, the mothers' coping strategies would likely be the strategies to which their children had been exposed, thus allowing for a modeling effect to take place.

Following each part of the vignette, mothers were asked three questions:

1.   In one or two words, what emotion would you feel in this situation?

2.   How much would you feel this way? (Responded to on a four-point rating scale from 1 (*not at all*) to 4 (*very much*)?

3.   Do you think you can prevent the family heirloom from being damaged – yes or no?

Following these questions, mothers completed the Brief COPE (Carver, 1997) to measure the likelihood of using certain coping strategies in the context of each part of the vignette. The Brief COPE is a 28-item measure of coping that assesses what an individual

48

usually does when he or she experiences a stressful event (e.g., "I've been getting help or advice from other people". Because the parent vignette dealt with a hypothetical situation, this measure was modified according to Carver's guidelines to include the conditional form of the verb ("I would/wouldn't do..."). Mothers responded to each item on a 4-point Likert scale, with response options ranging from 0 (*I wouldn't do this at all*) to 3 (*I would do this a lot*). The items on the Brief COPE are typically classified into 14 scales, including Active Coping (e.g., "I would concentrate my efforts on doing something about the situation I'm in"), Self-Distraction (e.g., "I would turn to work or other substitute activities to take my mind off things"), and Positive Reframing (e.g., "I would look for something good in what is happening").

The Brief COPE has been widely used in coping research. It was derived from the full COPE scale (Carver, Scheier, & Weintraub, 1989), which is typically seen as one of the better, theoretically-derived measures of dispositional coping (Schwarzer & Schwarzer, 1996). This measure was selected, rather than similarly well-received measures of coping (e.g., the Ways of Coping Scale; Lazarus & Folkman, 1984), because mothers were asked to complete the measure twice and the length of other scales would have made this more burdensome. The full COPE has demonstrated good convergent and discriminant validity (Carver et al.), and the internal consistency reliabilities for the Brief COPE have been found to be adequate to good (α = .50 to .90; Carver, 1997).

Perceived stress. The Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983) was given in order to assess whether associations among the maternal and child coping variables might be affected by the amount of stress that the mother has experienced in the recent past. This measure contained 14 items related to

49

stress that the respondent had experienced during the past month (e.g., "In the last month, how often have you felt that you were unable to control the important things in your life?"). Respondents answered each item on a 5-point Likert scale, with response options ranging from 0 (*never*) to 4 (*very often*). Internal consistency for the PSS has been found to be good ($\alpha = .84$ to $.86$). This measure has also demonstrated good concurrent validity, and has been shown to be a better predictor of depression, somatic symptoms, social anxiety, and obtaining health services than a more lengthy and comprehensive life-events scale (Cohen et al.).

Mother Procedures

Mothers who agreed to be contacted for future research on the consent form for the initial study of preschoolers' coping flexibility were contacted and asked if they would be willing to complete additional questionnaires. Those who were eligible and agreed to do so (72% of the original sample) were mailed a package including a consent form (see Appendix C) and a series of questionnaires. Each of the questionnaires the mothers completed consisted of two measures that were merged. That is, mothers completed three questionnaires consisting of six measures: (1) the Emotion-Related Parenting Styles Self-Test – Likert combined with the Marlowe-Crowne Social Desirability scale, (2) the Parental Socialization of Coping Questionnaire – Revised combined with the Child-Parent Relationship Scale, and (3) the two Brief COPEs combined with the Perceived Stress Scale. These measures were merged to decrease the likelihood that some questionnaires would influence responses on the other questionnaire. For example, the PSS always followed the two Brief COPE measures in order to avoid priming participants to remember and report coping strategies they had recently used,

50

rather than reporting those they would actually use to cope with the situation in the vignette. The order of these three questionnaires was counterbalanced across participants.

Coding of Mother Measures

Assumptions of normality and reliability were assessed for mothers' data on the measures and corrections were made, where indicated. The Kolmogorov-Smirnov (K-S) Test was used to assess normality of the distributions.

Social desirability and perceived stress. The internal consistency reliability of the Marlowe-Crowne Social Desirability 13-item short form was calculated and was found to be in the low adequate range, $\alpha = .68$. The internal consistency reliability of the 14-item PSS was good ($\alpha = .78$). Because these reliabilities were within an acceptable range, and because no deviations from normality were found, all items from these measures were retained for further analyses.

Emotion socialization. The ERPSST-L contains four emotion-socialization parenting style dimensions: Emotion-Coaching, Laissez-Faire, Dismissing, and Disapproving (Hakim-Larson et al., 2006). The internal consistency reliability of the Emotion-Coaching dimension was good, $\alpha = .83$. The internal consistency reliability for the second dimension, Laissez-Faire, was low, $\alpha = .50$, which was improved to $\alpha = .56$ with the deletion of item #26, "You should express the anger you feel", and item #49, "I'm not really trying to teach my child anything in particular about anger". The distribution of mothers' scores on this scale was significantly non-normal, $D(31) = 0.17$, $p = .02$. Z-tests for skewness and kurtosis indicated that this was due to significant kurtosis in the distribution ($z = 3.22$). With small samples, however, conservative alpha levels ($< .01$ or $< .001$) should be used to evaluate the significance of kurtosis or

51

skewness (Tabachnick & Fidell, 2001). In addition, square root and log transformations made the distribution deviate further from normality. Therefore, the original distribution of scores on this dimension was retained for use in further analyses. The internal consistency of the third dimension, Dismissing, was adequate, $\alpha = .73$. The internal consistency of the fourth dimension, Disapproving, was good, $\alpha = .81$.

Coping socialization. The PSCQ-R has nine dimensions, each consisting of subscales representing different types of coping strategies mothers would suggest to their children in an upsetting situation (Miller et al., 1994). To examine the relation between the child coping variables and mothers' problem-focused and emotion-focused coping suggestions, a principal components analysis was conducted to factor eight of these dimensions into these two broader categories of problem- and emotion-focused coping. Initial analyses revealed that the ninth dimension, Religion, lacked normality and variance in the distribution and did not correlate significantly with any of the other variables; therefore, it was excluded from the principal components analysis. The eight dimensions of coping suggestions used for the PCA were: Problem-Focused Coping, Positive Cognitive Restructuring, Acceptance, Distraction, Avoidance, Nonconstructive Actions, Problem-Focused Support Seeking, and Emotion-Focused Support Seeking. The Acceptance dimension loaded most highly on its own component and demonstrated low correlations with most of the other subscales. Tabachnick and Fidell (2001) state that factors with only one variable are highly unstable. Furthermore, the Acceptance subscale consisted of only one item; therefore the reliability of this subscale could not be assessed. Due to these problems with the data, the Acceptance subscale was excluded from further analyses.

52

A screening for assumptions indicated that PCA was appropriate for this data set. Using the criteria of eigenvalues greater than one and a Varimax rotation, three components were extracted. This solution accounted for 77.48% of the variance. This method of extraction was appropriate given that all communalities were greater than .64 and the number of variables (7) was less than 30 (Field, 2005). The first component contained 23 items from the dimensions of Problem-Focused Coping and Problem-Focused Support Seeking and was named the Problem-Focused Coping Suggestions component. The internal consistency of this component was good (α = .85). The second component contained 25 items from the dimensions of Distraction, Positive Cognitive Restructuring, and Emotion-Focused Support Seeking. Because these strategies involve actively doing something to feel better without taking action to solve the problem, this was named the Emotion-Focused Coping Suggestions component. The internal consistency of this component was also good (α = .87). Finally, the third component contained 15 items from the dimensions of Avoidance and Nonconstructive Actions. Because these strategies involve avoiding the problem, without taking alternate actions to improve one's mood or well-being, this was named the Nonconstructive Coping Suggestions component. The internal consistency of this Nonconstructive component was adequate (α = .76). Deletion of item #21, "Imagine how she/he would like things to be" resulted in an improvement in reliability to α = .80. This item also had a negative correlation with the total scale and so was excluded from this component.

