

Chapter 2

Ways and Families of Coping as Adaptive Processes

“Ways of coping” depict the specific actions people show when dealing with actual stressful events in their daily lives. They describe what is happening on the ground during coping, that is, the “specific coping responses: the behaviors, cognitions, and perceptions in which people engage when actually contending with their life-problems” (Pearlin and Schooler 1978, p. 5). These basic descriptive units are the mechanisms through which coping has its short-term effects on the resolution of stressors, as well as its long-term effects on mental and physical well-being and development. These basic descriptive units are the building blocks of the area, and the focus on actual coping actions, such as strategizing, comfort-seeking, rumination, or escape, distinguishes theories and research on coping from closely related work on children’s and adolescents’ reactions to stress, adversity, risk, adaptation, resilience, and competence. The examination of a *profile* of responses, of multiple coping categories, distinguishes the study of coping from the separate programs of research that focus on each of the individual ways of coping, such as problem-solving, negotiation, or helplessness. The bottom line is that profiles of coping categories instantiate both the substance and the scope of the field.

As a result, the construction of category systems to conceptualize and measure ways of coping has been among the field’s most central endeavors. Until recently, however, almost no agreement about how to accomplish this task could be found in research focusing on childhood and adolescence (Compas et al. 2001) or on adulthood and aging (Aldwin 2007). Lack of consensus about core categories creates many problems for the study of coping. Most obvious is the difficulty in aggregating findings across studies. If the exact coping categories and labels vary from study to study, an item-by-item analysis of subscales is required to decide whether results are comparable. In their review, Compas and colleagues concluded that, “There has been little consistency in the application of these various subtypes of coping across different measures and studies, ... leading to considerable difficulty developing a cohesive picture of the structure of coping in childhood and adolescence” (Compas et al. 2001, p. 5).

Lack of consensus about core categories of coping also interferes with the accumulation of explanatory information needed to design intervention efforts (Sandler et al. 1997). For example, if the predictors or outcomes of a specific way of coping are inconsistent from study to study, it is not clear whether disparities are due to differences in the functioning of that way of coping across time or domains, or whether they instead reflect differences between studies in how that way of coping was operationalized. Disagreement about core categories is a barrier to methodological progress as well. New questionnaire assessments, each of which represents a substantial investment of time and effort, appear frequently. However, with no consensus about core categories, it is not possible to evaluate the suitability and comprehensiveness of the ways of coping they include. The construction of process-oriented systems is even more problematic. The complexity suggested by dozens of ways of coping makes it daunting to develop categories for coding observations or open-ended narratives, or for use in daily assessments.

2.1 The Structure of Coping

Why is it so challenging to construct category systems to conceptualize and measure ways of coping? Part of the answer lies in the nature of coping itself. The fundamental problem is that “coping” is not a particular behavior that can be unequivocally observed or a specific belief that can be reliably reported. As a process of adaptation, coping is an *organizational construct* used to encompass the innumerable actions individuals use to manage stressful encounters. Coping responses, because they are calibrated to specific demands and influenced by the resources and contexts in which they unfold, are virtually infinite in their variety. Moreover, ways of coping are multi-dimensional and serve many different functions. They can be used to solve external problems or to deal with one’s own emotions (Lazarus and Folkman 1984); to change the environment or to accommodate to it (Brandtstädter and Renner 1990; Rudolph et al. 1995); and to engage in stressful interactions or to disengage from them (Connor-Smith et al. 2000). As highlighted by Pearlin and Schooler (1978), “Coping, in sum, is certainly not a unidimensional behavior. It functions at a number of levels and is attained by a plethora of behaviors, cognitions, and perceptions” (pp. 7–8).

Instances, ways, and families of coping. In our own work, we have found it useful to distinguish several levels on which coping can be conceptualized (Skinner et al. 2003; Zimmer-Gembeck and Skinner 2011). At the lowest level are “instances” of coping. These are the countless changing real-time actions people actually use in dealing with particular stressful transactions, such as “I gave him my sandwich so he would quit picking on me” or “I asked my teacher what I should do.” Operationally, these would be captured by daily self-reports of actual coping behaviors or by real-time observations. At the highest level are sets of basic adaptive processes that mediate between stress and its physiological, psychological, and interpersonal consequences. This level refers to coping as a “strategy of

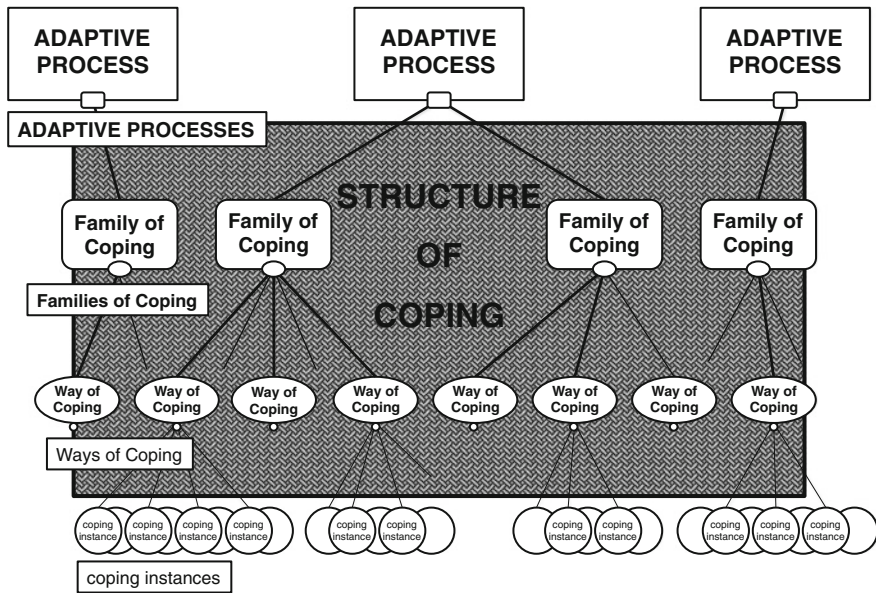


Fig. 2.1 The structure of coping spans the conceptual space between instances of coping and adaptive processes, using two intermediate levels: a set of lower-order categories (or ways of coping) that can reliably classify instances of coping into conceptually clear, mutually exclusive, and exhaustive categories and a set of higher-order categories (or families of coping) that organize ways of coping according to their adaptive functions

adaptation” (White 1974), serving larger evolutionary functions, such as getting to a trusted caregiver when feeling threatened, or trying out different actions to see which ones are the most effective in stopping a noxious event.

The key idea is that the “structure of coping” spans the conceptual space between instances of coping and adaptive processes (see Fig. 2.1). As a result, the critical problem for the field is to construct a complete and coherent set of categories at an intermediate level that organizes innumerable situation-specific highly personal instances with respect to their functions in mediating the effects of stress (Skinner et al. 2003). Developmental researchers have concluded that a hierarchical view of coping provides a useful framework for this task.

