

Adolescent Coping

Theoretical and Research Perspectives

Erica Frydenberg

with a foreword by
Sanford M. Dornbusch



ADOLESCENCE AND SOCIETY SERIES

**Also available as a printed book
see title verso for ISBN details**

Adolescent Coping

Adolescence is a time when coping is very important, since many new experiences and responsibilities are thrust upon individuals. Young people need to learn to cope in a variety of settings, including school, home, peer groups and the workplace, and with a range of life problems, such as divorce and examinations.

Erica Frydenberg provides a clear account of current research and thinking on coping, illustrated by the voices of young people. *Adolescent Coping* focuses on how young people manage a range of life problems, and on the coping styles of particular groups, such as the gifted and those with an illness. The author addresses the relationships between coping and age, gender and ethnicity, and between family functioning and coping. She also considers the measurement of coping, how we learn to cope, and such areas as social support and depression.

Adolescent Coping will be of interest to students and practitioners of psychology, social work, sociology, education and youth and community work, as well as to an audience of parents and adolescents.

Erica Frydenberg is Senior Lecturer at the University of Melbourne and has worked extensively with adolescents. She developed the Adolescent Coping Scale in 1993 (with Ramon Lewis, and now published in a Spanish edition) and has authored and co-authored some thirty publications in the area of Adolescent Coping, including *Coping for Capable Kids* (with Leonora Cohen, 1993 and 1995 editions).

Adolescence and Society

Series editor: John C.Coleman

The Trust for the Study of Adolescence

The general aim of the series is to make accessible to a wide readership the growing evidence relating to adolescent development. Much of this material is published in relatively inaccessible professional journals, and the goals of the books in this series will be to summarise, review and place in context current work in the field so as to interest and engage both an undergraduate and a professional audience.

The intention of the authors is to raise the profile of adolescent studies among professionals and in institutions of higher education. By publishing relatively short, readable books on interesting topics to do with youth and society, the series will make people more aware of the relevance of the subject of adolescence to a wide range of social concerns.

The books will not put forward any one theoretical viewpoint. The authors will outline the most prominent theories in the field and will include a balanced and critical assessment of each of these. Whilst some of the books may have a clinical or applied slant, the majority will concentrate on normal development.

The readership will rest primarily in two major areas: the undergraduate market, particularly in the fields of psychology, sociology and education; and the professional training market, with particular emphasis on social work, clinical and educational psychology, counselling, youth work, nursing and teacher training.

Also available in this series

Adolescent Health

Patrick C.L.Heaven

Identity in Adolescence

Jane Kroger

The Nature of Adolescence (second edition)

John C.Coleman and Leo Hendry

The Adolescent in the Family

Patricia Noller and Victor Callan

Young People's Understanding of Society

Adrian Furnham and Barrie Stacey

Growing up with Unemployment

*Anthony H.Winefield, Marika
Tiggermann, Helen R.Winefield
and Robert D.Goldney*

Young People's Leisure and Lifestyles

*Leo B.Hendry, Janet Shucksmith,
John G.Love and Anthony Glendinning*

Sexuality in Adolescence

Susan Moore and Doreen Rosenthal

Adolescent Gambling

Mark Griffiths

Youth, AIDS and Sexually Transmitted Diseases

*Susan Moore, Doreen Rosenthal
and Anne Mitchell*

Fathers and Adolescents

*Shmuel Shulman and Inge
Seiffge-Krenke*

Adolescent Coping

Theoretical and research perspectives

Erica Frydenberg



London and New York

First published 1997
by Routledge
11 New Fetter Lane, London EC4P 4EE

This edition published in the Taylor & Francis e-Library, 2002.

Simultaneously published in the USA and Canada
by Routledge
29 West 35th Street, New York, NY 10001

© 1997 Erica Frydenberg

All rights reserved. No part of this book may be reprinted or reproduced or utilised in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage and retrieval system, without permission in writing from the publishers.

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

Library of Congress Cataloguing in Publication Data

Frydenberg, Erica, 1943–

Adolescent coping: theoretical and research perspectives/Erica
Frydenberg.

p. cm.—(Adolescence and society)

Includes bibliographical references (p.) and index.

I. Adjustment (Psychology) in adolescence. I. Title.

II. Series.

BF724.3.A32F78 1996

96–14317

155.5'1824—dc20

CIP

ISBN 0-415-11211-7 (hbk)

ISBN 0-415-11212-5 (pbk)

ISBN 0-203-13585-7 Master e-book ISBN

ISBN 0-203-17852-1 (Glassbook Format)

To my children, Joshua and Lexi,
and all the young people who have contributed their stories

P = person

S = situational determinant

$$C = f(P + S + pS)$$

c = Coping

pS = perceived situation

Contents

<i>List of illustrations</i>	viii
<i>Foreword by Sanford M.Dornbusch</i>	ix
<i>Preface</i>	xii
<i>Acknowledgements</i>	xv
Introduction	1
1 Adolescence: stresses and concerns	6
2 What is coping?	25
3 The measure of coping	48
4 The correlates of coping: what difference does temperament, age or self-concept make?	68
5 So boys and girls do it differently: gender and coping	81
6 Coping in the family	101
7 Social support—the upside and downside	125
8 Coping with depression and developing resilience	139
9 Who are the gifted and how do they cope?	155
10 Learning to cope	175
11 Where to from here? Overview of the field to date: promise and prospect	198
<i>References</i>	204
<i>Index</i>	226

List of illustrations

FIGURES

2.1	Diagrammatic representation of coping	37
3.1	Lara's coping profile	65
3.2	Martin's coping profile	67
9.1	James's and Daina's coping profiles	169
10.1	Catherine's cartoon: 'Is this like you?'	182
10.2	Escape from the box: opening the walls with a jack	196

TABLES

1.1	Indicators of stress in adolescence	22
3.1	Adolescent coping inventories	51
4.1	Personality type and coping	70
5.1	Summary of adolescent coping research—gender differences	95
6.1	The relationship between perceived family functioning and coping	115

Foreword

If life is just one damn thing after another, then coping (perceiving and reacting to those damn things) is the active aspect of living. Everyone must endure uncertainty, pain, success, and sorrow, but the way one copes with each day's demands defines each individual. To live is to cope, and suicide is the only response to life's problems that does not require coping skills.

In this unusual book, Erica Frydenberg focuses on adolescent coping. Her portrayal emphasizes a central aspect of all human experience, that coping depends on each individual's perception of the world and of the self. The world is not a given; it is defined by each perceiver.

This book uses several devices to organize the diverse, and often divergent, findings from a large body of empirical research. First, coping is related to such variables as temperament, age, self-concept, and gender. Second, the family is examined, both as an arena in which adolescents must cope, and as an environment in which adolescents learn, often inadvertently, from their observation of the coping behaviors of other family members. Third, there is a focus on certain specific topics, such as social support, depression, and resilience. Finally, there is a discussion of interventions to teach effective ways of coping to adolescents.

In this volume, coping successfully serves as a window to other diverse and important adolescent processes. For example, gifted adolescents experience stress due to their own perfectionism and their lack of past failures. In general, success in some domain of achievement leads to greater optimism and more functional coping. Yet, accustomed to success, the gifted may employ high standards in their self-evaluated outcomes and see failure where others might see relative success. In some cases, the gifted adolescents' lack of experience with failure reduces their ability to cope with unexpected reverses. In reviewing such findings, Frydenberg makes clear the complexity of the world as it is perceived by adolescents. If helpful interventions are to be designed, researchers must understand the goals and concerns of the adolescents themselves.

We are in Dr. Frydenberg's debt for her willingness to scour the psychological literature to bring together the findings of numerous researchers, some of whom never imagined they were examining some aspect of coping. For scholars interested in such topics as self-esteem, attribution, or the relative predictive power of individual traits or situations, this book impressively summarizes numerous key studies and manages to point out what is known and how much is unexplained. For example, I was one of the authors of a recently accepted paper on dysfunctional attributions among adolescents. With some chagrin, I can now state that the study would have been better grounded theoretically if the attributional behaviors had been related to research summarized by Frydenberg on ways of coping with success and failure.

There appears to be no magic formula for coping, or, at least, the formula is not a simple one. The product of Frydenberg's exhaustive, but not exhausting, survey is a short list of consistent research results, accompanied by a laundry list of puzzling and inconsistent findings. If I were a psychologist, this analysis of previous studies would make it easy to see places where, in the usual phrase, "further research is needed."

But that is only the beginning of the path-finding attraction of this book. Frydenberg uses the perspectives of Lazarus and Lewin to portray coping behavior as a function of the person, the situation, and, most important, the personal perception of each problematic situation. The result is a phenomenological approach to the choice of coping responses and to the assessment of their results. There is no substitute, given this theoretical stance, for adolescents describing, from their unique perspective, their problems, their sense of self-efficacy, the armory of coping behaviors from which they select a response, and the ways in which success or failure are defined by the adolescent and not by outside judges.

The quotations from particular adolescents are often long, but their length adds to their liveliness and importance. Far from being bored, I wished they could go on and on, giving us more examples of person-situation interaction. Even more than the summaries of research findings, these rich qualitative selections convince the reader of the importance of better understanding the coping mechanisms chosen by specific adolescents in specific situations.

My personal judgment of the current state of the field is both positive and negative. This book succinctly reinforces the demise of an oversimplified stimulus-response psychology. Here, human beings are active agents, selectively perceiving problematic situations in ways that reflect past histories, current goals, and societal standards. Each individual must also choose ways of overcoming obstacles from an arsenal of previously developed mechanisms for coping. With coping predominantly influenced

by each context rather than by stable personality characteristics, it is appropriate to see each human being as coping in individual, perhaps unique, ways.

But such individuality is a problem for the study of coping. A better theoretical underpinning is needed if there is to be scientific analysis of coping behaviors. For example, in the coping literature there seem to be more adequate conceptualizations of the qualities of individuals than of the characteristics of situations. In addition, the types of coping behaviors examined by researchers are often atheoretical and ad hoc, not determined by a set of cross-cutting dimensions. Building on this volume, which reports the current state of knowledge of adolescent coping, future researchers must seek over-arching formulations that permit broad generalizations about the coping behaviors of unique individuals in changing situations.

Sanford M.Dornbusch
Stanford University

Preface

The guiding principle that underscores this volume is the belief that focusing on what we do, and the resources that we have, enables us to move forward in the lifelong process of learning and development. This approach assists us to engage in the development of coping repertoires. We can learn from research, reflection and interpersonal interaction but ultimately it is what we do that makes a difference.

This volume on adolescent coping is both generic, in that it comments on the life and practices of adolescents, and it is particular in that it focuses on one aspect of the psychosocial competence of young people, coping. It complements volumes that present comprehensive general reviews of adolescent development (Feldman & Elliott, 1990; Coleman & Hendry, 1990; Heaven & Callan, 1990) and particular volumes that relate to, for example, adolescent sexuality (Moore & Rosenthal, 1993), young people's leisure and lifestyles (Hendry *et al.*, 1993) and adolescence and family life (Noller & Callan, 1991).

For a long time psychologists have been preoccupied with stress and the individual's response to stress. There are normative stresses (such as getting a driver's licence, passing the final year of one's schooling and so on), and there are non-normative stresses (for example, separation of parents, having an accident, dealing with illness, quarrels in the family, to name a few). A distinction can be made between social resources—for example, family and friends—psychological resources in the form of self-esteem, and coping repertoires. Resources generally include such things as abilities, traits, knowledge, skills, physical health, self-esteem, family support and so on.

Coping is what one does: it is the cognitive and behavioural strategies that are used to deal with the demands of everyday living. The thoughts, feelings and actions make up the coping strategies that are called on to varying extents in particular circumstances to manage concerns. Coping skills can be developed through previous experience, observing others, perception of one's own biological disposition, social persuasion and so

forth. In recent years there has been a burgeoning of interest in how people cope and the factors that determine how we manage our different concerns. What is clear is that young people benefit from understanding themselves and they can and do learn from one another. There are consistent findings that relate to age, gender and context in which coping occurs.

While coping is a convenient way to characterise a host of human activities, as a phenomenon it remains relatively elusive. There is ongoing research and emerging advice on the best way to deal with particular situations, the role of heredity and environment, the school and the family, ability to learn across the life span and so on. For over thirty years psychologists from many fields have focused their research skills and theorising on the area of stress and coping research. Publication of research on coping has increased from early beginnings in the 1960s when there was an average of ten articles reported annually in *Psychology Abstracts*, to a period in the mid-1990s when the publication rate grew to an average of 100 each month. This growth in interest remained confined in the main to the adult arena. Interest in adolescent coping is a relatively recent phenomenon with an occasional article appearing each month over a similar time span until recent years, when the annual output has ranged between three to eight per month. This lack of output mirrors the fact that much of our theorising and practice in psychology has reflected an adult-centric orientation. The time has come for adolescent coping research and practice to draw its inspiration and momentum from earlier work and to emerge as a significant field of research and practice in its own right.

In keeping with the objective of the series, to make psychology accessible to a wide readership, it is the aim of this volume to summarise, review and place in context current work in the field of adolescent coping. Interest in this area and the growing body of research reflect attempts to move from a focus on pathology and the ways in which people mismanage their lives, to one that attempts to make sense of human ability and development. Thus it is timely to bring together the work that has been reported on adolescent coping. It is the aim of this book to bring current research and theorising to a wide audience: to provide an approach to conceptualisation and measurement that may inform future research and advance counselling and clinical practice.

Each chapter has been written as a discrete unit to provide the reader with an understanding of a particular aspect of coping. However, there is an underlying thread to the fabric that links each chapter to help provide a composite understanding of adolescent coping. For example, when the chapters relating to Gifted Adolescents (Chapter 9) and Coping in the Family (Chapter 6) are read sequentially, they combine to advance the reader's knowledge and understanding of adolescent coping. Gifted young

people generally live in families and many families have gifted adolescents, especially since the definition of ‘gifted’ that is used in that chapter is a broad one. Chapter 5 examines the issues surrounding gender and coping. Additionally in the various chapters there is some discussion about gender-related research findings. Similarly, the theory of coping is inextricably linked to the measurement of the construct and vice versa. Thus while these two central issues in adolescent coping are considered in individual chapters (Chapters 2 and 3), the reader is best served by reading them sequentially.

It is intended that this volume contribute to current understanding and in particular to practice. It brings to the reader much of the research and current thinking on coping, but even as I write our understanding is being extended. To complement the empirical, often psychometrically derived findings are the voices of young people throughout the book. It is these texts that reflect the richness of human experience and practice.

The book will be of interest to students of psychology, social work, sociology, education and youth and community work, and will appeal to an audience of parents and adolescents as well. The most helpful critics of a work are those on whom the discussions centre—in this case it is the adolescent.

Erica Frydenberg
3 August 1996

Acknowledgements

When writing about adolescence I owe a debt of gratitude foremost to those young people who have provided the inspiration and the original text during conversations and research for this volume. I owe thanks to the Australian Research Council and the University of Melbourne, which have provided grants between 1990 and 1995 to assist with much of the empirical research that forms the basis of this book. To the Faculty of Education, University of Melbourne, which has provided me with a stimulating environment where my work and writing have developed, I am grateful. I owe thanks to my colleague and co-researcher, Ramon Lewis, whose scholarship and positive outlook have contributed immeasurably to the development of my thoughts and ideas. To colleagues Heather Barton, Gregor Kennedy, Vicki McKenzie, Meg Parris and Elizabeth Lhunal-Hegedus, who have assisted with much of the research throughout the five-year period. To my colleagues, Sue Chambers, Leonora Cohen, Solly Dreman and Carmella Prideaux, who have been most generous in their reading and comment on the text, Leonie Heaton who has assisted with the editing of the text, Vivien Ward, from Routledge, London, who has supported and encouraged the writing of the book from the outset, and John Coleman, the series editor, who has made a significant contribution with his critical reading and suggestions for improvement of the manuscript—to each one I extend my sincere appreciation. Above all, to my husband, Harry, and our two children, Joshua and Lexi, whose wisdom and good humour, along with their inspiration and support, make me truly fortunate, I am most grateful.

Introduction

Coping is: handling life (Lindy); not breaking down (Sarah); just living (Bridgit); just getting through things (Lyn); being able to deal with things (Adrian); being able to get past things (Jake); being in control (Rob); being strong (Rachel); trying to turn the negative into the positive, to make the best out of the situation (Rebecca).

From the beginning of time there have been dangers, hopes and aspirations for people to deal with. Today's youth, like generations before them, have an inherent capacity to cope. From young people's descriptions of what they understand coping to be, it is clear that their perceptions range from mere day-to-day living to taking charge of life and being in command. It is evident that some young people cope differently from others; the search to understand what makes the difference to how they cope is what preoccupies researchers, practitioners, parents, teachers and youth workers.

Young people need to cope in a variety of contexts. These settings include school, home, peer groups, the juvenile justice system, the workplace and so on. Regardless of the location, all sections of the population have matters that concern and worry them: youth are no exception. Whether the concerns relate to personal matters or to matters of social consequence beyond the subjective, personal world of the individual, they are important at any given time in an individual's life.

Increasing numbers of adolescents have concerns that may be both overwhelming and disabling. In extreme circumstances the problems that weigh on the minds of youth may lead to severe depression and suicide. The increase in adolescent suicide, especially in the 15- to 19-year age group, has been clearly documented (Fish & Waldhart-Letzel, 1981; Schaffer, 1986; WHO, 1994). Youth who choose death do so because they cannot cope with the problems at a time when they are vulnerable to increasing pressures and uncertainties.

Not all worries are so overwhelming that they lead to suicide. Nevertheless, how adolescents cope with their concerns can provide clues

2 *Adolescent coping*

for suicide prevention and lifestyle enhancement. When youth are unable to cope effectively with worries, their behaviour can have an adverse effect not only on their own lives but also on those of their families and on the broader community. Adolescent underachievement, despair about their future, eating disorders, alcoholism, drug abuse, bullying, vandalism and other forms of antisocial behaviour are on the increase in many communities. It is for this reason that the community has a need to find out what concerns young people and how they manage their concerns in order to facilitate the development of sound coping strategies for adolescents to use when dealing with their worries.

Social planners, psychologists, educators, parents and the community stand to benefit from information relating to the concerns of youth and from an analysis of the diverse ways in which young people cope with their problems. An examination of adolescent coping leads to a better understanding of young people's behaviour. Adolescents are on the threshold of adulthood and, as a result, the ways in which they cope establish the patterns for the future and impact on the community at large.

Along with families, schools, as one of the major agents for socialisation, are increasingly being called upon to play their part in improving the health and psychological well-being of the young. Those concerned with the development of policy and practice need to understand the dynamic interrelationship between education and the population of youth which it serves, so that policy and curriculum can have the capacity to respond to emerging requirements at any time.

Examining the relationship between youth, education and society is complicated by ever-changing social circumstances. The concerns of youth are determined by social and sociological factors. Moreover, societal changes are reflected in the varying issues that preoccupy youth. If the concerns of youth reflect the social issues of a given time, then it might be expected that concerns vacillate according to social circumstance. Both families and institutions, such as educational ones, are required to be aware of developments within each community and to understand how those influences affect young people in order to be able to become responsive to the changing nature and needs of adolescents.

Whatever issues emerge as dominating the concerns of youth at a given time, the questions to be addressed are the following:

- How do adolescents deal with their concerns?
- What are the coping strategies and behavioural repertoires that adolescents call on when dealing with their dominant concerns?
- How resourceful and adaptive are youth in dealing with their concerns?

- How can the theory and measurement of coping contribute to family life and to clinical and educational practice?
- How can coping repertoires be developed?

Many of the studies of coping are problem-specific. That is, coping is examined in relationship to a specific concern such as coping after a move, adjustment after a divorce, coping with examinations and so on. This book focuses on how young people cope in general with a range of life problems. Additionally, what is known about coping in particular areas of life, such as the family, or the coping of particular subpopulations, such as the gifted, is dealt with. Thus coping is considered in terms of particular life stressors and in terms of the responses of particular groups.

To investigate coping, it is necessary to formulate conceptual models and develop tentative ways to measure the key constructs. There is also an underlying assumption that coping is amenable to change. Flexibility of responses, personal factors, the characteristics of the individual, along with the resources that he or she brings to an encounter, can change life contexts, and this all adds up to make 'coping' a worthwhile subject for consideration.

THEORETICAL UNDERPINNINGS

Coping can imply a range of behaviours which are akin to adaptation, mastery, defence or realistic problem solving. It is a multifaceted construct, and the analysis of coping generally includes three identifiable components: *behaviours, motivations and attitudes*. The conceptualisation of coping that has guided the work in this field in recent years is derived from the work of Richard Lazarus and his associates (Folkman & Lazarus, 1985; Lazarus, 1991; Lazarus *et al.*, 1974; Lazarus & Launier, 1978). Lazarus deals with coping as adaptive functioning, where the individual and the environment are engaged in an interactive process.

Consistent with this conceptualisation is the notion that the relationship between youth and their social environment is not static, but rather is a dynamic, reciprocal one. The social environment influences and is in turn influenced by its human population. The theoretical framework upon which this dynamic interrelationship is predicated and from which stress and coping are considered is a cognitive phenomenological one. Lazarus & Folkman (1984) argue that stress refers to a fluid, dynamic and constantly changing bidirectional relationship between the person and the environment and as such is considered an ordinary component of everyday living. Lazarus' theory of coping is itself based on two theoretical frameworks. One of these is *cognitive phenomenological theory*, which has also been labelled *cognitive transactional theory*

4 *Adolescent coping*

(Tennen & Herzberger, 1985), and has been widely adopted in research (see Banez & Compas, 1990; Carver *et al.*, 1989; Dise-Lewis, 1988; Frydenberg & Lewis, 1991a, 1993a; Jackson & Bosma, 1990; Knapp, Stark & Spirito, 1991; Rowlinson & Felner, 1988; Spirito *et al.*, 1988; Stark *et al.*, 1989; Stern & Zevon, 1990).

This approach constitutes the theoretical basis for much of this book. The cognitive phenomenological world, as it is experienced by an individual, contains the data necessary to understand behaviour. The individual perceives the world in a unique way and their perceptions make up the phenomenal field. The individual reacts to the environment as they perceive it. In phenomenology there is no such thing as objective data. There is interest in the generalised aspects of human experience accompanied by an interest in how people react and experience certain types of feelings—for example, love, hate, stress and so on.

From the complex array of human behaviours, it is possible to obtain reliable, meaningful and theoretically relevant information. It is possible to record in a systematic and reliable fashion, both the individual's perceptions of the environment, which make up the phenomenal field (the problem), and their reactions to that environment (coping).

The second basis on which Lazarus' work is predicated is the *person-environment interaction model* put forward by Lewin (1935, 1936), Mitchell (1969) and Hunt (1975). These theorists all agree that the individual and the social context are determinants of human behaviour. In keeping with that view, the cognitive phenomenological theory of human behaviour focuses on the individual as part of the social context. There is a relational view of the person and the environment. Essentially, it is based on a complex set of interactions between humans and environmental factors—a multifactorial and interactional view of the determinants of human action and reaction.

One of the earliest proponents of this theory was Dewey, who as early as 1896 noted that a stimulus is as much determined by the response as the response is by the stimulus (Lazarus *et al.*, 1970). This theoretical approach was adopted by Lewin and in more recent years by Lazarus. Lewin has been regarded as the founder of the cognitive tradition (Nisbett & Ross, 1980). Essentially, the Lewinian formula states that *behaviour* (B) is a *function* (f) of the *person* (P) and the *environment* (E), that is, $B = f(P, E)$. The importance of the person-environment interaction is supported by Cronbach (1957, 1967), Hunt (1975) and Lewin (1935, 1936), although in more recent times it is the 'perceived' environment that is considered to be of importance. Thus the formula could be represented and extended as $C = f(P + S + pS)$ where C is *coping*, S is the *situational determinant* and pS is the *perceived situation*. In this

formula both the situation and person determinants, along with the perception and assessment of the situation (often based upon experience), combine as critical components that determine coping. The cognitive phenomenological framework and the person-environment interaction model provide the theoretical base for much of the research into coping.

Coping is a process rather than a static entity. Although the theory has been developed and supported with research from an adult-centric orientation, there is growing evidence to support the generalisation from Lazarus' theory to adolescents. It is the application of this theory, and the research that it has generated with respect to adolescents, that is the focus of this book. While the theory of coping, as it is reflected in the process and measurement of the construct, is evident throughout, attention to outcome and the studies which illuminate outcome are addressed in many of the chapters. In particular, the chapters that deal with the use of social support, depression and resilience address issues relating to outcome because of the particular relevance that outcome studies have in regard to those issues.

1 Adolescence

Stresses and concerns

There are two different sorts of problems—those that don't go away so you have to sort them out and those that you have to think about.

(Petra, 15 years old)

THE ADOLESCENT POPULATION

Adolescence is that period between childhood and adulthood when the individual is confronted by a series of developmental hurdles and challenges. First, there are normative tasks such as the development of identity, achieving independence from the family while staying connected, and fitting into a peer group. Second, there are the transitions from childhood to adulthood which are characterised by physiological changes in the body, and by cognitive development. It is also a time when the individual is required to fulfil social roles with peers and members of the opposite sex, complete the requirements of schooling and make decisions regarding a career.

According to Elkind (1984a), adolescence is marked by the 'shock' of moving from the culture of childhood to the culture of adolescence. The extent to which the transition is experienced as stressful is generally dependent on an impact and interplay between individual and situational determinants. There are 'vanishing markers' of childhood and adolescence (see Elkind, 1984a). That is, the distinctive behaviours and practices of these age groups are becoming less evident. Adolescents are often perceived as being like miniature adults engaging in adult-like activities, such as beauty contests and highly competitive sporting activities. The pressures of behaving like an adult and in some circumstances accepting the responsibilities of adulthood are being placed on adolescents (and children). This pressure comes not only from schools and parents but also from the media, merchandisers, peer groups and the community as a whole (Coleman, 1987).

Research on adolescents and their relationship with the communities within which they find themselves has increased considerably over the past twenty years and in particular in the past decade (e.g., Dornbusch *et al.*, 1991; Feldman & Elliott, 1990). Despite the concern of some, recent reviews of adolescence (e.g., Petersen & Ebata, 1987) present a picture of positive development during which time adolescents tackle an impressive range of demands, conflicts and opportunities. Prevalent myths have recently been exploded, such as those claiming adolescence as inevitably a period of storm and stress, or that hormonal changes invariably cause difficulties, or that there is a 'negative' generation gap between adolescents and their parents (Petersen, 1993). Prevalence rates for psychopathology in adolescence are not higher than for other age groups (Earls, 1986). Thus, normative research on adolescent health reveals that most adolescents traverse the period without significant difficulties. However, adolescents experience stress and concerns, as do all sections of the community at different times during the life span.

Adolescence is regarded less as a stage than a number of circumstances in which youth find themselves and within which options and gratifications are uniquely restricted. For example, adolescents are generally limited by their economic situation, subjected to changing legal constraints and juvenile-specific policies, influenced by a multimedia consumer industry, relegated to limited areas of work, characterised by restricted social intercourse and restricted in their degree of political participation. Thus, there are circumstances specific to adolescents. Within the general circumstances each individual brings their unique life perspective to bear on the social setting.

Within the context of the school and the family, adolescence is a period of psychosocial development that spans the period between puberty and adulthood. The jury is not yet out on the debate as to whether adolescence is a psychological imperative dependent on an antecedent series of events in childhood, or rather is more situational, as is the phenomenologists' approach (Schlegel & Barry, 1991). However, the categorisation of the modern child, in relation to development and adaptation, is viewed by some as paralleling the rise of broader social forces such as technological change, industrial development, separation of the sexes and grading according to age. It has been pointed out that adolescence is a 'socially created' stage of life which has been construed in the interests of streamlining and maintaining social order (Poole, 1983).

Adolescence is a commonly used categorical grouping which has been investigated from two broad perspectives: the developmental and the lifespan perspective. The developmental perspective, in which adolescence is generally viewed from within the family, has been quite

8 *Adolescence*

closely linked with psychoanalytic theory and social learning theory. It traditionally focuses on individual maturity, conflicts and identification. The developmental perspective focuses on specific changes that occur in the biological, cognitive, psychological and social domains. It is characterised by age-specific approaches to research, where age delineates the population. These approaches are regarded by some as insular and as a limited way of investigating adolescent perceptions of themselves and their environment (Peterson & Ebata, 1984; Poole, 1983). In contrast, life-span psychology is not a theory but an orientation. Development is viewed as a lifelong process in which, as a general principle, no special state of maturity is assumed (Baltes *et al.*, 1980). Age is not seen as a developmental variable but as a marker variable (Lerner & Spanier, 1980). The process of psychological growth continues throughout the life span.

Within this life-span perspective, adolescence can be viewed as a product of child development and as a precursor to adult development. It is not an isolated period of life but an important part of a continuous life cycle. The life-span perspective provides a useful approach to investigating the dynamic interrelationship between youth and the community. It is the perspective that is favoured when considering adolescent coping.

Life-span psychology has three major components:

- 1 Development is influenced by the context in which the development takes place. As Bronfenbrenner (1977) pointed out, the school, the family and the peer group each influence adolescent development.
- 2 Interactions between individuals and their context involve a reciprocal influence (Lerner & Spanier, 1980). That is, individuals continue to impact the setting in which they find themselves.
- 3 Continuous interactions between the individual and various social contexts are transactional (Sameroff, 1975). That is, the social contexts, like the developing individual, may change over time. Continuities and discontinuities in individual development are influenced by stability and change in the context within which development takes place. It then follows that individual development occurs in the context of social change.

The life-span perspective can accommodate developmental and ecological systems and is multidisciplinary. This perspective, with its three components, is an appropriate framework for understanding the relationship between youth, education and the social context. Adolescence is investigated as a circumstance within the life span. Consequently, concerns and coping are investigated within the circumstance of adolescence as much as within the adolescent phase of the life span.

Developmental changes

Adolescence is a period of growth and development. What differentiates adolescence from other periods of the life span is the particular developmental changes that occur. Puberty is accompanied by an obvious period of physical change during adolescence. It involves biological changes that include the growth and development of sexual organs as well as the continuous changes to body shape and size (Petersen & Taylor, 1980; Berger, 1983).

While biological changes are generally thought to be complete with the attainment of puberty, there is continued development throughout adolescence in the form of maturing body shape and growth in body size (Petersen & Taylor, 1980). The many changes that begin with the onset of puberty continue to influence the individual beyond the initial onset (Feldman & Elliott, 1990). These bodily and hormonal changes no doubt influence self-image, which in turn exerts an impact on a host of psychological variables (Coleman, 1987). Adolescence is highlighted by the search and possible resolution of identity issues (Erikson, 1985). Additionally, it is a time when sexual needs and sexual identity issues come into prominence (Lerner & Spanier, 1980).

Practices associated with sexual activity are generally socially prescribed and gender-linked. There is encouragement to channel and develop habits to contain sexual urges. During the process of learning to contain sexual urges, emotional turmoil may be prevalent. Sex role identification commences in early childhood years. The impact of socialisation is generally consolidated in the adolescent period when physiological changes and social pressures make it important for the individual to differentiate between the sexes. The physiological changes in turn exert their influence on self-image and impact on a number of psychological variables such as self-esteem, confidence, shyness and anxiety.

Sexual development is clearly associated with social adaptation. Individuals move from the primary influence of the family that is apparent in childhood (Stern & Zevon, 1990), to the growing influence of peers during adolescence (Hauser & Bowlds, 1990). There is support from belonging to the same-sex group who share similar physiological development. During middle adolescence there is often a progression towards mixed-sex peer groups alongside the same-sex groups, which are maintained. However, there is an increasing movement towards and intimacy with the opposite sex, which in turn leads to changing patterns in same-sex relationships.

Cognitive development is another area of major change that takes place during adolescence (Piaget, 1969, 1970). During this phase, abstract

thinking develops. While it typically first appears during adolescence, many adolescents or adults never manifest the capacity to think abstractly (Elkind, 1984a). Adolescents' self-reported concerns and their use of coping strategies include a range of cognitive styles and abilities that reflect differing levels of concrete and abstract thinking.