Modeling of coping flexibility. Mothers in this study completed the Brief COPE twice in response to a vignette, once when the scenario was potentially controllable, and again when it was presented as uncontrollable. However, mothers' interpretation of each

53

part varied in that only 68% reported that they believed they could prevent the vase from being damaged after the first part of the vignette. In response to the second, uncontrollable part, only 55% believed they could not prevent the vase from being damaged. It is likely that the remainder of the mothers interpreted the situation in a different context than was presented in the vignette. In addition to differing interpretations of the situation, factor analysis of the items was not appropriate given the small sample size ($N = 31$) combined with the limited variability in the data due to the small number of response options for each item (4). Therefore, a theoretical coding system was used.

The 14 dimensions of the Brief COPE were grouped into three categories that were derived from the coping strategy coding system used to code the children's responses. This method allowed us to derive coping flexibility variables that were analogous for mothers and children. Two coders independently classified each of the 28 items on the Brief COPE using this three-category coding system. Interrater agreement was very good (Kappa = .86). Discrepancies were resolved through discussion. Based on this coding system, three categories were created for mothers' responses: Problem-Focused, Emotion-Focused, and Behavioural Disengagement coping.

The Problem-Focused coping category included the Brief COPE dimensions of Active Coping, Planning, and Use of Instrumental Support. The reliabilities of this 6-item category were good for both the first Brief COPE ($\alpha = .80$) and the second Brief COPE ($\alpha = .83$) completed.

The Emotion-Focused coping category included the Brief COPE dimensions of Venting, Positive Reframing, Humour, Acceptance, Religion, Self-Distraction and Use of

Emotional Social Support. Five items were excluded due to improvements in scale reliability that resulted from deleting these items. The excluded items were: "I would learn to live with it" (Acceptance dimension); "I would try to seek comfort in my religious or spiritual beliefs" and "I would pray or meditate" (Religion dimension); and "I would try to see it in a different light, to make it seem more positive" and "I would look for something good in what is happening" (Positive Reframing dimension). The reliabilities of the 9-item Emotion-Focused category for the first Brief COPE ($\alpha = .62$) and the second Brief COPE ($\alpha = .70$) were low to adequate following these item deletions.

Finally, the Behavioural Disengagement category included the Brief COPE Behavioural Disengagement, Substance Use, Denial, and Self-Blame dimensions. These four dimensions were included on this scale because they all involved giving up on the attempt to cope or using maladaptive avoidance strategies. The substance use dimension item "I would use alcohol or other drugs to get me through it" had no variance and therefore was excluded. The reliabilities of the 7-item Behavioural Disengagement category for the first Brief COPE ($\alpha = .59$) and the second Brief COPE ($\alpha = .50$) were low. Deletion of any additional items did not improve reliability for both scales, and so the remainder of items were retained.

Mother-child relationship quality. The Positive Aspects of Relationship subscale from the CPRS (Pianta, 1994) was used to measure mother-child relationship quality. The internal consistency reliability of this 10-item subscale was fairly low, $\alpha = .54$. Deletion of any items did not improve reliability and so all items were retained. Further analyses indicated that mothers' scores were significantly non-normal, $D(31) = 0.19, p = .004$. Z-

tests for skewness and kurtosis indicated that the distribution had significant negative skewness (z = -2.51). Because of this deviation from normality, mothers' scores on this variable were transformed according to the guidelines of Tabachnick and Fidell (2001). First, a constant was created by adding one to the highest score in the distribution (45). Then, the original scores were reflected by subtracting each score from this constant (K = 46). A square root transformation of these reflected scores resulted in improved normality of distribution, $D(31) = 0.13$, $p = .18$, and so these transformed scores were used in subsequent analyses. Because the scores were reflected, the interpretation was reversed as well, whereby lower scores now indicated higher mother-child relationship quality.

CHAPTER IV

Results

Overview of Data Analyses

The analyses are divided into four sections. The first section describes and

presents descriptive statistics for the dependent variables from children's responses to the

vignette coping interview. The second section describes the analyses for the screening of

potential control variables. The third section describes the findings for the analyses

between the child coping variables and mothers' emotion socialization, coping

socialization, and modeling of coping flexibility. For the analyses of the two socialization

variables, correlations between mothers' subscale scores and children's coping variables

were conducted. To test the association for modeling, a correlation analysis using

mothers' composite coping flexibility scores and children's coping variables was

conducted. Finally, the hypothesis that mother-child relationship quality would have a

moderating effect on these relations was tested using multiple regression analyses.

Less than 1% of the data were missing in a random pattern; therefore, mean

substitution was used to estimate scores of these missing data according to the guidelines

of Tabachnick and Fidell (2001). Because of low sample size and limited variability in

the characteristics of the sample, power to detect significant effects using a traditional

alpha level (α = .05) was low. Therefore, in addition to reporting findings that were

statistically significant, trends in the data ($.05 \leq p \leq .10$) are also reported.

Children's Dependent Variables

Two dependent variables were derived from the coding system used for the child

data: children's Total Coping Flexibility score and children's Total Unique score. These

57

variables were chosen to represent two aspects of coping flexibility. By examining maternal influences on both of these variables, we can see how maternal socialization and modeling of coping flexibility relate to the number of adaptive coping flexibility matches their children can generate, above and beyond simply the number of unique strategies they can produce. Both dependent variables had a maximum possible range of 0 to 26. Children's range of scores on the Total Coping Flexibility variable was 2 to 19 ($M = 8.55$, $SD = 4.76$). Children's range of scores on the Total Unique variable was 1 to 20 ($M = 7.71$, $SD = 4.89$). As expected, children's scores on these two variables were significantly positively correlated, $r = .51$, $p = .003$.

The association between these variables was expected because those who demonstrate more adaptive within-situation coping flexibility should necessarily have a wide variety of strategies from which to choose. However, examining each measure of coping flexibility separately allows us to investigate whether some maternal variables demonstrate associations with, for example, high or low performance on the Total Unique variable, but not on the Total Coping Flexibility variable. If this is the case, then perhaps that maternal influence is only helpful or detrimental in learning different types of strategies to put in the child's repertoire, but does not have as much influence on whether those strategies are adaptive and matched to the controllability of the situation. Examining both of the children's dependent variables individually will help to elucidate these complex processes of coping flexibility socialization.

Potential Control Variables

Child gender and age. Independent samples t-tests were conducted for child gender to determine whether any significant gender differences emerged in the dependent

variables. Neither of these tests were significant (all *ps* > .68). Similarly, t-tests of child gender with the variables of maternal emotion socialization, coping socialization, and modeling of coping flexibility, as well as the potential control variables of perceived stress and social desirability did not reveal any significant differences (all *ps* > .27). Therefore, child gender was not controlled for in subsequent analyses. Correlations were also conducted using child age (in months) with the child coping variables and the maternal variables. None of these correlations emerged as significant (all *ps* > .11). Therefore, child age was not controlled for in subsequent analyses.

Maternal characteristics. Correlations were also conducted using the mothers' demographic variables of maternal age, education level, approximate household income, and marital status. None of these demographic variables were significantly correlated with any of the child coping variables (all *ps* > .52); therefore, these variables were also not controlled for in subsequent analyses.