At least two intermediate levels are required. A set of *lower-order categories* (e.g., support-seeking, effort exertion, denial, passivity) must be identified that can reliably classify instances of coping (observations or items) into conceptually clear, mutually exclusive, and exhaustive categories. Usually labeled “ways” of coping or coping “strategies,” these refer to recognizable action types (Lazarus 1996). At the same time, these lower-order categories must themselves be classified into *higher-order categories* (e.g., approach, accommodation, emotion-focused coping) according to their adaptive functions. Although these too are often labeled “ways” of coping or “dimensions” of coping, we refer to them as “families” of coping to indicate that they represent higher-order categories within which lower-order

“ways” of coping are nested and that they are, for the most part, multi-dimensional and multi-functional. In order to provide a full account of the structure of coping, a category system must accommodate all relevant instances and lower-order ways of coping; at the same time, to meaningfully link these actions with longer-term processes of adaptation and development, the categories must be organized with respect to their functions.

2.1.1 Lower-Order Ways of Coping

The first step in creating a hierarchical system of core categories is to collect all the lower-order ways of coping that it should accommodate. One way of doing this is to review all the measures used to capture coping and aggregate all the different ways that they include. This is exactly what we did, evaluating about 100 systems used over the last 20 years (see Skinner et al. 2003 for details); 47 of these measures were constructed for use with children and adolescents, including self-report measures and coding schemes used to classify interviews and observations. Assessments for adults are also important to this discussion, because, although stressor and developmental level play important roles in shaping the kinds of coping that are utilized (Compas 1998; Lazarus 2000), an exhaustive “structure of coping” should encompass the set of coping *options*, only some of which may be employed in specific situations or at specific ages. As a result, the hierarchical category systems that emerged from this process can be applied to measures designed for use in different domains and across the lifespan (Skinner et al. 2003).

A comprehensive list of ways of coping. From the 100 category systems we scrutinized, over 400 different labels for ways of coping could be extracted. These ways of coping were derived for the most part from individual items (or instances), to which participants reported the extent to which, in dealing with a specific stressful event or with stress in general, they showed a specific coping behavior, for example, “I cried and cried,” “I talked to my Grandma,” or “I just worked a lot harder.” This list represents a comprehensive account of most of the ways of coping that have been studied for the last 20 years. In the 47 measures used to tap adolescent and childhood coping, only five ways of coping appeared 10 or more times: (1) some form of problem-solving appeared in 23 of the measures; (2) some form of avoidance appeared in 21; (3) distraction appeared in 17; (4) support-seeking in 15; and (5) aggression in 11 measures. Another 21 ways of coping appeared in measures between 5 and 9 times: (1) worry/rumination appeared in nine measures; (2) social withdrawal, positive cognitive restructuring, and emotional social support-seeking each appeared in eight measures; (3) direct action, self-blame, instrumental social support-seeking, and relaxation appeared in seven; (4) cognitive, information-seeking, denial, decision-making, helplessness, blaming others, and peer support appeared in six; and (5) escape, religion, emotional expression, acceptance, wishful thinking, and catastrophizing appeared in five measures.

State of the field. In many ways, this list of 400 ways of coping represents the state of the overall field in terms of coping categories. Its strengths and drawbacks are apparent. In terms of strengths, the categories are good descriptors of instances of coping. It seems relatively easy to identify or classify observations, interviews, or items using many of these categories. Moreover, despite the fact that “instances” of coping are virtually limitless, this list contains a finite number of categories, which still covers much of the territory of action options during stressful transactions. Hence, any taxonomy of coping can be evaluated for comprehensiveness based on the extent to which it accommodates (some variation of) these categories.

The drawbacks of this list are also evident. The total number of category labels is somewhat daunting. It is not clear how to go about selecting the right categories for any specific study, and unless a measure is devised to contain all 400 ways of coping, the list provides little guidance in how to go about creating a comprehensive measure. Precise definitions of categories are rarely available. There is confusion about level. Some higher-order category labels (e.g., approach) are used to refer to lower-order categories (e.g., problem-solving). Idiosyncrasies abound. For example, 32 ways of coping appear on only one scale for children and adolescents. Moreover, it seems clear that not every way of coping listed would be an option during every stressful transaction, nor available to people at every age.

As we pointed out in our review (Skinner et al. 2003), most important for the structure of coping is the fact that these lower-order categories are ordered as a *list*, in an essentially arbitrary fashion. In and of itself, the list reveals nothing about the relationships among the categories. However, upon closer examination, it is evident that the categories are connected to each other in many different ways. Some seem synonymous, such as instrumental social support, help-seeking, and seeking advice. Some seem like different modes of the same action type, for example, behavioral and mental disengagement. Some seem closely related to each other, for example, problem-solving, information-seeking, and planning. Some seem like opposites, such as support-seeking and social isolation.

Hence, it seems clear that an important part of creating a structure for coping is *to identify a set of higher-order categories that reflect and order the fundamental distinctions underlying lower-order categories of coping*. One test of the scope of any higher-order system is whether it can accommodate the many lower-order categories identified as properly belonging to the domain of coping. Most importantly, however, it should be useful in *conceptualizing how these ways of coping mediate the relations between stress and functioning*. We have concluded that many of the higher-order dimensions and categories that have most frequently been used to organize lower-order ways of coping are not up to this task (Skinner et al. 2003).

2.1.2 Higher-Order Dimensions and Categories of Coping

A surprisingly small number of dimensions have been suggested as higher-order categories (for lists, see Rudolph et al. 1991, Table 1, or Skinner et al. 2003,

Table 4). The most common dimensions are “problem-focused versus emotion-focused coping” and “approach versus avoidance.” Despite their popularity, these kinds of distinctions turn out not to be very useful in organizing ways of coping with respect to their adaptive functions. In fact, developmental and clinical psychologists no longer utilize them in conceptualizations and measures of coping for children and adolescents (Ayers et al. 1996; Connor-Smith et al. 2000). However, because of their continued widespread application in the adult literature, we think it is important to clearly explain the reasons why they should no longer be used as higher-order categories of coping.

Problem-focused versus emotion-focused coping. This distinction categorizes each way of coping according to its function—whether it serves to calm emotion or to resolve a problem. The *function* of a way of coping is not the same as its *consequences*: Functions refer to purposes, but consequences refer to the *effects* of actually using that way of coping with a certain stressor in a specific situation at a particular time. For example, an adolescent can employ an emotion-focused strategy, such as an attempt to suppress an emotional expression, which may turn out to have exactly the opposite consequence—actually exacerbating the negative emotion.

The problem with the use of single functions as higher-order categories is that all higher-order action categories can serve multiple functions. That is, no way of coping can be classified as *either* affecting emotion *or* affecting the problem, because all ways of coping serve both functions and so could fit into both categories. For example, rumination escalates negative emotion, but it also interferes with effective action. Making a plan facilitates problem-solving, but it also calms emotion. Seeking social support, which is focused neither on problems nor on emotions but on other people, can nevertheless provide both comfort and instrumental information. As emphasized by Lazarus and Folkman (1987), “Although it is tempting to classify any coping thought or act as either problem-focused or emotion-focused, in reality any coping thought or act can serve both or perhaps many other functions.”