Moral reasoning advances during adolescence to involve concerns about the social order. It has been claimed that this development is more pronounced in males than females (Petersen & Ebata, 1984). Female moral development is typified by a greater emphasis on interpersonal relationships (Gilligan, 1982). According to Kohlberg (1973a), what distinguishes post-conventional moral reasoning (that is, the effort by adolescents to define their own moral rules rather than accept them from the group or an individual) from pre-adolescent reasoning (which is in the main concrete), is that each individual recognises that there is an implicit reciprocal contract between the individual and society. There are certain protections that follow when the individual conforms to the rules determined by society. Additionally during this phase, there is the further development of principles, conscience and moral judgements. Such developments would be expected to be reflected in student concerns and coping.

Adolescent concerns

It was late in 1984 that a piece of graffiti on a school wall caught my eye:

If they're going to drop the bomb I hope they do it before the exams.

The question as to whether this statement reflected the concern of an individual student, or that of many, came to mind. If the same question were asked today what would be the likely responses? It is of interest to determine at any given time, in any given setting, what the concerns of youth are and how they cope with their concerns.

The graffiti, the plea of which remained firmly fixed in my mind, brought into question the dilemma of youth: whether it is worth while to prepare for a future when there may be no future. Was there, for youth, a distinction between personal concerns and more global worries? Did the existence of these competing concerns also reflect what was on the mind of this student or group of students, or did other issues weigh equally heavily on the students' minds? What youth think and do is important, especially to those who are involved with them in home, school or recreational settings.

The graffiti had in all probability been written by senior students, anxious about their imminent examinations. This group of youth can be

seen as that sector of the population who will both be making plans for their personal future and also in turn affect policy and influence the future.

There have been many attempts to determine over the years what concerns adolescents (Collins & Harper, 1974; Dellow *et al.*, 1980; Eme *et al.*, 1979; Evans & Poole, 1987; Kaufman *et al.*, 1993; McMurray & Prior, 1985; Nicholson & Antill, 1981; Offer & Offer, 1975; Pearse & Chabassol, 1976; Prior, 1985; Roscoe, 1985; Rutter *et al.*, 1979; Rutter, 1980; Violato & Holden, 1988; Williamson & Campbell, 1985). These studies demonstrate that young people are interested in a range of issues such as their appearance, school grades, employment, relationships and fear of nuclear war. Concern about vocational and educational plans appear as the most dominant issues in some investigations (Collins & Harper, 1974; Nicholson & Antill, 1981; Offer & Offer, 1975; Rutter *et al.*, 1979; Rutter, 1980), and issues relating to personal health also appear to be important to young people (Eme *et al.*, 1979). Concerns relating to terrorism, self-esteem, parents' physical and mental health and dating and sexual relationships are also prevalent (e.g., Kaufman *et al.*, 1993).

The methods for assessing the concerns of adolescents, or modes of questioning used in the above-mentioned investigations, range from eliciting unprompted, spontaneous descriptions of whatever comes to mind as a concern (Williamson & Campbell, 1985), to the more common approach where a respondent's reaction is sought to each of a limited number of concerns (Dellow *et al.*, 1980; Eme *et al.*, 1979; Pearse & Chabassol, 1976; Roscoe, 1985; Violato & Holden, 1988). For example, careers, grades, future schooling and appearance have emerged as the four most serious concerns for young people (Violato & Holden, 1988; Adwere & Curtis, 1993).

Investigations have generally shown that adolescent concerns vary according to the context of the questioning (school, home and so forth), mode of questioning and age of respondents. For example, Compas *et al.* (1989) report that for 12- to 14-year-olds *family stressors* (such as pressure or expectations from parents) were most predictive of psychological symptoms. At the ages of 15 to 17 years it was *peer stressors* (for instance, fights and problems with friends) and at ages 18 to 20 years it was *academic stressors* (like doing poorly on an exam paper) that proved to be the best predictors of psychological symptoms.

There have been several attempts to develop classification schemata for concerns that aim to condense a large range of concerns into a smaller number of relatively homogeneous categories (Evans & Poole, 1987; Violato & Holden, 1988). Such a reduction is useful for purposes of both conceptualisation of students' concerns and their investigation.

12 *Adolescence*

In order to answer some questions prompted by the graffiti, and to find out what concerns young people and how they cope, a group of 653 senior students from seven high schools in Melbourne were asked to describe the issues which concerned them (Frydenberg & Lewis, in press). It was found that almost half of the student group indicated that examinations were their main worry. For example, one student wrote:

The main concern of my life is passing the HSC (Higher School Certificate). I have already had sleepless nights worrying about that one day in January (when the results are released) that will have a great bearing on my life.

This kind of concern has also been reported elsewhere as being significant (Dellow *et al.*, 1980; Evans & Poole, 1987; Prior, 1985). Additional to the overriding concern about examinations, one in ten students is concerned about matters relating to employment, love and happiness and family relationships.

When students were asked to indicate the extent of each of ten concerns from a presented list, it was found that young people's concerns fell into three distinct categories: achievement, relationships and altruism. Concern about achievement, which included issues such as success in examinations, finding a good job and finding a suitable marriage partner, far exceeded both concern with relationships (which included family relationships as well as relationships with peers and friends) and to a similar extent exceeded concern about altruistic issues (such as nuclear war, poverty in the Third World and issues relating to sexual equality). Some students' responses encompassed a number of related issues. For example, a female student wrote about achieving success in the following terms:

My main concern in life is my school work, and career and marriage. I think the most important to me is marriage. I want to have a good and happy marriage.

While students are concerned about the future of the world they were continuing to make plans for their own future. For example, a male student whose main concern was about the threat of nuclear war wrote:

In the future I hope to be an experienced chef, married with a few kids, still playing tennis, stopped smoking, slowed down on the booze. I have a lot of friends who I hope have achieved what they wanted.

While students were highly concerned about success, the motivation for this was sometimes in order to meet family expectations as much as to fulfil their own ambitions. One boy described his difficulties as

living up to my parents' expectations of me. They know I've done well in school up till now and they expect me to go on doing well.

It is not surprising that the greatest concern for adolescents is related to achievement, since the enquiries took place in educational contexts. Despite the strengths of concerns about achievement, relationship concerns are also important to students. The provision of skills through which high-quality relationships can be developed can be seen as one of the legitimate roles of education. Social issues (nuclear war, poverty in the Third World and sexual equality), although the least common in the three areas of concern, are, nevertheless, of importance to many students.

It was found that, generally, females were more concerned about most issues than were males. More specifically, girls are more concerned about nuclear war, examinations, poverty in the Third World, sexual equality, achieving independence from parents and finding a suitable marriage partner. However, boys and girls were equally concerned about family relationships, peers and friends and future employment.

This tripartite classificatory system or typology that accounts for young people's concerns was developed to account for the range of concerns preoccupying youth. Such a typology is sufficiently concise to be practicable and able to accommodate particular issues as they emerge in a particular community. For example, in 1995 it was found in one poll of the Australian community (*The Australian*, 21 January) that AIDS and community violence were of major concern to young people; it could equally be the environment. Generally the format of the questioning, the location of the questioning and the prompts used (for example, 'How concerned are you about the environment?') determine the responses obtained. However, it would seem that the above classification can readily accommodate young people's concerns.

Not only are adolescent girls more concerned about most things than boys (Frydenberg & Lewis, 1996a), but girls report experiencing more stressful events and they are more affected by stressful events than are boys (Compas *et al.*, 1989). The latter authors cite a study where young people's concerns were considered across a number of problem modalities: namely, family stresses, peer stresses, academic stresses, intimacy stresses and network stresses. The most consistent finding was that network stresses (stresses that affect others in one's social network without directly influencing the individual—for example, friends having emotional problems) were experienced more by the girls than the boys and that these stresses were associated with psychological symptoms. Not only is there a general trend for female adolescents to report a greater number of stressful events than males but they may also be struggling with different types of stresses.

WHAT IS STRESS?

When does a concern turn into a stress? It would seem that the experience of the individual is the major determinant of whether a concern or a life experience is a stressor. For example, to one person performing in front of a group is stressful, and to another this provides an opportunity to perform, which may prove to be either enjoyable or stressful, depending on the occasion. However, there is a strong likelihood that if someone appraises or perceives a task as stressful before attempting it, then the experience is more likely to be a stressful one.

The interest in understanding stress and its impact has in recent years resulted in an explosion of research and writing both in the scientific and the popular literature. While it is difficult to unravel the complex maze of theory and fact relating to stress, Forman (1993) has identified three major definitions that are widely in use: (1) stimulus-based definitions, (2) response-based definitions and (3) transactional definitions.

Stimulus-based stress

Stimulus-based definitions of stress focus on stress consisting of the environmental demands on the organism (Holmes & Rahe, 1967). Demands have been identified by Forman (1993) as including: (1) major life events affecting a number of people, such as disasters like war or earthquakes; (2) major events affecting a few people such as divorce or death of a parent; (3) daily hassles, such as failing an exam, missing a friend.

Compas (1987) distinguishes between acute and chronic stimuli that exert a demand on the adolescent and require an adaptational response. Acute demands can be a life transition, such as the first date or menstruation; an atypical event, such as the outbreak of war; or an event which derives from cumulative experiences, such as sickness or getting into trouble at school. Chronic demands are related to recurring life events, such as a disability, ongoing illness of a parent or financial difficulties. Acute stressors may turn into chronic stressors. The limitation of this definition is that it fails to account for individual variation in the perception of stress and the ability to deal with it. For example, one adolescent may be unable to concentrate at school and may manifest delinquent behaviour following the separation of a parent, while another adolescent may become socially withdrawn but continue to concentrate effectively on schoolwork.

Response-based stress

The response-based definition posits that stress is the biological and psychological response of the individual to environmental demands (Selye, 1974). Stress is defined as ‘the nonspecific (that is, common) demand upon the body, be the effect mental or somatic’ (Selye, 1991:22). Thus there is an organic response to an environmental demand. This definition has been used widely in the understanding of the health-related effects of stress. According to this view stress is the reaction of the body to daily events and to how we perceive these events. For example, an assignment may be perceived as an opportunity to excel by some or as an overwhelming task by others. Each demand, or stressor, is a disruption to the balance or equilibrium of the organism, and the response is an attempt to achieve homeostasis, that is, to restore this balance. Selye points out that there are physiological indicators of an individual’s response to stress that make up the body’s unique and specific attempt to maintain life. For example, when we are hot we need to cool down, so the body perspires. When we are cold the body shivers to produce more heat. The adrenal glands are the body’s prime reactors to stress. This approach contrasts with the view that stress is only ‘in our minds’.

Stress research has developed since the 1920s when Walter Cannon identified the ‘flight or fight’ syndrome as the body’s response to the need to protect itself in the face of threat. The body supplies energy in stress situations. The activity of certain glands is triggered by a threat or stressor in the body’s environment, such as an illness, an emotion or a drug. For example, adrenalin increases the pulse rate and the blood pressure and simultaneously raises blood sugar. The hormone insulin conversely decreases blood sugar. The imbalance between the body’s need and the body’s supply places a demand on the body to readjust. A stressful event or chronically stressful situation produces both a physiological and emotional response. Every system of the body is affected at some point. In the process of adaptation there is an alarm reaction—that is, the body sends out signals of distress. This may be followed by what Selye (1991) calls a stage of resistance, which in turn is followed by a stage of exhaustion. Every biological activity causes wear and tear on the body.

The hypothalamus plays a major part in being the controller of the major regulators of the nervous and the immune systems and links the nervous system to the endocrine system. Stimulating the hypothalamus increases the discharge of hormones from the endocrine system. The hypothalamus then produces substances that activate the pituitary gland at the base of the brain. As a consequence of the pituitary gland being activated, adrenocorticotrophic hormone is sent into the bloodstream. This hormone sets off the secretion of corticoids when it reaches the adrenal glands. The next step in the chain of events is the release of adrenalin by the medulla into

the system. The body responds with what is known as the ‘fight or flight’ reaction. The response is characterised by an increase in the heart rate, the pumping of more blood into the vital organs, heavier breathing, more acute vision and dryness of mouth. It is only a matter of seconds before the release of these chemicals affects the entire body, calling on the body to tackle this stress or avoid it at all costs.

When the stress persists, there are signals to tell us that we are under strain. For example, stomach ulcers are the body’s response to increased levels of corticoids in the blood. The autonomic nervous system also plays its part. The glands produce the hormones that stimulate protective bodily responses. They gear the body to respond in such a way that harm is avoided by calling on the individual to make an adjustment. The ulcer is the signal for the body to adapt.

Agents or demands that evoke the patterned stress response are referred to as *stressors*. Not all stressors are exclusively physical in nature. Psychological arousal is one of the most frequent activators. Selye (1991) has pointed out that emotions such as love, hate, joy, anger, challenge or fear, as well as thoughts, evoke the stress response. Although in simple societies the effect of fighting (confronting the stress) and fleeing (avoiding it) would have been enough to deal with stress; in our complex society this is not generally a viable response in most stressful situations. We tend rather to internalise the stress (for example, sitting in class worrying about whether the teacher will ask about something to which one does not have the answer or being scared to ask something from the teacher in front of others) and the excessive hormones frequently build up to toxic levels within our bodies. Recent breakthroughs in research relate to morphine-like substances that are produced by the brain, *endorphins*, which can play a significant role in reducing stress. Physical activity can facilitate the dissipation of the harmful effects of stress by providing distractions, energising the individual or facilitating the production of endorphins. Relaxation techniques also feature as a way to help deal with stress.

Stress becomes ‘distress’ when the response is too intense and lasts too long. After an initial reaction of alarm the body moves in to try and resist the stress. When the period of stress is prolonged, adaptation mechanisms are eventually depleted and the body becomes exhausted. If the body cannot successfully adapt to the cause of stress, alarm reactions appear, even though the damage is irreversible. The body has used up all its adaptation energy. This is sometimes referred to as ‘burnout’. Chronic stress can ultimately precipitate major health problems. While this model focuses on the physical manifestations of stress, such as headaches, observable anxiety reactions, depression and so on, the major limitation is that a particular response is not invariably a manifestation of stress. For example, a headache

in one situation may reflect an anxiety about an impending examination for one individual but for another it is a symptom of fatigue.

Transactional stress

The transactional definition of stress put forward by Richard Lazarus defines psychological stress as a relationship between the person and the environment that is appraised by the person as taxing or exceeding their resources and endangering the individual's well-being. The definition is based upon the person-environment interaction model of human action and reaction. It takes account of the interaction between the organism and the environment, the situational variables, the person's characteristics and the individual's appraisal of the situation. Both the person's perception of the environmental demand and their perceived capability to respond to the demand will determine the effect of the stressor.

A key aspect of the conceptualisation of stress proposed by Richard Lazarus and his colleagues is that of *appraisal*. Lazarus distinguishes between three components of stress. Each situation is assessed according to the level of *harm* (where the psychological damage has already been done), *threat* (where harm is anticipated) and *challenge* (where the response to demands is made with confidence). Challenge is often accompanied by 'outstanding performance' and a 'sense of exhilaration'. Despite the apparent difficulty, an individual can mobilise and deploy the resources to cope. Thus the response that an individual makes to a stressful situation depends on how the situation is appraised (Lazarus, 1966, 1993).

Perceptions precede and mediate emotional and physiological responses to stress. Potential stresses only become real stresses when they are perceived as threatening. Both Lazarus and Bandura (1982a) regard a positive state of mind as an important basis for combating stress and facilitating coping. Lazarus focuses on anticipatory coping in that both the situation and resources are assessed. In contrast, Bandura says that people avoid tasks that 'exceed their perceived coping capabilities' (Bandura, 1982a:126). What determines whether an individual feels threatened or challenged by what happens is the individual's assessment of their ability to deal with the environment and to overcome danger.

Adolescent stress

The incidence of stress-related problems in teenagers has increased markedly over the past fifteen years (Elkind, 1984a). Youth unemployment is increasing in many communities, as are changes and disruptions to family life, competition for tertiary places in a climate of shrinking employment opportunities and so on.

Elkind ascribes the increase in adolescent stress in part to the rapid move from an industrial to a postindustrial society where adults are preoccupied with their own pursuits, both work- and leisure-related, at the expense of meeting the needs of the young. Elkind's view of increasing stress in adolescence is supported by those who report on the sharp increase in suicide rates among adolescents over the past twenty years (see Chapter 8). Incidence in adolescent problems is generally related to such factors as alienation from the family, parental abuse, low educational level and limited employment opportunities. Adolescents make important life choices about courses of study and associated careers. Additionally, they often make decisions about parenthood before they are ready for such roles. There has been an increase in eating disorders, such as anorexia nervosa, among adolescent females in families that are characterised by tension, confusion, enmeshment, overprotectiveness, rigidity and lack of conflict resolution (Larson, 1991; Humphrey, 1989; Strober & Humphrey, 1987). Binge eating was found to be prevalent among 6.4 per cent of Mid Western High School females (Bennett *et al.*, 1991).

Additional evidence of youth stress is shown in the incidence of depression. Ehrenberg *et al.* (1990) used the Beck Depression Inventory (BDI; Beck *et al.*, 1961) to identify depressed adolescents among a sample of 366 13- to 19-year-olds attending four Vancouver secondary schools. They found that 70.1 per cent were non-depressed, 19.0 per cent were mildly depressed, and 10.8 per cent were clinically depressed. The incidence of mild depression and clinical depression among female subjects (25.4 per cent and 14.4 per cent respectively) was considerably higher than among male subjects. These findings are similar to those found by Rutter (1986) in the United Kingdom (approximately one-third of the subjects in the sample were mildly or clinically depressed) (see Chapter 8).

There is considerable value in developing high self-efficacy or the belief in one's own abilities to deal with stress. Schwarzer & Schwarzer (1982) assert that students who feel confident will not feel threatened by stressful academic demands, but will feel challenged. Students with low degrees of self-efficacy or expectations will be threatened and react with high levels of achievement anxiety when confronted with academic tasks (Zeidner, 1990).

There is a substantial body of evidence to support the notion that attributional style influences how one responds to life events (Rutter, 1983). For example, there is a negative relationship between self-efficacy and depression (Ehrenberg *et al.*, 1991; Comunian, 1989). Those young people who feel that they can handle the demands placed on them by school are less likely to feel depressed. Self-efficacy theory is firmly based on social

learning theory and locus of control theory, in which people who believe they exercise genuine control over important factors in their life act in accordance with this belief and feel able to tackle demands made on them. In turn, belief in one's own abilities is learned from the observation of the actions of critical others and responses received from them.

The context

Environmental or contextual locations of youth can be classified under four major spheres of influence: the school, the home, the peer group and the broader community with its specific characteristics. The school environment exerts an important influence, where the characteristics of school type, location, organisation and curriculum offered are important considerations. The home environment and family relationships also exert an influence. The impact of parents, the number and characteristics of siblings and the general home environment all play their part. Additionally, characteristics of the environment are a vital influence, both in the sense of the local community and the larger world community. The peer group is made up of the friends and 'compadres' from the school or the community setting.

Technological change and an increasing population have limited the opportunities for youth around the world to gain meaningful employment. In the developed world, pressure has increased on adolescents to remain at school and to achieve a higher standard of education than was required in the past. They are expected to compete with their peers for academic grades as a requirement for employment or for higher education.

The impact of the peer group is also significant in determining adolescent stress. Early adolescence is said to be vulnerable to exclusion and based on cliquishness and social prejudice. The shock of betrayal when trust, loyalty and generosity are not reciprocated is frequently experienced. For example, 15-year-old Amanda described herself as 'trusting no one' and consequently keeping feelings to herself. There is also disillusionment when teenagers discover that new-found objects of their affection turn out to be less perfect than imagined (Elkind, 1984a). Coleman (1987) identifies the peer group as one of the sources of 'a wide range of potential conflicts in values and ideals' (p. 26).

As part of a larger qualitative study that focuses on students' multiple worlds and the adaptations that they make during the transition between these sociocultural contexts, Phelan *et al.* (1994) describe the conditions and circumstances in the students' family, peer and school worlds that they perceive as creating pressure and stress of sufficient impact to divert their attention and interest from school. Fifty-five ethnically different and

academically diverse students were interviewed on four occasions, over a two-year period, and it was found that students reported a wide variety of pressures emanating from their lives at school: stress over grades, worries about homework, problems with specific teachers, difficulty understanding material, isolation in classes and general worries and concerns about the future were commonly mentioned themes. The most frequently cited family stress by students in this study (78 per cent) was that their parents pressured them to do well in school: to improve their school grades, to complete their homework and at least 'pay attention and attend to school'. Students felt that with friends they could be themselves rather than encountering constant pressure and conflict. Young people congregate with others of their own age group with whom they can relate, and their friends provide them with a release from family and school pressures.

Apart from parental expectations and societal pressures to achieve academically, the school environment itself can create pressures on young people, particularly those with low self-efficacy. The transition from the relative security of primary or junior school to secondary school has a definite impact. There are increased academic demands and peer-group pressures, changes associated with the course of puberty, multiple teachers and a feeling of anonymity in a larger school. In some settings there may also be bullying, lawlessness, prevalence of theft, sexual activity, violence and substance abuse. The pressures can produce psychological casualties in adolescents who can't cope: self-esteem plummets, motivation slumps and achievement lowers (Elkind, 1984a: 182–3). The view that schooling constitutes a major source of stress in the life of adolescents is confirmed by studies in Canada, Singapore, Hong Kong, Barbados, Italy and Japan (Munsch & Wampler, 1993; Bauwens & Hourcade, 1992; Cole & Sapp, 1988).

Changes in the family structure, separation, divorce, single-parent families, teenage parenthood and two career parents are placing pressure on children and adolescents to grow up quickly. These factors are threatening the stability of the environment for children and causing parents to spend less time nurturing (Elkind, 1984a). Elkind (1988) talks of 'children growing up too fast and too soon', while others, such as Weininger (1990), also talk about children being put on 'the fast track'.

What happens in the family is critical in determining how adolescents traverse the period through to adulthood. For example, adolescents' self-esteem is positively correlated with parental interest and encouragement. The fact that parents may be in a midlife crisis can be an important factor contributing to adolescent stress (Petersen, 1988).

Divorce increases the vulnerability of children. Rather than being a single uncomplicated event, divorce has various stages: family discord,

family separation, single-parent household, step-parent household and adjustment to half-siblings in the household. All the stages must be worked through and can cause disruption and distress. The association between parental separation and coping is discussed in Chapter 5.

THE INDICATORS

There is ongoing debate about the relative or exclusive contribution of stress to the onset and maintenance of a wide range of health-related disorders. Nevertheless, the manifestation of stress in the personal and interpersonal arenas is generally recognised. Since some of the most readily acknowledged physiological manifestations of stress have been identified through correlational studies that indicate the concurrent presence of a stressor with a particular health-related problem, causality is difficult to determine. Although it is difficult to attribute the cause of illness to any particular stress, the literature relating to skin disorders, respiratory disorders and digestive disorders as manifestations of stress in the personal, school and interpersonal arenas gives strong support for the part that stress plays in illness. Similarly, behavioural problems are often associated with the stresses experienced by the individual.

Table 1.1 identifies some of the manifestations of stress that have been observed by school psychologists. The symptoms may present in the school, the family and in communal settings.

There have been attempts to identify various type of stressors experienced by young people and to classify life events and daily hassles according to likely severity of impact (Elkind, 1988; Coddington, 1972; Compas *et al.*, 1985; Youngs, 1985). These listings range from the greatest stressor, death of a parent, followed by divorce of parents, being put in jail, dealing with pregnancy, unemployment, quarrels with siblings and so on. While some of the stressors are relatively low in incidence (such as death of a parent) others (like starting a job) are experienced widely. Moreover, the level of stress precipitated by the life event is situation- and person-dependent. Although these listings are helpful in identifying diverse life events and transitions that may elicit stress in young people, they fail to take account of the full range of adolescent concerns in a particular community.

What *is* true, however, is that when concerns are overwhelming they can lead to despair, problem behaviour and/or inactivity. Additional to these identified concerns there are times when young people fail to be engaged in the events occurring around them. They fail to draw satisfaction from the things that they do, which is reflected in the recurring experience of boredom. This theme was reflected in a newspaper headline: 'Boredom kills: Boredom in the suburbs'. The article told the stories of some young

22 *Adolescence*

Table 1.1 Indicators of stress in adolescence

<i>Home</i>	<i>School</i>	<i>Community</i>
aggression	anger	alcohol addiction
arguing	antisocial behaviour	apathy
boredom	arguing	burglary
chronic fatigue	attention-seeking behaviour	cruelty
conflict with siblings	bragging	drug addiction
cries easily/brought to tears	bullying	excessive fooling around
excessive TV-viewing	confusion in problem solving	gang behaviour
excessive weight gain or loss	difficulty completing work	homelessness
inability to manage daily routines	requirements	indifference
irritability	exhaustion	non-participation
lack of interest	fighting	promiscuity
over-eagerness to please	fooling around	tobacco addiction
passivity	illness such as glandular fever	vandalism
physically abusive	inability to commence new tasks	violence (gang fights)
procrastination	isolation/being withdrawn	
rebellion	non-participation	
sadness	poor concentration	
short temper	showing off	
shouting	teasing/taunting	
skin disorders	truancy	
sleeping disorders	violence in the schoolyard	
sulking		
swearing		
tiredness		
ulcers		
uptightness		

people who felt hopeless and despairing about life at school and life after school. The prospect for future employment for these young people seemed poor and they did not find their school work to be relevant.

Boredom as stress

In interviews with young people, issues involving boredom surfaced frequently. For some, boredom is experienced at school when the work fails to engage them, or it is experienced at times of leisure, after school and on weekends. Or as James (16 years) lamented, ‘*We don’t go on holidays.*’

For some it is schoolwork that is boring. Lara (14 years) reported that she gets bored in class and daydreams:

I find maths boring. When we went on to the computer that was interesting because it was something different. Sometimes we might get puzzles to do instead of doing maths work. I find that interesting because I like to figure out problems.

Sometimes boredom is chronic, as Anthony (15 years) commented:

The only problem I ever have is boredom. I can't stand the thought of another day. I just try and make the best of it and I get out and I think one day I'm going to get out and do something I want to do.

For Emma (16 years old) boredom is a problem at home, not because she does not have a range of interests, but because she cannot find a way to beat boredom.

There's nothing to do. There's nothing on TV. I like doing creative things so when there's nothing to do I get bored. I'll go outside or jump on the trampoline or try to do things like get boxes and make things like clothes. I play tennis but I don't compete any more. I like netball, I did callisthenics, I like swimming and I ride my bike.

Young people require different levels of stimulation and activity. Some people are not happy unless they are doing two things at once. Another 15-year-old, Bridgit, commented:

I get bored very easily, like I'm talking to someone on the phone and I'll make a cake at the same time. I can't just sit there and do nothing. In class I'm usually the one who makes smart-arse comments.

It seems that it is the capacity to combat boredom, take charge of one's life to enjoy what is available, take on the challenge of enjoying what is possible and make possible what seems inaccessible or unchangeable, that makes a difference to young people's state of well-being.

Stresses and concerns have been with us throughout history. As Selye pointed out:

the caveman's fears of being attacked by wild animals while he slept, or dying from hunger, cold or exhaustion must have been just as stressful as our fear of world war, the crash of the stock exchange, over population or the unpredictability of the future.

(Selye, 1980:7)

Concerns exist, as do daily hassles and life strains. They are all part of adolescent life. How these are experienced and responded to is dependent on situational determinants, personal characteristics and the interplay between the two. Thus coping is most productively considered according to a person-environment interactional model. While there have been attempts to identify, categorise and rank stress according to severity, it is clear that young people have concerns in areas that relate to success in their pursuits, relationships and the world around them. However, the underlying cause of their particular concern is often masked—what sometimes presents as

24 *Adolescence*

boredom and a sense of despair. When identifying stresses and their symptoms there needs to be a search for underlying causes. Young people are the best source of information about their concerns, stresses and strains, and in any particular context they need to be asked what is going on for them as individuals. How they deal with these stresses is coping.

2 What is coping?

Coping with stress is like trying to find a way you can remove or neutralise the stress factor from whatever you are doing. Not just doing something and then getting rid of the stress afterwards, it's trying to find a way of actually stopping the stress from building up.

(Lisa, 15 years old)

Coping is made up of the responses (thoughts, feelings and actions) that an individual uses to deal with problematic situations that are encountered in everyday life and in particular circumstances. Sometimes problems are solved and sometimes they are ignored in an individual's attempt to deal with the environment. Thus an examination of the ways in which people cope with their stresses and concerns provides a means of understanding human behaviour. The procedure for determining how people deal with their concerns in daily life involves the observation of behaviour *in situ* or through the reporting by self or others. By far the most common way to determine how people cope is to ask them to report, by filling out a questionnaire, what it is they do, or to ask them to describe in interviews or written texts those things that they do to manage their concerns or stresses.

DEVELOPMENTS IN RESEARCH

Ability or deficit models

In recent years there has been an explosion in interest in stress and its consequences. Issues such as the destruction of the environment, the threat of nuclear war, terrorism, unemployment, depletion of natural resources, hazardous wastes and the changes in family structures have become prominent issues in people's lives. The increase in the incidence of divorce, violence and crime in many Western communities such as Australia, the

United Kingdom and the United States has meant that these topics are generally discussed and in many situations experienced. An interest in how people cope with these stressors has accompanied the increased awareness of such issues.

For many years researchers have been preoccupied with a deficit or disability model of behaviour that focuses on what people *can't do* rather than what people *can do*. The emergence of interest in the theory and measurement of coping in recent years reflects a shift from a deficit approach to a growing interest in the application of 'ability' models to understand human behaviour. That is, how do people manage their lives? This shift is also reflected in recent research that has focused on optimism (Seligman, 1992, 1995), happiness (Lu & Argyle, 1991; Argyle & Lu, 1990) and an individual's capacity to cope.

The ability approach seems to provide a more promising framework for examining human behaviours, particularly by learning from the observation of healthy, normal aspects of human endeavour rather than illness or abnormal aspects. This orientation focuses on what a person does and the capacities individuals have to cope with their problems. It focuses on adaptation rather than the maladaptive responses of an individual.

The shift in emphasis from stress (deficit) to coping (ability) can best be understood as part of a 'broader change in Zeitgeist' (Roskies & Lazarus, 1980:38). Essentially the pendulum has swung to the point where there is a concern for health and well-being, prevention and productivity, and a quest for staying ahead and on top. Thus in recent years there is evidence of a growing interest, especially among psychologists, in the concept and measurement of coping.

From stress to coping research

The history of stress research has been closely linked to the stimulus-response (S-R) model, which posits an association of a stimulus with a behavioural response. In time, S-R models were found to be inadequate as they failed to account for individual differences in human behaviour. The S-R models were subsequently replaced by models that took account of individual differences such as personality types. These were generally characterised as S-O-R models (with the 'O' standing for organismic variables), which account for individual variations in responses to the same stimuli.

This transition from S-R to S-O-R models is reflected by research concentrating on the effectiveness and outcomes in the coping process in human endeavour. These approaches generally rely on self-reporting of behaviour. One of the theoretical constructs commonly associated with

efficacy approaches is that of *self-efficacy*, a term developed and reported by Albert Bandura (1977a, 1982a, 1984, 1991). The self-efficacy approach highlights ways in which individuals *perceive* their capacities rather than the recording of actual behaviours. It focuses on beliefs that an individual holds about his or her capacity to deal effectively with a particular situational demand. The individual's behavioural history determines the level of self-efficacy. The behavioural history includes components such as social learning in the school and the family setting. For example, in an educational setting observing a similar peer performing a task well can promote a sense of self-efficacy. If, for example, a low-achieving student observes another low-achieving student perform a task well, the observer is likely to believe that he or she can also deal with such circumstances. If the model describes to the others how he or she studied, persisted in the task and succeeded, the effectiveness in enhancing self-efficacy in the observer is increased (Schunk, 1991). It is not enough to possess the skills of competent coping; one must *believe* one has them (Roskies & Lazarus, 1980:57).

Self-efficacy is the hallmark of people who judge themselves as able to handle situations that would otherwise be intimidating or overwhelming. Such people believe they have an ability to control anxiety and exercise control over potential threats. This is *perceived self-efficacy*. People who believe they can exercise control do not engage in apprehensive thinking and are not bothered by threat or challenge. In contrast, those who believe that they cannot manage threats may experience high levels of anxiety. The perceived coping inefficacy is accompanied by high levels of subjective distress, autonomic arousal and catecholamine secretion, thus confirming the individual's fear that they cannot cope and exacerbating the inefficacy of their attempts. Thus stress reduction is not only a matter of coping efficacy but also an individual's self-assessment of their ability to manage dysfunctional apprehensive cognitions. It is not the frightful cognitions *per se*, but the individual's belief in a capacity to 'turn off' the cognitions, that is critical in managing stress.