Social desirability. The range of mothers' socially desirable responses on the Marlowe-Crowne 13-item short form was 2 to 13, and the mean number of socially desirable responses on this scale was 7.97 (SD = 2.75). This mean score is somewhat higher than that reported by Reynolds (1982), based on a sample of 608 undergraduates (M = 5.67, SD = 3.20). However, mothers' scores were not significantly correlated with either of the dependent variables (all *ps* > .29) and so were not controlled for in subsequent analyses.

Perceived stress. Out of a maximum possible score of 56 (representing the highest possible level of perceived stress), the range of mothers' scores on the Perceived Stress Scale was from 9 to 33 (M = 22.21, SD = 5.93). These scores are slightly lower and less

variable than Cohen and his colleagues (1983) reported for their samples of college students ($M = 23.43$, $SD = 7.55$) and smoking-cessation program participants ($M = 25.00$, $SD = 8.00$). Mothers' perceived stress scores were not significantly correlated with either of the dependent variables (all $ps > .67$), and so these scores also were not controlled for in subsequent analyses using those variables.

Maternal Influences on Children's Coping Flexibility

Next, the associations between the child coping variables and the maternal variables of emotion socialization, coping socialization, and modeling of coping flexibility were examined. Means for each of these maternal measures are presented in Table 1.

Emotion socialization. Mean rating scores were calculated for each of the four emotion socialization parenting style dimensions on the ERPSST-L: Emotion-Coaching, Laissez-Faire, Dismissing, and Disapproving. The percentages of mothers' highest-rated dimension was as follows: 87% had the highest mean scores on the Emotion-Coaching dimension, 10% had the highest mean scores on the Laissez-Faire dimension, and 3% had the highest mean scores on the Dismissing dimension. None of the mothers had Disapproving as their highest-rated dimension.

Mothers' scores on each of these four dimensions were entered into correlation analyses with the two child dependent variables: children's Total Coping Flexibility score and children's Total Unique score. Mothers' Emotion-Coaching scores were significantly positively correlated with children's Total Coping Flexibility scores, $r = .37$, $p = .04$. This indicated that mothers who had higher scores on the Emotion-Coaching emotion socialization style items had children who generated more coping strategies that matched

60

Table 1

Means and Standard Deviations for Mothers' Emotion Socialization, Coping

Socialization, and Vignette Coping Scores

Measure	M	SD
Dimension		
ERPSST-L		
Emotion-Coaching	3.79	0.35
Laissez-Faire	3.20	0.43
Dismissing	2.55	0.33
Disapproving	2.15	0.36
PSCQ-R		
Problem-Focused Coping Suggestions	5.49	0.59
Emotion-Focused Coping Suggestions	4.84	0.61
Nonconstructive Coping Suggestions	2.56	0.60
Brief COPE		
Controllable part of vignette		
Emotion-Focused Coping	2.45	0.45
Problem-Focused Coping	2.89	0.63
Behavioural Disengagement Coping	1.42	0.31

Measure	M	SD
Dimension		
Brief COPE		
Uncontrollable part of vignette		
Emotion-Focused Coping	2.43	0.50
Problem-Focused Coping	2.89	0.68
Behavioural Disengagement Coping	1.43	0.33

the controllability of the situation (i.e., had higher coping flexibility). Although not reaching traditional levels of significance, several other trends emerged in the data. First, mothers' Emotion-Coaching scores were also positively correlated with children's Total Unique scores, $r = .32, p = .08$. This trend suggested that mothers who scored higher on the Emotion-Coaching dimension had children who generated more unique coping strategies across the situations portrayed in the vignettes. Second, children's Total Unique score was negatively correlated with both mothers' Dismissing score ($r = -.31$, $p = .09$), and mothers' Disapproving score ($r = -.32, p = .08$). These findings suggested that mothers who scored relatively higher on either of these two dimensions of emotion socialization had children who generated fewer unique coping strategies in response to the hypothetical situations in the vignette task.

Coping socialization. Mean scores were calculated for each of the three categories of the mothers' PSCQ-R data: Problem-Focused Coping Suggestions, Emotion-Focused Coping Suggestions, and Nonconstructive Coping Suggestions. To test the associations between mothers' socialization of these types of coping strategies and their children's coping, bivariate correlations were conducted with mothers' mean scores on each of these three components and the variables of children's Total Coping Flexibility and Total Unique scores. Significant negative correlations were found for children's Total Unique scores with both mothers' Emotion-Focused Coping Suggestions scores, $r = -.35, p = .05$, and mothers' Nonconstructive Coping Suggestions scores, $r = -.38, p = .03$. These findings indicated that mothers who suggested relatively more emotion-focused or nonconstructive coping suggestions in response to an uncontrollable situation had children who generated fewer unique strategies in the vignette coping task.

63

A nonsignificant negative association was also found between mothers' Emotion-Focused Coping Suggestions and children's Total Coping Flexibility scores, $r = -.32$, $p = .08$. In other words, this trend suggested that mothers who rated Emotion-Focused suggestions more highly in response to the uncontrollable situation had children who generated fewer adaptive coping strategies across the vignettes.

Given that the situation in the vignette presented to the mothers was uncontrollable, emotion-focused coping suggestions would be considered more adaptive than problem-focused coping suggestions. However, the emotion-focused coping suggestions of the mothers in this study were actually negatively related to the two key children's coping measures. Because this finding was unexpected, additional correlational analyses were conducted on the five subscales of the PSCQ-R that comprised the Emotion-Focused Coping Suggestions component (Positivity, Optimism, Distracting Actions, Physical Release of Emotions, and Emotion-Focused Social Support) in order to better understand the nature of these influences.

As shown in Table 2, the strongest negative association that emerged was between mothers' scores on the Physical Release of Emotions subscale and children's Total Unique scores. Mothers' scores on the Distracting Actions subscale were also significantly negatively correlated with children's Total Unique scores. None of the other subscales approached significance with Total Unique. Mothers' scores on the Positivity subscale showed a significant negative correlation with children's Total Coping Flexibility scores. Two additional subscales approached significance in their negative associations with children's Total Coping Flexibility scores: mothers' Distracting Actions ($p = .07$) and Physical Release of Emotions ($p = .08$) subscale scores. Scores on the

64

Table 2

Correlations between Children's Coping Scores and Mothers' PSCQ-R Emotion-Focused Coping Suggestions Subscale Scores

Subscale	1	2	3	4	5	6	7
1. Total Coping Flexibility	---	.51**	-.36*	-.07	-.33†	-.32†	-.04
2. Total Unique		---	-.28	-.06	-.37*	-.48**	-.03
3. Positivity			---	.48**	.55**	.35*	.25
4. Optimism				---	.36*	.07	.11
5. Distracting Actions					---	.78**	.42*
6. Physical Release of Emotions						---	.26
7. Seeking Support – Emotion-Focused							---

$* p < .05. ** p < .01. ^\dagger p < .10.$

65

Emotion-Focused Social Support and Optimism subscales were not significantly correlated with either of the child variables.

Therefore, the negative relation between mothers' Emotion-Focused Coping Suggestions scores and children's total number of unique strategies generated across the vignettes appeared to be the result of negative associations of this dependent variable with mothers' scores on the Physical Release of Emotions and Distracting Actions subscale items. In addition, the negative association between mothers' Emotion-Focused Coping Suggestions scores and children's total number of situationally-adaptive coping strategies generated (Total Coping Flexibility) appeared to be the result of the significant negative association of this dependent variable with mothers' endorsement of Positivity subscale items, as well as the negative trends with the Physical Release of Emotions and the Distracting Actions items. In other words, mothers' greater tendency to report that they would suggest coping strategies to their children that involved physical exertion, alternate activities, and distractive thinking about the other positives in their lives (but not the current upsetting situation) was related to fewer unique strategies and less skill in coping flexibility in their children.

