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The socialization of adolescent coping behaviours: Relationships with families and teachers

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Abstract

A motivational theory of children's coping identified aspects of relationships—involvement, structure and autonomy support—that are expected to determine whether coping will be characterized by approach (active) or avoidance. Associations between adolescents' ($N = 487$, Age $M = 14$) relationships with families and teachers, and coping behaviours were examined. Whether a Family Primacy Model or a Context-Specific Model best explained the findings was also determined. A Family Primacy Model received predominant support; adolescents with more positive family relationships used more active coping with problems at home and school. Positive relationships with teachers predicted more active coping behaviours, especially at school.

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Introduction

Coping behaviours are mechanisms to decrease or alter sources of stress and distressing emotions when encountering stress. Broadly, coping has been most often defined as the repertoire of responses people employ when faced with problems that threaten to impinge upon their

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physical or emotional equilibrium (Pearlin & Schooler, 1978). Because of the importance of effectively managing stressful events, there is much research that has examined how individuals cope with stress, and the outcomes associated with stressful events when combined with different coping responses.

Although much research on children's stress and coping has been in the area of psychological functioning and competencies (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001), theories of coping in childhood and adolescence have placed greater focus on socialization processes (Skinner, 1995, 1999; Wolchik & Sandler, 1997). For example, theorists have emphasized the importance of understanding how dimensions of parent-child relationships may influence children's coping behaviours (Skinner & Wellborn, 1994), and researchers have studied parents' socialization of children's coping behaviours (e.g. Kliever, Fearnow, & Miller, 1996). In a recent review, Compas et al. (2001) proposed that researchers "need to pay closer attention to the social context in which children encounter and try to cope with stress" (p. 122). It is logical to expect that relationships with others would impact coping behaviours, given that children and adolescents' close relationships with others have been found to be important to adaptive functioning in other areas (e.g. academic achievement and conduct; Eccles, Early, Frasier, Belansky, & McCarthy, 1997; Steinberg, 2001; Bornstein, 2002).

Coping is a complex process and, partly as a result of this complexity, there has been little consensus regarding the behaviours to include within the domain of coping (Skinner, Edge, Altman, & Sherwood, 2003). This has been even more difficult given the conceptual and definitional overlap of constructs such as emotion-regulation, self-regulation and resilience with coping (Compas et al., 2001).

After considering this complexity, a situation-specific approach to measuring adolescents' coping behaviours was used in the current study and multiple dimensions of coping were assessed. We examined the associations between relationships with family and teachers on two of the most commonly used dimensions of coping—approach (active) and avoidance—when young people experienced problems in the domains of school and home. Approach coping behaviours are active responses that include behaviours that orient individuals toward stress to confront the experience and attempt to manage it. These are responses that entail engagement. In addition, changing ways of thinking or behaving to resolve stressful events and seeking to understand the situation better are also active and engaged coping behaviours. In contrast, avoidance coping responses encompass behaviours that allow one to move away from a stressful event (i.e. to disengage). Avoidance coping was defined as cognitive or other strategies that deny or minimize the threat or behavioural attempts to avoid confronting the stressful situation. In past studies, avoidance coping has also included wishful thinking or imagining things were better (Ebata & Moos, 1991; Skinner et al., 2003). In the current study, wishful thinking was maintained as a third coping dimension. Wishful thinking involves some disengagement from the stressful experience, but also has aspects of approach because there is a need for attention to a target other than the stressor (Ayers, Sandler, & Twohey, 1998; Compas et al., 2001; Cunningham, 2002). The three categories of coping were referred to in the current study as 'active', 'avoidant' and 'wishful thinking.'

By primary school, children use both active and avoidant coping strategies (Ayers, Sandler, West, & Roosa, 1996). In fact, using behaviours from each category may be adaptive depending on the situation (Cunningham, 2002; Skinner et al., 2003), and moderate positive intercorrelations have been found between active and avoidant coping scores in children (Ayers et al., 1996).