Bandura's (1982a, 1991) concept of self-efficacy is accounted for in some measure in Lazarus' concept of coping, where the assessment of one's resources to deal with a particular encounter accounts for the fact that an individual may believe that he or she has the resources (capacity) to cope in a particular situation. Whether an individual puts in effort and persists in the face of obstacles has implications for the coping outcome.

While efficacy theory has been significant in the shift from a deficit to an adequacy model of behaviour, coping theory has moved beyond the concept of self-efficacy and self-awareness. Much of what is meant by self-efficacy has been incorporated into Richard Lazarus' transactional theory of coping, which takes account of the dynamic nature of human behaviour. Lazarus'

model is broad enough to encompass the individual both as an active shaper of the stress experience and as a respondent to the environment; hence 'transactional'.

Until recently much of the theory and research concerning stress and coping has centred on adult adaptation. This has resulted in widespread support for a conceptualisation of coping that has emerged from Richard Lazarus and the Berkeley group. In recent years their theorising and research as it relates to coping has contributed to an understanding of adolescence.

CHANGING DEFINITIONS OF COPING

Over the years, 'coping' has acquired a variety of conceptual meanings and is frequently used interchangeably with concepts such as mastery, defence and adaptation. Thus, it is not surprising that researchers working in this area develop their own working definition and use different descriptors. In recent years a number of different instruments have emerged which identify a range of constructs used to define coping (see Chapter 3). Examples are: the Adolescent Coping Orientation for Problem Experiences Inventory (A-Cope; Patterson & McCubbin, 1987); the Life Events and Coping Inventory (LECI; Dise-Lewis, 1988); Coping Across Situation Questionnaire (CASQ; Seiffge-Krenke, 1989); and Adolescent Coping Scale (ACS; Frydenberg & Lewis, 1993b).

Coping has been investigated from a number of theoretical perspectives. The *psychoanalytical perspective* focuses on the way in which conflicts are resolved through impulses and the testing of reality. This perspective usually focuses on the use of defence mechanisms. The *life-cycle perspective* involves mastery and developmental transitions. Successful mastery increases self-esteem, self-efficacy and internal control. The *evolutionary and behaviour modification perspective* emphasises problem solving. The *cultural and socio-ecological perspective* perceives coping as adaptation to the physical environment. The *integrative perspective* sees coping as one aspect of capabilities along with other resources which add or diminish demands (Moos & Billings, 1982; Patterson & McCubbin, 1987).

Lazarus' theory of coping

Despite the lack of an agreed theory of coping among the numerous investigators, the working definition of Lazarus and his colleagues is the most frequently cited and has received widespread support (Rutter, 1981; Tennen & Herzberger, 1985). According to Lazarus, coping is 'the cognitive

and behavioural efforts to manage specific external or internal demands (and conflicts between them) that are appraised as taxing or exceeding the resources of a person' (Lazarus, 1991:112). There are three key aspects of Lazarus' definition of coping:

- 1 Coping is context-bound rather than primarily driven by stable personality characteristics.
- 2 Coping strategies are defined by effort, which accounts for just about anything an individual does in their transaction with the environment that is purposeful. Therefore coping need not be a 'successfully completed' act but an attempt to deal with the problem. The concern is with the attempt rather than the effectiveness of the outcome. The attempt may consist of behavioural acts or cognitions.
- 3 Coping is seen as a process that changes over time during a particular encounter. There is an appraisal of the situation prior to initiating a coping action, and the consequences of coping efforts set the stage for reappraisal of the situation and determine the call on coping resources.

Lazarus' model emphasises cognitive appraisal as an intrinsic component of the coping process. The concept of appraisal is central to this theoretical formulation. An individual asks first, 'What is at stake?' (*primary appraisal*) and second, 'What are the resources available to me?' (*secondary appraisal*) (Lazarus, 1968; Lazarus & Launier, 1978; Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986). The conceptualisation of coping has moved from being considered as a set of intrapersonal traits, or psychodynamic processes, to a theory based on a more observable set of cognitive and affective actions.

Lazarus' definition of coping reflects the move from a trait conceptualisation to a description of coping as a process. The trait concept with its emphasis on dispositional variables has been found to be a poor predictor of behaviour and is therefore limited (Cohen & Lazarus, 1973; Lazarus & Launier, 1978; Lazarus *et al.*, 1980). Additionally, the trait conceptualisation of coping assumes that there is no change over time. This is not supported by research. Lazarus *et al.* (1962) and Folkman & Lazarus (1985) demonstrated that coping is a process that changes over the duration of an encounter. In the first study the researchers looked at emotional and other changes in ways of coping during stages of viewing a motion picture (Lazarus *et al.*, 1962), and in a second the study investigated the coping of college students during three stages of an examination, before, during and after (Folkman & Lazarus, 1985). It was found that coping, like emotions, changed during the three stages of a stressful event.

From work with adolescents, Frydenberg and Lewis have defined coping

[as] a set of cognitive and affective actions which arise in response to a particular concern. They represent an attempt to restore the equilibrium or remove the turbulence for the individual. This may be done by solving the problem (that is, removing the stimulus) or accommodating to the concern without bringing about a solution.

(1993a:255)

The cognitive-phenomenological theory of coping

Lazarus' definition of coping is based on cognitive-phenomenological theory, also known as a cognitive-transactional theory (Tennen & Herzberger, 1985). A systematic study of this theoretical approach has been documented by Lazarus and his colleagues (Folkman & Lazarus, 1985; Lazarus *et al.*, 1970; Lazarus & Launier, 1978). Lazarus' theory is based on the person-environment interaction model put forward by Lewin (1936). Essentially, this model posits that the individual and the environment are in a constant state of action and reaction. What a person does impacts the environment, which in turn impacts the individual and so on. For example, when a student is disruptive the teacher reprimands, the student feels disapproved of, embarrassed in front of their peers or pleased by the attention or disruption to classroom activities; the teacher gets more angry and so forth. The person-environment interaction is in a constant dynamic state based on a complex set of actions and reactions. Lazarus & Launier (1978) point out that 'most social psychologists accept the multifactorial and interactional view of the determinants of human action and reaction' (p. 289).

There is an ongoing transaction and relationship encompassing a series of stimuli followed by responses. Subsequent to reappraisal, the stimuli are followed by altered response and so the cycle begins again. Thus it is a dynamic cognitive approach which has replaced the S-O-R linear model (Folkman *et al.*, 1979).

The concept of appraisal has been well documented by Lazarus and his colleagues. Research in the area of adolescent coping generally focuses on situational determinants, individual characteristics and coping actions. These are discussed further in subsequent chapters. There is a dearth of literature on coping outcomes *per se* because of difficulties in obtaining objective data. What is clear is that life events, along with coping resources, are predictive of stress (Zeidner & Hammer, 1990). However, there is some evidence from correlational studies that particular outcomes are associated with the use of particular coping strategies, although it is difficult to infer causality. For example, overachieving boys use more social support than do

those who achieve within expectation for ability (Parsons *et al.*, 1996), yet it is not possible to infer confidently that the increased use of social support is responsible for higher achievement. It may be that high achievement is accompanied by a state of well-being which then enables the young person to turn effectively to others for supportive interactions.

From theory to practice

The theories relating to stress and coping are associated with a body of clinical research and practice which focuses on the identification of stress and stressors and the learning of skills required for the management of stressful situations. It has been shown by Roskies & Lazarus (1980) that cognitive behaviour therapists who have been traditionally associated with the teaching of coping, such as Mahoney (1974) and Meichenbaum (1974, 1977), share with Lazarus a number of common aspects in their approach. Both approaches share a concern with process or dynamics, as opposed to structures or traits.

Lazarus shares with the cognitive behaviour therapists a concern with intra-individual aspects of behaviour rather than inter-individual or normative aspects. There is an emphasis in Lazarus' work on the study of the same individual over time or in different situations (Folkman & Lazarus, 1980; Folkman, 1982; Folkman & Lazarus, 1985). Additionally, for both the cognitive behaviour therapists and coping theorists such as Lazarus, coping involves what people think and do. There is a compatibility between the two sets of theory and research, namely that of cognitive behavioural and coping theory (see Chapter 10).

The dimensions of coping

Theoretically there is an infinite number of coping actions (including thoughts and feelings) that individuals use to manage their concerns. These actions range from getting information, rehearsing what to do and taking chances, to putting things out of one's mind. Examples from the range of coping actions have been grouped together according to similarity of idea or action through various empirical procedures, generally by factor analysis, and the factors or scales make up the different coping strategies (see Chapter 3). Thus, coping can be conceptualised in terms of a number of domains or strategies, each comprising specific actions. For example, the eighteen strategies identified by the Adolescent Coping Scale (Frydenberg & Lewis, 1993b) are listed below. Each is accompanied by an exemplar or coping action.

The conceptual areas of coping

- 1 *Seek Social Support* is represented by items that indicate an inclination to share the problem with others and enlist support in its management; e.g., *Talk to other people to help me sort it out.*
- 2 *Focus on Solving the Problem* is a problem-focused strategy that tackles the problem systematically by learning about it and takes into account different points of view or options; e.g., *Work at solving the problem to the best of my ability.*
- 3 *Work Hard and Achieve* is a strategy describing commitment, ambition (achieve well) and industry; e.g., *Work hard.*
- 4 *Worry* is characterised by items that indicate a concern about the future in general terms or more specifically concern with happiness in the future; e.g., *Worry about what is happening.*
- 5 *Invest in Close Friends* is about engaging in a particular intimate relationship; e.g., *Spend more time with boy/girlfriend.*
- 6 *Seek to Belong* indicates a caring and concern for one's relationship with others in general and more specifically concern with what others think; e.g., *Improve my relationship with others.*
- 7 *Wishful Thinking* is characterised by items based on hope and anticipation of a positive outcome; e.g., *Hope for the best.*
- 8 *Social Action* is about letting others know what is of concern, and enlisting support by writing petitions or organising an activity such as a meeting or a rally; e.g., *Join with people who have the same concern.*
- 9 *Tension Reduction* is characterised by items that reflect an attempt to make oneself feel better by releasing tension; e.g., *Make myself feel better by taking alcohol, cigarettes or other drugs.*
- 10 *Not Cope* consists of items that reflect the individual's inability to deal with the problem and the development of psychosomatic symptoms; e.g., *I have no way of dealing with the situation.*
- 11 *Ignore the Problem* is characterised by items that reflect a conscious blocking out of the problem and resignation, coupled with an acceptance that there is no way of dealing with it; e.g., *Ignore the problem.*
- 12 *Self-blame* indicates that an individual sees themselves as responsible for the concern or worry; e.g., *Accept that I am responsible for the problem.*
- 13 *Keep to Self* is characterised by items that reflect the individual's withdrawal from others and wish to keep others from knowing about concerns; e.g., *Keep my feelings to myself.*
- 14 *Seek Spiritual Support* is characterised by items that reflect prayer and belief in the assistance of a spiritual leader or Lord; e.g., *Pray for help and guidance so that everything will be all right.*

- 15 *Focus on the Positive* is represented by items that indicate a positive and cheerful outlook on the current situation. This includes seeing the ‘bright side’ of circumstances and seeing oneself as fortunate; e.g., *Look on the bright side of things and think of all that is good.*
- 16 *Seek Professional Help* denotes the use of a professional adviser, such as a teacher or counsellor; e.g., *Discuss the problem with qualified people.*
- 17 *Seek Relaxing Diversions* is about relaxation in general rather than about sport. It is characterised by items that describe leisure activities such as reading and painting; e.g., *Find a way to relax, for example, listen to music, read a book, play a musical instrument, watch TV.*
- 18 *Physical Recreation* is characterised by items that relate to playing sport and keeping fit; e.g., *Keep fit and healthy.*

Coping strategies such as those above have been further categorised along a variety and number of dimensions. Folkman (1982) and Lazarus & Folkman (1984) identified a dichotomous grouping of *problem-* and *emotion-focused coping* where the problem-focused grouping is represented by a single problem-focused strategy that is made up of eleven coping actions, while the emotion-focused dimension is made up of seven strategies (Wishful Thinking, Detachment, Social Support, Focusing on the Positive, Self-blame, Tension Reduction and Keep to Self). Each of these scales (strategies) are made up of between three to six coping actions. According to Lazarus, in the coping process there is both a problem-focused aspect and an emotion-focused aspect of an interaction present in each encounter. This has been demonstrated in a number of studies (Edwards & Kelly, 1980; Fahs, 1986; Folkman & Lazarus, 1980, 1985; Lazarus & Folkman, 1984; Manzi, 1986).

The dichotomous groupings have also been referred to as providing a distinction in terms of palliative and instrumental coping (Greenglass, 1991). There have been categorisations along other than the problem- and emotion-focused dimensions. Some researchers have found that the strategies can best be grouped to characterise three coping styles which represent functional and dysfunctional aspects of coping (Cox *et al.*, 1985; Frydenberg & Lewis, 1991a; Seiffge-Krenke & Shulman, 1990). The functional styles represent direct attempts to deal with the problem, with or without reference to others, while the dysfunctional styles relate to the use of non-productive strategies (Frydenberg & Lewis, 1993b). For example:

- 1 Style 1: *Solving the Problem* comprises eight coping strategies (Seeking Social Support, Focus on Solving the Problem, Physical Recreation, Seek Relaxing Diversion, Investing in Close Friends, Seek to Belong, Work Hard and Achieve, Focus on the Positive) and represents a style of coping

34 *What is coping?*

characterised by working at a problem while remaining optimistic, fit, relaxed and socially connected.

- 2 Style 2: *Non-productive Coping* comprises eight strategies (Worry, Seek to Belong, Wishful Thinking, Not Cope, Ignore the Problem, Tension Reduction, Keep to Self, Self-blame). These primarily reflect a combination of what may be termed non-productive avoidance strategies which are empirically associated with an inability to cope.
- 3 Style 3: *Reference to Others* contains four strategies (Seek Social Support, Seek Spiritual Support, Seek Professional Help, Social Action)¹ and can be characterised by turning to others for support whether they be peers, professionals or deities.

The above conceptual groupings have been derived from talk with thousands of young people and subsequent empirical scale development that has culminated in the development of the Adolescent Coping Scale (see Chapter 3). It needs to be pointed out that while there is much commonality in conceptual areas that relate to coping there is no universally adopted terminology or descriptors that relate to coping. For example, Compas (1987) draws distinctions between *coping resources*, *coping styles* and *coping strategies*. Coping resources are aspects of the self, such as self-esteem or belief in one's ability, as well as the resources that are available within the environment. Coping style is the tendency to act in a consistent way in particular situations. For example, Mary, who always looks on the bright side of things, and Justin, who always blames himself when things go wrong, represent two different styles of coping, according to this conceptualisation. Compas (1987) refers to coping strategies as the cognitive or behavioural actions that an individual engages in (for example, when James is lost he asks for directions from a passer-by).

THE COPING PROCESS

According to Lazarus' theory, coping is likened to the 'analysis of variance' (Lazarus *et al.*, 1974:269) and its components are referred to as the sources of variance. There are three contributing sources of variance— namely, personality dispositions, stimulus or situational demands and varieties of coping responses. Individuals have a range of coping responses upon which they can draw in different circumstances. Coping processes are dependent

1 Seek Social Support appears on two scales, which confirms the inference that is generally drawn intuitively, that the use of that strategy is sometimes productive and at other times may be a signal of dependence.

on the cognitive process of appraisal (Lazarus *et al.*, 1970). Other theorists, such as Rutter (1981), share with Lazarus the view that coping is best regarded as a process that extends over time.

The role of appraisal

The concept of appraisal is one of the basic tenets of Lazarus' theory. It is an important part of the coping process and has explicatory power. Cognitive appraisal is what a person does to evaluate whether a particular encounter is relevant to his or her well-being. In each encounter, two forms of appraisal are said to take place: *primary appraisal*, where the question 'What is at stake in terms of potential harm or benefit?' is asked; and *secondary appraisal*, where the question 'What can be done about the situation or what are the options or resources available?' is asked (see Lazarus *et al.*, 1980; Lazarus & Folkman, 1984; Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986; Folkman, Lazarus, Gruen & DeLongis, 1986). The appraisals may initiate a chain of activity and coping actions to manage a situation.

If the encounter is amenable to change, problem-focused strategies are used. Where the situation is assessed as unchangeable, emotion-focused strategies are more likely to be used (Folkman & Lazarus, 1980). For example, males tend to appraise 'hassles' in terms of a challenge and employ problem-focused strategies, while females are more inclined to appraise situations as threatening or harmful and are more inclined to use emotion-focused coping (Ptacek *et al.*, 1992).

Whether or not a stressor is controllable seems to determine how one copes. A study by Compas *et al.* (1988) found that academic stressors were assessed as more controllable than interpersonal stressors; and generally more problem-focused strategies than emotion-focused strategies were used to deal with the academic rather than the interpersonal stressors. It was also found that when there was low perceived control of the stressor, there was greater use of emotion-focused coping. Where there was high perceived control, there was greater use of problem-focused coping. Another interesting finding was that in those cases where the self-reports and maternal reports indicated that emotional or behavioural problems existed, there was higher usage of emotion-focused coping, and where there were no emotional or behavioural problems, there was a higher usage of problem-focused coping.

Lazarus emphasises the central role of cognitions in emotional outcomes, asserting that when people experience situations as a 'hassle', it is the meaning that they give to a transaction, and whether they appraise the situation as threatening, harmful or challenging, that may have an impact on

the emotion generated and the coping reaction (Folkman *et al.*, 1987). That is what is meant by the ‘perception of the situation’.

Psychological stress resides neither in the person nor in the situation, but depends on the transaction between the two; that is, how the person appraises the event and how they adapt to it. Thus to some young people, each exam, public occasion or interview may be stressful, while to others it is perceived as part of the excitement of living and an opportunity to move forward.

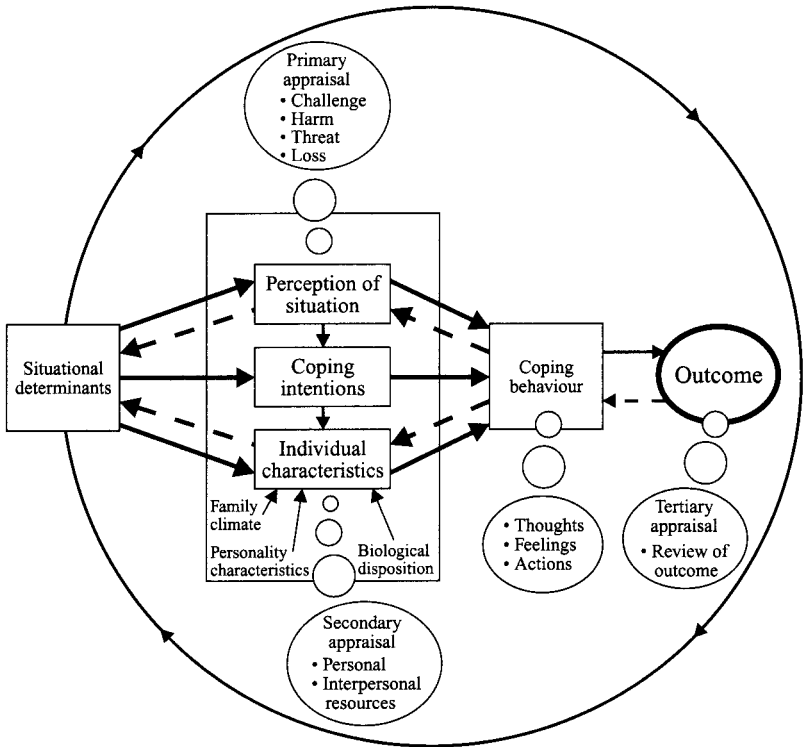
Researchers, such as Stone & Neale (1984), have developed their own measures of coping and found that appraisal is associated with type and amount of coping. Manzi (1986) found that students assessed what is stressful in a work situation according to whether they regarded the situation as one of loss, threat or challenge. Fahs (1986) found that, in relationship to stressful academic and social events in a school environment, appraisal played a part, in that the severity of the stress was assessed according to whether the individual felt that they could do something constructive to deal with the problem. There is also the concept of tertiary appraisal, where the effectiveness of outcomes is evaluated by the individual to determine the subsequent course of action.

Figure 2.1 is a two-dimensional representation of the theory of coping developed from research findings to date. It represents the relationship between the main determinants of coping.

The model posits that coping is a function of the situational determinants and the individual’s characteristics, perception of the situation and coping intentions. The individual brings a host of biological dispositional, personal and family history and family climate characteristics. It is how these impact the perception of the situation that is of interest. Following an appraisal of the situation, the individual assesses the likely impact of the stress—that is, whether the consequences are likely to lead to ‘loss’, ‘harm’, ‘threat’ or ‘challenge’—and what resources (personal or interpersonal) are available to the individual to deal with the situation. The intent of the action along with the action determines the outcome. Following a response, the outcome is reviewed or re-appraised (*tertiary appraisal* or *reappraisal*) and another response may follow. There may be a subsequent development in an individual’s coping repertoire. Thus the circular nature of the process illustrates the fact that strategies are likely to be tried again or rejected from future use, and are consequent on the coping experience of the individual.

Consistency and variation in coping

The relationship between coping actions and problem variation is a challenging one to consider, given the diversity of human problems and



$$C = F (\text{situational determinants} + \text{individual characteristics})$$

$$C = F (P + S + pS)$$

LEGEND
 C = Coping
 P = Personal characteristics
 S = Situational
 pS = Perception of situation

Figure 2.1 Diagrammatic representation of coping²

contextual determinants. ‘How a person copes is determined concurrently by individual and situational factors...context rather than people involved

2 While the utility of a two-dimensional graphic is acknowledged in that it is able to simplify complex theory and represent the circular nature of the coping process with a feedback loop, any such representation remains limited in its capacity to depict the dynamic interrelationship between person and situation characteristics in the coping process.

affect the type of coping exhibited' (Tennen & Herzberger, 1985:690).

A landmark study by Folkman & Lazarus (1985) demonstrated that coping changes as an encounter unfolds. The study investigated three stages of a college examination. Three separate problems rather than a single problem were dealt with: the situation before an examination, after the examination and following the announcement of the results. Another way of conceptualising this investigation is to consider that coping is being investigated with regard to three distinct phases during a problem. The phases can be identified respectively as three distinct (but related) problems. What has been determined by Folkman and Lazarus is that coping shifts throughout different phases of a problem (where the phases of a problem are in fact akin to separate problems). The finding is consistent with the notion that coping varies according to the nature of the problem, since on any two occasions it is never exactly the identical problem that is under consideration. For example, there may be anxiety about being called on by the teacher to answer a question in class, but having responded, there may be worry about having performed poorly, or embarrassment about having made a fool of oneself in front of the group.

Lazarus & Folkman (1987) have pointed out that 'each coping thought or act and each emotion is a response to a specific aspect of a complex encounter and/or the same aspect at different temporal stages' (p. 160). Thus research on coping lends itself to a microanalytic approach as well as a macroanalytic approach for predicting long-term outcomes in order that a set of generalised traits may be identified.

The process-orientated view recognises that there are aspects of coping that involve both stability and change. Hauser & Bowlds (1990), in reviewing coping research, highlight these two aspects by arguing that coping processes can be dichotomised to those that are consistent across situations and those that arise in response to specific situational demands.

When attempts have been made to determine the association between concerns people deem to be important, and the ways in which they manage these concerns, the findings are not consistent (Sidle *et al.*, 1969; Folkman & Lazarus, 1980; McCrae, 1982; Stone & Neale, 1984; Folkman & Lazarus, 1985; Stern & Zevon, 1990). According to some researchers, people tend to use particular strategies in preference to others regardless of the specific problem with which they are dealing, even though certain situations tend to elicit the use of some strategies rather than others. Generally it has been found that people are more variable than consistent in their use of coping patterns (Folkman & Lazarus, 1980; Stern & Zevon, 1990). The Folkman & Lazarus (1980) study reported that problem-focused coping (attempts to deal directly with the stressor) was more evident in relation to work-related stresses, while emotion-focused coping (attempts to regulate emotional

states that result from the stressor) was used more with health-related problems. This is consistent with their earlier finding that where problems are perceived as changeable there is greater use of problem-focused strategies, and where the individual feels less in control of outcomes there is greater use of emotion-focused strategies.

Although adolescents have an underlying pattern of coping responses that are utilised for all concerns, their use of particular coping strategies is systematically associated with the nature of the concern (Frydenberg & Lewis, 1994a). This type of conceptualisation is not unlike a state-trait approach which focuses on the transitory or variable nature of coping behaviour (state) and the relatively stable individual differences in coping behaviour (trait).

The notion of traits implies that individuals are more likely to resort to a characteristic type of coping if the initial coping attempts fail to solve the problem or fail to reduce tension. Moderate cross-situational and temporal stability has been reported in the coping behaviour of adolescents (Compas *et al.*, 1988; Frydenberg & Lewis, 1994a; Wills, 1986) and adults (Folkman, Lazarus, Gruen & DeLongis, 1986). The state-trait and Lazarus transactional view of coping are not mutually exclusive, since both the individual and the situation contribute to the coping behaviour. Those who share the trait-like view recognise the importance of taking the situation into account, as do those who recognise that individuals have an inclination to use similar strategies in circumstances where there are similar psychological stresses (Lazarus & Folkman, 1984).

A study of the relationship between adolescents' concerns and the ways in which they cope was undertaken in five post-primary schools in metropolitan Melbourne, Australia. One hundred and seventy-eight students completed an adapted version of the Folkman and Lazarus Ways of Coping Checklist (Frydenberg & Lewis, 1994a).

Eight scales were based on one problem-focused (Problem-focused) and seven emotion-focused strategies (Wishful Thinking, Detachment, Seeking Social Support, Focus on the Positive, Self-blame, Tension Reduction and Keep to Self) (Folkman & Lazarus, 1988). The students completed the eighty-item instrument for each of three identified domains of concern which were established on the basis of an analysis of responses from a sample of 653 students (see Chapter 1). The concern areas range from those close to an individual's realm of control, *proximal* (Achievement), through to *distal* (Social Issues), which are furthest from the realm of control:

- Achievement (employment, exams and marriage);
- Relationships (family, peers and friends, and independence from parents);

40 *What is coping?*

- Social Issues (fear of nuclear war, Third World issues and sexual equality).

The analysis of the coping patterns indicated that, regardless of the problem, students have a stable hierarchy of preferred coping strategies which are in the repertoire of most, if not all, students. Nevertheless, significant differences were found in the ways students cope with different concerns. The most general inference was that Social Issues concerns were managed in a different way from Achievement and Relationship issues. The findings support a conceptualisation of coping which includes a general style of coping which is not problem-specific, as well as a smaller component which is specific to a problem.

It appears that a dual approach to conceptualising coping is required which accommodates both an individual's consistency in coping across a range of life issues and the variation which is specific to such issues. This approach is very similar to a state-trait approach. While the state-trait conceptualisation has been used extensively in the measurement of personality constructs (Pervin, 1984) and in particular with measure of anxiety (Spielberger *et al.*, 1970), to date it has not been considered in relationship to the measurement of coping. Nevertheless, it appears most apt.

The efficacy of coping

It would be helpful to have a formula that defines effective and ineffective coping. The reality is that what works in one circumstance may not work in another. For example, standing up to a playground bully may be effective in removing the threat of attack in the school yard, while standing up to parents who want to enforce a curfew may not result in the desired outcome. Some people cope better in some situations than in others. For some, relationship difficulties are more easily resolved than work-related ones. Adults cope differently from young people. But to say which kind of coping is more effective is difficult, given the range of circumstances with which people are required to deal.

Because of the inherent difficulties in determining effectiveness of outcome there have been few attempts to look at the long- and the short-term efficacy of coping. In the short term it may be possible to consider physiological effects, changes in mood, emotion or affect and immediate outcome to the person-environment transaction. Most researchers have concentrated on affect and physiological changes. Attempts to measure the person-environment transaction have generally been based on measures of problem severity (Folkman, Lazarus, Gruen & DeLongis, 1986), self-rated

coping efficacy and lasting negative changes that have occurred in a person's life in response to a major stressor (Aldwin & Revenson, 1987). When researchers have attempted to explain individual differences in psychological adjustment in a sample of chronically ill adults, they found that cognitive strategies, including information seeking, were related to positive affect, while emotional strategies, particularly those involving avoidance, blame and emotional ventilation, were related to negative affect, lowered self-esteem and poor adjustment to illness. Long-term effects in the form of psychological well-being or social functioning are not generally measured.

Some large-scale studies have attempted to determine the efficacy of coping (Ifield, 1980; Pearlin & Schooler, 1978; Peck *et al.*, 1979). For example, through interviews with 2,380 subjects spanning a large age range (18 to 65 years), Pearlin & Schooler (1978) found that coping was more efficacious in the interpersonal role areas of marriage and child rearing, but less efficacious when dealing with 'impersonal' problems relating to work. Peck and his colleagues were involved in an eight-nation team whose aim was to develop a conceptual system to explain effective behaviour or competence. They used eight measures to establish a person's coping effectiveness. They measured coping actions, feelings, attitudes and motivation and identified ten universal dimensions of coping. Ifield (1980) investigated the effectiveness of coping styles of 2,229 Chicago adults in situations relating to their marriage, parenting, finances and work. He found that some coping styles are associated with low amounts of stressors (particularly when direct action is involved) and thus are considered to be predictors of effective coping.

Coping strategies regarded as efficacious in one context may not appear to be so in another. The multiplicity of factors that determine efficacious outcome—for example, in the case of educational achievement—are complex and difficult to isolate. The fact that it may be the classroom climate, school ethos, the personality of the teacher, aspects of the curriculum, the background, motivation or ability of the student, the expectations of the individual, the support from parents, peers or significant others or an interplay of a combination of factors makes the determination of coping effectiveness very difficult.

In terms of considering how adaptive or effective outcomes are, it is important to take account of constitutional and genetic variables as well as psychosocial ones. Lazarus & Folkman (1987) have become increasingly sceptical about adaptational outcomes, especially physical health, over an extended time frame. They have given three reasons for this scepticism. First, constitutional and genetic variables may be more important than psychosocial ones. Second, health is quite stable as a construct and emotion

would have to be monitored longitudinally. Third, coping has two main functions when dealing with problems or when dealing with the troubled person-environment interactions: attempts to deal with the problem (*problem-focused coping*), and attempts to regulate emotional states that result from the stress (*emotion-focused coping*). Appraisal plays a key part. For example, when stakes are higher there should be heightened attention to consequences. How one copes with daily hassles is a significant predictor of how one copes with life events. The functional value of a strategy cannot be divorced from the context in which it occurs. For example, a woman, who was lost for six days in the forest without food, had ‘prayed for a miracle to happen’ (emotion-focused coping), and that, she claimed, had sustained her through the long days and nights. That same strategy is not likely to be effective when one’s paddle boat is filling up with water. Lazarus and Folkman caution that adaptational outcomes are difficult to measure. Also, causal inference is difficult to establish and we can’t divorce coping from the context (Lazarus & Folkman, 1987).

In considering the efficacy of coping, Folkman and Lazarus have proposed that ‘functional’ and ‘dysfunctional’ coping may depend on the goodness of fit between first, the person’s appraisal of what is happening and that which is actually happening, and, second, the person’s appraisal of the options for coping and his or her coping activity (Folkman *et al.*, 1979; Lazarus & Folkman, 1987).

It has been argued by Perrez & Reicherts (1992) that, in order to establish the effectiveness and appropriateness of concrete coping efforts, knowledge is required about the way an individual perceives the stressor and its consequences along with some knowledge relating to the intent of the coping actions. Maladaptive coping can be a result of perceptual or representational deficits, or a deficiency in coping resources. Boekaerts (1996) proposed the six rules governing behaviour put forward by Perrez & Reicherts (1992), along with examples from the adolescent contexts. The argument put forward by Perrez & Reicherts (1992) is that there is a correspondence between the objective features of a situation, the subjective assessment by the individual and the resources that are available in order that the appropriateness of coping efforts can be determined. Maladaptive coping can be the result of perceptual deficits or non-availability of resources. The rules are as follows:

Rule 1 If controllability is perceived as high and changeability low, and valence is high—active coping is predicted.