This is likely one reason why factor analyses have rarely, if ever, recovered only these two dimensions from analyses of coping items, even from item pools that were selected for their correspondence to the two higher-order categories. In fact, specific comparisons of structures that use problem-focused and emotion-focused dimensions to organize lower-order ways of coping have not shown a good fit with data (e.g., Ayers et al. 1996). As a result, developmentalists no longer use this distinction (or any other single coping function) as a higher-order dimension for categorizing ways of coping (Ayers et al. 1996; Connor-Smith et al. 2000; Ryan-Wenger 1992; Walker et al. 1997). This position is clearly articulated by Lazarus (1996), when he argues that “[d]istinguishing between the two functions, but treating them as if they were distinctive types of coping actions, has lead to an oversimple conception of the way coping works and is measured in much research” (p. 292). Ways of coping are *not* functions. They are action types that *have* functions, and any given action type typically serves *multiple* functions.

Approach versus avoidance. A second set of higher-order distinctions has been used to classify lower-order ways of coping according to their topological features.

The oldest and most common topological distinction is “approach versus avoidance,” but there are many variations, such as sensitization versus repression, monitoring versus blunting, vigilance versus avoidance, and engagement versus disengagement coping (see Roth and Cohen 1986, Table 1, for 14 variations). At the core of this distinction is the contrast between ways of coping that bring the individual into closer contact with the stressful situation, versus ways of coping that allow the individual to withdraw. The key feature is the orientation of the individual’s attention. As explained by Roth and Cohen, “Approach and avoidance are shorthand terms for the cognitive and emotional activity that is oriented either *toward* or *away* from threat” (p. 813, *italics added*).

There are several problems with the use of this distinction as a higher-order category. The first is how it has been applied. Although researchers agree that both approach and avoidance responses can be adaptive (because approach facilitates constructive engagement with stressors, while avoidance allows for respite and recovery of resources), the ways of coping typically classified as approach versus avoidance do not incorporate this insight. “Approach” coping has become shorthand for “adaptive” coping, and invariably refers to problem-solving or effort exertion, and often includes support-seeking, whereas “avoidance” has become shorthand for “maladaptive” coping, invariably referring to escape, and often including venting or oppositional coping. For example, Causey and Dubow (1992) classify problem-solving and seeking social support as “approach coping,” whereas they classify distancing, internalizing, and externalizing behaviors as “avoidance coping.”

However, it is clear that there are adaptive *and* maladaptive ways to approach a stressor and to avoid one. People can approach a stressor in ways that are constructive and emotionally positive, such as through problem-solving or strategizing, but they can also approach it in ways that are destructive and emotionally negative, such as through aggression and attack (Carver and Harmon-Jones 2009). Likewise, people can avoid a stressor in ways that are destructive and emotionally negative, such as by fleeing in panic or through fearful denial, but they can also move away from a stressor in ways that are constructive and emotionally positive, such as through situation selection or intentional distraction using creative activities, meditation, or by helping others.

If, on the one hand, approach and avoidance are used according to their agreed-upon definitions (i.e., orientation *toward* or *away* from a stressor), then the ways of coping included under each would be functionally heterogeneous—“approach” would include problem-solving and aggression; “avoidance” would include escape and distraction. But if, on the other hand, the correct topological distinctions are used to classify the ways of coping that are prototypically included as approach (i.e., problem-solving) and avoidance (i.e., escape), then more features would be needed: That is, problem-solving is not only oriented toward a stressor, but it is also constructive and emotionally positive. Escape is not only oriented away from a stressor, but it is also destructive and emotionally negative. In general, action types (like problem-solving and escape) have multiple essential topological features and so cannot be usefully classified by any one. Hence, developmentalists no longer use

any single topological distinction (like approach versus avoidance) as a higher-order category of coping.

Modes of coping. A third kind of distinction that has sometimes been used as a higher-order category refers to the “mode” of coping, that is, whether it is behavioral or cognitive, active or passive, and social or solitary. The problem with these distinctions is that any action can be implemented through a variety of modes or methods. For example, “escape” can be accomplished behaviorally through “physical escape” by actually leaving a situation, or through “mental escape” by cognitively withdrawing. Likewise, “information-seeking” can be accomplished as a social activity, by consulting a friend, or as a solitary activity, by reading the encyclopedia. These ways of coping have the same set of functions even if they are carried out through different means. So, even if “behavioral versus cognitive” and “social versus solitary” ways of coping can be distinguished conceptually and empirically, nevertheless, if the ways of coping they include are functionally identical, they should be classified as belonging to the same higher-order categories.

Developmentalists use differences in the means or mode of coping primarily to distinguish alternative lower-order ways of coping *within* a family (e.g., Ayers et al. 1996). In fact, maintaining topological distinctions *within* families may be important in addressing not only developmental, but also contextual and intervention issues. Developmentally, cognitive strategies may come to replace or guide behavioral strategies within the same family. In constrained settings, like schools, where certain behaviors (e.g., physical escape) are prohibited, cognitive substitutes from within the same family (i.e., mental withdrawal) may be employed. Interventions may rely on behavioral ways of coping, such as distracting activities, to redirect certain cognitive ways of coping, such as to disrupt rumination. In general, topological distinctions are important for systematically identifying and studying the many ways of coping that are included *within* a family, but they are not useful for distinguishing *between* families.

2.1.3 Families of Coping as Serving Adaptive Functions

If the standard distinctions between problem-focused versus emotion-focused and approach versus avoidance do not work as categories of coping, then what kinds of higher-order distinctions *are* useful for organizing lower-order ways of coping according to their adaptive functions in mediating the effects of stress? The most important set of higher-order distinctions are ones that contribute to the identification of *action types*. As mentioned previously, *actions* describe flexible integrated motor programs with characteristic patterns of behaviors, attention, and emotion organized according to their goals, which individuals assemble and deploy in response to their appreciation of current internal and external demands (Brandtstädter 2006). This makes them especially useful to coping theorists in characterizing coping instances, which are considered to be transactions with the context that involve not only behavior, but also emotion, attention, and goals (Skinner 1999).

Hence, the construction of an *action typology* is the endgame for identifying a higher-order structure for coping (Lazarus 1996; Skinner et al. 2003). This is because of the key role “actions” can play in bridging the conceptual space between coping instances and adaptive processes. On the one hand, the construct of “action” reflects the organization of the basic components of coping instances (i.e., physiology, behavior, emotion, attention, and goals) during stressful transactions. On the other hand, it suggests potential links to adaptive processes (e.g., Barrett and Campos 1991; Fridja 1988; Holodynski and Friedlmeier 2006). *Action types* are higher-order classes of actions. Action types have multiple typological features and serve multiple functions. For example, “proximity seeking,” as studied by attachment theorists, is an action type; it includes an entire range of actions (such as crying, clinging, and crawling) that have a characteristic topological pattern (active and toward the caregiver) and emotion (yearning). The defining feature is the *root action tendency*, or motivation underlying the actions: They are all attempts to bring the person into contact with an attachment figure. Another action type, studied by control theorists, is “mastery”; it likewise includes a range of actions (e.g., strategizing, experimentation, instrumental action, or hypothesis testing) which have a characteristic topological pattern (active, constructive, and toward the problem) and emotion (determination); the defining feature is that the actions are attempts to produce desired (or prevent undesired) outcomes.