Nevertheless, active coping behaviours have been most often associated with higher competence, positive functioning and health (e.g. Benight et al., 1997; Smith, 1993), and avoidant coping behaviours have been associated with less competence, poorer adaptation, and are more common when stress levels are high (Sieffge-Krenke, 1995; see also Compas et al. (2001) for a review). For example, children who report using more avoidant coping behaviours also have more depressive symptoms (Nolen-Hoeksema, Girgus, & Seligman, 1991).

The aim of the current study was to determine whether positive relationships with family and teachers were associated with more use of active coping behaviours, and less use of avoidant and wishful thinking behaviours, when adolescents experienced stress at home and school. An additional aim was to examine when a Family Primacy Model or a Context-Specific Model (see Barber & Olsen, 1997) best explained the socialization of adolescents' coping behaviour. If family relationships were most influential regardless of the context in which coping behaviours occurred, it was concluded that a Family Primacy Model was supported. If relationships within a context (e.g. the school) were most important to adolescents' coping behaviours in that same context, it was concluded that there was support for a Context-Specific Model.

Self-determination theory and a motivational theory of coping

Motivational theorists have placed “central importance on motivational factors or valued wants that energize and direct [an individual's] actions” (Smith, 1993, p. 69). Self-determination theory (SDT; Deci & Ryan, 1985) is one motivational theory that has been applied to the study of children's coping (Skinner & Wellborn, 1994; Skinner, 1995). SDT posits that individuals have psychological needs for relatedness, competence and autonomy. Social contexts (e.g. the home or the school) support these needs by providing (a) involvement (warm, connected relationships) rather than hostility and rejection, (b) structure (a predictable environment) rather than chaos, and (c) autonomy support (e.g. providing opportunities for decision-making) rather than coercion. Central to a motivational theory of the development of coping is the understanding that the extent to which individuals have these needs met within their environments will determine whether their coping or pattern of actions when facing stress will be one of engagement (i.e. effortful or active behaviours) or withdrawal (i.e. passive or avoidant behaviours) (Skinner & Wellborn, 1994). In other words, social environments that include relations that are connected and warm, that are structured and predictable, and include support for personal decision-making are expected to promote active coping behaviours. Social environments that include relationships with others that are hostile, and that are chaotic and coercive are expected to be associated with avoidant coping responses. In the current study, we assessed adolescents' perceptions of their teachers and families as warm or hostile, predictable/structured or chaotic, and autonomy supportive or coercive.

Socialization of coping

There has been relatively little empirical study of the socialization of coping behaviours by family members and teachers. However, the family has been proposed as the most powerful context within which coping socialization occurs (e.g. Dusek & Danko, 1994; Harvey & Byrd, 2000; Kliewer et al., 1996). Potential family influences on children's coping that have been

identified include parent coaching and modelling, the quality of the parent–child relationship, the family environment and family structure (Kliewer et al., 1996).

The family environment does have a significant impact on children and adolescents' development in many domains (e.g. Baumrind, 1991, 1996; Steinberg, 2001). For example, parents who provide their children with a high level of warmth and emotional availability (involvement), moderate restrictiveness in the form of reasonable limits (structure), but at the same time considerable freedom to explore the environment (autonomy support) have children who are more competent and prosocial than those exposed to other parenting styles (Lamborn, Mounts, Steinberg, & Dornbusch, 1991; Dusek & Danko, 1994; Fletcher, Darling, Steinberg, & Dornbusch, 1995; Gray & Steinberg, 1999). In addition, family environments have been found to influence active coping behaviours of children (Kliewer et al., 1996). Cohesive, low conflict, communicative families were more likely to model active coping behaviours for children, and had children who more frequently use active coping behaviours and exhibited less problem responses when dealing with stressful events. Few other studies have examined whether parent–child relationships are associated with children's coping at home or at school.