- Rule 2* If changeability is higher than controllability, passivity is the likely reaction.
- Rule 3* If valence is perceived as high but both controllability and changeability are perceived as low, escape or avoidance is probable.
- Rule 4* If the ambiguity of the stressor is perceived as high, there is active search for information; the more so the higher the perceived controllability.
- Rule 5* If the ambiguity of the stressor is perceived as low but the controllability is also perceived as low, suppression of information is more likely.
- Rule 6* If the controllability of short-term stressors is perceived as low and the valence is perceived as low, a re-evaluation of the situation is likely (Perrez & Reicherts, 1992, p. 33).

The following examples illustrate the likely coping scenarios in circumstances that relate to the adolescent experience:

Example 1: Russell is a capable boy in the final year of high school. He is a keen athlete but has come to mix with some school 'heavies' who are always in trouble. His hair is long and he does not want to get it cut. When Russell is asked by the Principal to cut his hair to comply with the school regulation of having it no longer than shoulder length, he will do so because he would like to represent his school in the interschool athletics competition; valence is high (Rule 1). But if his mates have challenged him to defy the authorities and keep his hair long (changeability low) he is likely to be reluctant to comply (Rule 2).

Example 2: Jennifer wants to get into the school play but is not getting on with the teacher. She is required to audition for the part and to learn some text. If she is optimistic about her chances she is going to learn the text and try it out at home (Rule 1). If she is despondent about her chances of being selected by the teacher for the part after the audition, she might give up and play truant on the day of the audition (Rule 3).

Example 3: Angelo's mates want him to go to the disco. He is under-age and his parents do not allow him out at night. He may organise a false ID and go with his mates and disregard his parents' wishes (Rule 4). Alternatively, he may stay at home and tell his mates that he has to mind his sister (Rule 5). A third possibility is that he will just stay home and tell his mates that he cannot go out (Rule 6).

The rules relate to the subjective meaning ascribed to the situation, the changeability, controllability and ambiguity or uncertainty of the circumstance. In general there are direct attempts to deal with the problem when there is a belief that the situation will not change unless the individual does something to achieve the goal, such as working hard to get

into a desired course or programme of study. However, when there is a belief that the situation is uncontrollable, then the individual will choose to avoid the situation. That is, if regardless of the degree of effort there is no confidence that the goal will be reached, the individual is unlikely to choose to work hard.

Given that there is a correspondence between the objective features of a situation and the subjective assessment and available resources (Perrez & Reicherts, 1992), it augurs well for the development of interventions which attempt to change perceptions and cognitions and assist the individual to expand the range of coping strategies that are able to be harnessed to deal with life's encounters.

Flexibility and effective coping

There are three major approaches which have been used to study invulnerability or resilience in children. These are the epidemiological studies, for example, of competent black children in urban ghettos who have been exposed to the stresses of poverty and prejudice, longitudinal developmental studies of children from birth to adulthood and studies of children growing up in situations of war. All approaches focus on the identification of stable traits or qualities that distinguish resilient children from those who are maladaptive. The qualities that have emerged as distinguishing resilient children fall into three broad factors that are related to individual disposition, family circumstance and the availability of support systems. These include:

- 1 Individual disposition—temperament, high self-esteem, internal locus of control and autonomy.
- 2 Family circumstance—the presence of a supportive family environment, including warmth, cohesiveness, closeness and order and organisation.
- 3 Support systems—support in the environment from an individual or a group who provide positive models for identification. (See Compas, 1987.)

General research in the field of coping helps to determine who is resilient to stress and who is an effective copier. It is generally agreed that:

- 1 Flexibility is an important quality associated with resilience and effective coping.
- 2 Those who have an effective coping style and manage to master their environment do not blame others for their own failures.
- 3 Those who see themselves as helpless often blame others when failing to deal with life's problems.

'Coping styles' has come to represent those strategies that are used more consistently, rather than changeably, in the course of the person-environment interaction. Thus the term is often associated with the trait conceptualisation of coping. Styles have also been conceptualised across two levels: consistency of styles across different problems, and consistency of styles across similar circumstances that vary according to cognitive appraisals of the environment (Compas *et al.*, 1988).

Dweck and her colleagues (Dweck & Licht, 1980; Dweck & Wortman, 1982) investigated helpless and mastery-orientated children, the latter group being effective copers. Mastery-orientated children display sustained high levels of motivation, persist in their efforts to solve problems, increase their concentration and have enhanced performance. Helpless children are ineffective copers who display reduced levels of effort, high levels of discouragement and reduced performance. The behaviour of both these groups is similar before they experience failure. It is the individual's cognition following failure that distinguishes between the two groups (see Dweck & Licht, 1980; Dweck & Wortman, 1982). It has also been found that high self-esteem facilitates coping (Garmezy, 1988). Although no single style is adaptive in all situations, there is convincing evidence to suggest that some strategies are more productive than others.

It is evident from people's behaviour that the same situation may be appraised as threatening to some persons and as a challenge for others. Being asked to captain the tennis team and organise all the players in the team may be a challenge for some people and an overwhelming demand for others. The question of interest is: What factors determine the difference in appraisal? Research on vulnerability (risk factors) and ameliorative qualities (protective factors) has established that temperament, being optimistic, perceived personal control, familial factors (family cohesion, shared values, loving parents and a relationship with at least one parent figure) and the availability of social support are factors that contribute to resilience (Luthar & Zigler, 1991).

Rutter considered vulnerability and potentialities or triggers with regard to resilience by genetic and constitutional factors, and patterns of family structure and social support, as indices of resilience. In the Inner London Borough study (Rutter *et al.*, 1970), marital discord, low socio-economic status, large family size with over-crowding, paternal criminality and maternal psychiatric disorder were factors associated with an increase in psychiatric disorders. It is generally accepted that there is a triad of factors that are predictive of effective coping. Personality disposition, family supports along with an external support system make up the trio (see Chapter 8, Resilience).

In a study that looked at competent black children in urban ghettos (Garmezy, 1991), those children were found to exhibit internal locus of control, reflectiveness rather than impulsiveness, a physical and psychological environment in the home where parents were more concerned about their child's education, and where there were clearly defined roles and self-direction in everyday tasks. Thus the triad of factors for black children was found to be dispositional attributes, family cohesion and support figures in the environment. When the family is cohesive, if the family has external support and if certain personality factors are present then one would expect high problem-focused coping and reference to others and low non-productive coping.

The search for an invulnerability factor continues as people try to determine what makes an individual resilient. We need to be looking for factors and processes that may distinguish effective coping across a wide variety of stressful experiences. The important features of what constitutes effective coping when it comes to finding out that one has failed an exam (for example, making a resolution to be more adequately prepared the next time) is very different from what may be regarded as an effective way of dealing with a quarrel with one's parents (such as staying calm, listening and saying what is on one's mind). Both may be a characteristic of an individual who is capable of dealing purposefully and effectively with wide-ranging demands that are part of human development. One index of vulnerability appears to be the coping strategy that has been labelled *withdrawal* or *ignore*, a strategy characterised by denial of the severity of problems and a reluctance to deal with them. Young people who resort to using that strategy are more likely to be represented among those referred to psychiatric clinics and other such settings (Seiffge-Krenke, 1993). It is also a characteristic of depressive young people that they are more likely to use withdrawal when dealing with their problems (Compas *et al.*, 1993).

From theory to measurement

Much of the theory and research on coping has been driven from an adult-centric orientation, and it has been pointed out that particular characteristics of children and adolescents need to be taken into account. In particular, since adolescents are dependent on resources and the circumstances in which they find themselves, the social context and how the young person experiences and perceives the context needs to be considered, along with cognitive and social development and temperament. It is clear that there are age determinants of coping and that young people cope in ways that are different from adults. An important question is: Do children cope in similar ways to each other or to their parents?

Coping changes over time due to a host of circumstantial and developmental factors. For example, Catherine reported that as a 13-year-old she used to overcome her shyness by being 'loud' but by the time she reached 15 that had changed. Whether it is the passing of time or some particular experiences that contributed to the change is difficult to determine. What are the different ways in which boys and girls cope? How do young people who have grown up in different communities and who have different life experiences or different abilities and talents cope?

The conceptualisation of coping and the many questions that have been raised by theory and practice have led to numerous attempts to measure the construct. While it is the theory that has driven the development of empirically derived measures, it is the instruments that make it possible to produce valid and reliable data that continue to inform us about coping. Thus the ability to measure the construct in turn continues to shape theory and practice.

3 The measure of coping

Coping means different things to different people. It means adapting, dealing with problems, arriving at solutions, getting knowledge and trying out things. Some people can do it better than others.

(Suzette, 15 years old)

The measurement of coping is a relatively recent phenomenon that has been propelled by the need to move beyond the disability aspects of behavioural analysis. The focus on stress and inability has been replaced by an approach that is more promising in terms of prevention and facilitating behavioural change. What most measures of coping have in common is that respondents are asked to identify stressful situations and to indicate the ways in which they deal with their stresses. Questionnaires are most commonly used, because responses to a questionnaire provide extensive data that are not readily offered in response to spontaneous questioning. When questionnaire data are complemented by interview data there is a richness of description and example that is not generally available through pencil and paper formats.

There is some confusion in the terminology that is frequently adopted with regard to coping. There are *coping actions* (for example, what an individual feels, thinks or does) which are often grouped into *coping strategies* (for instance, a related number of actions such as ‘worry about what will happen’, ‘worry about what I have done’) and these strategies can in turn be grouped according to associated usage into *coping styles* (such as a group of strategies that represent conceptually similar actions). However, sometimes the terms ‘*coping actions*’ and ‘*coping strategies*’ are used interchangeably, while ‘*coping styles*’ generally refers to the actions or strategies that are used consistently by an individual to manage stress. Other associated terms used include ‘*coping tactics*’ and ‘*coping resources*’. *Coping tactics* appear to be used interchangeably with *coping strategies*. *Coping resources* are typically construed as facets of personality. Coping resources operate to affect the coping situation (for example, type of

strategy adopted, range of responses considered, interpretation of the event or effort expended on coping). Coping resources seem to be akin to a trait construct or general coping.

This chapter addresses the question Why measure coping? Some of the instruments currently in use are reviewed and their strengths and limitations considered. The difficulties in capturing the construct through either questionnaire or interview alone are addressed. A brief history of stages in development and reliability and validity studies relating to one instrument, the Adolescent Coping Scale (ACS; Frydenberg & Lewis, 1993b), and the different forms of the instrument which enable the identification of coping strategies and coping styles, is presented. Clinical and educational applications of the ACS through the development of individual and group profiles is discussed and illustrated and case examples provided.

WHY MEASURE COPING?

There appear to have been two main driving forces that have led to the development of instruments to measure coping. The first seems to have been the need to fulfil the predilection of researchers and investigators to measure anything that is quantifiable in order to describe human endeavour. Underlying this is our keenness to understand the circumstances that determine why we do as we do. How people cope and the factors, situational and personal, that influence coping actions is of interest to a wide section of the community. Ultimately such findings may lead to the development of policies and programmes to assist individuals to develop their coping repertoires and to modify their coping actions. The second motivation is to provide the psychological and clinical community with instruments that facilitate diagnosis and assist with clinical intervention. These purposes are often linked in that research not only advances our understanding in ways that may result in change for the individual but also often provides a catalyst for policy and programme development.

The instruments in use have been derived through various approaches to scale development that are in the main factor analytic. Researchers often evaluate instruments according to traditional criteria of reliability, stability and validity. However, Moos & Billings (1982) have pointed out that 'psychometric procedures such as internal consistency and factor analytic techniques may have only limited usefulness in evaluating the adequacy of measures of coping' (p. 225). Essentially, coping is a dynamic phenomenon that is influenced by what a person brings to the encounter. Situational determinants play their part. Thus, when using instruments and drawing conclusions from data acquired psychometrically, the theoretical underpinnings of a scale and how the instruments were developed need to be

taken into account. The dynamic nature of coping also needs to be considered.

There are four components central to a conceptualisation of coping:

- 1 Coping is an attempt at solving a problem and may not necessarily result in a resolution.
- 2 Coping can be behavioural or cognitive in nature.
- 3 Coping is a process that changes over time.
- 4 Appraisal precedes coping endeavours.

Generally, assessment of coping is limited to a particular set of coping procedures that account for the consistent coping behaviour of individuals over time. This general approach fails to take account of an individual's ability to cope with different situations in different ways. For example, one person may well be able to handle the stresses of examinations but have a great deal of difficulty dealing with relationship issues.

While it has been difficult to demonstrate the generality of coping, it has been pointed out by reviewers such as Schwarzer & Schwarzer (1996) that when individuals face different situations of stress their responses may be slightly different, but may be characterised under the same umbrella (such as confrontation). For example, confrontation may occur when a friend is in danger and there is need for a decisive rescue; or confrontation may imply being assertive when dealing with an excessive demand from one's employer. There is an assumption underlying the measurement of coping that there is some generalisability across situations, and individuals come up with a particular set of strategies upon which they rely from occasion to occasion (see Frydenberg & Lewis, 1994a).

Finally, coping strategies are grouped on the basis of the basic purpose, meaning or functional value. Schwarzer & Schwarzer (1996) refer to this as the issue of 'dimensionality'. Coping has been categorised along many dimensions, such as assimilative versus accommodative coping, vigilance versus cognitive avoidance, problem-focused versus emotion-focused, or palliative versus instrumental. It is the problem-focused and emotion-focused categorisation that is most frequently cited. However, these broad groupings can be further divided into subordinate categories. See Table 3.1 for comparative groupings.

The categorisations are sometimes made according to similarity of idea or action or are based on groupings empirically derived through factor analysis. Nevertheless, any categorisation remains a tool of convenience whose limitations in quantifying human endeavour need to be kept in mind. The origins of such categorisations need to be understood, and when

Table 3.1 Adolescent coping inventories

Author(s)	Fanshawe & Burnett (1991)	Frydenberg & Lewis (1993b, 1996b)	Dise-Lewis (1988)	Moos (1993)	Patterson & McCubbin (1987)	Seiffge-Krenke (1993)	Spirito et al. (1988)	
Scale	Coping Inventory for Adolescents (CIA)	Adolescent Coping Scale (ACS)	Life Events and Coping Inventory (LECI)	Coping Response Inventory: Youth Form (CRI-Y)	Adolescent Coping Orientation for Problem Experiences (A-Cope)	Coping Across Situation Questionnaire (CASQ)	Kidcope	
Scale description	54 items (from A-COPE) 4 factors	80 items 18 scales	125 life events 42 strategies	48 items 8 scales	54 items 12 factors	20 strategies across 8 domains	10 coping categories	
Age	12-18 years	12-17 years	12-14 years	12-18 years	11-18 years	12-19 years	10-18 years	
Productive coping	<ul style="list-style-type: none"> • Positive avoidance (e.g. think of good things in my life) • Focus on the Positive • Seek Spiritual Support • Work Hard & Achieve 	<ul style="list-style-type: none"> • Focus on Solving the Problem • Focus on the Positive • Seek Spiritual Support • Work Hard & Achieve 	<ul style="list-style-type: none"> • Stress reduction • Endurance 	<ul style="list-style-type: none"> • Logical analysis • Taking problem-solving action • Positive reappraisal 	<ul style="list-style-type: none"> • Developing self-reliance • Seeking spiritual support • Engaging in a demanding activity 	<ul style="list-style-type: none"> • Internal coping (e.g. analyse the problem) • Active coping by means of social resources (e.g. discuss the problem) 	<ul style="list-style-type: none"> • Problem solving 	
Reference to others	<ul style="list-style-type: none"> • Family communication (e.g. reason with my parents) 	<ul style="list-style-type: none"> • Seek Social Support • Invest in Close Friends • Seek to Belong • Social Action • Seek Professional Help 		<ul style="list-style-type: none"> • Seeking guidance and support 	<ul style="list-style-type: none"> • Developing social support • Solving family problems • Investing in close friends • Seeking professional support 	<ul style="list-style-type: none"> • Developing social support • Solving family problems • Investing in close friends • Seeking professional support 	<ul style="list-style-type: none"> • Social support 	
Non-productive coping	<ul style="list-style-type: none"> • Negative avoidance (e.g. use drugs) • Anger (e.g. blame others) 	<ul style="list-style-type: none"> • Ignore the Problem • Keep to Self • Wishful Thinking • Seek Relaxing Diversions • Physical Recreation • Tension Reduction • Self-blame • Worry • Not cope 	<ul style="list-style-type: none"> • Aggression • Stress recognition • Distractions 	<ul style="list-style-type: none"> • Resignation acceptance • Cognitive avoidance • Seeking alternative rewards • Emotional discharge 	<ul style="list-style-type: none"> • Avoiding problems • Seeking diversions • Relaxing • Ventilating feelings • Being humorous 	<ul style="list-style-type: none"> • Withdrawal (e.g. retreat from situation) 	<ul style="list-style-type: none"> • Resignation • Cognitive restructuring • Social withdrawal • Wishful thinking • Distraction • Emotional regulation • Blaming others • Self-criticism 	

making interpretations about human conduct the implications need to be considered.

FUNCTIONAL AND DYSFUNCTIONAL COPING

Coping is not inherently 'good' or 'bad'. Rather, coping can be characterised as consisting of productive and non-productive strategies and thus coping can be labelled 'functional' and 'dysfunctional'. *Functional coping* occurs when a problem is defined, alternative solutions are generated and actions performed. *Dysfunctional coping* refers to the management and expression of feelings which may serve an important purpose, especially when dealing with events beyond a person's control (see Compas, 1992) or where direct action is inhibited by external barriers. How productive and non-productive strategies are perceived and utilised depends on contextual factors. Thus, what is productive in one circumstance is not in another, and similarly what is perceived as productive by one person is not for another. For example, for 15-year-old Lisa, Ignoring the Problem may be a productive strategy when a group of lively young boys 'whistle' to her across the street. However, Ignoring the Problem would prove non-productive if she did not organise her clothes for the summer camp before the day of departure.

The classification of coping styles as approach or avoidance is found, for example, in the studies of Billings & Moos (1981) and Pearlin & Schooler (1978). There is convincing evidence that avoidance coping and poor adjustment are correlated. Lazarus and his colleagues make the distinction between problem-focused and emotion-focused coping (Lazarus & Launier, 1978; Folkman & Lazarus, 1985; Lazarus, 1991) and refer to two major functions of coping as either directed at regulating emotional responses or altering the problem that causes distress. Seiffge-Krenke's (1993) functional and dysfunctional modes of coping elaborate this perspective beyond the functional-dysfunctional dichotomy. The three modes of coping identified by Seiffge-Krenke (1993) include *active coping* and *internal coping* and *withdrawal*; the final of these including defences such as denial or repression entails a fatalistic attitude that ultimately leads to withdrawal. While withdrawal can be regarded as a 'purposeful' reaction, it generally means the problem is not solved at a given point of time.

Historically there has been no judgement as to the success or otherwise implied when assessing coping actions. Self-evaluated outcome is the major determinant. That is, the respondent is asked to assess, 'Did it work for me?' For example, it may be appropriate to daydream or think hopefully about some future event like a party, but the same strategy is not appropriate when

there is imminent threat or danger such as the need to traverse a busy intersection. The individual makes the final assessment of the outcome.

While generally the most frequently reported categorisations of coping relate to problem-focused and emotion-focused aspects (also referred to as 'palliative' and 'instrumental' coping), there are further distinctions that can be made which relate to defensive aspects of behaviour that incorporate denial and the like. Thus differentiation into coping styles can legitimately incorporate functional and dysfunctional strategies of coping.

THE MULTIVARIATE APPROACH

The multivariate approach for dealing with psychological data forms a major conceptual framework for examining and interpreting responses on coping. The multivariate approach, combined with factor analysis (determination of common sources of variation of underlying unitary structures), assumes that behaviours which vary with one another are functionally related to one another. The tools of description and instruments for determining coping have been based on this approach.

The instruments developed for adult populations far outweigh the number of instruments developed for young people. For example, the Ways of Coping Questionnaire (WOCQ; Folkman & Lazarus, 1988) was one of the first instruments to be developed with adults and is one of the most frequently cited. The WOCQ has been joined by other instruments such as those developed by Forsythe & Compas (1987) and Stern & Zevon (1990) and the Coping Response Inventory (Moos, 1993).

Adolescent measures are a more recent development and include:

- Adolescent Coping Orientation for Problem Experiences Inventory (A-Cope; Patterson & McCubbin, 1987);
- Stress and Coping Inventory (SCI; Boekaerts *et al.*, 1987);
- Kidcope (Spirito *et al.*, 1988);
- Life Events and Coping Inventory (LECI; Dise-Lewis, 1988);
- Coping Across Situation Questionnaire (CASQ; Seiffge-Krenke, 1993);
- Coping Response Inventory: Youth Form (CRI-Y; Moos, 1993);
- Coping Inventory for Adolescents (CIA; Fanshawe & Burnett, 1991);
- Adolescent Life Change Event Scale (ALCES; Groër *et al.*, 1992);
- Adolescent Coping Scale (ACS; Frydenberg & Lewis, 1993b).

Comparisons between such instruments are made in Table 3.1.

COPING INSTRUMENTS

The measurement of coping has been approached in a number of ways. Both self-reports and observer reports have been used as a way of recording adaptive behaviour. The former is generally favoured, as observer reports are usually only practicable with a small number of subjects. Another method is the use of unprompted open-format questioning where the respondents are required to describe their coping strategies (e.g., Hirsch, 1985). Other methods involve the use of a battery of tests (e.g., Peck *et al.*, 1979). The most popular approach to measurement is the use of a coping checklist.

A further approach to the measurement of coping is one developed by Stone & Neale (1984). In the process of measuring coping with daily problems, the authors identified eight strategies, named distraction, situation redefinition, direct action, catharsis, acceptance, seeking social support, relaxation and religion. Respondents then indicated whether they used or did not use a strategy for a particular problem. A ninth category allowed the person to report any strategies that did not fit within the other eight categories. Stone & Neale's (1984) approach to the measure of coping has, as a feature, the provision for participants to decide on the categories to which their strategies belong. This approach is generally not favoured with adolescents or children.

The use of a battery of instruments to measure coping is not widespread, since the approach does not readily yield clear information about coping actions and the expenditure of effort is not warranted unless general information across a range of activities is required. One example is the use of the College Coping Inventory by Peck *et al.* (1979) in their eight-nation study of 14-year-olds. The inventory consisted of six measures involving sentence completion, a projective measure, the Occupational Values Inventory, the Social Attitudes Inventory, Views of Life and Behaviour Rating Scales (see also p. 41).

It has been recognised by a number of researchers (Sidle *et al.*, 1969; Pearlin & Schooler, 1978; Stone & Neale, 1984; Folkman & Lazarus, 1980) that coping is inseparable from life strains. Therefore these researchers have investigated coping in the context of the problem being dealt with. Through this approach, coping has been examined in relationship to a number of concerns.

The following seven measures of adolescent coping are presented as examples of the similar yet individual approaches to coping measurement and scale development that have been reported in the literature.

The Adolescent Coping Orientation for Problem Experiences Inventory (A-Cope)¹

A-Cope was developed through an inductive procedure by Patterson & McCubbin (1987). First, thirty high-school students in grades 10 to 12 were interviewed and asked to describe how they managed difficulties. This resulted in a ninety-five-item inventory that was administered to 467 students and subsequently reduced to fifty-four coping behaviours that resulted in twelve factors which the authors describe as 'coping patterns':

- 1 Ventilating feelings (6 items);
- 2 Seeking diversions (8 items);
- 3 Developing self-reliance and optimism (6 items);
- 4 Developing social support (6 items);
- 5 Solving family problems (6 items);
- 6 Avoiding problems (5 items);
- 7 Seeking spiritual support (3 items);
- 8 Investing in close friends (2 items);
- 9 Seeking professional support (2 items);
- 10 Engaging in demanding activity (4 items);
- 11 Being humorous (2 items);
- 12 Relaxing (4 items).

A second order factor analysis of the A-Cope has identified two factors. The first factor, labelled 'salutary effort', incorporated engaging in demanding activities, developing self-reliance and optimism, and developing social support. Such strategies were considered to be efforts by individuals to alter the stressful circumstance. The second factor, 'stress palliation', was found to be 'characterized by less mature and salutary coping efforts' (Jorgensen & Dusek, 1990:507). This included strategies such as ventilating one's feelings and minimising the problem. These strategies were assumed to reflect efforts to reduce tension rather than change the situation.

The A-Cope has been frequently cited as a measure of adolescent coping. Schwarzer & Schwarzer (1996) point out that the main weakness of the instrument is that the items were generated by a small body of thirty students and the scales have been derived through an inductive process rather than driven by theory. It could be argued that this makes it quite a specific tool that is unique to particular samples. Their responses fell in a particular way which then defined the measure. It has been argued that if the

1 As reviewed by Schwarzer & Schwarzer (1996).

measure had been derived from theory the results might have been different (Schwarzer & Schwarzer, 1996).

Stress and Coping Inventory (SCI)

The Stress and Coping Inventory (SCI) constructed by Boekaerts *et al.* (1987) is an instrument that was developed for the younger age group and then extended to middle adolescents. The SCI was constructed to measure specific coping responses for 10- to 12-year-olds and and later extended and adapted for older age groups (12 to 15 years). Young people are presented with situations depicting different academic and interpersonal hassles. They are asked how frequently they encounter each stressor and to indicate the extent of the stress elicited. An example of an academic stressor is: 'The teacher wants you to copy from the blackboard and he or she is going too fast.' An example of an interpersonal stressor is: 'You are being bullied at school.' The inventory lists ten different coping responses per stressor, and respondents are asked to give an indication of the frequency with which they use each coping response. The data are aggregated for interpersonal stressors and for academic stressors respectively, and the two categories of problem-focused and emotion-focused coping are identified. The dominant strategy used for interpersonal stressors was emotion-focused coping and with academic stressors it was planful problem-focused coping.

The Life Events and Coping Inventory (LECI)²

Dise-Lewis (1988) validated a coping scale with children (11 to 14 years). Through an interview process the author came up with 125 life events that were considered to be stressful to children and forty-nine coping strategies. The stressful life events include such items as 'Your mum or dad have moved out of the house' or 'You got suspended from school', and the children are asked to rate how stressful these events would be if they occurred. They are then asked to indicate whether they would use each of the forty-nine coping responses. A five-factor solution for the forty-nine coping strategies accounted for half the variance, and included (1) aggression, (2) stress recognition, (3) distraction, (4) self-destruction and (5) endurance. The fact that this instrument uses both normative and non-normative life events means that for half the items children are asked to respond to hypothetical situations.

Coping Across Situation Questionnaire (CASQ)

2 As reviewed by Schwarzer & Schwarzer (1996).

Seiffge-Krenke (1990, 1993) developed a questionnaire that covers fifty-six minor stresses in eight different problem domains: parents, peers, heterosexual relationships, future, self, leisure time, studies and teachers. Coping after confrontation with a problem was investigated by several process-orientated interviews immediately after the events. Anticipatory coping was assessed by the Coping Across Situation Questionnaire (CASQ; Seiffge-Krenke, 1989), a two-dimensional matrix including twenty coping strategies across age-specific problem areas such as studies, teachers, parents, peers, opposite sex, self, future and leisure time.

Students were asked how they would cope with a specified problem by choosing as many of the twenty coping responses as they thought appropriate (for instance, 'I try to let off steam with loud music, wild dancing, sports' and so on). Three areas of coping were extracted: *internal coping*, *active coping* and *withdrawal*. Internal coping accounts for strategies that require internal reflection (such as 'I analyse the problem and think of various possible solutions'). Active coping represents direct attempts to deal with the problem including the eliciting of social support (like 'I discuss the problem with my friends'). Withdrawal includes responses that relate to retreating from the situation (for example, 'I retreat because I am unable to change the situation'). Seiffge-Krenke described 10 to 20 per cent of the original sample of 2,000 adolescents as a 'clinical group' in the sense that they were drug abusers, had interpersonal problems or reported depression. This group used active coping and internal coping to the same extent as the larger group but they used withdrawal to a greater extent than the non-clinical group. The use of withdrawal was also more prominent with young people who came from families with poor cohesion, minimal expression of feelings, interpersonal conflict and high control over their children. This was found to be the case in a cross-cultural study with German, Israeli and Scandinavian adolescents.

Coping Inventory for Adolescents (CIA)

Fanshawe & Burnett (1991) used some items from the A-Cope (Patterson & McCubbin, 1987) with 1,699 secondary students in Australia to develop the Coping Inventory for Adolescents. This has four sub-scales: *negative avoidance* (such as 'smoke'), *anger* (like 'Say mean things to people'), *family communication* (for example, 'Talk to my mother about what bothers me'), *positive avoidance* (for instance, 'Try to think of the good things in my life'). Fanshawe and Burnett describe the scales as having high to strong face and factorial construct validity and high to modest reliability.

The Adolescent Life Change Event Scale (ALCES)

This instrument was developed by Groër *et al.* (1992) for use with 13- to 18-year-olds to assess how young people coped with thirty-eight life events. Some of these events were termed as normative, such as ‘making new friends’ or ‘hassling with parents’, and some were non-normative, such as ‘arrested by the police’ or ‘flunking a grade’. The open-ended coping responses were coded according to the categories identified by Dise-Lewis (1988).

The Adolescent Coping Scale (ACS)

The Adolescent Coping Scale (ACS; Frydenberg & Lewis, 1993b) is an eighty-item instrument developed using a combination of empirical and theoretical approaches to scale development. There are four formats, an eighty-item Long Form (General and Specific) and an eighteen-item Short Form (General and Specific). The development and applications are discussed in greater detail later in this chapter.

RELIABILITY AND VALIDITY

Studies which examine predictive validity are rare. Glyshaw *et al.* (1989) used anxiety, depression and coping measures in a five-month longitudinal study of adolescents. Using prospective regression analysis, these researchers found significant negative relationships between ‘problem-solving’, coping and depression, and between ‘social-entertainment’ coping and anxiety, but no significant relationships for older adolescents. Research using the Adolescent Coping Scale (Frydenberg & Lewis, 1993b) has found an association between achievement and coping, coping and self-esteem (see Chapter 4).

For coping measures reported to date, reliability and validity measures are moderate. Alpha coefficients for coping measures can be as low as 0.44 (Moos & Billings, 1982). Glyshaw *et al.* (1989) reported a test-retest reliability ‘in the 0.6 neighborhood’ (p. 419) after five months. Endler & Parker (1990) report a range of 0.51 to 0.73 after six weeks for their three-factor measure. Frydenberg & Lewis (1993b) report correlations of 0.44 to 0.84 after two weeks for the eighteen sub-scales of the ACS. The minimum acceptable alpha levels are generally about 0.65 (Endler & Parker, 1990; Stone & Neale, 1984; Frydenberg & Lewis, 1993b).

STABILITY AND CHANGE

The process-orientated view of coping recognises that there are aspects of coping which involve both stability and change. Hauser & Bowlds (1990), in reviewing the state of the art in coping research, argue that coping processes can be dichotomised into those that are consistent across situations and those that arise in response to specific situational demands. For example, strategies such as 'do my homework as required' relate to schooling issues and 'work hard to succeed' would apply across situations. Others have pointed out the importance of 'shifting flexibility' in coping styles (Seiffge-Krenke & Shulman, 1990). The shifting flexibility in coping styles is best accommodated in what is akin to a state-trait conceptualisation of coping or what has been identified as general and specific coping (Frydenberg & Lewis, 1993b). For more discussion about stability and change, see Chapter 2.

MEASURING OUTCOMES

Various researchers have attempted to measure outcomes of coping in terms of judgements about the effectiveness of coping strategies. McRae & Costa (1986) asked subjects to rank twenty-seven coping mechanisms in terms of their perceived effectiveness with respect to problem solving or reducing distress. The seven mechanisms considered to be the most effective for problem solving were, in order: faith, seeking help, rational action, self-adaptation, expression of feelings, restraint and humour. The top seven strategies for reducing stress as judged by the subjects were: faith, drawing strength from adversity, seeking help, substitution, humour, expression of feelings and rational action.