Maternal modeling of coping flexibility. Mean scores on each of three coping categories (Problem-Focused coping, Emotion-Focused coping, and Behavioural Disengagement) were calculated based on mothers' Brief COPE responses for both parts of the vignettes. Mothers' mean scores on the Emotion-Focused coping category were divided by mothers' mean scores on the Problem-Focused coping category to create a proportion, whereby scores greater than 1 indicated that mothers would enact

66

proportionately more emotion-focused coping strategies, and scores less than 1 indicated that mothers would enact proportionately more problem-focused coping strategies. This was done for each of the two Brief COPE measures the mothers completed.

These proportion scores were then matched with mothers' responses to the controllability question for each Brief COPE completed. If mothers indicated in response to the controllability question that they could not prevent the vase from being damaged, and endorsed proportionately more emotion-focused strategies, they received a score of "1". Alternatively, if mothers indicated that they believed that they could prevent the vase from being damaged, and endorsed proportionately more problem-focused strategies, they also received a score of "1". Any other combination received a score of "0". Mothers therefore received a score of "0" or "1" for each Brief COPE they completed. These two match variables were then summed to create an overall Brief COPE coping flexibility score of either "0," "1," or "2." Mothers' distribution of scores was as follows: 52% had scores of "0," 16% had scores of "1," and 32% had scores of "2."

Mothers' Brief COPE coping flexibility scores were used as the measure of maternal modeling of coping flexibility. To determine whether this variable was significantly associated with children's coping, mothers' coping flexibility scores were entered into a correlation analysis with each of the two children's coping variables. The correlation between children's Total Coping Flexibility and mothers' coping flexibility scores was not significant, $r = -.01$, $p = .94$. The correlation between children's Total Unique strategies scores and mothers' coping flexibility scores was also not significant,

67

$r = .01, p = .96$. Thus, mothers' coping flexibility in the changing situation presented in the vignette was not associated with their children's coping flexibility in the vignette coping task or the number of unique strategies their children generated.

Moderator Analyses

The Positive Aspects of Relationship subscale from the CPRS (Pianta, 1994) was used to measure the quality of the mother-child relationship. The mean of the mothers' sum scores on this subscale was 42.13 ($SD = 2.22$) out of a possible 50 points. Mothers' reported positive quality of relationship with their child was not significantly related to either children's Total Unique scores, $r = -.21, p = .25$, or children's Total Coping Flexibility scores, $r = -.18, p = .32$. A significant negative correlation did emerge between the transformed Positive Aspects of Relationship subscale score and mothers' Emotion Coaching score, $r = -.41, p = .02$. Because the Positive Aspects scores were reversed, this finding indicated that mothers who reported more Emotion-Coaching emotion socialization behaviours also reported a more positive quality of relationship with their child.

To examine whether the quality of the mother-child relationship was a moderator of the significant findings between the maternal variables and the child coping variables, multiple regression analyses were conducted. First, interaction terms were created for each of the independent variables that were significantly correlated with one of the dependent variables. Mothers' scores on each variable were centered by subtracting the mean of the scale from each score. Three interaction variables were created by multiplying mothers' centered and transformed Positive Aspects of Relationship scores with each of the centered variables of Emotion-Coaching, Emotion-Focused Coping

68

Suggestions PSCQ-R component, and Nonconstructive Coping Suggestions PSCQ-R component. Next, the interaction variables were entered into regression analyses using the appropriate children's coping scores as the dependent variable.

For the first regression analysis, mothers' centered Positive Aspects of Relationship scores, centered Emotion-Coaching scores, and the interaction term between these variables were entered with children's Total Coping Flexibility scores as the dependent variable. The interaction term was not a significant predictor of children's coping flexibility scores, $\beta = -.18$, $t = -1.00$, $p = .33$.

For the second regression, mothers' centered Positive Aspects of Relationship scores, centered Emotion-Focused Coping Suggestions PSCQ-R component scores, and the interaction term of these variables were entered. Children's Total Unique scores were the dependent variable. The interaction term was not a significant predictor of children's total unique strategies generated, $\beta = .01$, $t = 0.06$, $p = .95$.

For the third regression, mothers' centered Positive Aspects of Relationship scores, centered Nonconstructive Coping Suggestions PSCQ-R component scores, and the interaction term of these variables were entered, with children's Total Unique scores as the dependent variable. The interaction term was not a significant predictor of children's total number of unique strategies generated, $\beta = .21$, $t = 1.25$, $p = .22$. Therefore, there was no evidence to suggest that mother-child relationship quality was a moderator of the significant associations obtained between the maternal influences and children's coping flexibility.

CHAPTER V

DISCUSSION

The purpose of this study was to investigate the associations between maternal behaviours and coping flexibility in preschool-aged children. Mothers in this study completed measures of their emotion socialization, coping socialization, and coping flexibility to determine whether these variables were associated with their children's coping flexibility on a vignette coping task. In addition, mother-child relationship quality was tested as a potential moderator of these associations. Several significant relations emerged between children's coping flexibility and mothers' emotion socialization and coping socialization styles. However, no associations were found for mothers' modeling of coping flexibility, and mother-child relationship quality was not found to be a moderator.

Maternal Emotion Socialization

The first hypothesis, that mothers who had higher scores on the Emotion-Coaching parenting style would have children with higher coping flexibility scores and who generated more unique coping strategies, was partially supported. Mothers' Emotion-Coaching scores on the ERPSST-L were positively related to children's total coping flexibility scores on the vignette task. There was also a trend indicating that mothers' Emotion-Coaching scores were related to the number of unique strategies that children generated. These findings suggest that mothers who reported that they viewed emotions as adaptive and who fostered their children's understanding of emotional experiences were more likely to have children who generated a greater number of situationally-adaptive coping strategies.

70

These findings are consistent with research that suggests that characteristics of an Emotion-Coaching parent, such as positive emotional expression, emotion labeling, and discussion about emotions, are related to children's skill at regulating emotional experiences (e.g., Eisenberg, Losoya, et al., 2001; Gottman, 1997). Children in a positive emotion socialization environment receive greater acceptance and support in dealing with upsetting circumstances (Gentzler et al., 2005).These children would be more likely to interact with their parents when they experience negative feelings and thus would have more opportunities to learn about ways to cope with those feelings. Some supporting evidence from this study was consistent with this idea. For example, mothers who scored higher on Emotion-Coaching also reported a better quality of relationship with their child. Through mother-child discussions about emotions, children can better understand their negative feelings and how to generate various strategies for changing them (e.g., Havighurst et al., 2004). Previous work has demonstrated that parental emotion socialization behaviours such as these are related to children's greater ability to use constructive coping strategies (Gentzler et al., 2005). The present study expands on this work by suggesting that emotion socialization is also related to children's coping flexibility.

It was also predicted that mothers who had relatively higher scores on any of the other three less adaptive styles of emotion socialization (Laissez-Faire, Dismissing, or Disapproving) would have children with lower coping flexibility scores and who generated fewer unique strategies. No significant associations with mothers' Laissez-Faire scores were found, but trends suggested that mothers who had relatively higher

71

Dismissing and Disapproving scores had children who generated fewer unique strategies overall.