Socializing agents other than parents, such as those working in educational institutions, are also very likely to play a role in the behaviour of young people. Although relevant theory is available (Eccles, Wigfield, & Schiefele, 1998; Skinner, Zimmer-Gembeck, & Connell, 1998), the extent to which relationships formed within the academic domain has the potential to influence coping behaviours when experiencing stress at school remains a fairly underexplored area. Teachers and classroom settings that provide relatedness, structure and autonomy support may assist children to move past obstacles and challenges through the use of effective coping behaviours (Skinner & Wellborn, 1997).

Teacher–child interactions are predictive of motivation in the classroom, as well as academic and behavioural adjustment (e.g. Pianta & Nimetz, 1991; Goodenow, 1993; Pianta, Steinberg, & Rollins, 1995; Skinner et al., 1998; Roeser & Eccles, 2000; Hamre & Pianta, 2001). In one longitudinal study, children's perceptions of their teachers' warmth and structure were associated with their perception of their own competence in the classroom (Skinner et al., 1998). The benefits of supportive interactions and the deficits from unsupportive relationships within the academic domain were found to be cumulative across three years, with a decline in perceptions of control and competence found to occur when students perceived a decrease in the level of teacher warmth and structure over time. Others have found that teacher–student relationships influenced adolescents' functioning (Eccles & Wigfield, 1995; Ryan & Solky, 1996; Barber & Olsen, 1997; Skinner et al., 1998).

Operationalization of coping and study aims

Researchers have used a variety of approaches to measure coping (see review by Skinner et al., 2003). Two commonly used methods can be labelled as the 'dispositional approach' and the 'situation-specific approach'. The dispositional approach asks participants to report on their general coping tendencies when faced with problems (Cohen, 1991; Lazarus, 1999; Lazarus & Folkman, 1984; Schwartz, Neal, Marco, Shiffman, & Stone, 1999). This method taps general coping response tendencies. In contrast, a situation-specific approach asks participants to report on coping responses when thinking about recent problems. This approach has been posed as more sensitive to between context differences in coping behaviours (e.g. home and school; Cohen, 1991; Lazarus, 1999).

The situation-specific approach was used in the current study because the coping behaviours within different contexts (home and school) were of interest. The situational approach allowed for the possibility that stressful events at home and school may come with different opportunities for coping behaviours. Nevertheless, it was expected that there would be some dispositional aspects of coping, so that coping behaviours in different domains would be moderately correlated as has been found in previous studies (Carver, Scheier, & Weintraub, 1989). The evidence of moderate correlations across domains suggests that disposition does not play the only role; environmental constraints or socialization within contexts also may be important. Furthermore, measurement error has been reduced when individuals have been asked to reflect on recent stressful events when reporting coping behaviours (Cohen, 1991). Hence, adolescents reported on their coping with recent problems at home and school.

In sum, two models of socialization were examined in the current study. A Family Primacy Model, which asserts that socialization experiences within the family have a predominant influence over a child's coping behaviours, was examined. In addition, a Context-Specific Model was examined. In this model, the 'context' provided by teachers and parents, including involvement, structure and autonomy support, were measures of socialization experiences. A Context-Specific Model was supported if teacher context and family context were associated with adolescents' coping with stress at school and at home, respectively.

Method

Participants and procedure

Following approval by the Human Subjects Review Committee of Griffith University, two schools in an urban, tourist area of Queensland, Australia, were approached and students ($N = 487$, 46% male) who attended grades 8 ($n = 165$, M age = 12.9), 9 ($n = 164$, M age = 13.9) and 10 ($n = 158$, M age = 15.0) at the two secondary schools participated in this study. Both schools had a diverse student population with many transient families (estimated student turnover per year about 25%) and about 75% of students complete high school at both schools. Eighty percent of students reported living with two biological parents or in two-parent blended families, while 18% lived with a single female caregiver. Other students lived with a male caregiver or on their own. Participants represented 67% of students in the schools. Almost all students did not participate because parental consent forms were not returned. Three students in the original 490 participants were missing data and were excluded.

Students completed questionnaires in their home classrooms. In addition to the presence of a researcher, one teacher was present in each group. Students were informed that responses were confidential, that participation was completely voluntary, and that they could withdraw their participation.