Another approach to the measurement of outcome has been to ask respondents to evaluate their own efficacy; in other words, how they thought they had handled the problem. Alternatively, it is possible to assess how things have turned out by measuring the lasting negative impact on a person's life in response to a major stressor. For example, the experience of missing out on being selected in the inter-school debating team may have an impact on an individual's diminished self-confidence in public speaking which may extend well beyond their school days.

It is the controllability of the situation that is related to effectiveness of outcome. Compas, Malcarne and Fondacaro (1988) examined academic stressors and interpersonal stressors, with the former being appraised as being more controllable than the latter by older children and younger adolescents. When there was a match between children's perception of control in the situation and the selected coping mode (for example, low

perceived control and emotion-focused coping and high perceived control and problem-focused coping), the intensity of reported stress was low. The reverse was true when there was a mismatch. The number of problem-focused strategies reported in relationship to interpersonal stressors was negatively related to self-reports and maternal reports of behavioural problems. That is, the more problem-focused strategies that were used, the better the likely adaptation. Spivack & Shure (1982) found that for young people with emotional and behavioural problems there was a strong association between interpersonal problem-solving skills and level of adjustment. That is, those who possessed skills to deal with their interpersonal problems were coping better. Longitudinal studies of outcome provide important insights into coping, as illustrated by Feldman *et al.*'s (1995) finding that when young people are followed into adulthood what may have been labelled as a productive coping strategy when used during the adolescent years may not be predictive of adaptation in adult life (see Chapters 5 and 7).

ISSUES TO DATE

In summary, the issues in scale development relate to theoretical versus empirical instrument development. Deductive approaches are based on theoretical assumptions and inductive approaches are based on empirical testing. Most instruments are multidimensional and hierarchical. The instruments vary in terms of the number of sub-scales (2, 3, 8, 13 or even 28 sub-scales). In general there is agreement among major factors such as, for example, ventilating feelings, seeking diversions, developing social support, avoiding problems, seeking spiritual support, investing in close friends and seeking professional support and relaxing, although there is some variation as to how these scales are labelled. According to Schwarzer & Schwarzer (1996), the following five major issues relating to the measurement of coping need to be considered:

First, *rational and empirical scales*. It is important to distinguish between intuitive scale development where items are grouped according to similarity of idea and action, and scales that have been developed through a rigorous empirical procedure.

Second, *general coping or specific coping*. The question could be asked, are there general 'dispositions' or styles of coping along with situation-specific responses (see Frydenberg & Lewis, 1994a). Another way to consider the problem is to ask whether the interest of the researcher or the practitioner lies in inter-individual or intra-individual differences. It could be argued that since prediction and explanation are primary goals for researchers, and given that these may be best achieved through

dispositional-orientated measures, it would seem that it is these that deserve more attention from researchers. However, practitioners may be more interested in situation-specific responses along with variation of coping responses across different situations for the same individual. This information is best provided by situation-specific measures.

Third, *real-life events versus hypothetical scenarios*. When respondents are presented with hypothetical situations to consider, these provide greater internal validity. In contrast, real-life situations are person-specific, and this makes comparison between findings difficult (although categorisation makes it easier).

Fourth, *stages*. Episodes and stages are also important considerations in content-specific research. Most research and clinical situations are only single segments in a particular series of episodes and need to be recognised as such.

Fifth, *dimensionality and hierarchy*. Whereas there is agreement on major factors such as problem-focused or emotion-focused coping, vigilance or avoidance (at least in the adult literature), this is not the case in the adolescent literature and generally there is variation on the number of coping sub-scales that best represent an individual's coping. Degrees of specificity and generality need to be taken into consideration. Since a coping action can serve different functions—for example, 'hoping for the best' can keep one positive or be an act of denial—coping intentions are emerging as an important assessment area.

The development of one instrument, the Adolescent Coping Scale, is reported here in some detail. It is presented as an exemplar of psychometric test development and construction. As coping becomes a 'growth industry' in the human services and curriculum development areas, it is important that users be able to discriminate between instruments with sound psychometric properties and those which merely have face validity.

THE DEVELOPMENT OF THE ADOLESCENT COPING SCALE

The Adolescent Coping Scale (ACS; Frydenberg & Lewis, 1993b) was developed to address some of the problems relating to coping measurement that had been raised to date. The starting point was the generation of items from the language and vocabulary of adolescents, with the objective of developing a comprehensive, age-appropriate instrument with due consideration to matters of reliability and validity. Since there is an advantage in knowing how people cope with particular concerns as well as with their concerns in general (Frydenberg & Lewis, 1994a) and since much of an individual's coping behaviour is situation-specific, there is a *Specific Form* of the ACS which allows for the measurement of responses to a

particular self-nominated (or administrator-nominated) concern. However, it has also been demonstrated that an individual's choice of coping strategies is to a large extent consistent, regardless of the nature of the concern in a recent study (Frydenberg & Lewis, 1994a). Thus, there is a *General Form* of the ACS which addresses how an individual copes with concerns in general.

Both the General and the Specific Forms of the instrument appear in a Long Form (eighty items) and a Short Form (eighteen items). Thus, there are four forms of the instrument. The eighteen-item format is made up of one generic item from each of the eighteen sub-scales that make up the eighteen conceptual areas or strategies of coping (see Figure 2.1). The Short Form is recommended as a quick screening device and for use in circumstances where it is not practicable to use an eighty-item instrument. The eighteen items of the Short Form empirically group into three areas that relate to *solving the problem*, *reference to others* and *non-productive coping*.

In order to determine young people's coping, an open-ended question was utilised. Thus the ACS development commenced with the gathering of 'open data' and continued with a series of studies, the results of which shaped the form of the questionnaire. Initially, 643 respondents aged 15 to 18 generated 2,041 descriptions of how they coped with their major concern. Over a five-year period these statements were reduced to the eighty items on the ACS, which comprises eighteen scales, each reflecting a different coping strategy, and each containing between three and five items. Apart from the last item, which asks students to write down any things they do in order to cope, other than those things described in the preceding seventy-nine items, each item describes a specific coping behaviour. Respondents indicate the extent to which the coping activity described was used (1 'doesn't apply or don't do it', 2 'used very little', 3 'used sometimes', 4 'used often' and 5 'used a great deal'). The statistical properties of these scales and the details of the five investigations supporting their development are reported elsewhere (Frydenberg & Lewis, 1993b; 1996b).

Oblique factor analysis (principal components with Oblimin rotation) was used to establish the eighteen related but distinct strategies (sub-scales) of coping (see Figure 2.1). An oblique procedure was used since the assumption was made that the sub-scales would not be entirely orthogonal or independent. That is, it was expected that, while coping could be conceptualised in terms of a number of areas or strategies, each comprising specific actions, these strategies were unlikely to be totally unrelated.

Internal consistency coefficients (do the items measure the same construct?) can, according to Moos & Billings (1982), be as low as 0.44 for coping measures. The ACS has these coefficients (also referred to as alphas) ranging from 0.62 to 0.87 (mean=0.73) on the Specific Form of the ACS and from 0.54 to 0.84 (mean=0.71) on the General Form. These alphas compare favourably with those reported elsewhere.

Overall, the test-retest reliability correlations (do the sub-scales measure the same construct on repeated occasions?) are moderate rather than high. However, stability of response is not an entirely appropriate way to assess the reliability of students' coping responses, since coping is perceived as a dynamic phenomenon. Test-retest reliabilities for the same sub-scales range from 0.49 to 0.82 (mean=0.68) on the Specific Form, and from 0.44 to 0.84 (mean=0.69) on the General Form. Patterson and McCubbin's A-Cope sub-scales ranged from 0.50 to 0.75, with a mean of 0.70.

Studies to date using these sub-scales have shown that they have predictive validity in a range of situations. In a study by Fallon *et al.* (1993), using the ACS and the Family Environment Scale (FES; Moos & Moos, 1986), there are higher scores on Work Hard and Solve the Problem in families identified as emphasising the personal growth dimension of Moos & Moos (1986) (see Chapter 6). In addition, these families also report greater usage of Seek Social Support and lower usage of Not Cope, Tension Reduction and Ignore the Problem. Furthermore, in families that are high on religious functioning, young people score more highly on the Seek Spiritual Support scale, and where families are high on conflict there is higher usage of Tension Reduction. In another study (Boldero *et al.*, 1993), using the ACS and a multidimensional measure of self-concept (SDQ 11; Marsh, 1989) (see Chapter 4), it was found that poor self-concept in the area of parent and same-sex relationships was predictive of non-productive coping behaviour represented by sub-scales such as Worry and Self-blame. Similarly, higher self-concept in the area of physical abilities was related to the use of Physical Recreation, and recourse to Social Action, while lower self-concept in the area of physical appearance was related to the use of Self-blame and Not Cope. Finally, academic self-concept was positively related to the use of Focus on Solving the Problem and Work Hard and Achieve and negatively related to Not Cope.

Features of the ACS

Utility of function compensates for any lack in validity and reliability data available for what is generally termed a transactional process. Like the adult measures such as the WOCQ (Folkman & Lazarus, 1988), the ACS uses a

combination of both conceptual grouping and factor analytic approaches, and the broad groupings can be divided according to finer conceptual categories.

The issue of dispositional and episodic coping and the distinction between inter- and intra-individual differences have been addressed by referring respectively to the General and Specific elements of the construct. It has been found that the Specific Form of the ACS that asks a young person to focus on a particular problem under consideration can be used to minimise the situational determinants. However, the General Form of the instrument provides a most convenient way of determining how an individual copes over a range of circumstances. The importance of 'shifting flexibility' in coping styles, as pointed out by Seiffge-Krenke & Shulman (1990), was also anticipated in the conceptualisation and measurement of coping through obtaining responses to the specific and general elements of the construct.

The functional value of the ACS is related to the fact that it identifies a greater number of conceptual areas of coping than do most other instruments. When a diverse set of coping strategies has been identified, the information can be used to draw up a profile of coping for individuals or groups. The individual items, or the strategies, collectively act as mental prompts and enable young people to reflect meaningfully on their coping actions. This in turn may lead to behavioural change in self-nominated directions. For example, if a young person had identified that he or she had used Wishful Thinking a great deal when dealing with relationship issues such as being excluded by friends, they may be counselled to approach a friend to discuss what was happening and how best to deal with it (Seeking Social Support). In the case of Samantha, a 14-year-old who was feeling shut out by girls in her class, her ability to use the support of others enabled her to make a decision to develop friendships with girls with whom she shared sporting interests (problem-focused coping).

All coping instruments have potential clinical applications in that they provide the data about an individual's coping that can then be used as part of a clinical intervention. However, where the sub-scale represents too broad a range of actions, the limited range of sub-scales restricts the instrument's potential for clinical utility.

A feature of the ACS is its ready application in clinical contexts in that it identifies eighty coping actions and a comprehensive range (eighteen) of coping strategies. While no list of coping actions is exhaustive and indeed interviews with young people reveal that there is great variation in the coping actions they use, the eighty items provide a starting point that enables young people to focus on their coping actions as well as a stimulus for introspection or self-reflection. The eighteen coping strategies can be

Adolescent Coping Scale

Individual Profile of Coping Strategies

© 1993 Ernest Frydenberg, Ramon Lewis

Lara

Name LARA

Date _____

LEGEND
 - - - - - General
 - - - - - Specific (family)



Scale	Adjusted score	Not used at all	Used very little	Used sometimes	Used frequently	Used a great deal	Description
1. SocSup	20	30	40	50	60	70	Seek Social Support – sharing my problem with others; enlisting their support, encouragement and advice.
2. SolvProb	20	30	40	50	60	70	Focus on Solving the Problem – tackling my problem systematically by thinking about it and taking other points of view into account.
3. Work	20	30	40	50	60	70	Work Hard and Achieve – being conscientious about my (school) work; working hard, and achieving high standards.
4. Worry	20	30	40	50	60	70	Worry – worrying about the future in general and my personal happiness in particular.
5. Friends	20	30	40	50	60	70	Invest in Close Friends – spending time being with close friends and making new friendships.
6. Belong	20	30	40	50	60	70	Seek to Belong – being concerned with what others think, and doing things to gain their approval.
7. WishThink	20	30	40	50	60	70	Wishful Thinking – hoping for the best, that things will sort themselves out, that a miracle will happen.
8. NotCope	20	30	40	50	60	70	Not Coping – not doing anything about my problem, giving up, feeling ill.
9. TensRed	20	30	40	50	60	70	Tension Reduction – making myself feel better by letting off steam, taking my frustrations out on others, crying, screaming, taking alcohol, cigarettes or drugs.
10. SocAc	20	30	40	50	60	70	Social Action – enlisting support by organising group action to deal with my concerns, and attending meetings and rallies.
11. Ignore	20	30	40	50	60	70	Ignore the Problem – consciously blocking out the problem, pretending it doesn't exist.
12. SelfBl	20	30	40	50	60	70	Self-blame – being hard on myself, seeing myself as being responsible for the problem.
13. KeepSelf	20	30	40	50	60	70	Keep to Self – keeping my concerns and feelings to myself, avoiding other people.
14. Spirit	20	30	40	50	60	70	Seek Spiritual Support – praying for help and guidance, reading a holy book.
15. FocPos	20	30	40	50	60	70	Focus on the Positive – looking on the bright side of things, reminding oneself that there are others who are worse off, trying to stay cheerful.
16. ProfHelp	20	30	40	50	60	70	Seek Professional Help – discussing my problem with a professionally qualified person.
17. Relax	21	31	42	52	63	73	Seek Relaxing Diversions – taking my mind off the problem by finding ways to relax such as reading a book, watching television, going out and having a good time.
18. PhysRec	21	31	42	52	63	73	Physical Recreation – playing sport and keeping fit.

Figure 3.1 Lara's coping profile

presented as an ideographic profile. This profile is informative in its own right, or it can be used to target strategies whose use may be reduced or extended.

Two profiles are presented as ideographic representations of young people's coping (see Figures 3.1 and 3.2). The first is of Lara, who completed the ACS General and Specific Forms at the age of 13. The Specific Form was completed in relation to her family issues that related to the separation and subsequent remarriage of her mother, the development of musical talents and interests (her stepfather, who recently joined the family, is a musician), and the birth of younger siblings subsequent to her father's remarriage. Lara used more Wishful Thinking, but turned less to her friends when dealing with family-related issues, than when she dealt with concerns in general.

The second profile is that of a young man, Martin, who presented first at the age of 16 and again at the age of 20. During his sixteenth year (the penultimate school year), Martin had had a fall while working in the local supermarket. This fall was associated with lapses of memory and difficulties in concentrating at school. Martin's second profile was completed at the age of 20 when he was enrolled in a computer technology course at a university and was having considerable difficulties concentrating on his studies and staying off drugs. Again the comparisons between Martin's two profiles indicate that there are changes in coping other than that which can be accounted for by age alone.

From his profile it can be seen that Martin keeps to himself and uses few social supports. This has not changed over the three- to four-year period. However, his reduction in the use of strategies that indicated hard work and use of physical recreation were linked with an increase in worry and his spending time with a limited number of close friends. All of this makes sense in the context of Martin's difficulties in dealing with his current studies. The profile provided a ready starting point for clinical intervention and enabled Martin to reflect on his coping.

By referring to coping profiles the counsellor can assist a young person to reflect upon and consider their coping according to information that has been elicited. Young people can be engaged into conversations about issues such as Which are the strategies that work? or Which are the strategies to be abandoned and which are the strategies whose use needs to be extended or developed? In addition to clinical applications, instruments such as the ACS can be used to investigate a range of issues, such as: coping with change, coping and age, gender, ethnicity, coping and the family, coping and self-concept, coping and achievement, coping and giftedness. The insights that such research provides with regard to young people's coping are presented in the following chapters.

© 1993 Erica Frydenberg, Ramon Lewis

Martin

Name **MARTIN**

Date

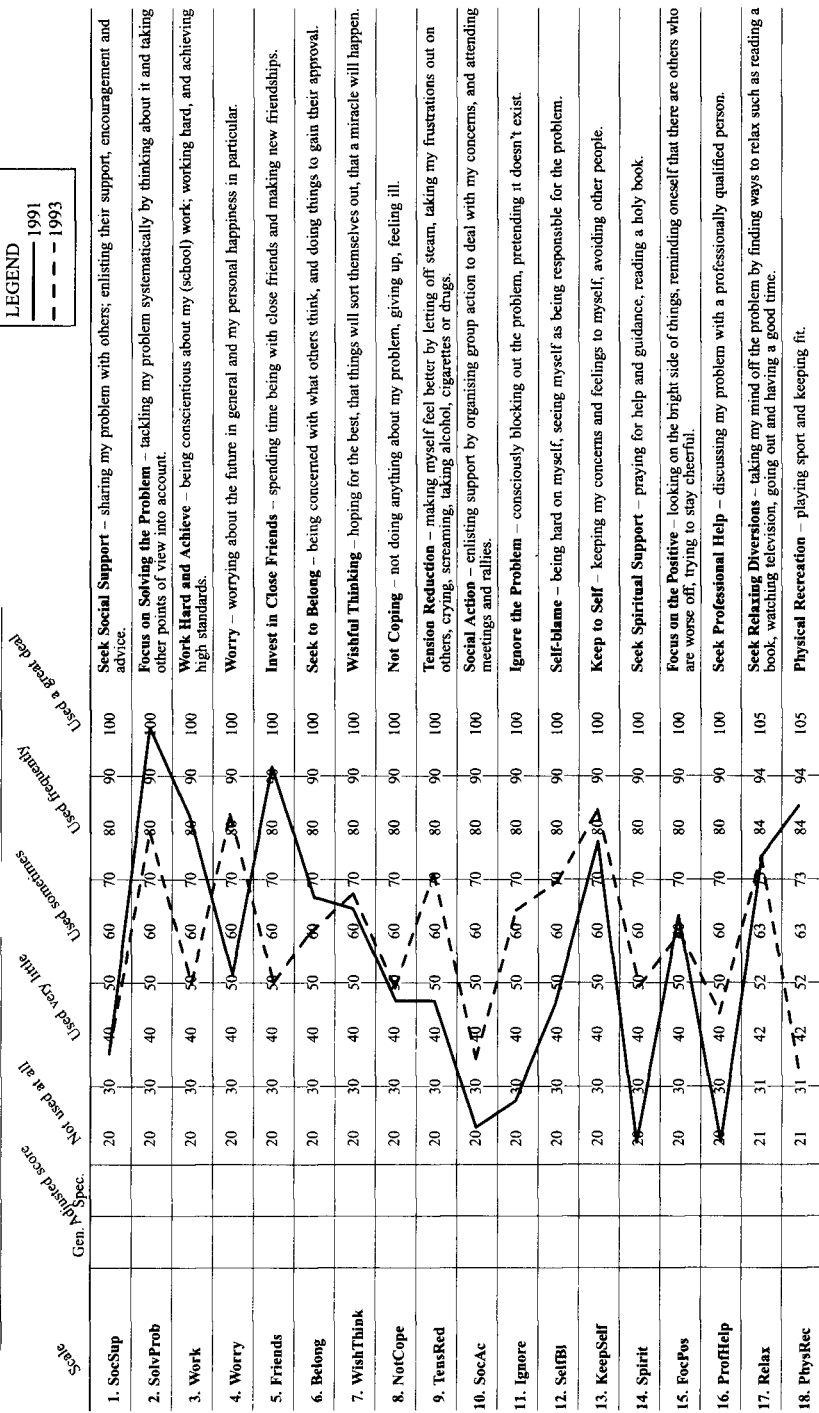
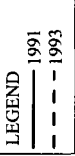


Figure 3.2 Martin's coping profile

4 The correlates of coping

What difference does temperament, age or self-concept make?

Personally I hate alcohol and smoking and I would never do some of the things the other kids do because I have an adult in my head telling me not to do this and this because of the consequences.

(Sally, 15 years old)

The relative contribution of biology (nature) and the environment (nurture) to the development of the individual has fascinated researchers for many years. The role of heredity in temperament and personality has attracted attention over the past decades and provides insight into the role of nature in coping. Nevertheless, the issues surrounding heredity and coping are to date relatively unexplored. For example, gender is a clear correlate of coping, since generally boys report that they cope in different ways from girls (see Chapter 5). Age is likewise a determinant of coping, in that there is a general tendency for early adolescents to use different coping strategies than older adolescents, and adolescents, in turn, to use different coping strategies than adults. While the area of temperament research is less definitive, there are indications that personality type is a concomitant of coping. Ethnicity and the cultural background of the family are also determinants of coping. How an individual perceives themselves, their attributes and achievements both determines and is determined by how they cope.

TEMPERAMENT

The role of temperament is often cited as an important determinant of coping responses (e.g., Kagan, 1983; Rutter, 1981). Temperament generally refers to an individual's stable and consistent disposition, the usual style of emotional and behavioural responses of an individual that are predictable. Rutter & Rutter (1992) define temperament as 'those aspects of behaviour that reflect the intrinsic non-maturational stylistic qualities that the individual brings to any particular situation' (p. 185). Rutter argues that

these intrinsic qualities have a biological basis that includes a genetic component, although these qualities or traits are tempered and influenced by experiences.

In the theory of temperament put forward by Buss & Plomin (1984), three broad dimensions of personality are considered to be present in an individual's early years and continue to be relatively stable throughout later life. These dimensions are emotionality (the tendency to be easily distressed), activity and sociability. It is suggested that these dimensions may play an important role in moderating the effects of stress during childhood and adolescence. Hauser & Bowlds (1990), for example, argue that temperament influences the available range of coping strategies an individual may call upon in stressful situations, and at the same time temperament affects the types of events that are recognised as being stressful by an individual. Ebata & Moos (1994) used a longitudinal and cross-sectional study of 315 adolescents and found that adolescents who reported greater distress were more likely to use cognitive avoidance, resigned acceptance and emotional discharge as coping strategies (avoidance methods), while those who were more active used more positive reappraisal, guidance/support, problem solving and alternative rewards (approach methods). The findings are supported by other studies of adolescents (e.g., Kurdek & Sinclair, 1988).

It is clear that neither nature nor nurture can claim to have an exclusive effect on temperament (and hence coping), since most traits rely upon the interaction of both genes and the environment. Through work based on studies with twins it has long been accepted that shared family experiences play a role in personality development. For example, in a study of 7,144 adult twin pairs drawn from a Finnish cohort, the relative contribution of genetic influences along with common experience were clearly affirmed in relationship to personality (Extroversion and Neuroticism) as measured by the Eysenck Personality Inventory (Rose *et al.*, 1988). The contributions of nature and nurture to the coping process are awaiting clarification.

Analyses of an Australian data set attempted to shed light on the role of biology in the development of coping skills. Using the eighteen strategies identified by the Adolescent Coping Scale (ACS) with a sample of 1,035 monozygotic and 1,229 dizygotic twins, aged 12 to 24 years, Tat (1993) found that the biologically identical twins used more Work Hard and Achieve strategies than their non-identical counterparts. An argument can be mounted for the role of the environment here, as monozygotic twins may need to work harder to distinguish themselves as individuals, thereby avoiding the inevitable comparison of one twin against the other.

An analysis of the same data provided an insight into the association between personality and coping in adolescence (White *et al.*, 1995).

Personality traits were identified and subjects were grouped as being high on Extroversion, Neuroticism or Psychoticism. The strategies used to cope with situations were analysed. As one might expect, extroverted adolescents cope more positively and successfully than do the other two groups. They work hard, remain positive and relax, fit in with friends and utilise social support and are less likely to feel that they don't have the strategies to cope (see Table 4.1).

In contrast, those young people identified as high on Neuroticism were more inclined to worry, wish for the best and want to fit in with their friends. Both the groups which were high on Neuroticism and Psychoticism were inclined to use tension-releasing strategies, ignore problems and blame themselves.

From studies such as the above it is clear that personality disposition and temperament, regardless of the roles of heredity or the environment, are concomitants of coping and as such need to be taken into account when considering the prospect of behavioural change.

AGE

There is a difference in how people cope at different stages of the life span, and the distinction between early adolescence and late adolescence is particularly evident. Most studies to date have considered age variation in coping across the adult life span, and the comparison between adolescents and adults is a relatively recent phenomenon. However, from the research with adult populations there are some indications that the stressor is as important a determinant of coping as is age. Whether such clear-cut concomitants emerge in the adolescent population remains to be determined.

Table 4.1 Personality type and coping

<i>Extroversion</i>	<i>Neuroticism</i>	<i>Psychoticism</i>
Focus on the Positive	Worry	Not Cope
Use Relaxing Diversions	Seek to Belong	Tension Reduction
Physical Recreation	Wishful Thinking	Ignore the Problem
Social Support	Not Cope	—
Focus on Solving the Problem	Tension Reduction	—
Invest in Close Friends	Ignore the Problem	—
	Self-blame	—

In a study of two groups of adults that was conducted across a wide age span (21 to 91 years) subjects were asked to identify recent life events involving loss, threat or challenge (McCrae, 1982). The ways in which these people coped were investigated using an early version of Folkman & Lazarus' Ways of Coping Checklist and fifty additional items. The items were categorised into twenty-eight coping mechanisms which were evaluated according to the age of the subject. For half the strategies there was no significant change in their use for the groups sampled. However, there was some decline in the use of particular strategies with age; for example, by age 50, the use of escapism and hostile reaction had diminished.

Nevertheless, there are clear indications from a range of instruments used to measure coping, including the ACS, that older adolescents cope differently from younger adolescents. Although not all investigations have reported age-related differences, there is considerable evidence that functional coping decreases with age (Compas, Malcarne and Fondacaro, 1988; Frydenberg & Lewis, 1993a; Seiffge-Krenke & Shulman, 1990), whereas emotional coping increases with age (Compas, Malcarne and Fondacaro 1988; Frydenberg & Lewis, 1993a).

Rauste-von Wright (1987) found that in a longitudinal study of Scandinavian adolescents age-related differences in coping decreased with age. She found that 13-year-olds who tried to avoid problems were more anxious than 15-year-olds who were self-managers. At 15, those who managed by themselves were less anxious than those who had used other coping strategies. At 18, self-managers had higher self-esteem than those who reacted emotionally and tried to avoid problems. Youngsters were asked at 13, 15 and 18 what they did when they experienced difficulties. Their responses were grouped into four categories: talking with someone, attempting to manage oneself, escape-avoidance, emotional reaction. The coping strategy escape-avoidance was most salient at age 15 but the coping response tended to remain stable at the different age points. Students who largely used escape-avoidance at 13 continued to do so at 15 and at 18.

In a study using Lazarus & Folkman's (1984) transactional model of coping there is support for the notion that the children's response to stressful events continues to evolve throughout the course of their development (Knapp, Stark, Kurkjian & Spirito, 1991). This longitudinal study suggests that younger children rely predominantly on problem-focused and behavioural strategies, whereas adolescents tend to use emotion-focused and cognitive strategies. In contrast, Seiffge-Krenke (1990) found no clear differences in coping behaviour across different ages in a cross-cultural study of adolescents. In a study of Australian adolescents, Garton & Pratt (1993) also failed to find any such change.

Studies using the ACS (Frydenberg & Lewis, 1993a) have consistently found age-related differences in coping. Farrell's study (1993) using the Short Form of the ACS with sixty-five Year 7 (12 to 13 years) and Year 11 (16 to 17 years) students from a Sydney suburban high school found that Year 7 students used more social support, expressed more feelings of not coping, took more social action, ignored their problems, sought more professional help and in general used more reference to others as a coping style than did Year 11 students. Year 11 students worried more than Year 7 students.

In a study of 643 adolescents (Frydenberg & Lewis, 1991b) using an adapted version of the the Ways of Coping Checklist (Folkman & Lazarus, 1985), Australian students in Year 11 (16–17-year-olds) were found to use emotion-focused coping strategies of wishful thinking and detachment more frequently than their Year 12 (17–18-year-old) counterparts.

In a study using the ACS (Frydenberg & Lewis, 1993a), the age-related responses of 673 students (aged 12 to 17 years) drawn from five secondary schools in metropolitan Melbourne, Australia, were evaluated. Young people in the early years of post-primary schooling reported using more work-related and less tension-reducing strategies than did students at any other level. In contrast, the older (Year 11) students reported using the least Work Hard and Achieve and the most Tension Reduction and Self-blame strategies of all students surveyed.

The transition, at the age of about 12 years, from primary to secondary school is, for many students, characterised by optimism, enthusiasm and a willingness to work industriously to make a good impression in the senior school. This is reflected in their greater use of work-related strategies than the older students who have been at the school for some time, and for whom the novelty has worn off. As students proceed through their post-primary schooling and encounter puberty, and peer and social pressures to do well in the face of an increasingly difficult curriculum, the trend is reversed. Older students report relatively greater use of tension-reducing strategies such as taking drugs, drinking and so on, are more inclined to blame themselves for their difficulties, and in general use less productive strategies than younger students.

The growing evidence for situational and contextual determinants of coping has led to studies to determine the main changes in young people's circumstances over a two-year period between early adolescence and middle adolescence, and how patterns of use of coping change over that period of time. In one study, Ebata & Moos (1994) reported that youth who used more 'approach-coping' responses were older and were more active, appraised the focal stressor as controllable and as a challenge, and had more ongoing social resources.

A comparable study (Frydenberg & Rowley, 1995) investigated 258 students from six metropolitan post-primary schools using the ACS on two occasions, two years apart, and an additional open format questionnaire that identified major changes that had occurred in the students' lives and how they had dealt with those changes. When young people were asked what the biggest changes that had occurred in their lives over the past two years were, their responses reflected a growing awareness of what was occurring in friendship and relationship patterns. They were able to conceptualise and evaluate these in terms of choices made about degree and type of friendship, especially in the context of new activities. Over the two years, choices were made about allocation of time for schoolwork, friends and activities done with friends, and work (part-time jobs); there was more schoolwork and it was harder. The fact that older students had more friends was often mentioned. Sometimes this meant less time to spend with family, but that was not always the case. Marian reported that in Year 7 she used to just cry a lot: *'I wouldn't tell my parents, I do talk to my friends now. Yes I think I tell my parents now whereas then I didn't much. I have fun with my friends.'*

There was also an awareness of the self in the context of relationships. James commented: *'I have changed all my friends and have realised that the best friends are not always the most popular.'*

There was evidence of growing maturity and physical, mental and emotional awareness which often led to changes in friendships. Karin (13 years) reported that she had gone through puberty: *'I have changed not only physically but also mentally. My attitudes have changed and my bunch of friends are different to those I had in Year 7.'*

Relationships with parents and family were seen to be changing. Fides commented that her parents were trying to understand why she wants to do the things she wants to do and how they can deal with it. While some young people like Randel commented that they were getting on better with parents and older siblings, others like Zen were seeing less of their family, fighting with parents more, and reported being frustrated with 'annoying friends'.

The transition from immaturity to maturity was reflected by young people's comments about themselves. Sara commented about herself in Year 7:

I would do stupid things. I was pretty worried about not having any friends. I did things to make people laugh and stuff like that. I used to act a bit of an idiot. In Year 9 (15 years) I know I've got my friends and I don't need to worry about trying to get friends and impress people. I definitely don't do that anymore.

There were other forms of personal transformation that were recognised by young people. Dana commented that now (at 15) she was no longer

embarrassed to talk about things with her friends:

I suppose we just think of each other more as a group of good friends. We've gone through a lot of phases together and done things together and we have sleepovers where you talk a lot. We've known each other for a long time and we don't get embarrassed about things like periods and bras whereas last year nobody would talk about these things. I had not really heard much about these things except from these girls.

The ACS identified the changes in coping between Year 7 and Year 9. There was an increased use of Focus on Solving the Problem, Investing in Close Friends and Tension Reduction and a decreased use of Spiritual Support and Seeking Professional Help. While Year 9 students reported that they used Focus on Solving the Problem more than they had in Year 7, at the same time they had resorted to the use of Tension Reduction strategies to a greater extent, they focused less on the Positive, worked less hard, and sought less Spiritual Support, Professional Help and resorted to less Physical Recreation. However, students generally reported favourably on the changes that they had experienced over the two years, and their self-perception was that they had coped well with these changes. Whether these young people were particularly insightful or whether there was some self-deception at work might need to be considered. For example, the increased use of tension-releasing strategies indicates that as adolescents grow older they may or may not become aware of their stresses and tensions but they increasingly resort to the use of alcohol, drugs, drinking or eating too much and other forms of tension release.