The lack of significant findings for mothers' Laissez-Faire scores may indicate that these types of emotion-socialization behaviours, such as accepting children's expression of emotions without providing guidance for managing these feelings, are not related to children's coping flexibility. These children would be allowed to freely express their emotional states, and would be able to cope as they saw fit without parental guidance or interference (e.g., Gottman, 1997). Mothers' Laissez-Faire behaviours may neither facilitate nor inhibit this coping process. However, caution must be taken with this interpretation. The Laissez-Faire dimension had the lowest reliability of the ERPSST-L dimensions, and this could have contributed to the nonsignificant findings.

Scores on the Dismissing and Disapproving dimensions assess the extent to which mothers do not understand the importance of children's emotions, as well as how much they inhibit or demean their children's emotional expressions (Gottman, 1997). The fewer number of strategies generated by children whose mothers scored relatively higher on these dimensions is consistent with what we would expect for mothers who endorse more Dismissing or Disapproving emotion socialization behaviours. For example, Hakim-Larson and her colleagues (2006) found that the Dismissing parenting style was positively related to parents' endorsement of punitive or minimization reactions to their 3- to 6-year-old children's hypothetical negative emotional states. Inhibiting emotion discussion in the home may lead to fewer discussions of coping strategies, less experience in using these strategies, and ultimately a smaller repertoire of coping strategies from which to choose. In addition, for parents who are punitive toward

72

emotional expression, their children may adapt by simply giving up on their goal (i.e., use behavioural disengagement), rather than risk being reprimanded for approaching others for help with their negative emotions.

In sum, as predicted, mothers' endorsement of Emotion-Coaching behaviours was positively related to children's total coping flexibility scores. Children's number of unique strategies generated across the vignettes was positively associated with Emotion-Coaching scores and negatively associated with Dismissing and Disapproving scores, although these associations did not reach traditional levels of significance. These findings make a unique contribution to the field of coping research because no researchers have specifically examined the relations between maternal emotion socialization behaviours and children's coping flexibility.

Maternal Coping Socialization

The second hypothesis, that mothers' endorsement of emotion-focused coping strategies in response to an uncontrollable situation would be related to children's higher total coping flexibility and total unique scores, was not supported. Instead, there was a significant negative association between mothers' emotion-focused coping suggestions and children's total number of unique strategies. This finding was unexpected because the situation that mothers were instructed to imagine was uncontrollable. Encouraging emotion-focused strategies would have been appropriate in this context. Previous research has demonstrated that mothers' emotion-focused coping suggestions are related to children's use of more emotion-focused strategies (Kliewer et al., 1996; Miller et al., 1994). Therefore, if mothers were effectively socializing emotion-focused strategies for an uncontrollable situation, this should have been reflected in their children's coping

73

flexibility scores on the vignette task, as this task assessed how the children would cope with situations that became uncontrollable.

Because this finding was inconsistent with previous research, further analyses were conducted to determine which subscales were contributing to these negative associations. Mothers' endorsement of the Physical Release of Emotions (e.g., "...go for a run") and Distracting Actions (e.g., "...read a book") subscale items were both negatively correlated with children's total number of unique strategies generated, and demonstrated a negative trend with children's total coping flexibility scores. Mothers' suggestions to their children to engage in Positivity (e.g., thinking about the other positive things in their lives) were significantly negatively related to children's total coping flexibility scores.

The common theme of these emotion-focused maternal suggestions is avoidance of the problem by either engaging in alternate activities or in avoidant thinking. Mothers' suggestions to engage in alternate activities (as reflected by greater endorsement of the Physical Release and Distracting Actions items) could reflect a tendency for mothers to redirect their child into other activities, rather than dealing with their feelings explicitly. In addition, the Positivity subscale items all involve suggestions to the child to disregard the negative experience and think positively about their lives (e.g., "Remind [your child] about all the things he has going for himself"). This type of parental response to child distress could seem, to the child, to be actually discounting the child's negative emotions. If negative emotions are not addressed or are met with suggestions from their mothers to simply go do something else, the child may miss out on opportunities to learn alternate, more adaptive, ways of handling these feelings.

74

Although cognitive restructuring strategies are typically considered to be adaptive emotion-focused coping strategies, in this study, suggestions to engage in positivity were associated with maladaptive outcomes. Whereas older children and adults can benefit from the use of positive thinking to gain some perspective in an upsetting situation, mothers' endorsement of Positivity items may have led to less coping flexibility in the children in this study because many 4- and 5-year-olds are not yet capable of enacting this type of cognitive coping strategy. Children of this age are just beginning to understand the concept of mental states and that they can be willfully changed (Astington & Gopnik, 1991). The ability to engage in an adaptive positivity strategy may not emerge until later in development (Miller et al., 1994). Therefore, parental suggestions to engage in positivity in the face of upset are likely suggesting a strategy that their children do not understand. The child must then interpret this suggestion and relate it to a way of coping that they already have in their repertoire, but that may not be as adaptive for the situation. Consistent with this explanation, some researchers have found that mothers' suggestions to engage in positive reframing coping predicted girls' use of avoidance (Kliewer et al.,1996).

In addition to predicting that emotion-focused coping suggestions would be associated with better coping flexibility in children, it was also predicted that mothers' greater endorsement of problem-focused and nonconstructive strategies would be associated with lower child coping flexibility scores and fewer unique strategies generated. This hypothesis was partially supported, in that mothers' suggestions to engage in nonconstructive strategies were significantly negatively correlated with children's total number of unique strategies generated, although no significant

75

associations emerged with these maternal variables and children's total coping flexibility scores. Mothers who rated Nonconstructive coping suggestions (such as to avoid the problem/situation or blame others) relatively higher had children who generated fewer unique strategies across the vignettes.

This finding is consistent with previous research that has demonstrated that mothers' endorsement of avoidance strategies is positively related to children's use of avoidance to cope (e.g., Miller et al., 1994). According to current theories of coping, strategies such as avoiding the problem altogether are not really coping strategies as they are currently being defined – they are forms of behavioural disengagement that do not involve either a problem-focused attempt to solve the problem or an emotion-focused attempt to change one's feelings about a situation (Lazarus & Folkman, 1984). Accordingly, in this study, children's avoidant strategies were coded as behavioural disengagement responses and were not included in the total unique score. Thus we would expect that mothers' suggestions to engage in these types of nonconstructive or avoidant activities following a stressor would be associated with their children generating fewer unique coping strategies.

Additionally, no significant associations were found between mothers' problem-focused coping suggestions and children's total unique or total coping flexibility scores. In fact, the majority of mothers (94%) had higher ratings for problem-focused strategies than emotion-focused strategies. One possible reason for this is that mothers may have responded to the PSCQ-R as if it were a dispositional measure of coping socialization, rather than a situational measure, as was intended for this study. Miller and his colleagues (1994) reported that mothers' responses to the PSCQ-R were moderately to highly

76

correlated when mothers were asked to respond to both a situational and a dispositional form of the questionnaire. This indicated that mothers may not necessarily respond strictly based on the presented situation, but rather carry forward their own general tendencies and preferences. Previous coping researchers have reported that mothers tend to endorse problem-focused strategies more than emotion-focused strategies, particularly on dispositional measures (e.g., Miller et al.). If mothers did not respond to the items as specifically pertaining to the uncontrollable situation, then the finding that mothers rated problem-focused coping suggestions higher than the other types of strategies could be due to this general tendency to endorse problem-focused strategies. Thus, we would not expect to see significant correlations with mothers' problem-focused scores because the hypothesized negative effect was based on the expected association between children's coping and mothers' *situational* problem-focused coping suggestions.