Measures

Coping behaviours

Situational-specific coping in response to stress in the school was assessed with the Children's Coping Strategies Checklist (CCSC) (Sandler, Tein, & West, 1994). Students were instructed to

think about the problems they had experienced at school in the last month and rate a series of coping behaviours they used in response to this problem from 1 (did not happen at all) to 5 (happened all the time). The CCSC contained 12 items that measured three active coping dimensions including Cognitive Decision-Making, Direct Problem Solving, and Seeking Understanding. An example item was “I did something to make things better.” Cognitive Decision Making assessed planning or thinking about ways to solve the problem. Direct Problem Solving measured efforts to improve the problem situation. Seeking Understanding assessed efforts to find meaning in a problem situation or try to understand it better.

Eight items measured two avoidant coping dimensions of Avoidant Actions and Repression. An example item from the avoidant coping scale was “I tried to stay away from things that made me feel bad.” Avoidant Actions measured efforts of avoiding the problem by staying away from it or leaving it. Repression assessed repressed thinking of problems.

Four items assessed Wishful Thinking. This scale measured imagining the problem would go away or was better. An example item was “I wished that things were better.”

Following the assessment of coping behaviours at school, similar questions were asked about coping behaviours in response to recent problems at home. Coping items were averaged to form six composite scores—one for each coping category (active, avoidant, wishful thinking) in each domain (i.e. school and home). These scales had good reliability, active coping-school $\alpha = .85$, avoidant coping-school $\alpha = .68$, wishful thinking-school $\alpha = .72$, active coping-home $\alpha = .87$, avoidant coping-home $\alpha = .76$, and wishful thinking-home $\alpha = .79$.

Teacher and family context

The Teacher Provision of Involvement, Structure, and Autonomy Support: Child Report Scale (Skinner, Regan, Wellborn, Snyder, & Johnson, 1997) and The Parent Provision of Involvement, Structure, and Autonomy Support: Child Report Scale (Skinner et al., 1997) assessed teacher and family context. Each dimension had eight positively and eight negatively worded items for a total of 48 items about teachers and 48 items about family. Negatively worded items were reversed and averaged with positively worded items to yield subscale scores for involvement, structure and autonomy support. An example item on the involvement subscale was “my teacher (family) lets me know he/she likes (they like) me.” An example item on the structure subscale was “my teacher (family) explains the reasons for our classroom (home) rules.” An example item on the autonomy support subscale was “my teacher (family) shows me how to do things for myself.”

Intercorrelations between the three subscales within a context were all above .85. Hence, the three subscales were averaged to form two composite measures of relationships with teacher and family. Measures were highly reliable, teacher context (48 items, $\alpha = .96$), family context (48 items, $\alpha = .96$).

Results

Age and coping behaviours

Descriptive statistics and correlations between variables are presented in Table 1. Inspection of correlations revealed that age was negatively associated with relationships with teachers and

family. Older adolescents relative to younger adolescents reported less involvement, structure and autonomy support at home and school. Age was positively associated with four coping measures—active coping at school, avoidant coping at home, and wishful thinking at school and home. Older adolescents relative to younger adolescents used more active and wishful thinking coping behaviours at school, and avoidant and wishful thinking coping behaviours at home.

It was unclear whether correlations between age and coping behaviours indicated that older participants, relative to younger students, were (a) using the same coping behaviours, but using them more frequently or (b) using a greater range of coping behaviours. Hence, to examine this further, counts of the number of active, avoidant, wishful thinking and total coping behaviours ‘selected’ in each domain were completed. Selection was defined as a response to an item greater than 2 (“rarely happened”). Non-selection was a response of 1 (“never happened”) or 2. Age was positively associated with counts of active, avoidant and wishful thinking coping behaviours used in response to problems at school, $r = .15, p < .01$; $r = .10, p < .05$; $r = .11, p < .05$, respectively, and the number of wishful thinking strategies used in response to problems at home, $r = .12, p < .05$. It appears that older participants endorsed a somewhat higher number of different coping behaviours than younger participants, especially in the school domain. However, these correlations were small in magnitude indicating fairly weak associations between numbers of coping behaviours used and age.