In the Frydenberg & Rowley (1995) study, adolescents were asked what major changes had occurred in relationship to their family concerns and how they coped. Comments reflected observed changes in family dynamics such as less or more time spent with family and/or friends, an experience of greater or less closeness with family and/or friends and an expansion in the range of activities undertaken. With regard to family-related concerns many people were more likely to seek support than they were for general concerns and less likely to seek solutions to family-related problems than for concerns in general, suggesting that family problems were beyond them or that they would let events take their course (see Chapter 6).

Adolescents' comments indicated that there were family-related circumstances which were beyond their control to change and that things change as one gets older. For example, Adrian (15 years) said:

I'm not the angry Adrian I used to be. I was in a play this year called 'The Sound'. I don't need to talk as much. People don't want to hear a voice go 'rarara' the whole time. My voice can get pretty monotonous. You

could say I've learnt my mistakes and I don't ramble on as much. It is just a slow learning process to being an adult. There are lots of responsibilities being an adult and the only way to do it is to slowly assume responsibility and going through school is the only way to do that. I suppose I've matured a lot since Year 7. I was a bit immature then, but now I've changed. I was not exactly shy but I was a bit afraid of making new friends. And now I'm fine with that. There's new people coming to school. The more the merrier.

Young people change with the passing of time and through a process of maturation. It is also clear that they are aware of the changes around them and within themselves. The ability of young people to be self-reflective augurs well for drawing upon these self-understandings for changes in coping to occur.

SELF-CONCEPT

The circumstances in which young people find themselves, along with their personal histories, determine how they see themselves and how they respond to the world. Marissa (14 years) commented:

I hate bringing my report home, because my brother's an A student and my marks aren't as good. I get compared to him and it looks like I'm really stupid but I'm not. It just feels that way at home. And everyone says I'm dumb. I know that's the best I can do. It's really good compared to a lot of my friends. But then when I bring my marks home it's not good compared to Matthew. I usually try and hide it as long as I can, until Mum asks for it, then I give it to her and walk away.

How we view ourselves is closely linked to our successes and failures, how others view us and how we compare ourselves to others. Self-concept, one's ideas and perceptions about oneself, is an important factor in determining behaviour. From the information that the individual has collected about themselves, their self-concept is organised into broad categories. Rather than being a single entity, this organised picture is multifaceted. It is made up of perceptions about the self in areas that relate for example to *social acceptance, physical attractiveness, athletic ability and academic ability*.

Sometimes a distinction is made between two aspects of the self: self-description and self-evaluation. In that way a distinction is made between self-concept and self-esteem. The former may be described as the total organised perceptions that the individual has of themselves and the latter is the value or judgement that the individual makes of themselves and their actions. However, some researchers do not support the distinction between self-concept and self-esteem (e.g., Marsh *et al.*, 1983; Schweitzer *et al.*,

1992). These writers include in the definition of self-concept both the perceptions and the evaluations of the self, as self-concept is in essence evaluative.

There have been some important developments in helping to understand self-concept that relate in particular to the multidimensionality of the construct (see Marsh, 1990; Marsh & Shavelson, 1985). The categories, such as physical, social and academic, that make up the overall self-concept are hierarchically organised around the general self-concept. At the apex of the hierarchy is a general self-concept which can be divided into two different aspects: the academic and the non-academic. Academic self-concept incorporates subject-specific aspects of self (for example, mathematical self-concept), whereas non-academic self-concept incorporates social, emotional and physical concepts, all of which can be further differentiated into more specific elements. These categories are considered to be generally stable, especially at the top of the hierarchy. For example, it may be possible to change one's view of physical self-concept after success at some athletic accomplishment, but the general self-concept may not be so readily changed.

The association between self-esteem and coping is a relatively recent phenomenon (Jackson & Bosma, 1990; Offer *et al.*, 1981; Seiffge-Krenke, 1990). Offer *et al.* (1981) hypothesise that the adolescent self-concept clusters into five aspects: the psychological, social, sexual, family and coping self.

Seiffge-Krenke (1990) found that when a sample was classified according to their predominant coping style (active copers, internal copers and problem avoiders), there was an association between self-concept and coping style. For example, each of the coping styles used was associated with a different self-description. Generally, active copers had high self-esteem and reported excellent relationships with their parents whereas the problem avoiders gave depressed self-descriptions and lacked confidence in their own abilities. There is a reciprocity in the relationship in that self-esteem determines the choice of coping strategies in some respects; the use of strategies in turn helps to shape self-esteem and the self-concept. It has been proposed that high self-esteem is in itself a positive coping mechanism. Having a robust sense of self, with a healthy sense of identity and self-esteem, is a protection against stress. The development of positive self-esteem is associated not with competitiveness and pressure to succeed but with the quality of one's relationship with significant others (Elkind, 1984a, 1988). The development of a healthy sense of self-esteem is facilitated by effective interactions with those with whom there is a strong attachment.

The question as to whether the emphasis should be placed on the development of self-esteem or the development of coping strategies has been considered. For a long time the focus has been on the enhancement of self-esteem; however, there is growing evidence that it may be more productive to focus on developing coping strategies and building up a flexible repertoire of coping skills that will in turn enhance self-esteem (Seligman, 1995).

In a study reported by Jerusalem & Schwarzer (1989), the relationship between self-esteem and coping was examined for 467 male apprentices in West Berlin aged between 17 and 22, with one-third being Turkish and the remainder German. For both groups there was a positive correlation between self-esteem and instrumental coping but a negative relationship between self-esteem and emotional coping. The researchers indicate that instrumental coping resources are preferable (for example, 'try to solve the problem immediately'), while the weaker coping resources are emotional (like 'try to swallow my anger'). They conclude that those who have a positive self-esteem cope well, and that the negative relationship between negative coping response and self-esteem indicates that those who have a negative self-esteem do not cope well.

In a study of 208 students ranging in ages from 11 to 19 years (Boldero *et al.*, 1993), the Self-Description Questionnaire (SDQ2; Marsh, 1989), a multidimensional self-concept measure designed for self-administration by young people, was used to determine adolescents' views of themselves. These self-concept measures were found to be associated with the use of particular coping strategies as measured by the ACS (Frydenberg & Lewis, 1993b).

The sub-scales of the SDQ2 reflect self-concept in the areas of

- physical abilities (perception of skills and interest in sport, games and physical activities);
- physical appearance (perception of physical attractiveness, how appearance compares with that of others and how others think they look);
- opposite-sex relationships (perceptions of popularity with the opposite sex, how easily they make friends with members of the opposite sex and quality of their interactions with the opposite sex);
- same-sex relationships (perceptions of popularity with the same sex, how easily they make friends with members of the same sex and quality of their interactions with the same sex);
- honesty/trustworthiness (perceptions of honesty, reliability and trustworthiness);
- parent relationships (perceptions of how well they get along with parents and the quality of the interaction with parents);

- spiritual values (perceptions of self as a spiritual/religious person and the importance of spiritual/beliefs in the conduct of life);
- emotional stability (perceptions of self as calm and relaxed, of emotional stability and how much they worry);
- verbal reasoning (perceptions of verbal skills, verbal reasoning ability and interest in verbal activities);
- maths (perceptions of mathematical skills, mathematical reasoning ability and interest in mathematics);
- school (perception of skills, ability and interest in school subjects in general);
- problem solving (perceptions of ability to solve problems and think creatively and imaginatively);
- general (perceptions of self as effective, capable individuals who have self-confidence and self-respect and are proud and satisfied with the way they are).

The sub-scales have been grouped together to reflect different aspects of self-concept. The first aspect, academic self-concept, is made up of maths, verbal and school self-concept. The second domain, non-academic self-concepts, involves the remaining scales with the exception of general self-concept. These can be grouped into three areas: parent, opposite-sex and same-sex relationships, which reflect social aspects of self-concept. Honesty/trustworthiness, spiritual values and the emotional stability scales measure emotional aspects of self-concept. Finally, the physical abilities and appearance scales are indicative of physical self-concept.

Gender and age were both significant predictors for Seeking Spiritual Support. That is, younger respondents used this strategy more frequently than older adolescents, although females used it more than males.

Scores on the physical ability scale predicted both the frequency of use of recourse to social action and physical recreation, with higher self-concept in the area of physical abilities being related to greater use of these coping strategies. Seeking to Belong was predicted by emotional self-concept, with more positive self-concept in this area being related to less frequent use of the strategy. That is, where adolescents had a high emotional self-concept they did not have to strive to fit in with their friends.

Adolescents' use of Keeping the Problem to Oneself was predicted by same-sex relationship self-concept, with higher self-concept being associated with less frequent use of the strategy. That is, where there was a high same-sex relationships self-concept, there was a disinclination to Keep Problems to Oneself, but rather there was a willingness to share problems with others. School self-concept was the greatest predictor in how Focus on Solving the Problem was used. The honesty/trustworthiness domain of self-

concept was positively related to Focus on Solving the Problem, and older adolescents reported more frequent use of this strategy.

Parent relationships, maths, opposite-sex relationships and general self-concepts were related to Work Hard and Achieve. Where young people scored highly on honesty/trustworthiness self-concept they were likely to Focus on the Positive, and if they were high on emotional stability and female, they were also likely to Focus on the Positive. Girls were more likely to utilise Wishful Thinking, and lower levels of school self-concept were related to greater use of this strategy. Investing in Close Friends was predicted by opposite-sex relationships.

Low self-concept in the area of parent and same-sex relationships was associated with Ignoring the Problem with an increased usage of Tension Reduction. The increased use of Tension Reduction was also related to being older and female. High self-concept in the area of parent and same-sex relationships was related to the frequent use of this strategy. Lower emotional stability and physical appearance self-concept significantly predicted the use of non-productive coping strategies; namely, Seek to Belong, Worry, Tension Reduction, Self-blame and Not Cope.

There are indications that greater self-concept in the area of honesty and trustworthiness is related to the use of Focus on the Positive and Focus on Solving the Problem, and where this self-concept was low, there were indications that more Tension Reduction strategies were utilised. Parent relationships self-concept was related to non-productive strategies of Ignoring the Problem and the self-concept was positively related to direct coping strategy of Work Hard and Achieve. Higher same-sex relationship self-concept was related less frequently to Ignoring the Problem and Keep the Problem to Oneself. Opposite-sex relationships were related to more frequent use of Investing in Close Friends and less frequent use of Work Hard and Achieve.

The two physical self-concept areas, appearance and physical abilities, were related to two coping strategies. Higher physical ability self-concept was predictive of more frequent recourse to Social Action and Physical Recreation. Greater physical appearance self-concept was predictive of less frequent use of Self-blame and Not Cope. That is, it seems that where there is a high self-concept relating to physical appearance, young people are likely to resort actively to physical recreation and social action; they were less likely to blame themselves and declare an inability to cope. School self-concept was predictive of more frequent use of Focus on Solving the Problem and less frequent use of Wishful Thinking, and maths self-concept was predictive of the use of productive Work Hard and Achieve strategy.

Overall, if young people have a high general self-concept they are likely to Work Hard and Achieve and less likely to be dependent on close friend relationships.

It is clear that there is a relationship between the use of certain coping strategies and self-concept in general, and these associations can be identified in the particular domains of self-concept and coping. It may follow that if we were to put into place coping skills programmes for individuals or groups, changes in coping practice would be likely to elevate self-esteem in particular targeted areas. Similarly, if there were a focus on developing self-esteem in, for example, physical self-concept, it is likely that there would be a beneficial impact on coping actions following enhanced self-esteem.

While it is clear that temperament and maturational factors exert a strong influence on coping, the challenging question is: What is it that makes the difference? For example, is it the mere passage of time or the fact that one finds oneself in a particular family that determines how one copes? Self-concept, for example, is also impacted by a host of factors. It is not self-concept alone that determines how we cope, but how we cope in turn impacts self-concept. A complex web of factors interact and play their part throughout the course of the life span.

The picture that emerges collectively from studies involving correlates is one where coping actions are closely linked to factors associated with temperament, age and self-concept. While the impact of these factors cannot be discounted, it would seem that the best approach to adopt is to recognise the forces that are at work influencing what people do, and at the same time recognise that these forces are not immutable. What a person does impacts on their environment, outcomes in turn impact on the chain of events that are associated with coping. What one does, and how it is received, in turn affects how one feels about oneself and how an individual responds on future occasions. Opportunities to reflect on coping enable individuals to take charge of their actions rather than be passive respondents.

5 So boys and girls do it differently

Gender and coping

I've got into a lot of fights lately. I tried to stick up for myself and I split a few heads here and there. My father taught me to fight. My Dad's an ex-boxer. He taught me that if somebody picks on you, even if it's just words, you don't give them a chance to throw the first punch; you get there to put them down. But you have to have a reason to do it. My Mum, she's the kind she doesn't like me getting into fights. She nags and nags. But as long as I don't start the trouble, Dad doesn't mind.

(Angelo, 15 years old)

Many of the qualities that are shaped throughout our lives are socially constructed rather than biologically determined. Our views of gender are developed from a very early age. How fathers play with their sons and mothers with their daughters is determined not so much by the attributes that the child brings into the world but the particular views that parents have of male and female children. As infants enter the world, forces are at work which define maleness and femaleness in socially acceptable ways in a particular culture or context. This is evident from cultures where male and female roles are reversed; for example, men are passive and women are aggressive, or both men and women adopt either a masculine or feminine way of being. Gender is determined not only by personal qualities but also by roles in society.

Differentiation is brought to bear on children from a very early age. The ways in which we greet, respond and train our children reflects our socially constructed view of gender. Girls are taught to express emotions, while 'big boys don't cry'. Thus it is no surprise that boys and girls cope differently.

In this chapter an overview of gender differences with respect to coping is presented. The focus is on the different ways in which boys and girls cope. However, gender-related issues are apparent in each of the topics under consideration, be it family, achievement, social support, giftedness or depression, and are accordingly dealt with throughout the book. This chapter focuses somewhat more particularly on conversations with young

people, as they provide vivid illustrations of the different issues under consideration by boys and girls and the different ways in which they deal with issues. Coping research is promising in its capacity to provide data to help understand just what is happening in our communities with respect to gender-related social practices. Linked with research that takes account of the outcome of coping actions, it provides the mechanism for asking: Is this the best way for boys and girls to deal with the issues surrounding their lives? Where is change needed?

The notion of how boys and girls differ in their behaviour has formed the basis of psycho-educational research and conjecture for many years. In addition to socialisation, some theorists have argued that there are significant gender differences in major areas of functioning that may be biologically determined. For example, Moir & Jessel (1989) challenge conventional thinking about gender by arguing that male and female brain functioning is essentially different. Similarly, Gilligan (1982) has convincingly demonstrated that females' reasoning regarding moral dilemmas is different from that of males.

Adolescents have been socialised into different gender roles, with greater emphasis being placed on autonomy and independence for boys and social connection for females (Gilligan, 1982). Boys and girls learn that there are different expectations of them and they receive reinforcement for different coping actions. At the same time, boys and girls may have experienced different stresses and challenges.

Thus gender differences in coping are generally predicated on the assumption that boys and girls may face similar, though not identical, stresses. However, boys and girls are socialised differently into expectations of what constitutes acceptable and unacceptable ways of coping with problems; and boys and girls are provided with rather different rewards and punishments for coping and failure to cope. The consistent patterns of gender differences in coping that have been reported by researchers may reflect differences in boys' and girls' understanding and representation of stressful situations.

Differences in self-concept have been found to be consistent with traditional sex-role stereotypes. For example, boys score higher on physical ability, physical appearance and maths self-concept, while girls score higher on verbal/reading and school self-concepts. There are mixed results in the scales measuring the social aspects of self-concept, and consistent with the traditional stereotypes there is a trend for females to score more highly than males on these scales (Marsh, 1989). However, there are exceptions. In a study of 457 gifted adolescents from Grades 6 through to 10 who attended a three-week summer enrichment programme for gifted young people in Virginia, USA, it was found that neither patterns of coping nor self-concept

varied according to gender (Tomchin *et al.*, 1995), suggesting that the population of the gifted is somewhat more homogeneous with regard to these criteria than the population at large.

In an Australian study (Boldero *et al.*, 1993) of 208 students ranging in ages from 11 to 19 years and representing a general student population, whether or not young people sought Social Support was determined by gender alone rather than by having a high self-concept in any particular area related to gender.

HOW BOYS COPE

In the literature on adult coping the weight of evidence supports the notion that males approach and deal with problems more directly than do females. For example, when assessing coping options males report a higher percentage of appraisals (assessments of an event) that lead to direct action and a lower percentage of appraisals that inhibit action than do females (Manzi, 1986). Additionally, it has been reported that the use by males of more direct action leads to activities that alter the problem (Folkman & Lazarus, 1980; Stone & Neale, 1984). Folkman & Lazarus (1980) reported that males use more problem-focused coping, but, contrary to the popular stereotype, there were no gender-based differences found in emotion-focused coping.

The research evidence is by no means clear-cut. For example, Frydenberg & Lewis (1991b), in a study of 643 young people (58 per cent female and 42 per cent male) who completed an adapted version of the Ways of Coping Checklist (Folkman & Lazarus, 1985), reported that female students still use as much problem-focused coping as do male students, suggesting that females and males deal with problems in much the same way. However, there may be qualitative differences in the ways in which they approach their tasks. For example, when it comes to career choices, boys told stories of their career ambitions. Dean, one of the students interviewed at the age of 15, made up his mind to be a pilot or an aeronautical engineer when he saw a film at the age of 13. By the time he was 15 he was a cadet in an air training corps and was attending camps that involved 'work experience' at an air force base. He had taken a job cleaning a joy-flight aircraft which he described affectionately as being 'shaped like a bird' and needing lots of polishing. It provided him with opportunities to have 'great fun' doing the things that he loved. This early identification of career goals and moves towards accomplishing them (direct action) was in marked contrast to girls, who rarely talked spontaneously about their career ambitions. When they did, it was generally linked with their ambitions to have a family.

When stories are presented to subjects and questions asked about coping, males seek additional information, talk to others and get involved in alternative activities in order to reduce tension (Sidle *et al.*, 1969). Male adolescents turn to sport (Frydenberg & Lewis, 1993a; Belle, 1991) and use more resignation than females. Stark *et al.* (1989) found that males perceived the coping strategy of distraction as a more effective coping strategy than did females.

Usually there is an explanation of the reasons behind gender differences in coping that relates to the social context. For example, the finding that boys use more physical recreation strategies to cope than do girls is not surprising in the Australian context. Among registered sports participants, women are outnumbered by men by more than three to one (ASC, 1992). Boys have more organised sporting opportunities and girls are often the spectators, although this is now changing. In addition, it may be argued that boys tend to be more focused on fitness while girls generally focus more on body size and shape. Those who are critical of the extent to which females conform to expectation (e.g., Wolf, 1990) would argue this. Furthermore, sport is a recreational activity that requires freedom to move from place to place. Girls may feel more inhibited than boys about using public transport and therefore be less likely to participate in recreational sport. Indeed, a recent study found that female students reported more concern for their personal safety than did males (Frydenberg & Lewis, 1994b). The fact that the finding relating to physical recreation has not been reported widely to date may be a function of the instruments used to elicit response. The fact that the ACS as an instrument isolates Physical Recreation as a separate strategy, that is, as an independent scale, may account for the consistent findings that are reported when it is used. The instruments used to collect data determine to a great extent the findings. How and where the information is obtained needs to be taken into account.

In social contexts boys use more denial than do girls (Fahs, 1986). Boys suppress and ignore problems more often than girls, and although the link is not obviously causal, boys are generally perceived as being more at risk of substance abuse (Petersen *et al.*, 1991). The specific reaction patterns of adolescents overlap to some extent with context, in that boys who appear in settings where they require psychological assistance show a more pronounced 'female coping pattern' that involves turning to support rather than denial of problems.

Frydenberg & Lewis (1991b) found that males are more aggressive and private ('Stand my ground and fight for what I want' and 'Keep others from knowing how bad things are'). Boys also indicate that they 'Take a big chance or do something that is risky' more than do females. These ways of

coping are interesting because they identify specific instances of coping activities engaged in more by male than female students, which reflect what is generally regarded as stereotypic male behaviour.

In a study of 374 boys in Grades 9, 10 and 11 at an independent boys' school in Melbourne (Parsons *et al.*, 1996), 'capable' boys were compared with the regular student body of males. It was found that the former are less likely to declare that they do not have the strategies to cope than are the latter. This indicates that the 'capable' students perceive themselves as coping satisfactorily. An investigation of the link between achievement, ability and coping in that study revealed that boys who achieved better than would be expected on the basis of ability alone ('overachievement') utilised social support as a strategy for coping. Social support is generally used more by girls than by boys, but it would seem that boys may benefit from these strategies in terms of achieving better educational outcomes. That is the picture which is emerging from high-achieving boys.

In studies that look at family functioning and coping (Fallon *et al.*, 1993) (see Chapter 6) gender is consistently the clearest predictor of coping. One such study was conducted with 239 students from seven secondary schools in metropolitan Melbourne who were aged from 11 to 14 (mean age of 12.1 years). In both intact and separated families, boys and girls responded somewhat differently to general and family concerns. Boys use more Ignore the Problem. That this is the case, regardless of whether the concern is general or family-related, would indicate that gender plays a major role in impacting on the different extent to which the strategies are used.

Gender differences were also found in another study which surveyed 442 students (314 living in intact families, 128 students living in separated families) from six high schools in metropolitan Melbourne who completed the Specific Form of the Adolescent Coping Scale (Frydenberg & Lewis, 1993c). There were clear differences in the coping patterns of boys and girls. In general, boys, once again, reported greater use of Physical Recreation and they Ignore the Problem more than do girls. Boys in this study were also found to engage in more Social Action, and in Seeking Professional Help (from teachers or other adults) than did the girls.

Another study using the Short Form of the Adolescent Coping Scale (Farrell, 1993) with sixty-five Year 7 (12- to 13-year-olds) and Year 11 (16- to 17-year-olds) students from a Sydney suburban high school found male students spent more time with their girlfriends, relaxed and kept fit more than did females. This study contributes to a picture of relaxed, athletic young men who make time for opposite-sex relations, a picture which is true for much of the adolescent population.

The following three conversations with young boys illustrate the very differing styles that are reflective of boys in studies of coping. However, it is not just a matter of gender. The first, Angelo, is the teenager who described his coping in the introduction to this chapter. Fighting is a frequently used strategy (reinforced by his father who is both an authority figure and his role model) for dealing with problems. His story reflects a picture of the sociocultural influences on his life. All is not bad. He has interests and his family acts as a restraining force (more dominant than the peer group) in influencing his behaviour.

Angelo

Fighting: I have five cousins at the school. Last year my cousin got expelled because he had a knife. We stick up for each other in the family. I have a younger cousin and I've got another one coming next year. Now instead of fighting for him I'll teach him how to fight. In a way it's not too good 'cause I got him going the way I used to be. But he's sticking up for himself better this way and I'm not going to get into as much trouble as I used to.

I've got a real short temper, I'll punch the crap out of anybody at the drop of a dime. I went to punch this guy and I saw the expression on a few teachers' faces and I dropped my fist and I let him go. I threatened him a bit but nothing happened. In school I haven't had a fight in about 8 months; outside of school, about 2 weeks. I get into fights anywhere and everywhere. We had a big fight on the bus. I punched someone on the nose and he got a blood nose. I never really tell my parents I'm in a fight unless I get into big trouble over it.

One fight started when a kid called my Mum an 'aborigine'. I didn't like it. I nearly broke his nose because he'd said something about my Mum, Dad thought I was in the right and Mum just tells me to ignore them.

If someone gets in the way I'll just move without any regrets.

Girls: I did have a girlfriend. After a few fights she threatened to dump me if I kept going the way I was. I didn't want to lose her so I just cut it down a bit. I got out of a few fights but in the end we ended up breaking up. I've had a fight with her new boyfriend. I hurt him a bit.

Family: My sister is eleven and my brother is six. Whenever I have a day off and they have a day off I have to stay home to mind them. Mum gives me more freedom than Dad does 'cause Dad knows what it's like. He used to be worse than me when he was younger. He used to sneak out at

night. And most of it's true 'cause I used to hear it from all his mates as well. He doesn't want me to get into trouble. He never done drugs or anything or got drunk. He used to drag cars. Back then it was bad to drag cars. It's not as bad now. Dad trusts me when it comes to mechanics and tools and anything technical. He'll trust me with a gun and that. Like we'll go shooting every now and then. He trusts me to stand behind him and that's a fair bit of trust. He's alright like that. He'll take me out shooting every now and then or take me out fishing. Or he'll let me do the car up. My Dad's a stone mason and he's got a garage full of tools.

School: Some of the teachers take time to listen. And they understand what I'm going through. I'm having trouble at school. I'm failing English. I'm failing maths; social studies I'm no good at; maybe art I might skim through. I argue with teachers. I argue a lot. I tell jokes a bit outside of class. Yeah, the dirty kind.

Friends and interests: I've taken up singing lessons. I do rock and roll and old stuff like Elvis. I need to earn money to be able to have singing lessons. I do not take risks. I don't like certain things that my mates do. I don't smoke. I don't do drugs. I don't steal. But all my mates do it. They all go around on motor bikes. But I've always been scared of bikes so I stay right out of it. At home I get bored out of my mind. I don't go out much. My Dad doesn't really want me to go out with my mates. He wants me to turn sixteen. I always make excuses. I say to my mates I'm busy, I'm going out. I make excuses to keep face.

George

Another teenager, George, a 15-year-old, presented as insecure, cautious about friendships and generally reluctant to show emotions with his friends. Although he is aware of 'toughness' among the boys he is not a fighter. He makes explicit the ways in which he is learning to deal with the boys as he grows older. Generally his strategy appears to be one of cautious distancing.

I was a nervous wreck in Year 7 (12 years). In Year 6 little things would get to me. I felt like an emotional wreck. If someone swore at me it was a personal offence. If you told someone you really trusted it was like 'best friends are best enemies'. He would turn on you. I am much more selective now. Now being less open is better. When something happens now I wish I could be more open, but it's impossible. Some of my friends are 'tough'.

You have to watch not only what you say, but how you say it—to really fit in. If you slip up with girls in the school it can stick with you for a long time. It is such a small school. Better off with girls outside school.

Dean

The third example is from Dean (a 16-year-old) who is clear about his goals and is able to move towards achieving them during his passage through adolescence. He has been promoted to a corporal in the school cadets. Dean is ambitious to work for an international airline as a production engineer. He is enthusiastic and confident and is able to stand his ground with his friends.

You've got to be good at maths and English and just concentrate more. A couple of years ago I did a couple of bad things, school things, and I got suspended. No I don't take risks because you can get hurt. But my friends do take risks. A couple of years ago this kid came here but he left to get a job. He said, 'We'll go out of the school and catch a bus to High Point' and I go, 'No, I'd rather not go to see my parents up there.' And he goes, 'Oh, you're a chicken.' I go, 'No I'd rather not.' The next day he got caught. I know that could have been me and my parents wouldn't have liked that either because they didn't like the kid I was mucking around with. They used to yell, 'Why do you play around with this kid?'

I don't like taking risks because you always get caught. I hate getting into trouble. I mainly get into trouble with Dad because he's strict. He just tells us off and says, 'You're banned from the television.' Responsibility—you've got to cope with that because you know, I get a lot of it. I've got to look after my brother at air training. I've got to look after the new guys that come in. I teach them the rules, I show them around.

HOW GIRLS COPE

There is an emergent picture that adolescent girls report more stressful events and are more affected by stressful events than are boys (Compas *et al.*, 1987; Frydenberg, 1990; Groër *et al.*, 1992). Stressful life events experienced by girls are associated with interpersonal and family relationships. It is interesting that the most consistent difference between boys' and girls' stresses is that girls report more stresses associated with network events—that is, stresses that affect others in one's social network without directly influencing the individual (Compas *et al.*, 1989). Girls may

in fact be struggling with different types of stresses than boys, and this, in some measure, accounts for the different ways in which they cope. Generally girls report being stressed by life events that are associated with interpersonal and family relationships as they get older (Groër *et al.*, 1992).

It has been found that male and female adolescents differ in their appraisal of the same normative demands. That is, girls assess situations such as getting a bad mark at school or a conflict with family members as being four times more threatening than do boys (Seiffge-Krenke, 1990). Girls evaluate the same problem as more complex and more individually caused. When a stressful event is over, they continue to ruminate or think about it.

From research with adults it has been found that females are more likely to expect the worst (Sidle *et al.*, 1969). Moreover, in regard to emotional mechanisms as sources of coping, although the findings are less consistent, females are reported as using more distraction, catharsis and seeking reliance on social support (Stone & Neale, 1984) than males, and they use more strategies for seeking help and emotional support than do males (Heppner *et al.*, 1983; Folkman & Lazarus, 1980). Much of this is borne out in research with adolescents.

The most consistent finding to date relates to the greater use of social support by females than males in both the adult and adolescent literature (Belle, 1991; Burke & Weir, 1978; Carver *et al.*, 1989; Frydenberg & Lewis, 1991b, 1993a; Seiffge-Krenke, 1990; Stone & Neale, 1984; Stark *et al.*, 1989). Although generally there are benefits to be derived from the use of this strategy, the 'downside' of this is discussed in Chapter 8. For example, the use of this strategy by boys is not in all circumstances predictive of superior adaptation in adulthood (Feldman *et al.*, 1995). In addition to utilising social support, girls generally focus on relationships and turn against the self. In contrast, boys are more likely to ventilate their emotions, act out and use denial (Bird & Harris, 1990; Brems & Johnson, 1989; Frydenberg & Lewis, 1993a; Kurdek, 1987; Stark *et al.*, 1989).

The available evidence supports the notion that girls are more likely to be dependent on family and teachers for emotional support and are more likely to respond to expectations held for them. However, when there are low expectations of success, students perform less well than those for whom there is a high expectation of success (Feather, 1969). Thus, where there are low expectations of girls coupled with the fact that girls may have low expectations for themselves, it is not surprising that this is reflected in their patterns of coping. Generally girls have lower expectations of themselves and boys have higher achievement motivation than do girls (Sewell *et al.*, 1982). However, it has also been pointed out that adolescent girls may

experience achievement in qualitatively different ways than do boys. For example, the reliance on encouragement and discouragement as well as the approval of family, peers and the school play a role.

Frydenberg & Lewis (1991b, 1993 a) found that females use more strategies related to wishful thinking than males. Despite the fact that females confirmed strong use of social support, Patterson & McCubbin (1987) found that females displayed closer self-reliance than males. Similarly, Patterson & McCubbin (1987) found that females use 'solve the problems' strategies more than males, whereas the males resort to greater use of humour. This is somewhat in contrast to the findings reported with adults that males use more direct action (Folkman & Lazarus, 1980; Stone & Neale, 1984). In the adult arena where it is not so much a matter of industriousness that is being assessed, but the ability to 'go for it' and 'confront the problem directly', there are indications that males are more likely to do so than females.

Significant gender differences in locus of control have been identified, with female adolescents showing greater externality (reliance on the approval of others) than males (Siddique & D'Arcy, 1984). This has led to the generally held view that girls place a greater emphasis on peer popularity during adolescence than boys. Also, during early adolescence, the self-image of girls becomes more important to self-perceived popularity than is the case for boys (e.g., Zakin *et al.*, 1984). However, Angelo was keen 'to save face' with his friends by making excuses that he was busy rather than admit that he was not permitted to go out with his friends, while George explained that to fit in with the 'tough boys' you had to watch not only what you say but how you say it, and Dean just escorted the new boys around and taught them the rules. The conversations with boys would indicate that boys too have their ways of trying to fit in.

Girls perceive themselves more negatively and pessimistically. A growing literature shows that many girls are very dissatisfied with their physical appearance, especially body shape (Bunnell *et al.*, 1992). They feel threatened by changes in their environment and in themselves (Gjerde & Block, 1991). This is noticeable in their appraisal of minor events. Whereas boys experience the changes in their physical and social circumstances as a challenge (Petersen *et al.*, 1991) and develop an active coping style in reaction to them, females often withdraw and take a resigned attitude (Radloff, 1980). Seiffge-Krenke's studies confirm this rather fatalistic and negative perspective among the girls. However, the relatively high scores on active coping indicate an ambivalent approach which in itself can cause stress. Seiffge-Krenke (1993) noted that when comparing clinic and non-clinic young people (those referred for treatment) the predominant use of

female coping 'is reminiscent of the approach of highly stressed adolescents or adolescents at risk but not yet in treatment' (p. 300).