In sum, mothers' suggestions of various coping strategies in response to a disappointing situation were related to two measures of coping flexibility in their children. First, mothers' endorsement of emotion-focused coping strategies was related to fewer unique strategies generated by children in the vignette task; there was also some evidence suggesting that this maternal variable was also negatively related to children's total coping flexibility scores. More specifically, emotion-focused suggestions involving distracting activities were related to fewer unique strategies, whereas suggestions to think positively about other things were related to poorer coping flexibility scores. These findings suggested that socialization of avoidant actions or thoughts was related to poorer coping flexibility skills in children. Additionally, mothers' endorsement of nonconstructive coping strategies was negatively related to children's total number of

77

unique strategies generated in the vignette task. However, none of the maternal coping suggestions variables were significantly related to children's greater skill in coping flexibility. Future research is needed to elucidate why maternal coping socialization was not associated with better coping flexibility in children.

Maternal Modeling of Coping Flexibility

The third hypothesis, that mothers who demonstrated greater coping flexibility would have children who obtained higher total coping flexibility and total unique strategy scores, was not supported. Mothers' own coping flexibility scores were not significantly related to either of the children's coping variables.

In previous research, children have been shown to use types of coping strategies that are similar to the ones their parents use (e.g., Bynum & Brody, 2005; Kliewer et al., 1996). The findings of the present study suggest that this modeling effect may not be the same for coping flexibility skills in 4- and 5-year-old children. Learning how to adapt coping strategies to changing situations requires more advanced cognitive processes than simple modeling of strategy types. Coping flexibility requires a cognitive switch in recognizing when situations change and then adapting one's coping strategies to the new situational demands. This process is not observable, and must be inferred based on overt behaviour. Children of 4- and 5-years old have difficulty with this type of "mind reading" due to their limited Theory of Mind capabilities (e.g., Astington & Gopnik, 1991). These children would be unlikely to pick up on the nature and purpose of this cognitive switch, and thus would be unlikely to incorporate their mothers' coping flexibility skills into their own coping abilities.

78

Furthermore, studies that have found evidence of parental modeling of coping strategies have typically used an older sample. For example, Bynum and Brody (2005) examined 8- to 16-year-olds and Kliewer and her colleagues (1996) examined 9- to 12-year-olds. For these older children, their cognitive capabilities are mature enough to be able to understand and use the types of coping strategies that their mothers use. However, preschool-aged children may not yet see these parallels. For example, preschool-aged children often use more behavioural coping strategies such as watching cartoons or playing with dolls (e.g., Compas et al., 1991). Children in this study reported strategies such as "I'd play video games". These strategies would be qualitatively different from the types of distraction strategies used by their mothers (e.g., going out for coffee with a friend). In addition, mothers may instead use more cognitive coping strategies, such as engaging in optimism or positive reinterpretation and growth (e.g., "I usually expect the best;" Brissette, Scheier, & Carver, 2002). Young children may not be able to understand these strategies or infer the changes in mental states that these strategies bring about, whereas older children would be capable of learning and reenacting this modeling influence. Therefore, parental modeling of coping flexibility may not emerge as a significant predictor of children's coping flexibility until later in development, and perhaps only when the strategies that mothers and children use become more similar (e.g., Bynum & Brody; Kliewer et al.). This study presents a unique contribution to the coping field by demonstrating that maternal modeling of coping flexibility is likely not related to the development of this skill in their preschool-aged children. Future researchers should investigate if and when parental modeling of coping flexibility does

79

become a significant predictor of this skill in children by examining children of a wider

range of ages.

Mother-Child Relationship Quality

The fourth hypothesis was that mother-child relationship quality would moderate

the associations between the maternal socialization variables and the children's coping

variables. Moderation analyses on mothers' Positive Aspects of Relationship scores did

not support this hypothesis. The quality of the parent-child bond has been shown to be

related to adaptive coping in other studies (e.g., Bynum & Brody, 2005; Meesters &

Muris, 2004). The findings in this study suggest that perhaps this relation does not hold

for coping flexibility. It could be that other factors, such as maternal emotion

socialization style, play an important role in children's development of coping flexibility

regardless of the parent-child relationship quality.

However, this lack of findings should be interpreted with caution. There was

limited variability in mothers' scores on the Positive Aspects of Relationship subscale.

All mothers' mean scores were greater than 4 on this 5-point scale, and approximately

80% had mean scores greater than 4.5. Therefore, adequate variability needed to detect

moderating effects was likely absent.

This restricted range of responses may have been related to characteristics of the

sample. The mothers in this study included a large proportion of women who were

highly-educated, had higher family incomes, and who were married. A more diverse

sample of mothers would probably show greater variability in their relationship quality

ratings. For example, it is well established that greater marital conflict, single-

parenthood, and limited educational and financial resources are related to less optimal

80

parenting, which can lead to a more distressed parent-child relationship (e.g., Cummings, Davies, & Campbell, 2000). This type of problematic relationship might decrease the strength of the relations between maternal variables and children's coping flexibility, thus demonstrating the predicted moderating effect.

Summary and Developmental Implications

In sum, this study sought to increase understanding of the role of maternal behaviours in children's development of coping flexibility skills. One aspect of children's attainment of flexibility in coping is the development of a large and varied coping repertoire. This variable (as measured by the total number of unique strategies that children generated) is likely a necessary developmental precursor to the development of coping flexibility. In order to shift one's coping efforts in a changing situation, one needs to have a variety of strategies at their disposal from which to choose, some involving problem-focused efforts to solve the problem, and others involving more emotion-focused coping efforts to adapt to the situation as it stands. In this study, children's ability to generate more unique strategies across the vignette task was related to mothers' greater endorsement of Emotion-Coaching behaviours. Conversely, children tended to generate fewer unique strategies when mothers endorsed relatively more Dismissing and/or Disapproving emotion socialization behaviours, and when mothers endorsed more avoidance-oriented emotion-focused and nonconstructive coping suggestions.

Actual skill in coping flexibility requires more complex cognitive skills, such as the ability to accurately perceive changes in controllability (Babb et al., 2007) and then choose a strategy from one's repertoire that matches that controllability. In this study, children's greater coping flexibility scores were related to mothers' greater endorsement

81

of Emotion-Coaching emotion socialization behaviours. Children tended to have lower coping flexibility scores when mothers endorsed more cognitive avoidance-oriented emotion-focused coping suggestions.

Children of 4- and 5-years old are just starting to develop a more complex understanding of the antecedents, experience, and consequences of emotions (Harris, 2000). This is likely why mothers' Emotion-Coaching emotion socialization behaviours demonstrated the strongest correlations with children's coping variables. Mothers who are higher in Emotion-Coaching behaviours are meeting these young children at their level of understanding. These mothers are beginning the process of socializing coping flexibility by teaching children about emotional experiences, and thus are providing them with the basic tools necessary for adaptive coping (i.e., being able to recognize and modulate emotional experiences). Mothers' emotion socialization behaviours could first influence children by impacting the number of different coping strategies they can generate. Then, as children get older, they become better at two of the key skills necessary for adaptive coping flexibility: the ability to accurately perceive the controllability of a situation, and the ability to enact coping strategies that match changes in that situation's controllability (e.g., see Babb et al., 2007). This process would be assisted by mothers' continuing Emotion-Coaching behaviours. In contrast, the negative emotion socialization behaviours that are characteristic of the Dismissing or Disapproving parenting style may be disadvantaging children's coping flexibility by hindering children's development of a large and varied coping repertoire.