Intercorrelations of coping behaviours and relationships

As has been found in other studies (Ayers et al., 1996), active and avoidant coping behaviours were intercorrelated; there were positive associations between active and avoidant coping with problems at school, $r = .13, p < .01$, and active and avoidant coping with problems at home, $r = .11, p < .05$ (see Table 1). Wishful thinking was also correlated with active and avoidant coping

Table 1

Descriptive statistics, and correlations between age, teacher and family context, and coping with problems at school and home

Domain	1	2	3	4	5	6	7	8	9
1. Age	—								
2. Teacher context	-.11*	—							
3. Family context	-.17**	.46**	—						
Coping at school									
4. Active	.13**	.25**	.18**	—					
5. Avoidant	.06	.01	-.07	.13**	—				
6. Wishful thinking	.12**	.01	-.08	.38**	.29**	—			
Coping at home									
7. Active	.04	.32**	.33**	.63**	.08	.32**	—		
8. Avoidant	.10*	-.17**	-.32**	.03	.44**	.27**	.11*	—	
9. Wishful thinking	.11*	.02	-.14**	.22**	.24**	.64**	.39**	.42**	—
Mean	13.90	3.81	3.22	2.84	3.41	3.50	3.29	2.93	3.46
S.D.	.97	.66	.72	.73	1.00	.66	.62	.62	.89

* $p < .05$. ** $p < .01$.

at school, $r = .29, .38$, respectively, p 's < .01, and at home, $r = .39, .42$, respectively, p 's < .01. Adolescents who used more active, avoidant or wishful thinking coping behaviours in one domain also used more of the same coping category in the other domain, r 's ranged from .44 to .64, p 's < .01. Additionally, students who reported more positive relationships with teachers were also relatively more likely to report positive relationships at home $r = .46, p < .01$.

Associations of coping at school with teacher and family context

Three hierarchical multiple regression models were estimated to examine the contributions of age, gender and relationships to each measure of coping at school (Table 2). In each model, the independent variables of gender and age were entered in step one, family context was entered in step two, and teacher context was entered in step three.

In the first model shown in Table 2, active coping with problems at school was the dependent variable. In step 1, it can be seen that young people were more frequent users of active coping behaviours at school as they got older, but there was no association between gender and active coping. In step 2, adolescents' relationships at home accounted for an additional 4% of the variance in the frequency of active coping with problems at school. In step 3, relationships with teachers accounted for another 4% of the variance in active coping with problems at school. Therefore, more positive family and teacher relationships were predictive of more frequent use of active coping behaviours at school. The two other models shown in Table 2 indicated that family and teacher relationships were not associated with avoidant coping or wishful thinking at school. Yet, age and gender were positively associated with wishful thinking indicating that older adolescents and females, relative to younger participants and males, used more wishful thinking to cope with problems at school.

Associations of coping at home with teacher and family context

Three hierarchical multiple regression models were estimated to examine the contributions of age, gender, and family and teacher relationships to each measure of coping at home (Table 3). In each model, the independent variables of gender and age were entered in step 1, family context was entered in step 2, and teacher context was entered in step 3.

In the first model shown in Table 3, active coping with problems at home was the dependent variable. In step 1, age and gender were not associated with active coping with problems at home. In step 2, family context was significantly positively associated with active coping with problems at home and accounted for 12% of the variance. Teacher context, entered in step 3, accounted for additional variance (4%). In total, measures of family context and teacher context accounted for 16% of the variance in adolescents' active coping behaviours in the home domain. As was found in the school domain, increasingly positive family relationships and relationships with teachers were predictive of more frequent use of active coping behaviours at home.