Whereas males try to manage by themselves (Rauste-von Wright, 1987), they are generally more aggressive and private, take a chance or do something that is risky and keep others from knowing how bad things are; females more frequently turn to friends and pay attention to health-related issues. Females are generally more fatalistic and resigned to circumstance ('Hope a miracle will happen', 'Go along with fate; sometimes I just have bad luck', 'Try to forget the whole thing') (Frydenberg & Lewis, 1991b). The use of these strategies may not augur for superior adjustment.

Several of the researchers in this field (e.g., Frydenberg & Lewis, 1991b, 1993a; Patterson & McCubbin, 1987; Seiffge-Krenke & Shulman, 1990) have found that females use Seek Social Support, Wishful Thinking and Tension Reduction more often than do boys. The greater use of Social Support by girls is frequently linked with greater use of tension-reducing strategies. So all is not easy for the girls. Girls use more Wishful Thinking (strategies of fantasy, daydreaming and wishing that a miracle would happen). The fact that girls use Wishful Thinking is not surprising. Although the stereotype of the female, who waits for prince charming to arrive on a white stallion, may not reflect life in the 1990s, there still seems to be an element of expectation and anticipation. Alternatively, the high usage by girls of Wishful Thinking may be due to their relative lack of empowerment where 'hope' is being regarded as surrogate to action. Regardless of greater use of Wishful Thinking by girls than by boys, girls use problem-focused strategies to much the same extent as boys. This indicates that even while girls are hoping for the best they do not fail to take effective action to deal with their problems.

The greater use of Tension Reduction by girls may also be interpreted as being consistent with a perceived lack of empowerment, so that strategies such as find a way to let off steam, or cry, scream, drink, take drugs help girls to alleviate the stresses of everyday life. The findings with students, where females reported feeling a greater sense of personal discrimination than males (Frydenberg & Lewis, 1991b), support the notions of perceived 'powerlessness'. Generally there seems to be an implied sense of powerlessness denoted by a longing to change what is happening. It is significant that despite the wish for things to be different, female students still use as much problem-focused coping as do male students.

The greater use by females than males of Seek Social Support suggests that girls more than boys accept support, let their feelings out and talk to others about their feelings. These strategies of social support may help girls to compensate and to cope in a constructive way with their feelings of powerlessness. Seeking support can be interpreted as being a self-protecting

behaviour. The finding that girls seek more social support is in keeping with Gilligan's (1982) findings that girls see things more from a relationship perspective than do boys. Boys report that they are more likely to ask for advice, which of course may be taken or rejected.

As with the studies of overachieving boys, 'capable' girls use somewhat different coping strategies than the regular population of girls. They are found to focus more on Focus on Solving the Problem and are less likely to Seek Relaxing Diversions, Invest in Close Friends or use Wishful Thinking. They are less likely to declare that they do not cope (Frydenberg, 1993). This finding contrasts with a trend in the general female population and affirms the fact that 'capable' girls (those who are gifted in a general sense) are more singularly focused on dealing with problems and do not participate in relaxing diversionary activities as much as other young people; a trend which may have a cost, in adjustment terms.

In a study that examined the relationship between family functioning and coping (Frydenberg & Lewis, 1992) it was found that, in both intact and separated families, boys and girls responded somewhat differently to general and family concerns (see Chapter 6). Girls used more Seek Social Support, Work Hard and Achieve and Tension Reduction, regardless of whether the concern was general or family-related.

These results were supported by another study (Frydenberg & Lewis, 1993a). There were clear differences in the coping patterns of boys and girls. Girls reported using more emotion-charged strategies such as Tension Reduction, Self-blame and Seeking Social Support for dealing with their concerns than did boys. As well as seeking more social support girls worried, blamed themselves and sought more spiritual support than did males. Generally females used the coping style of Reference to Others (a style that involves using social and spiritual support as well as seeking assistance from professionals) more than did males. However, the linking of Self-blame and Worry to the use of Seek Social Support lends a cautionary note to the unchallenged value attached to the use of a strategy related to the use of social support.

Most studies that address the issue of male and female coping report gender as a clear predictor of coping behaviour. The conversations with girls highlight the differences between girls and, for example, their male siblings. However, girls like boys do use humour but they also readily acknowledge the value of openness.

Samantha (16 years) Coping is just getting by. That's my understanding of it. Going to bed at night thinking, 'I haven't done too many bad things today.' 'I've coped well with everyone today and they've coped with me.' My mother copes very well usually.

Family: I have a beautiful 16-month-old nephew. My sister got pregnant and came to live at home. Mum sold our house so she could buy a house for us kids to live in when we left home. My Dad got married a year ago. My stepmother's in hospital. She's a bit of an alcoholic. The doctor told her not to drink but she kept doing it. She nearly died the day before yesterday. My older brother is a hermit in the household. He's a dodgy fellow. One minute he's friendly and then he goes out and comes back and he's yelling at us all. I don't understand. My younger brother used to go to special school¹ until Year 7. Since my sister came home with the baby she gets a bit edgy 'cause she gets little sleep. My sister has grown old all of a sudden. I think she's glad she's decided to keep the baby. When my sister was 16 she moved in with Dad. It was like a black patch in the memory. I saw her twice a year. And now seeing her every day we've become really good friends.

Separation: My parents split when I was in Grade 1. My Dad was a film critic and he travelled around the world. I was playing hopscotch. I remember this really clearly. On the front path I used to draw hopscotch. He came out and gave me a hug and he said, 'I'll see you next week' and I thought, 'That's cool' and he never came back. I think he was very scared of hurting us; I think he has. It doesn't matter. I visit about one week-end every month. I usually go home and bitch to Mum about everything and she usually bitches to me about my stepmother. When my father got married I was so worried I threw up a few times.

School: The hardest thing about having the baby is that at school I told people that I was proud of my sister having a baby and they'd all go 'Who's the father?' and I'd say 'They're not together' and people would go, 'Oh' and they would look at my sister in a different light and I'd say, 'It's not like that.' The kids at school are bitchy. They're more stuck up and snobby. The boys are not bitchy. Guys are a lot more thick-skinned. I didn't do well in my report last semester. Homework is boring.

Coping: What helps me most is when I talk things over, not keeping it bottled in, not thinking about it. I just try to sort it out. Things that won't go away I have to sort out or just hack them being there. I do laugh everything off. I can't keep serious. If everything's serious and people are crying I'll just start giggling and think of something funny. I smile at everything. Someone once told me I smile all the time. I just laugh it off;

1 School for young people with learning disabilities.

that helps me relieve tension. At Mum's place we don't laugh that much. We usually keep to ourselves.

I know I'm more risky than other people. I don't wait for things to happen. I go out and get them. For example, guys, I'm not very bashful; if I like a guy he'll know it.

Janice (16 years) *Coping is being happy and being able to talk about your problems. Staying alive and not being suicidal.*

School: When I moved to this school people were pretty friendly. They approached me to see if I had anyone to hang out with and I said, 'No' and they said, 'Right you can sit with us.' I play the flute in the middle school band. My parents got divorced last year. At Easter my Dad stopped paying maintenance and he stopped coming. My brother stopped going to school. He used to ride his bike to school and then he stopped. So now Mum drives him. Now Dad's remarried. I don't like his wife and his kids. She's really controlling. I didn't relate to my Dad that well before they split up anyway. What has helped me to cope is probably talking about it. The least helpful thing is probably to withdraw from people who love you when you have things bottled up inside.

Mum makes jokes about Dad. Sometimes when it's hard to talk about something I might make a joke about it. I don't see myself taking risks. If there's no one to talk to I might use a diary to write things down. I do that about once a week. I don't get bored.

Most research on adolescent coping identifies the differences that are apparent between boys' and girls' coping (see summary Table 5.1). Although the findings across studies are generally consistent, there are some reported discrepancies. Sometimes these inconsistencies represent the differences in the instruments used to identify the construct rather than the differences between the sexes. Also, the different ways that the data are elicited, for example, variations between open data, and the different questionnaire formats, will elicit different responses.

The non-reporting of a significant difference may be due to the fact that a particular strategy was not included in the analysis rather than the fact that no significant differences were found. Tables such as Table 5.1, while helpful in that they provide an overview, need to be interpreted cautiously as they decontextualise the information. The tabulating of results provides a ready overview but the context within which the data were gathered, along with the format for gathering them, provides the more complete information.

Table 5.1 Summary of adolescent coping research—gender differences

Study	Sample	Boys' coping	Girls' coping
Bird & Harris (1990)	n = 230 (11–13 years)	<ul style="list-style-type: none"> • ventilate emotions 	
Brems & Johnson (1989)	n = 138 (18–21 years)	<ul style="list-style-type: none"> • act out 	<ul style="list-style-type: none"> • social support
Burke & Weir (1978)	n = 274 (14–19 years)		<ul style="list-style-type: none"> • social support
Carver <i>et al.</i> (1989)	n = 117 (18–21 years)	<ul style="list-style-type: none"> • denial 	<ul style="list-style-type: none"> • social support
Fahs (1986)	n = 188 (13–14 years)	<ul style="list-style-type: none"> • relaxation 	
Farrell (1993)	n = 65 (12–13 & 16–17 years)		
Frydenberg & Lewis (1991b)	n = 643 (13–18 years)	<ul style="list-style-type: none"> • aggression • take a risk 	<ul style="list-style-type: none"> • social support • wishful thinking
Frydenberg & Lewis (1992)	n = 239 (11–14 years)	<ul style="list-style-type: none"> • ignore the problem 	<ul style="list-style-type: none"> • social support • work hard
Frydenberg & Lewis (1993a)	n = 673 (12–17 years)	<ul style="list-style-type: none"> • physical recreation 	<ul style="list-style-type: none"> • tension reduction • social support • worry • self-blame
Frydenberg & Lewis (1993c)	n = 442 (12–13 years)	<ul style="list-style-type: none"> • physical recreation • ignore the problem 	<ul style="list-style-type: none"> • tension reduction • wishful thinking • spiritual support
Kurdek (1987)	n = 298 (12–13 & 14–15 years)	<ul style="list-style-type: none"> • denial 	
Patterson & McCubbin (1987)	n = 1576 (11–18 years)	<ul style="list-style-type: none"> • humour 	<ul style="list-style-type: none"> • social support • self-reliance • solve problems
Petersen <i>et al.</i> (1991)	n = 169 (11–18 years)	<ul style="list-style-type: none"> • substance abuse 	<ul style="list-style-type: none"> • tension reduction • wishful thinking
Rauste-von Wright (1987)	n = 215 (11–18 years)	<ul style="list-style-type: none"> • manage by self 	
Seiffge-Krenke (1990)	n = 1028 (12–19 years)		<ul style="list-style-type: none"> • social support
Seiffge-Krenke & Shulman (1990)	n = 540 (15–17 years)		<ul style="list-style-type: none"> • social support
Siddique & D'Arcy (1984)	n = 1038 (15–18 years)		<ul style="list-style-type: none"> • externality (approval of others)
Stark <i>et al.</i> (1989)	n = 704 (14–17 years)	<ul style="list-style-type: none"> • denial 	<ul style="list-style-type: none"> • social support

Nevertheless it is clear that there are gender differences in coping. There is much theorising about how these differences come about and how they can be explained. One attempt at explanation has come from, for example, Tannen (1990), who has demonstrated that men and women have different ways of communicating about issues around them. She used the term ‘genderlects’ to describe the different ways in which men and women use language. Men, according to Tannen, are focused on maintaining an individualistic, hierarchical social order so as to achieve and maintain the upper hand if they can, while women approach the world as an individual in a ‘network of connections’ to preserve intimacy and avoid isolation. Where there are hierarchies, women are more aware of friendship than power and accomplishment. *Talk* is the ‘glue’ that holds women together and *doing things* is the ‘glue’ that holds men together. Essentially they start from different premises about themselves, people and situations in relationship to the self. These differences are also evident from empirical investigations and from the texts of young people’s conversations about their coping.

IT’S NOT JUST A MATTER OF GENDER

The different ways in which boys and girls cope are not always clear-cut. Since coping is effected by a host of person-related and situational determinants, which include the individual’s life experiences, the conversations with young people help explain the differences identified by researchers. That is, they take us ‘behind’ the statistics. The conversations demonstrate the general principle that boys’ and girls’ coping is not defined by gender alone.

One boy described himself and other boys not as ‘risk takers’ but as more ‘adventurous’ than the girls. To him, the distinction is not so much about taking risks as about seeking thrills. While boys are more readily represented as ignoring problems and keeping things close to their chests, there are also those girls who do not trust others and do not readily share their concerns with others. Diaries are often used by girls to ‘share’ or ‘off-load’ their secrets. One 14-year-old described her diary as the most important thing in her life. In contrast, not one boy, among hundreds interviewed, reported that they used diaries.

In contrast, from our interviews with young people who had experienced separation in the family (Frydenberg & Lewis, 1993c), it became clear that boys are more inclined to keep things to themselves, sometimes rationalising that their troubles are not of interest to others. Yet there were boys who trusted and girls who did not. For example, Sally (15 years old) also kept things to herself, because she did not trust her friends (see Chapter

7), and she went on to explain that she talked to girls generally as she was passing them casually near the school lockers.

In contrast, for Edward (13 years old) social support was sought from school friends because they would understand what he was talking about rather than telling him what to do (see Chapter 7).

Lara (13 years old) described how she confronted her father and regained her confidence:

When Dad gets upset or annoyed he goes like a brick wall. He'll smile sometimes but besides that, that's all we get. One time Dad had asked me over and said I think we need to talk and he went on about silly things like sport. I said, 'Why do you want to talk about things like sport to me?' I said I didn't want to talk about silly things. I said to myself, 'Just say it' and I yelled at him. Like it was the first time I'd really yelled at him seriously and I think he was a little surprised.

Lara went on to describe her support networks:

Well my aunt's always been there. We used to talk about anything and everything. My grandmother was always there. It was pretty amazing because I always imagined she would be biased but she wasn't. And I talked to my friend because one of my friends had just gone through exactly the same thing [a divorce] for the second time and so we both didn't know what was going on, but we knew that we wanted to talk about it.

My maths teacher was the best maths teacher I had ever had and she was also probably one of the nicest teachers I have ever had. It wasn't, 'I feel sorry for you'; it was, 'How are you doing? Do you want to talk about it?' Most other people besides a couple of friends had sort of showed, 'Oh touchy subject. Let's leave the whole thing' and would not even say, 'Are you at your Dad's?' It was like they became really nervous.

In contrast, Andrew, a 12-year-old, used social support warily, not wanting to discuss his family problems, in particular the divorce of his parents, either with his parents (claiming that he wanted to protect them from pain), his friends or with his extended family as his family problems were not these people's business (see Chapter 6).

When Sally (15 years old) confronted her father it resulted in a worsening relationship. She utilised social support in a limited way and reported saying very little to her father because of the fear that he would stop loving her.

One day I started screaming—swearing at him. I was just letting it all come out. It was the first time that I'd ever told him that I blamed his wife and the two kids that he's got now for him not seeing us. Every time I see

him now I start crying. I can't help it.

There are clear indications that boys present with greater behavioural and learning difficulties than do girls (Zill & Schoenborn, 1991). Wayne's story presented a most poignant example of keeping things to oneself and ignoring the problem. Wayne had not told anyone that his father had indicated to him that he wanted to 'end it all', although he did reassure the interviewer that he did not think that his father would do it because he was a 'wimp'.

W: You don't usually go round telling, 'Oh my father's going to commit suicide.'

I: If you had some information like that that worried you, who would you talk to?

W: Nobody really. I don't have that good a memory. I just forget it; because it's better to forget than to remember.

What to make of it all?

It is the boys in our investigations who more frequently reported that they did not have difficulty coping with life issues than did the girls. The boys were less likely to declare that they could not cope. The question whether the claim to superior coping can be inferred because of the boys' claim or their claim to superior coping is a reflection of the level of denial with which boys operate should be asked. The fact that boys from single-parent families, and families with step-parents, were more likely to have had emotional problems than those living with both biological parents (Farber *et al.*, 1985) would challenge a claim to more effective coping. The issue may be whether boys are willing or able to report or reflect accurately and openly on their experiences.

Social Support appears to be used selectively by both boys and girls. There is a complex interplay between the personal, situational and mediating factors that determine not only the strategy used, but also the outcome for the individual. In some circumstances young people refrain from using the strategy of Social Support in order to protect parents from what they perceive to be painful experiences for the parent. The use of Social Support can be indicative, in some circumstances, of a quest for independence, whereas in other circumstances it is a reflection of dependence on parents and/or significant others. Whether the use of Social Support is a reflection of dependence or a matter of independence is a judgement which needs to be tested against the experience of the individual,

with its concomitant outcome. This issue requires more detailed investigation.

There are signs that it may be premature to assume a direct relationship between the use of particular coping strategies and adjustment. Feldman *et al.* (1995) have pointed out that longitudinal studies which examine coping and adjustment demonstrate that what is good for girls is not necessarily good for boys. In that study, boys who continue to Seek Social Support and Spiritual Support tend not to do as well as those who are less inclined to use these strategies from early adolescence to adulthood. The converse is true for girls.

It is the individual stories that enable an understanding of the complex reciprocal determinism and interaction between motivation and outcome, as each is in turn influenced by the other. For example, the limited use of the strategy Seek Social Support may reflect the capacity of the individual to be self-sufficient or self-reliant. In some circumstances the lack of use of Social Support may signal the use of denial as a coping device along with a general avoidance of dealing with the problem and its severity. This was reflected in the conversations with the boys. There is an interplay between the complex forces that constitute the individual's history, circumstance and appraisal of resources.

The conversations with two boys, Andrew and Wayne, illustrate the qualitatively different implications of their limited use of Social Support. Both boys are protective of a parent, although there is a lack of trust. One of the boys makes explicit his ignoring of the problem. There is an indication that those who use social support do better. Adjustment is positively related to social support from friends, regardless of circumstances, and the fact that girls, more so than boys, use this coping strategy has implications for how social support is made available and how this strategy is developed within the coping repertoires of young people.

The issue is not so much the extent to which boys and girls use social support but the very different ways in which young people trust others. It is a matter of trust, confidence to confront, and the consequences for the young person following a confrontation which determine what strategies will be used next or on a subsequent occasion. Boys seem to have less trust and a greater reluctance to turn to others as a source of support. Although Sally's story illustrates how in some circumstances girls also fail to trust, how this lack of trust is linked to denial of problems warrants further consideration. The consequences of this remain to be determined. The interviews highlight the fact that the strategy relating to the use of social support is a complex set of actions determined by a host of intra- and inter-individual factors and that there are costs and benefits involved. Although the use of social support in an overall sense, as represented by the statistics,

may appear to be gender-linked, there are unique variations based on circumstance, not only in the extent to which social support is utilised but also in the rationale for so doing, and the outcomes for the individual.

By investigating the qualitative differences in young people's lives it is possible to elicit examples that help to make sense of young people's actions that are consequent on their life experiences and impact on their future actions. The statistics take us some of the way, but they tell us little about the qualitative aspects of people's lives and the ways in which circumstances impact on actions. The greater the sense of appreciation of the interplay between resources and circumstances from the perspective of the individual, the better the understanding of what determines how young people cope.

6 Coping in the family

I talk to my parents, talk to my brother. My mum's brother committed suicide last year. Mum was crying and I was crying because I was thinking of his two little girls. And I didn't want them to grow up without a dad 'cause I love my dad so much.

(Viki, 15 years old)

When my dad died it probably hit my mum the worst. It probably hit us all. We got on with our lives. Friends, just being your friends and making you feel comfortable, helped. Probably family support helped. A lot of people came around.

(Jason, 16 years old)

The family is one of the most significant influences and settings in which adolescents find themselves. Thus understanding the connection between family life and coping is an important piece in the mosaic of life-span development. When there are conflicts, who does the adjusting—the adolescent or the family? This chapter examines how adolescents perceive and describe family life and the association between family life and young people's coping. Since functional family climate is associated with functional styles of coping, the prototype for an ideal family is presented. This chapter also considers how young people cope with stress in the family and in particular with the major stress of disruption to family life and the separation of parents, if and when that occurs, is considered.

The family is the context in which young people spend much of their time. For example, a study of US high-school students found that 41 per cent of time is spent at home and 32 per cent of time in school, of which 29 per cent is spent in the classroom, and 27 per cent of young people's time is spent in public settings. Studying occupies 25 per cent of working time and 40 per cent of young people's time is spent in leisure activities (Csikszentmihalyi & Larson, 1984). It is clear that young people spend much of their time in the family setting.

Parents' control over the life of adolescents does not diminish until the end of adolescence (Hunter & Youniss, 1982). However, relationship patterns change and become more accommodating to the emergent adult. For example, parental involvement in the management of children provides opportunities for social interactions. Parents may supervise and guide these interactions from time to time. Involvement in relationships is the basis on which independence is established, and is not perceived to contradict or interfere with the development of independence.

Young people have concerns both within and outside the family. Studies investigating the concerns of adolescents in general have found that young people worry about a wide range of issues relating to appearance, school grades, employment, relationships and fear of nuclear war. Concern about vocational and educational plans appear the most dominant in some investigations (Collins & Harper, 1974; Nicholson & Antill, 1981; Offer & Offer, 1975; Rutter *et al.*, 1979; Rutter, 1980). Issues relating to personal health also appear to be important to young people (Eme *et al.*, 1979). In addition to the stresses placed on the adolescent by school and the peer group, the family also makes demands on the resources of the individual. Young people contend with a range of stresses in the course of family life (Matheney *et al.*, 1993).

When questioned, one in three young people are concerned about issues relating to the family, whether the family is intact or separated. In a study of adolescents, Frydenberg & Lewis (1993c) found that the major family-related concerns of the 238 young people who lived in intact households were fights with parents (27 per cent) and happiness (20 per cent). A substantial number said that they had no worries (23 per cent). Of the 114 young people in separated households in that study, 39 per cent said that they had no worries regarding the separation of their parents. The major concern of the other seventy respondents whose parents had separated was lack of access to the non-residential parent (30 per cent).

The most interesting results in the above study were associated with gender and relate to the difference between the proportion of boys and girls in both types of families expressing no concern. The finding can be interpreted as indicating that girls are almost twice as distressed as boys in both separated and intact families, or alternatively, boys are more likely than girls to deny their concerns. Of the girls, 17 per cent reported no worries, compared to 28 per cent of the boys. In intact families, it appears that fighting with parents was a more common concern for females (36 per cent) than it was for males (20 per cent). In separated families, girls professed more concern about their lack of access to the non-residential parent (35 per cent) than did boys (22 per cent).

What does the family mean to the adolescent?

Some theories of development view adolescence as being a period of internal conflict (Erikson, 1968; Piaget, 1970), while others have historically viewed the period as being one where social opposition to parents is a necessary component in achieving progress through development (Freud, 1958; Minuchin, 1985).

Sigmund Freud proposed that adolescence was a period of 'disequilibrium' caused by the new direction taken by the sex drive and the resultant upheaval in the balance between the id (unconscious), the ego (reality) and the superego (conscience). According to Freud, 'adolescence is by its very nature an interruption of peaceful growth...the upholding of a steady equilibrium during the adolescence period is itself abnormal' (1958:270). Patricia Minuchin, a family therapist who considered problems from a systemic viewpoint, explained adolescence in the following way:

When the child...moves into adolescence, the whole family must reorganise its patterns. It is generally understood that parents must be ready to let go of their adolescent, who is seeking more autonomy, and it is not difficult to follow the more systematic concept of a circle of interaction, in which the adolescent pushes, the parents yield, the adolescent becomes uneasy and escalates unacceptable behaviour, the parents reinstate some controls, the adolescent pushes again and so forth.

(1985:290)

The question generally asked is, Who exerts the dominating influence, peers or parents? This line of questioning, however, sets up a false dichotomy. In the Australian context, for example, adolescents want to maintain good relationships with parents (Wilks, 1986). When mean scores on measures of relationships with parents based upon self-reports of Australian adolescents for three age levels were considered, adolescents reported getting on 'well' with their parents, although they report getting on less well during middle adolescence (Rigby & Rump, 1981), and later the situation improves. For example, university students consider parents as the most important influence, especially with regard to future directed decisions (Wilks, 1986). In general, adolescents want a close relationship with their parents, and more equality, consultation, negotiation, independence and autonomy in the context of a supportive relationship.

The quest for a prototype of an ideal family provides a challenge: which parenting style leads to the best outcomes? For example, Rollins & Thomas (1979) compared various socialisation techniques used by parents for their

effects on the psychosocial functioning of children. They divided socialisation practices into three categories: support (where the parents' behaviour confirms the child as accepted and loved); coercion (where the parent is in a battle of wills with the child and puts considerable pressure on the child to comply with the parents' wishes); and induction (where the parent reasons with the child about the likely consequences of various actions). In an extensive review of the socialisation literature to that time, Rollins and Thomas show quite clearly that high levels of support and induction and low levels of coercion are associated with social competence (for example, high levels of cognitive development, moral behaviour and self-esteem), while high levels of coercion and low levels of support are associated with social incompetence (such as learning disabilities or behaviour problems).

Other researchers have identified particular aspects of family life that are associated with problematic outcomes. For example, Barnes *et al.* (1986) found high teenage alcohol problems where fathers and mothers were low in support and control, and least likely where fathers and mothers were high in support and low or moderate in control. And, generally, authoritarian parenting has been found to increase adolescent-parent conflict while *laissez-faire* parenting increases hedonistic behaviour (Rollins & Thomas, 1979).

CONFLICT AND COMMUNICATION WITHIN THE FAMILY

The issues of conflict in the family have been much the same in the 1920s, 1970s, 1980s and 1990s (Cornell *et al.*, 1975; Feather, 1978; Rigby & Rump, 1981). They are everyday living issues such as personal hygiene, disobedience, school, social activities, friendships, chores and conflict with siblings. The typical ways in which conflict is resolved do not indicate that it is an optimal model for coping. Montemayor & Hanson (1985) demonstrated that 47 per cent of conflicts with parents are solved by walking away and only 15 per cent are marked by negotiation. The question as to what price, if any, is paid for failure to negotiate needs to be considered. Smetana (1988) reported that adolescents concede to parent demands in 56 per cent of all conflicts, whereas parents conceded to child demands in 18 per cent of conflicts. Whether that ratio is appropriate given the parent-child hierarchy is worth reflecting upon. In a landmark study in the USA, Vuchinich (1987) videotaped the dinner table interactions of fifty-two intact families. He found that in only 14 per cent of cases of family dinner conflicts compromise is reached. In a replication of this study in the Australian context, Frydenberg *et al.* (1993) found that, over a one-year

period, by far the most common outcome of a quarrel is a stand-off; that is, the conflict is not resolved (71 per cent) and there are no winners or losers.

It has been suggested that conflict in relationships may serve a positive function in a number of ways; for example, by promoting positive growth and in facilitating independence and diminishing dependence on parents (Blos, 1967; Steinberg, 1987). It is through conflict that family members allow themselves to express distinctive and separate views. Since disagreement is one way of expressing difference, there is an association between patterns of conflict and identity development, and conflict patterns and self-esteem. Where families engage in discussions about positive and negative matters, young people score higher in self-esteem than in families who avoid conflict (Demo *et al.*, 1987).

Patterns of conflict and cognitive development are considered to be linked. Connell *et al.* (1975) point out that overt conflict with parents can promote cognitive growth. Young people (13 to 14 years old) who were what Piaget (1954) labelled 'concrete-operational adolescents' (those who are characterised by reasoning that is adult-like, more logical and more flexible and better organised) disagreed with parents more than formal-operational thinkers (those who are characterised by reasoning that is reliant on hypothetico-deductive methods) about politics, social issues, grooming appearance and values related to career, marriage and money. Peterson *et al.* (1986) looked at 100 Australian adolescents (12 to 17 years old) and found a relationship between reasoning level and the family's habitual negotiating style.

Parents are expected to be aware of and support their children's individuation and to help them to separate while remaining confident that the adolescent will turn to their parents in times of need (Grotevant & Cooper, 1986). Where family relationships lack closeness or fail to provide support for adolescents' striving towards independence there is maladjustment in 12- to 18-year-olds (Shulman & Klein, 1982). Such families employ 'counter-separation'—for example, by portraying the external world as hostile and uncontrollable, or by undermining the adolescent's own initiatives when interacting with extra-familial agencies or exerting independence.

Generally, mother-daughter conflict is found to be higher than other forms of conflict. For example, in the USA, Montemayor (1982) examined 15-year-olds' conflicts over the three days prior to the investigation. Mothers and daughters were in conflict for 15 minutes compared with 6 minutes for other family dyads. However, girls communicate more with parents and the communication with mothers is generally viewed more favourably. Mothers are seen as more understanding, accepting and able to negotiate. In contrast, fathers are seen as more judgemental and less willing

to discuss feelings. Vuchinich (1987), in the studies of dinner-table interactions of the fifty-two families mentioned earlier, found that most verbal conflicts were allowed to run their course, and that female family members took a more active role in positive and negative aspects of domestic negotiation. The average family had 3.3 full-blown conflicts per meal and 1.8 oppositional initiatives. That is, conflict and some amount of oppositional interaction are very much a part of family life.

It is clear that there are cultural and contextual aspects to these phenomena. Rosenthal's (1984) study of Southern European Australian migrants found that issues that provoked significantly more disagreement in both Italian- and Greek-Australian homes than in Anglo-Australian households revolved around:

- going out with friends of same and opposite sex;
- choice of future career;
- use of spare time away from home;
- choice of friends;
- drinking and/or smoking.

Most of these issues concerned the level of autonomy granted to the adolescents. Rosenthal speculated that 'In Anglo-Australian families more individuality is tolerated, with greater stress on personal freedom. In Greek and Italian families, adolescents are subjected to more authoritarian parent-centred control, with greater expectation that they will fit in and conform to family demands' (1984:73).

It is clear that cultural contextual factors need to be taken into account when interpreting studies that examine family life and functioning within the family.

Ethnicity

The sociocultural context as reflected in ethnicity or family of origin is clearly associated with differing patterns of coping. For example, in a cross-cultural study of German and Israeli adolescents (Seiffge-Krenke & Shulman, 1990) the German adolescents favoured active coping through the use of social resources while the Israeli adolescents tended towards both active coping and internal reflection on problems.

In a study cited earlier using the Adolescent Coping Scale, the sample of 673 students was distinguished into three broad ethnic groups according to the languages spoken in the home (Anglo-Australians, European-Australians and Asian-Australians). Each of the groups had distinctive patterns of coping (Frydenberg & Lewis, 1993a).

Overall, Anglo-Australian students used Worry and Work Hard and Achieve less, and used Seek Relaxing Diversions and Tension Reduction strategies (such as drinking) more to cope than did their non-Anglo counterparts. This supports the stereotypical view of Australians as being 'laid back'. The stereotype may apply, or the explanation may be that adolescents were choosing to respond in a socially acceptable manner. The fact that Anglo-Australians were not as content with their circumstances as other ethnic adolescents may tend to challenge the laid-back image.

Australian students from non-Anglo-Australian backgrounds used more Worry, Seek Spiritual Support, Social Action, Seek Professional Help and Work Hard and Achieve than did Anglo-Australian students.

The differences in the relative use of coping strategies for each group may be a function of the differences in the nature of concerns important to the groups. For example, European-Australian students reported greater use of Seek Spiritual Support as a strategy to cope than the other two groups. This is not surprising, as a strong tradition of religious practice in European culture survives in the various European immigrant groups in Australia.

Key concerns for South-east Asian adolescents in the Australian context are their language difficulties, isolation and refugee status. As a group they tend to be more highly politically motivated and are more likely to cope with their concerns by organising Social Action, and using Work Hard and Achieve and Seek Professional Help strategies. Social Action may provide an advantage for a minority group and provide support through membership of an ethnic community group. Their relatively greater social consciousness may be a direct result of their refugee status. As South-east Asian-Australians, they are the most recently arrived immigrant cohort in Australia. It is perhaps predictable that they are highly motivated to Work and to Seek Professional Help to cope with their new circumstances. There are clearly defined support services in schools and the community for use by this group. The fact that the South-east Asian-Australians and the European-Australians are more inclined to worry, in relative terms, than Anglo-Australians may be an indication of their experiencing a greater degree of difficulty in dealing with everyday life or their differing approaches in dealing with everyday problems.