Hierarchical families of coping. Over the last decade, researchers have put enormous effort into conceptualizing and assessing hierarchical models that use higher-order categories or families to organize multiple lower-order ways of coping (Ayers et al. 1996; Connor-Smith et al. 2000; Ryan-Wenger 1992; Walker et al. 1997). Despite differences in theoretical approaches and in labels used for specific dimensions, conceptual and empirical analyses have converged on a small number of families of action types, perhaps a dozen or so, that can be used to classify most if not all of the ways of coping identified in previous research (Skinner et al. 2003). These families can themselves be organized by their higher-order adaptive functions. Similar functional analyses have been suggested by other researchers for ways of coping (Lazarus 1999; White 1974), emotions (Barrett and Campos 1991; Sroufe 1996), and action tendencies (Holodynski and Friedlmeier 2006), as well as for individual ways of coping, such as proximity seeking (Bowlby 1969/1973).

These 12 families of coping are listed in Fig. 2.2. They include the most common ways of coping found in current measures: problem-solving, support-seeking, escape, rumination, helplessness, social withdrawal, emotional regulation, accommodation, information-seeking, negotiation, opposition, and delegation. However, each family includes more than the lower-order way of coping from which it takes its name—each includes all the ways of coping that serve that same set of functions. For example, “problem-solving” as a higher-order category not only contains “generating solutions to a problem,” but also incorporates other ways of coping that are designed to coordinate actions with available contingencies to produce desired or prevent undesired outcomes, such as instrumental actions, effort exertion, planning, decision-making, and repair.

Adaptive Process #1: Coordinate Actions and Contingencies in the Environment				
Family of Coping:	1. Problem-solving	2. Information Seeking	3. Helplessness	4. Escape
Family Function in Adaptive Process:	Adjust actions to be effective	Find additional contingencies	Find limits of actions	Escape noncontingent environments
Ways of coping:	Strategizing Instrumental action Planning Mastery	Reading Observation Asking others	Confusion Cognitive interference Cognitive exhaustion Passivity	Behavioral avoidance Mental withdrawal Flight Denial Wishful thinking

Adaptive Process #2: Coordinate Reliance and Social Resources Available				
Family of Coping:	5. Self-comforting	6. Support Seeking	7. Delegation	8. Social Isolation
Family Function in Adaptive Process:	Protect available social resources	Use available social resources	Find limits of resources	Withdraw from unsupportive contexts
Ways of coping:	Emotion regulation Behavior regulation Emotional expression Emotion approach	Contact seeking Comfort seeking Instrumental aid Social referencing	Maladaptive help-seeking Complaining Whining Self-pity	Social withdrawal Concealment Avoiding others Freeze

Adaptive Process #3: Coordinate Preferences and Available Options				
Family of Coping:	9. Accommodation	10. Negotiation	11. Submission	12. Opposition
Family Function in Adaptive Process:	Flexibly adjust preferences to options	Find new options	Give up preferences	Remove constraints
Ways of coping:	Distraction Cognitive restructuring Minimization Acceptance	Bargaining Persuasion Priority-setting	Rumination Rigid perseveration Intrusive thoughts	Other-blame Projection Aggression Defiance

Fig. 2.2 Twelve core families of coping

Each family is organized around a *root action tendency* which serves a set of adaptive functions, and it includes all the ways of coping that serve those same functions, so that each family is both functionally homogeneous and functionally distinct. Most important for developmentalists, the families offer a way to incorporate the spectrum of age-graded ways of coping, by posing the question, “How do the ways of coping in each family manifest themselves at different developmental levels?” To answer this question, researchers first note the functions served by a higher-order family and then trace how those functions are fulfilled by different patterns of action at different ages. Each of the twelve coping families is described in

more detail below, including its adaptive functions, the label we use for the family, other labels that have been used for the same family, a description of its root action tendency (i.e., its characteristic pattern of desire, emotion, behavior, and orientation), some of the ways of coping it would include, and some examples of how the ways of coping in that family might manifest differently at different ages.

Coordinating actions and contingencies. As shown in Fig. 2.2, the first set of families serves the adaptive function of coordinating an individual's actions with the contingencies available in the stressful situation. This allows an individual's actions to be more effective in producing desired and preventing undesired outcomes. Coping from these families would be shaped by appraisals of whether the situation is amenable to control efforts (i.e., the situation is controllable or uncontrollable) and whether the self is capable of executing the means required to bring about the desired outcome (i.e., the self is competent or incompetent). For example, within appraised challenges to control, one can attempt to implement responses that produce desired outcomes (i.e., through problem-solving) or one can try to discover more about available contingencies (i.e., through information-seeking).

1. **Problem-solving.** Appearing in almost every scale, this family is the anchor of the "good news" ways of coping. Also referred to as mastery, "primary control coping" (Rudolph et al. 1995), assimilative coping (Brandstädter and Renner 1990), or just "active" coping, problem-solving includes the prototypical lower-order "approach" and "problem-focused" categories of instrumental action, strategizing, and problem-solving. As a coping family, "problem-solving" has an action tendency characterized by active attempts to produce effects, the emotion of determination, and an attentional focus during transactions on discovering how to produce desired outcomes. Its adaptive function is to find actions that can be effective in operating environmental contingencies. Many other closely related ways of coping with the same root action tendency, topological features, and functions are also considered part of this family, such as effort exertion, strategizing, planning, logical analysis, persistence, repair, prevention, and determination. During infancy, these would include actions that allow for detection and operation of environmental contingencies, such as effort exertion, experimentation, and attempts to replicate effects.

2. **Information-seeking.** As a family of coping, information-seeking refers to attempts to find out more about a stressful situation or condition, including its course, causes, consequences, and meanings, as well as learning about strategies for intervention and remediation. Its root action tendency is active engagement and observation, accompanied by curiosity and interest. A common way of coping in response to stressors that are novel or unfamiliar, such as diagnosis of medical conditions or sudden disability, this family may be aimed at social partners (e.g., through advice- or help-seeking, observing others, or consultation with experts) or through other channels (e.g., reading, consulting reference material, or taking notes on one's own condition). Early forms of information-seeking during infancy would include observation of interesting sights, object examination, and social referencing.

3. **Helplessness.** As a higher-order family of coping, helplessness refers to a set of actions organized around “giving up” or the relinquishment of control. Although giving up in the face of uncontrollable circumstances can conserve resources, the root action tendency is a dejected withdrawal of active attempts to change the situation accompanied by discouragement and resignation. Lower-order ways of coping that share this same root action tendency, topological features, and functions include passivity, confusion, cognitive interference or exhaustion, self-doubt, discouragement, dejection, and pessimism. The construct of learned helplessness (Seligman 1975) organizes a large literature on reactions to non-contingency and loss of control (Dweck 1999, 2006; Peterson et al. 1993; Skinner 1996). Such responses have been documented all across the lifespan (Heckhausen and Schulz 1995). For example, they can be observed in infants after exposure to non-contingent events, in the form of distress and a reduction in responsiveness, even to subsequent contingent events (Watson and Ramey 1972).