In the second model, avoidant coping behaviour when having problems at home was regressed on gender, age, and family and teacher relationships (Table 3). In step 1, age was positively associated with avoidant coping at home indicating that older participants relative to younger participants used more avoidant strategies. Gender was not associated with avoidant coping behaviours at home. In Step 2, family context was significantly negatively associated with

Table 2
 Hierarchical regression models that regressed adolescents' coping behaviors at school on gender, age, and family and teacher context ($N = 487$)

Independent Variables	DV: Active coping			DV: Avoidant Coping			DV: Wishful Thinking Coping		
	R^2	B (SE B)	β	R^2	B (SE B)	β	R^2	B (SE B)	β
Step 1	.02			.00			.04		
Gender		.10 (.06)	.08			-.04 (.06)			.30 (.08) .17**
Age		.08 (.03)	.13**			.03 (.03)			.12 (.04) .13**
Step 2	.06			.01			.05		
Gender		.10 (.06)	.08			-.04 (.06)			.30 (.08) .17**
Age		.11 (.03)	.17**			.03 (.03)			.11 (.04) .12**
Family context		.19 (.04)	.20**			-.07 (.04)			-.09 (.06) -.07
Step 3	.10			.01			.05		
Gender		.06 (.06)	.05			-.05 (.06)			.29 (.08) .17**
Age		.11 (.03)	.17**			.03 (.03)			.11 (.04) .12**
Family context		.10 (.05)	.11*			-.08 (.05)			-.11 (.07) -.08
Teacher context		.20 (.05)	.22**			.05 (.05)			.04 (.07) .03

* $p < .05$. ** $p < .01$. DV = dependent variable.

Table 3
Hierarchical regression models that regressed adolescents' coping behaviors at home on gender, age, and family and teacher context ($N = 487$)

Independent variables	DV: Active Coping			DV: Avoidant Coping			DV: Wishful Thinking Coping		
	R^2	B (SE B)	β	R^2	B (SE B)	β	R^2	B (SE B)	β
Step 1	.00			.01			.05		
Gender		.02 (.07)	.01		-.01 (.07)	.00		.37 (.09)	.18**
Age		.03 (.03)	.04		.08 (.03)	.10*		.12 (.05)	.12*
Step 2	.12			.10			.06		
Gender		.08 (.06)	.01		.00 (.06)	.00		.38 (.09)	.19**
Age		.08 (.04)	.10*		.04 (.03)	.04		.10 (.05)	.10*
Family context		.37 (.05)	.35**		-.34 (.05)	-.31**		-.19 (.07)	-.13**
Step 3	.16			.10			.07		
Gender		-.04 (.06)	-.03		.01 (.06)	.01		.35 (.09)	.18**
Age		.08 (.03)	.11*		.04 (.03)	.05		.10 (.05)	.10*
Family context		.27 (.05)	.25**		-.33 (.05)	-.30**		-.25 (.08)	-.16**
Teacher context		.24 (.05)	.22**		-.03 (.05)	-.03		.12 (.08)	.08

* $p < .05$. ** $p < .01$. DV = dependent variable.

avoidant coping at home accounting for 9% of the variance in avoidant coping behaviours. Hence, adolescents used fewer avoidant coping strategies at home when they had more positive family relationships. In step 3, the measure of teacher relationships was not significantly associated with avoidant coping behaviours at home and there was no significant change in R^2 .

In the last model shown in Table 3, adolescents' wishful thinking when having problems at home was regressed on gender, age, family context, and teacher context. In step 1, gender and age were significantly associated with wishful thinking at home; females and older participants used more wishful thinking than males and younger participants. Gender and age accounted for 5% of the variance in this step of the model. In step 2, family context accounted for an additional 1% of the variance. Adolescents who reported more positive family relationships were less frequent users of wishful thinking to cope with problems at home. Finally, in step 3, teacher context was not significantly associated with wishful thinking at home.

