

Zimmer-Gembeck, M. J., & Skinner, E. A. (in press). Coping, developmental influences. In H. Reis & S. Sprecher (Eds.), *Encyclopedia of human relationships*. Newbury Park: Sage.

### **Coping, Developmental Influences**

Whether it is the stress of separating from a loved one, the experience of failure, or witnessing a life-threatening event, coping is necessary from the first to the last days of life. Coping describes the transactional processes through which people deal with actual problems in their everyday lives, and includes such strategies as problem-solving, social support seeking, distraction, and escape. Although coping has been considered an individual affair, influenced largely by personal resources (such as efficacy or optimism), it is clear that coping is profoundly social in nature. Social environments (such as families) can create stress. They shape the specific demands to which people will be exposed or from which they will be sheltered. Social relationships are the contexts through which stressors are filtered and from which coping resources may be drawn. Moreover, social partners may be directly involved in individuals' coping interactions and they form the back-up systems that will protect people (or leave them vulnerable) when their own coping capacities prove inadequate.

Not only do social contexts and relationships shape how people cope at every age, but they also influence how coping develops. Recent theoretical and empirical progress in the field has facilitated the study of the reciprocal connections between personal relationships and coping. This entry provides a brief overview of emerging conceptualizations of coping as a backdrop for explaining the multiple levels at which social contexts and interpersonal relationships shape how coping develops. The entry focuses on infancy, childhood, adolescence, and early adulthood.

### **Conceptualizations of Coping**

In recent years, theorists have converged on definitions of coping as “regulation under stress,” arguing that coping encompasses how people of all ages mobilize, guide, manage, coordinate, energize, modulate and direct their behavior, emotion, and orientation (or how they fail to do so) during stressful encounters. Coping is also an organizational construct, involving the coordinated regulation of all these elements. When dealing with stressful events, people attempt not only to shape emotional experience and expression, but also to manage their physiological reactions, motor behavior, attention, and cognition; they may also attempt to influence reactions from the social and physical environments. As a result, coping has been considered "action" regulation, with action referring to organized patterns of behavior, emotion, attention, and motivation.

A diverse range of regulatory strategies can be identified, as reflected in the long lists of coping strategies used in research on stress and coping. In one review, over 400 coping categories were identified, with surprisingly little overlap in the taxonomies that have been suggested to categorize them. To organize these many ways of coping, theorists have proposed a set of hierarchical “families” of coping, with each having particular adaptive functions and each encompassing multiple lower-order ways of coping. Our analyses of the literature suggests 12 primary families, including those typically considered to be adaptive responses to stress, such as problem-solving, information-seeking, negotiation, accommodation, support-seeking, and self-reliance, as well as those typically associated with distress or maladaptive responses, such as helplessness, escape, opposition, submission, delegation, and social isolation.

### **Developmental Level and Coping**

Developmental level is one of the most interesting factors that shapes the exercise of coping. In fact, developmental capacities decisively constrain the ways in which particular adaptive

functions can be expressed. Because age and experience influence how stress is appraised and how regulatory strategies are enacted, researchers have tended to focus on narrow age ranges when studying stress and coping. Hence, there are studies of how infants, toddlers, preschoolers, children, adolescents or adults react to and cope with a variety of stressors, but few studies that specifically address how coping changes *across* developmental levels.

Nevertheless, when research on regulation and coping are integrated, it is clear that there are several broad developmental phases characterized by different mechanisms of regulation. Infancy begins with stress reactions governed by reflexes, soon to be supplemented by coordinated *action schema*. For example, infants become able to display more differentiated emotions and coordinate these with actions that can soothe distress, such as reaching for a caregiver or a favorite toy. During toddlerhood and the preschool years, coping is increasingly carried out using *direct actions*; this is the age period at which voluntary coping actions first appear. That is, although children may have difficulty using cognitive coping strategies, toddlers and young children develop behavioral methods for alleviating distress, such as pretend play and behavioral distraction. During middle childhood, coping through *cognitive means* solidifies, as described in work on distraction, delay, and problem-solving. Children's thoughts about positive things (cognitive distraction) provide comfort, and they can work through possible responses to a problem without enacting them. By adolescence or early adulthood, coping through *meta-cognitive means* is added, in which youth become increasingly capable of regulating their coping actions based on future concerns, including long-term goals and strategies to prevent or avoid subsequent stress.

At the same time, these broad developmental phases are characterized by changes in the participation by social partners. Starting at birth, other people, especially sensitive and

responsive caregivers, are a fundamental part of the neonate stress reactivity system, influencing not just how infants respond but whether they even physiologically register an event as stressful. During this period, caregivers carry out “coping” actions based on their reading of the stress responses of their infants. During toddlerhood and preschool age, as children become more self-reliant, they can more intentionally enlist the participation of social partners. For example, they can physically seek out others when distressed, and they can use emotions and language to advertise their needs for help. Social partners participate actively with children as they deal with challenges and threats and their mere presence may support more adaptive coping. During middle childhood, children are increasingly self-reliant and able to coordinate their coping efforts with those of others, although social partners remain key back-ups. By adolescence, children can deal with a variety of normative stressors on their own, but they selectively rely on others for help and advice. Youth are increasingly capable of regulating their coping actions based on their effects on others. Hence, one of the most interesting developments in coping is how the use of social support seeking changes with age.