4. **Escape.** A very common family of coping, often referred to as “avoidance,” escape includes efforts to disengage or stay away from a stressful transaction which are marked by fear and a desire to distance oneself from the stressor; it serves the adaptive function of removing people from contact with (or the experience of) a dangerous environment. In work on stress reactions, this is the “flight” response to appraised threat and serves as the anchor of the “bad news” ways of coping. It includes lower-order ways that share this root action tendency such as cognitive avoidance, avoidant actions, denial, and wishful thinking. The prototypical escape strategy is physically leaving the stressful situation, but escape can also be managed through mental withdrawal, and infants, who cannot yet locomote, might escape through gaze aversion or by falling asleep.

Coordinating reliance and resources. As shown in Fig. 2.2, the second set of families is organized around the adaptive function of coordinating an individual’s reliance on others with the social resources available in the situation. This allows individuals to access additional social resources when their own capacities are overwhelmed. Effective utilization of social support requires the use of as few of others’ social resources as possible (to conserve them) combined with judicious decisions about whom to go to for the kind of support needed to deal effectively with the specific stressful situation. Coping from these families would be shaped by appraisals of whether trusted others are available (i.e., the availability of social support) and whether the self is worthy of receiving support (i.e., whether the self is lovable or unlovable). For example, when an interaction is appraised as a challenge or a threat, one can attempt to implement responses that bring one into contact with trusted others (i.e., through support-seeking) or one can try to provide comfort and encouragement to oneself (i.e., through self-soothing).

5. **Support-seeking.** One of the most common families of coping, seeking social support refers to the strategy of turning to other people in the face of stressful events. Studied under labels such as proximity seeking, solace-seeking, help-seeking, seeking instrumental support, and seeking emotional support, the “support-seeking” family is based on an action tendency that is organized around the urge or desire to come into contact with an attachment figure and includes active

attempts to signal and reach the support provider as well as characteristic emotions (yearning) and an attentional focus away from the stressor and toward the support provider. During infancy, such an action tendency has a long history of study as “proximity seeking” in the area of attachment. During adulthood, it might subsume lower-order categories such as comfort-seeking, phoning others, imagining what someone might say, and prayer.

6. **Self-comforting.** As a family of coping, self-comforting refers to active attempts at self-care and regulation of distress, through, for example, self-soothing and constructively expressing emotions at the appropriate time and place (Eisenberg et al. 1997; Rossman 1992). Lower-order ways of coping might include self-encouragement, self-soothing, emotional control, relaxation, and authentic emotional expression. Within coping, this family has been identified as a form of constructive “emotional approach” coping and distinguished from emotion-focused ways of coping that reflect the uncontrolled discharge of negative emotions (Stanton et al. 1994). At young ages, infants can self-soothe through actions such as rocking themselves or sucking on their fists or thumbs.

7. **Delegation.** Not very common in discussions of coping, delegation refers to an over-reliance on other people in dealing with stressful situations, and it has the disadvantage of using up others’ resources as well as preventing the individual from developing his or her full capacities. The root action tendency underlying this family of coping is the desire to be carried by the supportive other accompanied by overwhelmed self-absorption, focus on the distressing aspects of the situation, and surrender to self-pity. Lower-order categories encompassed by delegation would include dependency, maladaptive help-seeking, complaining, whining, and self-pity (“why me?”). Although dependency has a long history of study in psychology (Baltes 1997; Gewirtz 1972), these reactions to stress are not often found as lower-order categories or in measures of coping.

8. **Social isolation.** As a family of coping, social isolation refers to actions aimed at withdrawing or staying away from other people, either physically or psychologically, for example, by preventing other people from knowing about a stressful situation or its emotional effects. Although it can serve the purpose of protecting an individual from contact with unsupportive social partners, its root action tendency includes passivity or withdrawal, accompanied by sadness, shock, shame, and the desire to hide or disappear and may reflect the “freeze” stress reaction to danger or loss. It encompasses lower-order ways of coping with the same action tendency as social isolation, such as avoiding others, concealment, stoicism, and emotional withdrawal. During infancy, social withdrawal has been studied as an attachment classification, referred to as “avoidant attachment” (Ainsworth 1979).

Coordinating preferences and options. The third set of families (see Fig. 2.2) is organized around the adaptive function of coordinating an individual’s preferences with the options available in the situation. This allows individuals to maintain their flexibility and autonomy even under coercive circumstances (Brandtstädter and Renner 1990; White 1974). Willing assent to current constraints reduces psychological and emotional pressure and frees up energy for fuller participation in dealing with stress (Morling and Evered 2006; Skinner and Edge 2002b). Such

strategies allow people to withdraw their efforts from uncontrollable circumstances without becoming helpless (Skinner 2007). Coping from these families is shaped by appraisals of whether the environment allows for freedom of action (i.e., the availability of autonomy support) and whether the self can express its genuine preferences (i.e., whether the self is autonomous or controlled). For example, in the face of appraised challenges to self-determination, one can attempt to implement responses that adjust one's preferences to current constraints (i.e., through accommodation) or one can try to generate better options (i.e., through negotiation).

9. ***Accommodation.*** A relatively new family, accommodative coping, also known as secondary control coping, acceptance, or acquiescence, refers to processes by which people flexibly adjust their preferences to the options available in stressful conditions (Brandstädter and Renner 1990; Morling and Evered 2006, 2007). Accommodation includes assenting to current constraints as well as two ways of coping that are relatively common, namely, positive cognitive restructuring, which refers to attempts to revise one's view of a stressful situation in order to see it in a more positive light (also called focus on the positive, positive reappraisal, and positive thinking), and distraction, which refers to attempts to deal with a stressful situation by re-deploying attention to alternative pleasurable activities (such as hobbies, exercise, watching TV, seeing friends, or reading). Although studied most often as an intentional strategy in older children and adults (e.g., Band and Weisz 1990), even infants can accommodate to constraints (e.g., being fastened into a car seat) and can distract themselves (or be distracted) from mild distress.

10. ***Negotiation.*** As a family of coping, negotiation refers to active attempts to work out a compromise between the priorities of the individual and the constraints of the situation. Its root action tendency would be active positive engagement with the stressor, with the focus on firmly defending one's own goals, while flexibly examining or creating options for realizing them. One of the most common ways of coping for use with interpersonal stressors (e.g., Elias et al. 1986; Laursen et al. 2001; Pearlin and Schooler 1978), negotiation includes lower-order ways of coping such as priority-setting, proposing a compromise, persuasion, constructive resistance, defending one's goals, standing firm, indignation, reducing demands, trade-offs, and deal-making. In work on self-determination, negotiation is considered to be a constructive autonomous response to coercion (Skinner and Edge 2002b). At the youngest ages, it would be observed when infants, in the face of non-preferred situations, continue to insistently and positively express their preferences (e.g., when they continue wiggling in order to be put down).