Discussion

To some extent, adolescents' ways of coping with stress are likely to have been socialized by significant others. Young people spend most of their time in two contexts—the home and the school. Coping theorists have highlighted the possibility that parents and teachers do socialize adolescents' coping behaviours (Skinner & Wellborn, 1994; Skinner, 1995, 1999; Sandler, Wolchik, MacKinnon, Ayers, & Roosa, 1997; Compas et al., 2001). In the current study, adolescents' positive relationships with parents and teachers were expected to promote active coping behaviours and reduce avoidant behaviours in response to problems at both home and school. This study adds to theoretical perspectives on young peoples' development of coping as the empirical study of the socialization of coping has been limited despite the important developmental outcomes that have been associated with coping behaviours such as well-being, depression and suicidal thoughts (Ebata & Moos, 1994; Sieffge-Krenke, 2000).

Explanation of adolescent coping: a Family Primacy or Context-Specific Model?

Family socialization of coping. In the current study, a Family Primacy Model received most support. Socialization experiences within the family had a predominant influence over adolescents' coping behaviours. Adolescents who had more positive relationships with parents used more active coping strategies, and used fewer avoidant strategies and less wishful thinking when they had problems at home. More specifically, adolescents are more likely to face challenges or problems experienced at home by dealing with these directly—they are likely to actively respond to problems by thinking about and planning ways to solve them—if they live in a home with caregivers who are perceived as expressing more warmth and less hostility, who provide clearer guidelines and a less chaotic living environment, support and allow for young people's choices and decision-making, and are less coercive. Conversely, adolescents are less likely to try to avoid problems experienced at home and to rely on wishful thinking as coping strategies when they live in family environments with more of these characteristics. The findings of this study are consistent with one of the few previous empirical studies of the impact of family socialization on coping behaviours (Kliewer et al., 1996). In this previous study, higher quality family

relationships—assessed using parent perceptions of the family environment and child's perception of relations with parents—were associated with children and early adolescents' (M age = 10.5 years) more frequent use of active coping strategies (measured using a dispositional approach). Further, greater negativity by parents was related to an increased use of avoidant coping behaviours.

Adolescents' coping behaviours at school. A composite of parental involvement, structure and autonomy support was also associated with adolescents' active coping behaviours in the school environment. This finding is consistent with the Family Primacy Model. However, this association remained significant, but was much reduced, in a multivariate model that accounted for the influence of relationships with teachers. Hence, findings also provide evidence for the influence of teachers, but the influence of teachers was limited to adolescents' greater use of active coping behaviours in response to problems. Teacher–student relationships were not associated with adolescents' avoidant coping behaviours or wishful thinking in response to stress at school.

Teachers' socialization of coping. Teachers' more limited influence on coping behaviours was unexpected, but not completely surprising. Others have noted that the nature of the school environment makes avoidant coping behaviours more difficult to implement (Skinner, 1995; Cunningham, 2002). Young people may not have much opportunity to avoid stressors, as constraints on behaviour may be less flexible at school than at home (Skinner & Wellborn, 1994; Fields & Prinz, 1997). For example, it is very difficult to avoid a stressful examination at school, but it may be possible to be less active in coping with the stress this may cause. One possibility, therefore, is that teachers may have less influence on avoidant coping behaviours and wishful thinking, but can provide socialization experiences that encourage adolescents' active coping behaviours when they have problems.

There was an association between relationships with teachers and adolescents' greater use of active coping with problems at home. This finding was also unexpected and does not support a Family Primacy or a Context-Specific Model. Instead, it appears that relationships with parents and teachers are both influential agents when the outcome is active coping regardless of the context. Others have also reported that teacher–student relations can impact on young people's functioning when they are outside the school (i.e. at home; Pianta & Nimetz, 1991). Further, these findings are consistent with previous studies that have examined the impact of adolescents' relationships with parents and teachers on functioning in other domains (Barber & Olsen, 1997; Eccles et al., 1997; Herman, Dornbusch, Herron, & Herting, 1997). Eccles et al. (1997) reported that relationships within the social contexts of both home and school were found to make unique contributions to functioning and the family was the prime source of influence on adolescents' functioning, but relationships with teachers were also important in multiple domains.