#### *Development of Seeking Social Support*

Support-seeking can be considered an "all-purpose" adaptive family of coping strategies, commonly called upon by people of all ages to deal with all kinds of stressors. Support seeking, which includes seeking emotional support, comfort, help, information, or advice, is the most commonly used coping family among infants, toddlers, children and adolescents. However, it is still possible to discern “typical” (i.e., average) patterns of support-seeking that change with age. For example, infants quickly progress from generalized expressions of distress that bring a caregiver to their aid to intentional appeals (through focused gaze or vocalizations such as crying) to caregivers for aid, attention, and information. Infants also are sophisticated at looking

to others for cues about responses to stress (i.e., social referencing), which can diminish negative stress reactions or ease distress.

Starting at about age four decreases in seeking support from adults are the rule, especially during the five-to-seven year shift and the transition to adolescence (ages 10-12). At the same time, children and adolescents report greater preferences for self-reliance and peer support as they get older. Hence, declines in seeking support from adults are found during the late childhood and adolescent years. These decreases are accompanied by increases in self-reliance and in attempts at problem-solving and seeking peer support (especially emotional support).

Stressors that are uncontrollable and over which adults have authority (e.g., medical stressors) are one exception to this pattern; for these events, children show increasing preferences for seeking adult support as they get older. This is part of a general shift across ages 10 to 16, during which children become better able to determine who would be the best source of support for dealing with specific kinds of stressors rather than relying on support from caregivers for most of their informational and emotional support. Taken together, these trends suggest that individuals are more organized and selective in their use of social support as a coping strategy as they get older; they seek out support that will meet their particular needs at the time and use few or multiple sources of support depending on their distress, self-reliance, and other needs.

### **Social Influences on the Development of Coping**

It is almost impossible to overstate the importance of social relationships (including parents, siblings, extended family members, friends, peers, teachers, classmates, and neighbors) to children's coping. Social partners play a role in determining the stressors, both chronic and acute, to which children will be exposed; partners' problems can become stressors for children; social partners contribute to the development of children's coping resources, such as self-

efficacy or social skills; they shape children's stress reactivity, for example, through quality of attachment; social partners participate in children's coping, through their own stress reactivity (e.g., panic or blame) and coping actions; and social partners help children learn from bad experiences, including planning proactive coping to prevent their reoccurrence. Research on attachment, social support, parenting, family processes, peer relationships, teaching, and parent-child interactions have all shown links between the availability of supportive relationships and children's reactions to stress, regulation, and coping.

Nowhere is the importance of interpersonal relationships seen more clearly than in research on how parenting influences the development of coping. Parents socialize coping explicitly through modeling, teaching, and coaching. Moreover, they also shape children's coping implicitly, through availability, involvement, comforting, soothing, and helping. Family climate and parenting style play a role in the ways that children learn to cope with stress. For example, parents who are more warm and involved, who provide clear and consistent guidelines, and who assist their children to make their own age-appropriate decisions have children who are lower in negative emotionality and who use more active coping behaviors, such as problem-solving and direct action. Children who grow up with such positive parent-child relationships also report less avoidant coping responses when dealing with stress and have better mental health outcomes when stress does occur. Similar results have been found for teacher-student relationships and children's coping with academic stress.

Research is just beginning to explore exactly how social forces shape children's coping. One guide for organizing this research is the idea that one important way that social partners shape children's coping is by facilitating or impeding the development of children's regulatory resources and how they are deployed under stressful conditions. An intriguing direction in this

work is that the kinds of parent behaviors that are effective in promoting the development of adaptive coping and regulation depend on children's temperamental characteristics. For example, a child who has a temperamental tendency to be overcontrolled (e.g., inhibited, anxious or shy) will benefit from parenting strategies that include high levels of modeling and supported behavior as the child slowly attempts to add to a repertoire of adaptive coping strategies while managing high arousal. In contrast, a child who has a tendency to be undercontrolled (e.g., high impulsivity) may require a different kind of parental availability, which includes coaching the child to stop to think about alternative coping strategies before acting, and involves more direct action to repair situations when a child's coping actions go awry.

Future studies can use research on parents as a template for studying the effects of other adult social partners, such as grandparents, aunts and uncles, teachers, coaches, and neighbors. The effects of other children and youth, such as siblings, peers, friends, and classmates, may take on different forms or additional pathways. In every case, it is important to remember that the mere existence of supportive others can have an enormous impact on experiences of stress and processes of coping.

### **Conclusion**

Patterns of coping with stress are diagnostic of the entire human system of which it is part-- adaptive coping reveals that demands are developmentally appropriate, social resources are sufficient, and individual capacities are well-developed. Moreover, coping is more than a symptom. It is a player in processes of risk and resilience. Coping, because it describes the ongoing transactions between humans and the demands present in daily life, can be considered a "proximal process," that is, a major driver of development. How a toddler, child, adolescent or adult deals with the normative stressors they encounter at home, at school, at work, and in the

neighborhood plays a decisive role in the ongoing development of appraisals of stress, coping resources and vulnerabilities. This is especially true for children and adolescents, but stress and coping likely play significant roles in emotional, social, cognitive, and personality development all across the life span.

(See also Approach and avoidance orientations; Emotion regulation, developmental influences; Families, coping with cancer; Resilience; Social support, nature of; Stress and relationships; Vulnerability- stress-adaptation model.)

### **Further Reading**

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### **Author Information**

Melanie J. Zimmer-Gembeck  
Griffith University

Dr. Ellen A. Skinner  
Portland State University

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