11. ***Submission.*** Not a very common higher-order category in research on coping, submission refers to a grudging resigned surrender to stressful events (Morling and Evered 2006, 2007; Skinner and Edge 2002b). The most common lower-order way of coping it encompasses is rumination, which refers to a passive and repetitive focus on the negative and damaging features of a stressful transaction (Nolen-Hoeksema et al. 2008); other lower-order ways are intrusive thoughts, negative thinking, catastrophizing, anxiety amplification, self-blame, and fear. These ways of coping have been studied explicitly as a risk factor for depression (McLaughlin and Nolen-Hoeksema 2011). Moreover, submission has been

considered a part of a higher-order family of coping referred to as “rigid perseveration” (and considered to be the opposite of flexible accommodation, Brandtstädter and Renner 1990); it has also been contrasted with secondary control and accommodation (Morling and Evered 2006, 2007; Skinner 2007). Together with physiological and emotion arousal, these can also be referred to as “involuntary engagement” stress reactions (Connor-Smith et al. 2000).

12. ***Opposition.*** Based on the stress reaction “fight,” opposition describes a family whose focus is on attacking or combating the perceived source of the stress. Its root action tendency is active forward movement to eliminate the obstacle accompanied by anger or hostility (Carver and Harmon-Jones 2009). It encompasses lower-order ways of coping such as aggression, projection, reactance, confrontation, defiance, revenge, discharge, venting, and blaming others. It is controversial as a higher-order category because of its overlap with symptoms of psychopathology, specifically “externalizing” behaviors. Because it is formed in reaction to others, opposition is considered a non-self-determined response to coercion (Deci and Ryan 1985). During infancy, it would be apparent in infants’ protest reactions to restraint or other situations that run counter to their preferences. During childhood and adolescence, it can emerge as reactive aggression.

2.2 “Good News” and “Bad News” Ways of Coping

The field of coping as a whole has a marked ambivalence about taking a stand as to whether some ways of coping can be considered “good” (adaptive, constructive, productive, or mature) whereas others are “bad” (maladaptive, destructive, unproductive, or immature). The history of the field discourages open declarations or even open discussion of these issues. Starting in the 1960s and 1970s, when coping was considered to be a manifestation of ego processes (Haan 1977; Valliant 1977, 1986, 2000; see Cramer 1998), dominant conceptualizations promoted a view of coping as part of a hierarchical model, in which some ways of coping and some defenses are better (i.e., more mature) than others. For example, Haan (1977) posited a three-tiered taxonomy of ego processes: coping, considered more forward-looking, flexible, largely conscious, and attentive to reality; defense, considered to be inherently organized around issues from the past, rigid in operation, unconscious, and distorting of reality; and ego failure or “fragmentation.” The idea that some ways of coping are inherently superior has been carried forward into the present by personality theories, which posit that specific traits, such as negative affectivity, underlie maladaptive ways of coping, such as rumination or escape.

Partly in reaction to these frameworks, the transactional perspectives that swept through the field in the 1970s and 1980s argued that coping is not a direct expression of personality (or ego processes or any other individual characteristics) but is a function of the specific stressor and the individual’s appraisals of it along with the resources and situational conditions in which it unfolds. From this perspective, it just does not make sense to evaluate a response (e.g., hysterics) as

“immature” without a careful consideration of the stressor that provoked it (e.g., whether it was watching your house burn to the ground or watching someone pull into a parking space you wanted). This perspective explicitly rejected the idea that *any* way of coping could be distinguished a priori as helpful or harmful (Lazarus and Folkman 1984), arguing that any reaction to stress could have positive or negative consequences, depending on the specific circumstances. Moreover, any stressful event (such as illness or parental divorce) gives rise to a complex host of specific and changing demands, and in order to cope with these, any individual can and does use a wide variety of strategies which change over time.

The transactional view, which currently dominates the field, effectively silenced open debate about “better” and “worse” ways of coping. Nevertheless, the issue continues to be played out below the radar. The majority of empirical studies have as their goal to connect individual differences in reliance on different ways of coping with individual differences in indicators of mental and physical well-being and ill-being. From these studies, implicit opinions have solidified about the ways of coping that are maladaptive. As mentioned previously, these include whole categories, such as emotion-focused coping, avoidance, and involuntary stress reactions, as well as specific ways of coping, like rumination and escape. In fact, sometimes it seems as if any reaction to stress besides direct efforts to confront the stressor (i.e., problem-focused coping) is considered inferior (Rothbaum et al. 1982; White 1974).

2.2.1 Developmentally Adaptive Families of Coping

A developmental framework has no option but to tackle these thorny issues head on. If it is going to provide guidance to researchers and interventionists (as well as to parents, teachers, and other support providers) about the kinds of coping that reflect and foster healthy development, it is necessary to carefully consider *how*, *when*, and *why* certain responses to stress should be “good news” or “bad news.” The utility of such discussions depends on how they are framed. First, of course, any arguments about the “right” or “wrong” way to cope are pointless. If the ways people cope are based on the particular configuration of stressors, and internal and external conditions, then any way of coping can be locally adaptive. For example, if stressors, such as interparental conflict, are actually uncontrollable, it may be adaptive to escape (in order to stay out of the conflict). Or if a bully is relentless and no adults are available to help, it may be adaptive to submit (in order to prevent injury). This means that, given the circumstances, every possible way of coping can be appropriate, typical, or “right.”

Second, in order to prevent discussions of positive and negative coping from reverting back to the assumption that these ways of coping reflect positive and negative characteristics of the children and adolescents who are enacting them, it is important to emphasize that ways of coping, although they are manifest at the level of individuals’ actions, are nevertheless the product of a “coping system.” So the individual’s ways of coping are key markers of the system’s functioning, but they themselves are also products of all the other factors in the equation, such as the

specific stressors and demands, individual appraisals, and currently available personal and social resources. As a result, a particular pattern of coping is diagnostic of the state of the entire system. The target state of interest to this distinction is whether it is “good” or “bad” for the organism, basically whether the individual can handle the demand or is overwhelmed by it, and whether what is taken away from the experience leads to the development of subsequent coping capacities or liabilities.

From this perspective, and consistent with other theorists (e.g., Rutter 1983), we argue that just because children and adolescents, by their natures, regularly adapt to local conditions, it does not mean that such adaptations always have positive short- or long-term outcomes. In fact, we would argue that a consideration of three factors can be helpful in distinguishing “good news” from “bad news” ways of coping: their long-term consequences, their subjective experience, and their current qualities. Taken together, these three factors can be used to characterize the developmental adaptiveness of different ways of coping.

Long-term consequences of ways of coping. In terms of long-term consequences, it seems clear that certain ways of coping foreshadow poor outcomes. Children and adolescents (and adults for that matter) who show prolonged use of ways of coping such as helplessness, opposition, rumination, or social withdrawal can be considered at risk. These ways of coping are detrimental—they can focus the individual on the most negative consequences of the stressor, escalate negative emotions, and impede effective action. The prolonged use of ways of coping that deal harshly with the self (e.g., self-blame, social isolation) or with the stressful situation (e.g., blaming others, negative thinking) can, over time, contribute to the accumulation of physiological and psychological liabilities, such as high reactivity, low self-efficacy, interpersonal hostility, or loss of social resources. For example, research has shown that prolonged helpless responding can deplete neurophysiological and motivational resources (Kuhl 1984; Maier and Watkins 2005) and habitual rumination escalates depression (Nolen-Hoeksema 1998). In contrast, ways of coping that promote constructive engagement with stressors (e.g., planning, negotiation, meaning making) or with the self’s reactions to them (e.g., through accommodation, support-seeking, or emotion expression) can contribute to the construction of coping resources such as increased stress resistance, equanimity, composure, self-reliance, confidence, perceived control, and interpersonal trust.