The results of this study also indicated that mothers' adaptive coping socialization efforts are not necessarily related to better coping flexibility in 4- and 5-year-old children.

82

However, the results did indicate that coping suggestions that are either developmentally or situationally inappropriate, or that are maladaptive, can be detrimental for children's development of the skills needed to cope flexibly, such as the ability to generate a wide variety of coping strategies. It could be that maternal coping socialization efforts do not positively influence children's coping flexibility until later in development, and only do so after children have developed the necessary cognitive skills and have been repeatedly reminded of, and have had practice using, various coping strategies. On the other hand, some maladaptive suggestions, such as avoiding the problem, are probably easier for a child to understand and re-enact. Socializing these types of avoidant coping strategies could further interfere with children's development of a large and varied coping repertoire by encouraging children's reliance on only one or a few (maladaptive) coping strategies. In turn, this could decrease children's ability to cope flexibly from early on in development.

Limitations and Future Directions

Perhaps the most salient limitation of this study was the small sample size, resulting in low power to detect significant effects. As a result, a number of the findings of this study were trends that did not reach traditional levels of significance. Because many of these findings were consistent with what would be expected given previous theory and research, it is likely that these trends would have been significant had the sample size been larger.

In addition, the sample had little variability in demographic characteristics. Most mothers were married, employed, and had relatively high levels of education. Researchers have demonstrated that maternal educational attainment is positively related

83

to knowledge of child development and adaptive parenting (e.g., Reich, 2005). This highly-educated sample may have responded to the questionnaires in a way that was consistent with their knowledge of adaptive child-rearing behaviours, regardless of their actual behaviours in day-to-day parenting. Mothers' mean scores on the Marlowe-Crowne suggested that the sample as a whole may have been responding in a more socially-desirable manner than a normative sample. Future research in this area should collect data from a sample with more diverse characteristics that span all levels of education, income, marital statuses, and cultural backgrounds. It would also be informative to obtain measures from fathers, as well as mothers, to see if the relations between parental factors and children's coping flexibility differ between the two parents.

The child participants in this study also had a salient shared experience in that almost all of them attended daycare or preschool. These children were exposed to coping influences of other adults and children that extended beyond those provided by their mothers. These influences may have decreased the relations found between mothers' questionnaire responses and children's coping flexibility. Thus, these findings may not generalize to other samples of 4- and 5-year-old children who do not attend preschool. Future researchers should examine these influences by comparing mothers whose children attend preschool regularly and mothers who care for their children at home.

Future studies should also supplement the information gathered through questionnaires and vignette interviews with observational data whenever possible. Many researchers have gathered information about children's coping through either parent- or child-completed coping questionnaires (e.g., Blair et al., 2005; Gentzler et al., 2005) or through observation (e.g., Garner, 1995; Kalpidou et al., 2004). Because each of these

84

approaches has its own associated limitations, Cummings and his colleagues (2000) emphasize the importance of multi-method approaches to the study of child development. Doing so enables researchers to maximize their understanding of developmental processes, while minimizing the inherent limitations of using any one methodology. For example, no significant effects were found for maternal modeling or mother-child relationship quality in this study. Future researchers could use alternate measures of these constructs, such as laboratory or observational measures of parent-child attachment, to determine whether these methods better capture processes that are not obtained by the use of single self-report measures.

Another limitation was that some of the mothers in this study interpreted the vignettes and instructions given for the questionnaires in a different manner than was intended. This resulted in some unexpected variability that future researchers should attempt to control. For the PSCQ-R questionnaire, it was expected that mothers would endorse more emotion-focused coping suggestions in response to the uncontrollable situation portrayed in the vignette. Yet 94% of mothers had higher mean scores on the problem-focused strategy suggestions than the emotion-focused strategy suggestions. This could have been due to mothers' misinterpretation of the controllability of the situation presented in the vignette. Future researchers who wish to manipulate the controllability of a hypothetical situation to which mothers are asked to respond should include a question about perceived controllability. It is also possible that mothers were responding to the PSCQ-R as more of a dispositional measure of coping socialization. Mothers could be asked, after completion of the measure, to rate the extent to which they were actually imagining their child in the situation in the vignette, or were simply

85

endorsing the coping strategies that they typically suggest to their children. These ratings could then serve as control variables in the analyses.

Similarly, although the Brief COPE is a frequently-used and well-received measure of adult coping (Schwarzer & Schwarzer, 1996), the manipulation of controllability was not necessarily accurately perceived by all mothers. In fact, between one-third and half of mothers responded to the controllability questions in an unexpected manner. Several qualitative comments the mothers added to the questionnaires indicated that mothers' reasoning in response to the controllability questions was not always limited to the situation portrayed in the vignette (e.g., "Yes [I could prevent the vase from being damaged] – if I had put it somewhere more secure"). In addition, mean scores on each of the three coping categories for the two Brief COPEs were virtually identical, indicating that mothers may also have been responding to the questionnaire in more of a dispositional manner. Future researchers should include a question to determine the context of mothers' coping responses so that this can be controlled for in subsequent analyses. In addition, it is possible that the emotions and coping strategies elicited by the parent and child vignettes were not necessarily equivalent due to differences in the salience of the event presented. The mothers' vignette referred to the destruction of a priceless family heirloom, as compared to the disappointing, but not as emotionally-salient, events portrayed in the children's vignettes. Future researchers could present mothers with a more neutral frustrating situation that more closely resembled the children's vignettes.

Finally, it is important to consider that the significant associations found in this study may reflect mothers' adaptation of their styles of emotion and coping socialization

86

to their children's coping styles and habits. Many researchers that investigate parental influences on children's development assume that parenting variables demonstrate a unidirectional effect on children and that children are passively shaped by these influences. The alternate explanation, that mothers' socialization influences were actually shaped by their children's development, is consistent with new models of developmental psychopathology that emphasize the importance of examining reciprocal influences in children's development (Cummings et al., 2000). Parents' styles of socializing and modeling coping may influence their children's coping flexibility, but parents may also adapt to their children's style of coping, and then encourage or model strategies that are consistent with their child's personality. Longitudinal research is needed to examine parental influences on children's coping and how the associations between these variables change over time.

Practical Applications and Conclusions

In conclusion, the findings from this study suggest that mothers play an important role in their children's development of coping flexibility. Specifically, mothers' emotion and coping socialization styles seem to be related to both the number of unique strategies their children generate and their children's coping flexibility. These findings help shed light on children's acquisition of coping flexibility, and provide indications as to specific types of parenting behaviours that can help increase children's ability to cope flexibly.

The findings on maternal emotion socialization suggest that certain emotion socialization behaviours are more beneficial for children's development of coping flexibility than others. For example, mothers should adopt characteristics of the Emotion-Coaching parent, such as being aware and accepting of children's emotional expressions,

87

as well as providing guidance to children for how to manage those emotional experiences. The findings of this study suggest that this may help children acquire a greater variety of coping strategies and help them learn how to cope appropriately and flexibly with changing situations. Simply allowing children to freely express their emotions, without teaching them how to understand and handle them (characteristics of the Laissez-Faire emotion socialization style) were not related to more negative outcomes for children in this study; however, these behaviours also were not related to more positive outcomes, and so are not likely ideal. Finally, discouraging children from expressing their emotions and criticizing or punishing children for doing so (characteristics of the Dismissing and Disapproving emotion socialization styles) should be avoided. Trends in the data suggested that mothers who had relatively higher scores for these behaviours had children who generated fewer unique strategies. This smaller coping repertoire would put children at a disadvantage in situations where they would have to cope with a changing situation.