When compared to the large quantity of literature on parent–adolescent relationships (e.g. Baumrind, 1991; Gray & Steinberg, 1999), there has been less study of the importance of teacher–student relations for adolescents' continued adaptation and development. Some studies (e.g. Hamre & Pianta, 2001; Alvidrez & Weinstein, 1999) provide empirical evidence of the importance of teacher–student relations from the early years throughout adolescence, and longitudinal studies have reported that earlier relationships with teachers influence students' later levels of functioning (Roeser & Eccles, 1998; Skinner et al., 1998).

Measurement of coping and small effect sizes

Measurement challenges of the current study, the generally modest effect sizes, and the use of only adolescent report of information must be mentioned as study limitations. First, the choice of coping assessment was guided by a conceptualization of coping as situational and differentially influenced by aspects of different contexts. Situation-specific approaches to measuring coping tend to be more reliable than dispositional approaches (Lazarus, 1999). Yet, operationalization difficulties also exist when using situation-specific approaches. Lazarus (1999) expressed some concern that when individuals are asked to reflect on how they usually coped with specific problems that have occurred recently, a more socially desirable response may be provided. Additionally, problems experienced at home and at school can fall into a number of different categories. At school these can include, for example, academic problems, problems with peers, and problems with authority figures. Coping behaviours may differ across these situations, even when they occur within the same general environment. Hence, accuracy of responses regarding coping behaviours at home and school may not be ideal even with the approach used in the current study (i.e. a situational, well-validated measure of coping that has been widely used with the age group under investigation; see Ayers et al., 1996).

An additional concern was the measurement reliability of active and avoidant coping behaviours. Researchers have determined that the measurement of avoidant coping behaviours is more problematic when compared to the measurement of active coping behaviour (e.g. Ebata & Moos, 1991; Sandler et al., 1994; Kliever et al., 1996), and this was the case in the current study. Avoidant coping behaviours are usually more covert whereas active coping behaviours are more easily observed (Kliever et al., 1996). This may affect self-report data if it was easier for individuals to recall their active behaviours accurately than their avoidant behaviours because avoidant behaviours were less observable and recognizable even by the individual using the behaviours. In addition, the positive correlations found between active and avoidant coping in both the current study and in previous studies (e.g. Sandler et al., 1994) indicate that one set of behaviours may not be used at the expense of others, and one set may not always be adaptive and the other always maladaptive.

The second issue to address, relatively modest effect sizes, may have partly been the result of the multiplicity of problems that adolescents may have considered when completing questionnaires and the difficulties with retrospective measures of coping behaviours (regardless of the short lag between the behaviours and reporting used in this study). These measurement issues likely attenuated effect sizes. The next task for researchers is to be more specific about the nature of the stressors to be examined, the coping behaviours and regulation strategies that adolescents use in response to these events, and the dimensions of relationships that assist young people.

Finally, a third limitation of this study is the use of one source of information, adolescents, for data on coping and relationships. This method may have inflated associations between relationships and coping behaviours in different domains because of shared method variance and/or other variables that vary across children and are associated with relationships with others and coping behaviours (i.e. a third variable problem). This is a challenge to overcome, as adolescents are probably the best sources of this information. Yet, observations might be a promising approach for the future study of adolescents' coping behaviours. Also, it seems possible to design experiments to test some of the key findings presented here.

Conclusions

In sum, results from this study provide support for aspects of the motivational model of the development of coping postulated by Skinner and Wellborn (1994; Skinner, 1995, 1999). Composite measures of family and teacher relationships are significantly associated with adolescents' active coping behaviours both within and across domains. When young people reported that their parents and teachers provided interactions that should support relatedness, competence and autonomy, they reported coping with problems in a more active manner. Overall, in the study, the family is the prime socializer of coping, even in adolescence, and home environments that promote belonging and competence influence their adaptation in the form of more active and fewer avoidant coping behaviours. Nevertheless, positive teacher–student relationships are important and associated with more active coping behaviours, especially when adolescents have problems at school.

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