Subjective experience of threat, harm, or loss. In addition to their cumulative consequences, certain patterns of coping signal the current level of stressfulness in a person-context transaction. These ways of coping indicate pressure on the system, specifically, that the individual is being exposed to stresses that he or she cannot currently handle. For example, certain kinds of involuntary stress reactions (such as emotional numbing, confusion, or panic) signal that the person’s physiological and emotional reactivity is high and that regulatory resources are overwhelmed. Adults who care for children (as well as adults who observe themselves) can detect these qualities of coping and use them as indicators that, if possible, it would be advisable to adjust other features of the system (e.g., to reduce demands or add resources) to bring it back into balance.

Pressured patterns of coping are likely to be accompanied by the subjective appraisal of threat as opposed to challenge (Lazarus and Folkman 1984) and by actual impairment of functioning, in that individuals no longer have access to all the capacities (neurophysiological, cognitive, motivational, regulatory, etc.) that they currently possess. These performance deficits are a hallmark of certain patterns of coping, such as helplessness or rumination; bodies of research document that, when these ways of coping are intentionally induced in the laboratory, participants show a noticeable decrement in their capacities to deal with challenging tasks compared with their performances prior to the induction. These decrements are found even in participants who do not spontaneously fall into helplessness or rumination under conditions of threat (Nolen-Hoeksema et al. 2008; Peterson et al. 1993).

Current qualities of coping actions. Although reflecting the state of the entire system, “good news” and “bad news” can nevertheless also be directly detected in the qualities of particular ways of coping. From this perspective, “good news” ways of coping are ones that are organized, flexible, and constructive, that is, patterns of responding that remain composed, open to feedback, and responsive to changes in ongoing transactions. In contrast, the repeated use of rigid, disorganized, or derogatory ways of coping is likely diagnostic of exposure to unmanageable levels of stress. It is important to repeat that “unmanageability” does not necessarily reflect a character flaw in the coping person; it may be due to the sheer scale of the objective stressors, to despondent appraisals, to depleted personal resources, or to lack of social supports (or some combination of these).

The contrast between constructive and corrosive ways of coping suggests an interesting possibility. Perhaps many of the same *functions* that are served by maladaptive ways of coping can also be served by alternative, more adaptive, forms of coping. For example, if the adaptive function of helplessness in the face of uncontrollable circumstances is to conserve resources and remove oneself from non-contingent interactions, another way to accomplish this is through accommodation—the willing acceptance of circumstances exactly as they are, which eliminates the need to change them. Or, if the function of opposition is to provide resistance or sweep aside obstacles and warn others who are interfering with one’s goals, this can also be accomplished through assertive negotiation. And, in both cases, seeking information or contact with trusted others (as opposed to delegation or social withdrawal) may uncover more additional unrealized options or strategies. Each of the more constructive ways of coping is “better” because it allows individuals to meet the same goals as the more maladaptive ways of coping while at the same time accomplishing additional useful goals, such as adding to personal and social resources for future coping.

2.2.2 The Balance Between Challenge and Threat

This notion raises the possibility that some ways of coping may be expressions of the same underlying action type, but may change in their appearance during differentially stressful transactions. For example, under the pressure of increasing non-contingency,

problem-solving may give way to confusion and escape; or with increased coercion, accommodation may give way to resigned submission; with hostile social partners, support-seeking may become social isolation; or with too much indulgence, comfort-seeking may turn into delegation. And, correspondingly, as stress is reduced, ways of coping may re-emerge as their less threatened counterpart. If researchers can find the categories of coping that are connected in this way, it would allow them to directly study the conditions that can be effective in moving coping from destructive to productive and back again (Skinner and Edge 1998).

Finding the levers that tip that balance is a task for researchers and interventionists as well as for parents, teachers, mentors, and others who have the successful development of individuals as part of their agenda (Boekarts 1993). Because the experience of threat versus challenge is co-constructed (by the objective stressor with its demands in combination with the personal and social resources brought to bear), relatively minor adjustments in either the social context or the person may tip the balance in situations in which objective demands are not too great. For example, during a visit to the dentist, a father’s physical presence with no other action may be enough to convert a preschoolers’ disorganizing distress to alert participation. Or during an important exam, deep breathing may be enough to allow an adolescent to remain calm.

However, when the objective stressors are great, both the context and the individual may struggle. The individual may actively strive for the experience of challenge, for example, by constructive means of coping that decrease objective demands (by negotiating, sequencing, or discarding low priority goals or tasks) or augment actual resources (by seeking additional help or information). The social context can also reduce demands (by removing all or parts of the task) or increase resources (by offering instrumental or emotional support). A key question for interventionists is how, under adverse circumstances, the interpersonal coping unit is able to shift the balance toward experiences of challenge, rather than threat (Boekarts 1993).

Developmentalists also point out that children and adolescents must be considered moving targets, in that the particular interventions needed to create a balance that favors the appraisal of demands as challenges rather than threats will change as individuals develop. On the one hand, as individuals acquire new capacities, these provide expanded resources for coping. As a result, individuals are able to deal effectively with demands that previously overwhelmed them and are also likely to seek out new opportunities to exercise their developing competencies. On the other hand, however, the acquisition of new competencies may also provide new avenues for experiencing threat and harm. For example, as children increasingly reflect on their own competencies, they become able to judge more accurately the kinds of tasks they can master; however, they also become more able to judge themselves as inferior when they require or receive help from others. The ability to imagine multiple outcomes is an aid to problem-solving, but it also allows children to worry about multiple negative outcomes. The development of ways to intentionally regulate emotion allows children to self-comfort—or to self-denigrate. In fact, each new developmental capacity presents the opportunity for gains and losses

in coping. The study of how individuals and social partners can utilize emerging competencies in ways that allow them to be used for creating experiences of challenge (instead of threat) is of key concern to developmentalists.

2.2.3 *Good News Families of Coping*

Because, for so much of its history, the field of coping has focused on trauma and psychopathology, lists of ways of coping show a decided preference for “bad news” strategies. For example, in the comprehensive list of ways of coping studied in the past 20 years (Skinner et al. 2003), only about a quarter of the 88 blocks of coping that were distinguished referred to “good news” ways of coping, and most of these referred to ways of coping that belonged to a single family, namely, problem-solving. It has been harder to identify additional ways of coping that are typically adaptive, and even those that have been tentatively hypothesized to be positive reactions to stress often refuse to show the expected correlations with positive outcomes (Compas et al. 2001).

An important goal of developmental frameworks is to collect, perhaps from other areas of study, ways of coping that are adaptive (Compas 1987). Along with theorizing and reviews of current measures, this was a strategy that contributed to the identification of the six families of adaptive coping included in the hierarchical model described previously. To “problem-solving” (with all its mastery-oriented family members), the list of families adds “support-seeking” (with all its proximity-seeking family members) while differentiating it from its bad news counterpart of delegation. In addition, “accommodation,” which includes distraction and positive cognitive restructuring, has been added (Walker et al. 1997) from self-determination theory and theories of aging (Brandtstädter and Renner 1990), while distinguishing accommodation based on distraction from avoidance based on escape (Ayers et al. 1996), and distinguishing accommodation based on willing acceptance from submission based on dejected resignation (Morling and Evered 2006). Positive ways of coping have also been included from neighboring literatures: “information-seeking” from research on dealing with health issues, “negotiation” from research on dealing with interpersonal stressors, and “self-comforting” from the large bodies of work on emotion regulation.