The findings on maternal coping socialization did not produce a clear picture of the types of coping suggestions that are related to children's improved skills in coping flexibility. However, the results did indicate several coping socialization behaviours that should be avoided. First, mothers should avoid suggesting nonconstructive actions such as blaming others or simply avoiding the problem. Furthermore, mothers should be cautious of suggesting avoidance by encouraging their children to simply do another activity or avoid thinking about the situation (and instead suggest the child think about other positives in their lives). However, these strategies are probably not altogether maladaptive. Distraction and positive thinking can be an effective way of dealing with a

stressor in some situations, but preschool-aged children probably do not yet understand how these strategies can be used effectively. Parents' suggestions to use these strategies should be developmentally appropriate and therefore may be more adaptive later in development.

Although future research is needed to clarify the types of modeling that are most advantageous for children, the findings obtained in this study suggest that preschool-aged children are unable to derive much benefit from maternal modeling of coping flexibility due to their limited perspective-taking skills. Therefore, if mothers wish to be proactive in helping their children develop competence in coping flexibly, they should not assume that children will automatically learn from simply watching them. Instead, mothers should focus on providing developmentally-appropriate emotion and coping socialization. As children get older, and become more capable of understanding and enacting similar coping strategies to those of their mothers, modeling of coping flexibility skills may become more important.

This study is one of the first investigations into the role of maternal behaviours in 4- and 5-year-old children's development of coping flexibility. Several important findings emerged that can be used to guide future research, and can ultimately contribute to a comprehensive developmental theory of coping flexibility. Such theories can be used to educate parents, teachers, and clinicians about best-practices in helping young children cope adaptively with changing stressful situations. In doing so, we can help children increase their social competence, as well as their overall emotional and behavioural adjustment.

APPENDIX A

Vignettes Used for the Child Participants' Coping Task

Vignette 1:

Controllable: "It's lunch time and you are really hungry. Your mom put your favourite sandwich in your lunch today and you really want to eat that sandwich. Just as you are taking it out of the bag to eat it, a kid bumps into you and the sandwich falls to the ground."

Uncontrollable: "You can't make a new sandwich or have an adult make one for you, so all you have is your sandwich that is on the ground. Just then, another kid, who is walking by, steps on the sandwich. Now you can't eat the sandwich because it's squashed."

Vignette 2:

Controllable: "It's play time and you really want to play. You go over to where your favourite toy is because you really want to play with that toy. Just as you are starting to play with it, a kid bumps into you and you fall on top of the toy."

Uncontrollable: "When you look down at the toy, you see that it is broken in many pieces and can't be fixed. So now you can't play with your favourite toy because it's broken."

Vignette 3:

Controllable: "There is a picture-drawing contest. The prize for the best picture is a free trip to Disney World. You really want to win the contest, so you work very hard on your picture. When you finish the picture, you show it to some kids. One kid takes the picture to look at it, and the picture falls on the dirty ground."

90

Uncontrollable: "When the picture falls on the ground it lands in a mud puddle and gets all dirty. The picture has to be turned in right now to enter the contest. So now you can't enter the contest to win a trip to Disney World because you don't have a picture.

APPENDIX B

Parent Vignette

Controllable: "You have just inherited a treasured family heirloom, a vase that has been in your family for years. You have invited some friends over for dinner and you really want them to see the vase, so you display it on a table in the living room. Just as you finish arranging it on the table, your child comes in to the living room playing with a ball. The ball hits the table on which the vase is sitting, and the vase falls to the floor."

Uncontrollable: "You look over and realize that the vase is broken on the floor and cannot be fixed."

92

POTENTIAL RISKS AND DISCOMFORTS:

There are no major risks associated with participating in this study.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY:

This study may help researchers and clinicians understand how parents influence children's ways of dealing with stressful situations and thus develop future interventions and training programs for helping children and parents learn effective coping and social skills. Furthermore, the information gathered from this study will contribute to the completion of a graduate student's Master's thesis.

PAYMENT FOR PARTICIPATION:

For completing and returning the packet of questionnaires and consent form, you will receive fifteen dollars ($15). If your spouse/partner also completes a packet of questionnaires, he/she will also receive fifteen dollars ($15).

CONFIDENTIALITY:

Any information that you provide for this study that can be identified with you will remain secure and confidential and will be disclosed only with your permission. The paperwork for this project will be kept confidential, will only be identified by an assigned code number, and can only be accessed by the researchers on the study. Your names will never appear in any reports of this study. By law, an exception to confidentiality is that researchers must report to authorities any suspected cases of abuse or neglect. You may ask questions about the procedure of the study at any time and your questions will be answered. In accordance with standard guidelines, study materials will be kept for five years beyond the last publication of findings from the data, at which point they will be destroyed.

PARTICIPATION AND WITHDRAWAL:

You can choose whether you would like to participate in this portion of the study. If you volunteer to be in this study, you may withdraw at any time without consequences. You may also choose not to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

FEEDBACK OF THE RESULTS OF THIS STUDY TO THE PARTICIPANTS:

If you would like feedback from the findings of this study, you may request that a brief summary be sent to you after the study is completed. If you would like this summary, please fill out and return the form at the back along with this consent form. On the form, you will be asked for information that we can use to send you the findings summary. This contact information will *only* be used for this purpose if you give permission.

SUBSEQUENT USE OF DATA:

As researchers, we may wish to use the information that you provide to us for this study for analyses in future studies that we will be doing. As with this study, any future use of this information will be strictly confidential and will be identified only by a code number.

Do you give consent for the subsequent use of the data from this study (please check one):
☐ Yes   ☐ No

RIGHTS OF RESEARCH PARTICIPANTS:

You may withdraw your consent at any time and stop participating without penalty. This study has been reviewed and received ethics clearance through the University of Windsor Research Ethics Board. If you have questions regarding your rights as a research participant, contact: Research Ethics Coordinator; University of Windsor, Windsor, Ontario N9B 3P4; telephone: 519-253-3000, ext. 3916; e-mail: lbunn@uwindsor.ca.

SIGNATURE OF RESEARCH PARTICIPANT:

I have read this consent form and understand the information provided for the study, "Preschoolers Talk about Feelings: And Parents do Too!" as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

_____
Name of Research Participant (please print clearly)

_____   _____
Signature of Research Participant   Date

SIGNATURE OF INVESTIGATORS:

These are the terms under which I will conduct research.

_____   _____
Signature of Investigator   Date

_____   _____
Signature of Co-Investigator   Date

95

Request for Study Results Summary

At the completion of the study, a brief summary report will be made available to parents who participated in the study. If you would like a copy of this report, please check the "yes" box and provide a mailing address to which it can be sent, as well as a phone number and/or e-mail in case the researchers need to get a hold of you prior to sending the report. Please note that this report is *not* a personalized assessment of your child, but rather the findings for the group of children who participated in the study. If you would rather not provide your address and phone number, you may also view the results on the University of Windsor Research Ethics Board webpage (http://www.uwindsor.ca/reb -- Select "study results" from menu). We will be posting the results once the project is completed, approximately June 2008.

I would like a copy of the summary report of the findings for the study "Preschoolers Talk About Feelings" (please check one):

☐ **Yes**   ☐ **No**

If you selected "yes," please provide a mailing address, as well as your phone number and/or e-mail address (please print clearly):

Name and Address: _____

_____

_____

_____

Phone number: _____

E-mail address: _____

96

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VITA AUCTORIS

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