Developmental adaptiveness of ways of coping. Part of the problem in empirically examining the connection between potentially “good news” ways of coping and “good news” outcomes (like indicators of mental and physical health) is that, by definition, coping is evoked by stress. So individuals who report high levels of “good news” ways of coping are essentially reporting about doing something good in the face of something bad. As a result, high scores contain information about both the *need* for coping (“something really bad happened...”) and the coping response itself (“... and I dealt with it in a constructive way”).

This essential paradox has played out most clearly in work on social support during adulthood, which, as its name suggests, was initially conceived of as a

positive response to stress, with its corresponding way of coping, namely, “seeking social support,” considered to be positive as well. However, research continually showed mixed effects, with seeking social support correlated with both positive and negative outcomes (e.g., Compas et al. 2001; Rose and Rudolph 2006), until researchers finally concluded that *needing* social support was diagnostic of a problem—it often signaled encounters so stressful that the individual could not cope with them alone. However, having social support *available* (i.e., perceived availability of social support) was always good, because it provided a psychological buffer when coping. And, although harder to document unequivocally, it also seems that *given* highly stressful encounters, adults who seek and receive social support fare better (for a review see Aldwin et al. 2011; Uchino 2009).

Coping as a profile. In a similar vein, in studies of the structure of coping during childhood and adolescence, researchers have noticed a surprising finding: Positive and negative ways of coping, instead of being negatively correlated with each other as would be expected (with children who show more positive coping also relying less on negative ways of coping), are often *positively* correlated—for example, children who report more problem-solving also report more escape (Compas et al. 2001; Zimmer-Gembeck and Locke 2007). Researchers have concluded that these positive correlations (instead of reflecting measurement artifacts) represent the fact that encounters that are more distressing provoke more coping of all kinds (Lewis and Frydenberg 2002; Zimmer-Gembeck et al. 2013). In other words, when people are under stress, they try many different strategies to deal with it, some of which are positive and some of which are negative. One solution to this dilemma is to create *allocation scores*, in which each individual’s scores on each way of coping are divided by the total amount of coping they report (Compas et al. 2001; Skinner et al. 2013). Allocation scores generally behave well empirically—with scores for adaptive ways of coping showing the expected positive correlations with positive outcomes and scores for maladaptive ways of coping showing positive correlations with negative outcomes.

Another strategy is to consider the *profile* of coping responses shown by a child or adolescent in a given encounter or across encounters, with the idea that occasionally resorting to more negative ways of coping (such as aggression or delegation) is not harmful as long as the overall profile consists predominantly of constructive responses. This also solves the problem mentioned previously, namely, that *low* positive scores can have two possible meanings: Either the person used few positive ways of coping because they relied on negative ways, or they used few positive ways because events were not stressful enough to warrant much coping of any sort. And, as would be expected from this reasoning, *profile scores*, which combine positive ways of coping with (reverse coded) negative ways, also show the expected positive correlations with positive outcomes (Skinner et al. 2013).

Coping as a recursive process. Ultimately, the developmental adaptiveness of a way (or a profile) of coping depends not only on what happens during the specific episode, but also on what is taken away from the episode by the individuals and their social partners. Typically, if children or adolescents (or their parents or teachers) cope badly, that is, if they utilize predominantly maladaptive coping

strategies, what will be taken away from the encounter is also negative—increased doubts about their competence, friction with social partners, resentment, frustration with challenging problems, and so on. However, that is not necessarily the case.

Negative encounters can have positive developmental consequences if children, adolescents, and their social partners are able to use them to improve their future coping efforts. This can be accomplished through a process we refer to as “post-coping assessment” (Skinner and Beers 2016) and which others have described as tertiary appraisal (Janoff-Bulman 1992) or as part of “stress-related growth” (Aldwin 2007, Chap. 15). Children, typically with the help of their parents or other adults, can still use poor coping for good purposes, namely, as an opportunity to gain information: about what went wrong and about how to prevent this from happening again, about what caused high reactivity or interfered with optimal regulation, and how to structure future encounters so these can be avoided, and to learn about other people’s reactions or alternative strategies. If this works, even poor coping responses can be seen as a rich source of good information to be analyzed and learned from, even appreciated, and then let go (Skinner and Beers 2016).

2.3 Summary of Ways and Families of Coping

Ways of coping are building blocks in the coping area, describing people’s actual behavioral, emotional, and cognitive actions in response to stress. Hundreds of ways of coping have been studied, but until recently conceptualizations and measures did not converge on a comprehensive set of core coping categories. This has interfered with the evaluation of measures and the aggregation of findings across studies and has slowed progress on the development of explanatory theories and interventions. The most common higher-order distinctions, namely, problem-focused versus emotion-focused coping, approach versus avoidance, and different modes of coping (active versus passive, cognitive versus behavioral), have not been able to provide a good account of the multi-dimensional nature or multiple purposes served by each way of coping, nor can they stipulate how ways of coping should be organized according to their adaptive functions in dealing with stress. Recent conceptual and empirical analyses have identified approximately a dozen core families that together meet the criteria for a good category system, that is, these 12 families, using categories that are conceptually clear, mutually exclusive, and exhaustive, may be able to classify all the ways of coping included in current measures into higher-order families which are not only functionally homogenous within families but also functionally distinct between families. Each of these families serves multiple functions in dealing with stress, and the discovery of how those functions can be achieved through different ways of coping at different developmental levels may allow the identification and study of age-graded ways of coping within a family.

Although coping researchers have seemed reluctant to take a stand about which of these families or ways of coping are adaptive and maladaptive, it is possible to

create a framework within which such discussions can profitably proceed. This allows theorists to consider ways of coping as messages from the whole coping system, about not only the current subjective state of the actor, but also about the qualities of the coping itself and its long-term consequences. These criteria seem to converge on labeling as generally maladaptive six of the families, namely, helplessness, escape, social isolation, delegation, submission, and opposition. As a supplement to current lists of coping, in which maladaptive reactions typically outnumber constructive responses, developmental frameworks insist on expanding the description of adaptive strategies beyond problem-solving, to include information-seeking, support-seeking, self-comforting, accommodation, and negotiation. Although high levels of adaptive coping reflect not only more positive reactions but also encounters that are more stressful, the beneficial effects of adaptive coping can nevertheless be discerned empirically through the use of scoring rubrics which focus on allocation scores or coping profiles. At the same time, a developmental perspective cautions that the verdict about whether a specific stressful encounter is “bad” news or “good” news can only be reached after its effects on the development of the individual and their social partners are observed. If children and adolescents, especially with the support of their adults, can learn from episodes during which they coped “poorly,” such encounters can provide important opportunities for learning and growth and so add resources that can be useful in subsequent coping episodes.

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