Other findings of interest in the study were that each ethnic group of students used Focus on Solving the Problem to much the same extent, Anglo-Australians used Reference to Others less than South-east Asian- or European-Australians, and furthermore, non-productive strategies were used more by females than males. Overall ethnicity (generally determined by the language spoken at home) can be seen to reflect the sociocultural context within which young people grow up and learn to cope.

Learning to cope in the context of the family

Exposure to significant others allows young persons to observe how others cope when confronted with stress. Parents, above all, serve as role models and thus social learning takes place in the context of family life. Parents act deliberately to exert an influence on their children. However, it is also possible that parents model behaviours unintentionally on a moment-to-moment basis (Petersen & Leigh, 1990).

Social learning theory (Bandura, 1977b; Bandura & Walters, 1963) proposes that, as well as learning through direct experience, children and adolescents may acquire new behaviours by observing the rewards or reinforcements received by others (vicarious reinforcement). By evaluating situations to provide themselves with their own reinforcements (for example, self-approval or self-reproach), and seeing possible consequences of their actions without actually having to experience the event, adolescents are able to be 'active mediators'. They 'observe the actions of others, acquire information, and develop expectancies that guide their own actions and internal standards in subsequent situations' (Petersen & Leigh, 1990:120). This is relevant to our understanding of the ways in which adolescents may internalise the coping characteristics of parents and other family members.

Given that parents' behaviour serves as a model for adolescent coping behaviour, parents who employ adaptive coping solutions to problems, such as attempting to resolve conflicts cooperatively, are likely to provide adaptive models for their adolescent offspring. Passive or rigid parents are not able to serve as a positive model, nor are they able to support an adolescent's active coping (Shulman, 1993).

When Shulman *et al.* (1992a) investigated the coping of learning-disabled and non-disabled adolescents and their parents they found that parental and adolescent coping was significantly related, although this relationship was more pronounced in the case of families with learning-disabled adolescents. Specifically, adolescents who turn readily to friends for information and support tend to have parents who feel comfortable seeking social support, while parents of the learning-disabled group, who are more pessimistic and unable to deal confidently with problems, have adolescents who are similarly unable to cope.

In close relationships, the behaviours of significant others may serve as models for adaptive or maladaptive coping or may directly encourage certain modes of coping (Parke *et al.*, 1989). The relationship between parental perception of family life and adolescent mode of coping was examined as measured by F-Cope (Family Crisis-Orientated Personal Evaluation; McCubbin *et al.*, 1981). In general, when parents are willing to

accept help from others and when they have the capability to evaluate events encountered by their family, the adolescent offspring reveal a high level of internal and active coping (information seeking and the use of advice). Thus parents who actively explore adaptive solutions will probably serve as models of adaptive coping for their adolescent offspring. In contrast, parents who are passive or rigid cannot serve as positive models for supportive relationships (Shulman *et al.*, 1992b).

Drawing on coping theory, Seiffge-Krenke (1989) identified three main modes or styles of coping that adolescents use (see Chapter 3). The first is active information seeking and the use of advice. The second emphasises the adolescent's appraisal of the situation and the need to reach compromise. The third, which may be considered dysfunctional, entails a fatalistic approach leading to withdrawal. She proposes that unsupportive relationships in the context of the family are probably related to passive and inefficient encounters with the environment. Supportive family relationships may also be related to better appraisal and analysis of events. Given the importance of appraisal, it seems likely that in contexts where an individual knows that there are ready sources of support and they are able to call for assistance, that knowledge will influence whether the situation is perceived as stressful or manageable. Furthermore, supportive relationships may serve as a model for active information seeking and for turning to social support.

In a study to assess the contribution of parent and peer relationships to coping behaviour in 121 early adolescents (12 to 13 years old), the attachment to both parents and closest friends as well as coping behaviour were measured (Shulman *et al.*, 1992b). Closeness to parents and a close friend contributes to early adolescent girls' way of approaching a problem, their perception of it and capability to analyse it. It also enhances early adolescent females' tendency to consult others and ask for support. Adolescent males tend to cope independently with stress, but when they turn to others they prefer to turn to parents. Adrian (13 years) explained that he did not like to talk to his friends about family things, adding that he did not think that it was 'the right subject to talk about at school'. With his friends he talked about the 'newest game at school or test results and all that'. Adolescent females rely more on support systems and accept various sources of support, whether they include parents or friends (Shulman *et al.*, 1992b).

The results from studies to date indicate that the 'ideal' family is one where:

- communication is positive and effective;
- adolescents receive strong support from parents;

- adolescents are free to express feelings and opinions;
- issues are discussed and conflicts raised;
- family plans are negotiated;
- cooperation and trust exist between parents and adolescents;
- parents can express concerns about likely consequences.

Experience of family life

There have been several studies which have investigated the relationship between an adolescent's coping strategies and their experience of life in the family. The way in which the family is perceived by the adolescent may not be a view completely shared by other members of the family, even though the adolescent's perceptions may concur with the perceptions of others outside the family. Agreement among family members on perceptions of family interactions and relationships is generally low to moderate (Noller *et al.*, 1992). Noller & Callan (1991) suggest a 'generational stake hypothesis' to explain the fact that adolescents who are in the process of establishing themselves as individuals tend to take a more negative view of the family than their parents, who are likely to be trying to validate their efforts on behalf of the family.

The climate within the family has been described in various ways. One of the categorisations is that of Shulman *et al.* (1987). Shulman and his colleagues used a coping questionnaire based on the work of Moos & Moos (1986) with 187 adolescents aged 15 to 17 years, who were asked to describe their own family's 'climate', and the descriptions were classified according to four categories (Seiffge-Krenke & Shulman, 1990).

- 1 *Unstructured conflict-orientated*—characterised by a high degree of conflict interaction and lack of support within the family context. Apart from an emphasis on achievement, family members do not support personal growth. Generally organisation and control are perceived as low in the family.
- 2 *Control-orientated*—individuals perceive their families as emphasising control, reflecting pressure for the structuring of family activities and explicitness of family rules. Ethnic issues are of importance and achievement is stressed. Family members supported each other while refraining from expression and emotion. In these families, adolescents experience low independence.
- 3 *Unstructured expressive*—independence-orientated environment where a substantial degree of cohesion and unity in the families combine with an encouragement of open expression of their feelings. These families

support individual independence without pressure for achievement. They exhibit a *laissez-faire* attitude with regard to rules.

- 4 *Expressive intellectual-orientated*—emphasis on family relationships and independence is encouraged. This is combined with an appropriate level of organisation and clear rules.

Shulman *et al.* (1987) found that in unstructured conflict-orientated families adolescents exhibit the highest level of dysfunctional coping style. That is, in conflict-driven and coercive family settings where relationships are non-supportive, there is a tendency for adolescents to respond in a passive mode when confronted with stress. Similar findings have been reported by Stern & Zevon (1990). A negative perception of family atmosphere is associated with the use of more emotionally based coping strategies such as Wishful Thinking, Denial and Tension Reduction. In the conflict-dominated unstructured family, the adolescent lacks a model of active coping. In the control-orientated family the individual is probably pressed to rely on family decisions rather than developing their own initiatives, and intrinsic motivation is undermined (Deci & Ryan, 1985). Adolescents from the cohesive and expressive intellectual groups of Shulman *et al.* (1987) belong to a family that respects the adolescent's ability to deal with the world at large. Consequently these adolescents are free to turn to others for information and advice.

It has been established that there is a direct relationship between authoritative parenting and the use of efficacious coping strategies. That is, where parents are perceived as warm and supportive while at the same time supporting adolescents' self-esteem and encouraging the exploration of competencies, adolescents are more capable of dealing with stress (Guay & Dusek, 1992). In these families young people tend to plan their course of action and allow themselves to seek support when facing stress.

Shulman (1993) points out that across the four family clusters, adolescents did not vary in their appraisal of external events. It is suggested that the ways in which events are appraised is affected by intra-personal factors (such as those relating to autonomy) and less dependent on interpersonal family factors (for example, the amount of conflict that exists within the family). However, how an event is appraised (threat, loss, harm or challenge) and what resources a person perceives themselves to possess in order to deal with the stress is affected not only by the stressor and the personal characteristics that an individual possesses (such as self-efficacy, autonomy, optimism) but also in some measure by situational and contextual factors (see Figure 2.1). Shulman's study suggests that personal characteristics are more important in appraisal of family events than the

family climate *per se*. Indeed, personal characteristics may be able to override the impact of family factors.

The findings of two studies that explored the relationship between perceived family functioning and coping are summarised in Table 6.1. One of the two studies used a similar categorisation of family functioning as had Moos & Moos (1986), using the dimensions *Personal Growth*, *Relationship* and *System Maintenance*. Fallon *et al.* (1993) asked 108 secondary school students (fifty-four male and fifty-four female) in the greater metropolitan area of Melbourne, Australia, to complete the General Form of the ACS (Frydenberg & Lewis, 1993b) and the Family Environment Scale (FES), a ninety-item instrument used to measure the perceptions individuals have of the conjugal or nuclear family (FES; Moos & Moos, 1986). The students were distributed across the six years of secondary schooling with ages ranging from 11 to 19 years.

Personal Growth Dimension sub-scales

The Personal Growth Dimension includes the following sub-scales: *Independence*, *Achievement orientation*, *Intellectual-cultural orientation*, *Active-recreational orientation* and *Moral-religious emphasis*. This dimension is indicative of the extent to which family members are assertive and self-sufficient and make their own decisions; and the extent to which activities are cast into an achievement-orientated or competitive framework. Generally, in families that are perceived as scoring highly on the Personal Growth Dimension, young people display industry and Work Hard and Achieve, and are resourceful in Seeking Social Support from others.

Where families are perceived as scoring highly on the achievement-orientation sub-scale there was a high usage of Physical Recreation, Work Hard and Achieve, Seek Social Support and Physical Relaxation and low usage of Not Cope and Tension Reduction. In families that are perceived as having an intellectual-cultural orientation there is high use of Seek Social Support, Focus on Problem Solving, Focus on the Positive and Work Hard and Achieve. In these settings young people do not report that they Ignore the Problem. That is, they are positively focused, work hard, tackle problems directly and are able to use the support of others. Another feature of the Personal Growth Dimension of family functioning is moral and religious emphasis. In families that are high on moral and religious orientation, young people use Seek Spiritual Support, Relaxing Diversions and they Work Hard and Achieve.

Relationship Dimension sub-scales

The Relationship Dimension includes the sub-scales *Cohesion*, *Expressiveness* and *Conflict*. This dimension's sub-scales assess the degree of commitment, help and support family members provide one another; the extent to which the family members are encouraged to act openly and to express their feelings directly; and the amount of openly expressed anger, aggression and conflict among family members. In families that were perceived as being cohesive, young people engaged in Social Action and also in the use of Professional Help, and did not declare that they were defeated nor did they declare that they did not have the strategies to cope. It could be conjectured that in these families there is a sense of security in one's identity and in the family as a source of support for the individual. But within that context of security, young people are able to become concerned about issues external to themselves and use the assistance of friends and professional others. A feature of the Relationship Dimension of family functioning is the expressiveness within the families. In families that score highly on expressiveness, young people did not show a need to resort to Relaxing Diversion or Wishful Thinking nor did they Keep to Themselves. In families that are high on conflict, young people resort to the use of Tension Reduction strategies.

System Maintenance sub-scales

The System Maintenance Dimension includes the two sub-scales *Organisation* and *Control*. This dimension assesses the degree of importance of clear organisation and structure in planning family activities and responsibilities, and the extent to which set rules and procedures are used to run family life. In families where there is a high degree of control (families that are often described as authoritarian) there is little use of Work Hard and Achieve reported. Control, in an authoritarian sense, appears to be counter-productive to hard work and industry, the very thing that controlling parents would wish to achieve. For example, Jane (15 years old) described her mother as being unreasonable, and not permitting her to attend the school camp or to go out with her friends outside school hours. She felt that her mother was strict and did not trust her. That encouraged her to plan outings with her friends during school hours and she was caught 'wagging' when the attendance roll was marked at school. While her mother had not negotiated with Jane, Jane had not learned the strategies to negotiate with her mother. She was not the industrious, conscientious student that her mother had hoped that she would become.

In sum, where families are perceived as functional—that is, where they are perceived as having an achievement orientation, focused on personal growth and being cohesive—adolescents use productive strategies to cope.

Where families are moral and religious in their orientation, young people resort to Seek Spiritual Support. In contrast, where families are perceived as authoritarian or controlling, there is little hard work or industriousness and young people resort to using Seek Relaxing Diversions.

A second investigation, by the same authors, used the Family Functioning Scale (FFS), a thirty-item measure of family functioning. The sample consisted of 101 students (fifty females and fifty-one males) who completed the General Form of the ACS (Frydenberg & Lewis, 1993b) and the FFS (Noller & Terry, 1990). Three styles of family functioning are identified:

- 1 *Intimacy*—the extent of sharing and closeness, as well as expressiveness and openness in communication.
- 2 *Parenting style*—the extent to which family members have a say in rules and decisions and are encouraged to operate independently.
- 3 *Conflict*—the extent of misunderstandings and interference, and difficulty in solving problems and making plans.

As in the previous study, in families that scored high on conflict, young people generally declare that they do not have the strategies to cope, and resort to Self-blame. In such circumstances, they resort to the use of Tension Reduction strategies and engage in both Social Action and the Seeking of Social Support. While this may lead to useful actions in terms of the community, the motivating force may be to direct their energies outside the family. In such conflict-dominated settings young people do not Focus on the Positive or use the Seek Relaxing Diversions strategy. This finding is supported by Shulman *et al.* (1987), who found that in unstructured, conflict-orientated families adolescents exhibit the highest level of dysfunctional coping style.

In families that are perceived as being high on intimacy, young people use Social and Spiritual Support. In these settings they do not Keep Things to Themselves as often and are less likely to Ignore the Problem. Finally, in families that are democratic rather than authoritarian, young people Work Hard and Achieve and resort to Social Action (Fallon *et al.*, 1993) (see Table 6.1).

The overall picture that presents is one where, if family life is experienced as functioning well, adolescents make use of productive strategies in the process of coping with daily life.

Family patterns of coping

There is a paucity of research relating to family patterns of coping—that is, the patterns exhibited by siblings, parents and children. However, studies

Table 6.1 The relationship between perceived family functioning and coping (Fallon *et al.*, 1993)

Family functioning	Coping ^a	
	Frequently used	Infrequently used
<i>Study I (n = 108)^b</i>		
<i>Personal growth dimensions</i>		
Achievement	Physical Recreation Work Hard Social Support Relaxing Diversions	Not Cope Tension Reduction
Intellectual/cultural orientation	Focus on the Positive Social Support Solve the Problem Work Hard & Achieve	Ignore the Problem
Moral/religious emphasis	Spiritual Support Relaxing Diversions Work Hard & Achieve	
<i>Relationship dimensions</i>		
Cohesiveness	Social Action Professional Help	Not Cope
Expressiveness		Relaxing Diversions Wishful Thinking Keep to Self
Conflict	Tension Reduction	
<i>System maintenance dimensions</i>		
Control	Tension Reduction	Work Hard & Achieve
<i>Study II (n = 101)^c</i>		
Intimacy	Social Support Spiritual Support	Keep to Self Ignore the Problem
Parenting style (democratic v. authoritarian)	Work Hard & Achieve Social Action	
Conflict	Social Support Social Action Self-blame Not Cope Tension Reduction	Focus on the Positive Relaxing Diversions

a Family Environment Scale (Moos & Moos, 1986)

b Adolescent Coping Scale (Frydenberg & Lewis, 1993b)

c Family Functioning Scale (Noller, 1990)

with twins (Boase, 1993) indicate that there are more differences than similarities in siblings' patterns of coping regardless of whether they are living together or apart. The overall finding is that monozygotic twins use more Hard Work and deal with problems more directly than do dizygotic

twins. This may be due to their need to assert themselves and achieve independent status and success.

In a study of mothers and daughters (Lade *et al.*, 1995) it was clear that what mothers do, daughters do not necessarily follow. There is similarity and dissimilarity between coping strategies used by mothers and daughters. For example, in the Lade *et al.* (1995) study of sixty-one mother-daughter pairs, the rank-order correlations indicate that the overall choice of coping strategies between mothers and daughters reflect some similarities and some differences in their coping. When the mother-daughter pairs are examined, it emerges that within the same families Seek Spiritual Support is a strong determinant ($r=.52$), but when mothers use Seek Social Support ($r=-.27$) or Work Hard and Achieve ($r=-.26$) the daughters are likely to do otherwise. That is, where families have a religious orientation, the daughters are likely to follow their mothers in that regard alone, but not in other aspects of coping. The use of social support and working hard may in fact take the parent away from the home and thus affect their perceived availability to the daughters, causing the daughters to act in the opposite way.

Mother-daughter pairs are unrelated in how they cope except where religion, hard work and social support are concerned. These findings support the likelihood of there being familial patterns of coping, albeit to a limited extent. However, in general there appears to be an adult and an adolescent pattern of coping.

When the eighteen strategies of the ACS (Frydenberg & Lewis, 1993b) were ranked in the above study according to use, mothers gave a higher priority to Focus on the Positive and Seek Professional Help. Daughters, on the other hand, gave a higher priority to the use of Tension Reduction. Mothers use significantly more coping strategies of Focus on Solving the Problem, Working Hard and Achieve, Social Action, Focus on the Positive and Seek Professional Help than daughters. These strategies can be described as problem-focused modes of coping. Daughters, on the other hand, were more likely than their mothers to use strategies which reflected an emotional focus or a desire to relax (Wishful Thinking, Not Cope, Tension Reduction, Ignoring the Problem, Keep to Self, Seek Relaxing Diversions and Physical Recreation). This study demonstrates the fact that age is a clear determinant of coping. While the relationship between mothers and daughters in a family may be more alike than those across families, the importance of age as an index of coping cannot be ignored. But when it comes to strategies like Spiritual Support, culture is a strong determinant. It remains for longitudinal studies to determine whether in time daughters will become more like their mothers and the extent to which the impact of life circumstances is a major determinant.

Interestingly, the two studies using the FES as a measure of family climate (Fallon *et al.*, 1993; Lade, 1994) found that conflict was a significant predictor of Tension Reduction. This would indicate that adolescents who perceive their families to be high in conflict do not cope productively but rather resort to Tension Reduction strategies such as eating, drinking, smoking or sleeping too much. Adolescents who rated their families as high on cohesion reported making less use of emotion-focused and non-productive coping. They were less likely to declare that they could Not Cope, use Self-blame or Ignore the Problem. At the same time they were inclined to Work Hard and Achieve and make use of Physical Recreation. Families perceived as high in expressiveness were predictive of adolescents who did not Ignore the Problem although they tended not to Focus on the Positive as a way of coping. This latter finding may be an indication of the tendency within the family to discuss problems openly from a variety of perspectives where both positive and negative aspects of the problem are considered.

Adolescents who perceive themselves as high on an intellectual-cultural orientation tended in both studies to adopt productive coping strategies, attempting to Solve the Problem, Work Hard and Achieve, while avoiding unproductive strategies such as Tension Reduction (in this study) and Ignore the Problem (Fallon *et al.*, 1993). Similarly, in both studies (using the FES and the FFS) the perception of families with a high moral religious emphasis was related to adolescents who reported the use of Seek Spiritual Support and Work Hard and Achieve as a means of coping. In Lade's (1994) study, high moral religious emphasis was also associated with a tendency to avoid the use of Self-blame, while in the earlier study (using the FES) it was associated with a tendency to Seek Relaxing Diversions.

Families of normal adolescents reveal family interaction patterns that foster both individuation and connectedness in relationships. When adolescents' expression of individuality and self-assertion are combined in a context of connectedness, these independent tendencies are acknowledged and supported by other family members. Thus in healthy families where the members are 'connected', there is evidence of identity exploration, role-taking skills and ego development (e.g., Hauser *et al.*, 1984; Grotevant & Cooper, 1986).

Block & Block (1980) investigated families of ego-resilient children; that is, those who exhibited an ability to adapt flexibly and with elasticity to changing and threatening circumstances. They found that the families of these young people were those where closeness was expressed and there was respect for individuality. Thus, when the family acts as a facilitating environment it supports the adolescents' encounters with stage-related demands, which from time to time may become a source of stress.

FAMILY STRESS

Concerns in the family impact on the lives of adolescents in different ways. What the major family-related concerns of adolescents are and how they cope with these concerns is of interest. Indeed, conflict in the family has been found to be the third major stressor for young people after death of a parent and divorce (Elkind, 1988).

Family conflicts occur more than any other problem (Kanner *et al.*, 1987; Spirito *et al.*, 1988; Stern & Zevon, 1990) and occur in most families. Stresses within the family elicit different coping behaviours than do other stressors (Stern & Zevon, 1990). For example, adolescents use more emotion-based coping with family problems than they did with school-related problems, and younger adolescents are more inclined to use Wishful Thinking, Detachment and Tension Reduction than deal directly with the problem (Stern & Zevon, 1990). The major stressor for young people in the family is arguments or quarrels within the family. Where there is the experience of separation or divorce, that is the overwhelming family stressor.

The resources that young people bring to family life determine how they cope with family breakdown, where that occurs. In general, parental separation elicits a range of coping responses and outcomes for adolescents. There are some young people whose age and ability-related development continues much as would be expected regardless of family circumstance, while for others there are long-term effects. Because of the likelihood of young people experiencing divorce in many communities such as the United States, the United Kingdom and Australia, the special demands that divorce places on young people and how they deal with these demands are considered next.

SEPARATION AND DIVORCE

The experience of divorce and separation of parents is a reality for many young people: the statistics vary from one in four to one in two young people in many Western communities. Adolescents show marked individual differences when coping with their parents' separation (Hetherington *et al.*, 1989; Montemayor, 1984). Some show resilience (Emery, 1988; Hetherington *et al.*, 1989), while others show developmental delays. Long-term effects have been found to be more related to the child's developmental status, sex and temperament, qualities of the home and parenting environment and the resources and support systems available to the child than to the divorce or separation *per se* (Farber *et al.*, 1983; Rutter, 1985).

Generally, it is the similarity of experience rather than the uniqueness that is reported.

Rachel, a 15-year-old, explained that her parents' divorce made her grow up very quickly:

I put barriers around myself, I didn't let anybody inside and the big mistake I made was I didn't talk from the very beginning, and I bottled it all up inside, I was very good. I am very compatible with other people, and a lot of people come to me with their problems, and we talk, we sit, so I had that as well and on top of me. I didn't speak about my problems which was a big mistake because it was all inside churning and then I'd just explode at the littlest thing. It was pretty stupid because usually the person would just have to say something and I would explode, I'm very aware of people, very suspicious sometimes, very conscious, I don't let myself have feelings for anybody.

I didn't cry at all, I remember weeks without crying. It was like anger except it was more confusion. I used to get angry with kids and mum's friends. When people split up it's not that they want sympathy it's more they want understanding.

According to one study (Frydenberg & Lewis, 1993c), there is a tendency for boys to indicate that there is no concern and a tendency for girls to use emotion-charged strategies to deal with their family-related concerns.

Generally, girls and boys respond to life experiences in different ways (Cauce *et al.*, 1982; Frydenberg & Lewis, 1993a; Patterson & McCubbin, 1987). Although the effect of separation on young people's lives continues to be debated, nevertheless in a 1988 National Health Interview Survey of Child Health, Zill & Schoenborn (1991) found that in a sample of 17,000 young people in the USA, one in five have had a developmental, learning or emotional problem. In reporting these data, the authors, noted that such problems are twice as likely for children in disrupted families as for those in intact families (with two parents and where there had not been divorce or separation in the family). The study found that although developmental delays did not vary significantly by gender, learning difficulties were almost twice as common among males as among females. The frequency of emotional or behavioural problems among males exceeded that among females by 36 per cent. Youths exhibited aggressive or hyperactive conduct, while girls predominated for problems such as depression and anxiety.

These findings are supported by another survey (Farber *et al.*, 1985) that found that young people from single-parent families and families with step-parents were two to three times more likely to have emotional problems than those living with both biological parents. Thus there is evidence of the

impact of divorce on young people's lives and the different ways in which boys and girls cope in such circumstances. Rosenthal & Hansen (1980) found that children from two-parent households had significantly higher grades and higher occupational aspirations. In contrast, Kurdek & Siesky (1980) found that self-reported adjustment of young adolescents in two-parent nuclear and stepfather-and-mother-custody families was unrelated to family structure, gender and grade, or any interaction among these variables. For example, in a study conducted over a three-year period (Parish & Wigle, 1985) using self-evaluations as an index of adjustment, children in intact families were compared with a group that had experienced divorce during the three-year period and a group that had experienced divorce prior to the first assessment period. While it was found that the recently divorced group experienced the divorce acutely, the pain diminished as the event of the divorce receded.

One study that considered the adjustment of boys where there were parent transitions found that boys who experienced multiple transitions show the biggest adjustment difficulties. However, there are other associated factors; where mothers were regarded as antisocial, the boys were considered to be at greatest risk (Capaldi & Patterson, 1991). There is support for the view that adjustment is positively related to social support from friends and family.

Emery points out that

In considering how children cope with divorce, the difficulties typically involved in adaptation should not be minimised, whilst the frequency with which family transition leads to abnormal outcomes must not be overstated...divorce has become a very common event...to suggest its impact on children is inevitably pathological is an injustice to a large number of families. To suggest that divorce is an insignificant transition reveals insensitivity.

(1988:11)

While divorce does not invariably have negative effects (Emery, 1988; Hauser & Bowlds, 1990), generally boys are reported as having more problems than are girls (Hetherington *et al.*, 1989; Zill & Schoenborn, 1991). According to one study (Frydenberg & Lewis, 1993c), there is a tendency for boys to indicate that there is no concern and a tendency for girls to use emotion-charged strategies to deal with their family-related concerns.

Adaptation

It is evident that young people have a range of resources to facilitate their adjustment to life circumstances, including adapting to changes in the family unit, that are brought about through the separation and divorce of parents. The adaptation to post-divorce experiences involves a transitional process which may extend over time. This transition was described by Andrew (13 years old):

First it was kind of like smooth with both parents then it got a bit jaggeder. It gets a bit jagged when your feelings are all mixed because Dad's left and then it gets back straight when you've adapted to him gone.

While the separation and divorce of parents represent significant transitions for many young people, the severity of the experience and the subsequent adaptation vary according to a number of factors reflecting situational and personal characteristics.

In a study of young people in early adolescence (Frydenberg & Lewis, 1992), the coping strategies that are generally used by adolescents were compared with those used by young people to manage stress in the family in both intact and separated families. The purpose of this investigation was to see whether young people in intact and separated families cope differently. The students first completed the ACS (General Long Form) in relationship to concerns in general. Second, students in each group indicated how they coped with either separation of their parents in the separated families or family issues in their intact families (ACS Specific Long Form). The 239 11- to 14-year-olds (203 in intact families, 36 in separated families) sampled completed the ACS twice during the same testing occasion. It was found that young people manage their general concerns in much the same way in families that are intact or separated, and there is an indication that family issues are of considerable concern in both types of families.

In separated families there are three modifications adolescents appear to make to their general coping behaviour in order to cope with the separation of their parents. Specifically, there is decreased usage of Seek Social Support, Seek to Belong and Seek Professional Help for issues of separation than there is for general concerns. In summary, one could conclude that young people in separated families are less likely to involve others to assist them in coping with separation than when coping with their general concerns, and it is in these circumstances that their need may be the greatest.

In intact families, students reported greater use of Not Cope with family concerns than with general issues. They also reported greater usage of Worry and less usage of Seek Relaxing Diversions to manage family concerns, which would indicate that these are difficult concerns for them to manage.

In both intact and separated families, boys and girls respond somewhat differently to general and family concerns, since girls use more Social Support, more Work Hard and Achieve and more Tension Reduction, and boys use more Ignore the Problem. This is the case regardless of whether the concern is general or family-related, and indicates that gender plays a major role in discriminating between the usage of these strategies.

The study concluded that the general pattern of coping of respondents is not related to family status. However, when the extent to which young people modify their general coping patterns to deal with specific family issues is considered, the amount and type of modification is systematically associated with family type. In intact families, young people cope with family-related issues in a manner similar to the way in which they cope with their general concerns, although they appear to cope more readily with the latter than with the former. In contrast, children whose parents have separated modified more noticeably their general coping patterns to deal with the separation of their parents, using less Reference to Others and more Focus on the Problem actions.

In another study of secondary students, Frydenberg & Lewis (1993c) compared strategies that are used by various sub-groups of young people to manage family-related concerns. The sample consisted of 442 students (314 in intact families, 128 in separated families). The students completed the Specific Form of the ACS. Both boys and girls from various backgrounds were represented in the sample: 59 per cent English-speaking, 21 per cent European, 12 per cent South-east Asian and 8 per cent from diverse backgrounds. The students were equally represented in Year 7 (12 to 13 years), Year 9 (14 to 15 years) and Year 11 (16 to 17 years).

It was found that young people used Physical Recreation for general family-related concerns in intact families more than for any other of the concern areas. Tension Reduction was used to a greater extent with family-related concerns in separated families than in intact families. Relative to family stresses in the general community, there are indications that where there is family separation, young people deal with the stress through these tension-releasing actions.

The Frydenberg and Lewis study also found that the year of schooling of respondents was also significantly associated with their pattern of coping, in that there was greater usage of emotion-focused strategies such as Tension Reduction, Keep to Self and Self-blame with increasing year level. Once again there were clear differences in the coping patterns of boys and girls. Girls reported using more emotion-focused strategies such as Tension Reduction, Self-blame and Seek Social Support for dealing with their concerns than did boys. In general, boys again reported greater use of Physical Recreation and Ignore the Problem than did girls. Boys in this

study were also found to engage in more Social Action and Seek Professional Help (from teachers or other adults) than were the girls.

Children readily blame themselves for the divorce of their parents (Wallerstein & Kelly, 1980). The way self-blame is overcome in adolescence is explained by Lara, who was 13 when she was interviewed in one of our studies (Frydenberg & Lewis, 1992).

Lara described how she blamed herself until she was 12 for her parents' separation, until she confronted her father and regained her confidence. She told of how she was tired of her father being like a brick wall when he was upset or annoyed. This led her to accept that her parents' separation was not her fault.

I was really sick of it. So I said if you're not going to be there when I'm going to be there there's no point in me being there at all and so I won't come over.

Confrontation can also be described as reaching out towards what Tausig & Michello (1988) call 'strong ties'. The confrontation of parents can have very different results than was intended, as illustrated by 15-year-old Sally's confrontation experience.

In addition to blaming oneself and protection of parents, fear of losing parental love is a reason given for not confronting a parent. Sally gave that as her reason for not confronting her father sooner. She utilised Social Support in a limited way and reported saying very little to her father, until she lost her restraint. When Sally finally confronted her father for not being available, that action resulted in her relationship with her father deteriorating further.

I am unable to say things to him face-to-face. Every time I say something to him over the phone he just doesn't call for about six months and then it all just starts again. It's like a cycle; he'll probably have about ten kids by next time.

Andrew (12 years old) used Social Support cautiously. He did not discuss the separation with his parents in order to protect them from hurt, but did ask some questions when they raised the topic. Although he did not discuss the separation with parents, friends or relatives, he did discuss it with his sister.

If I started to talk about it with mum she'd get a bit upset. When dad brought up the subject sometimes I felt brave enough to ask him some questions. Now when my mother brings up the subject I ask her a few questions—but not too much, and not too often.

After asking the questions he felt *'a bit content but not that content really'*. He gave reasons for not discussing it with friends at school or relatives, saying, *'I didn't think it was a subject they should know about really...it was not a subject to talk about my parents' divorce and what was happening at home.'*

What is clear from the data on adolescent coping is that boys and girls cope differently with their concerns and in particular with stresses in the family. The boys seem to present a confident air of bravado regarding their ability to handle the situation, yet on questionnaire responses there are indications that they do not have the strategies to cope. At the same time the fact that boys from single-parent families and families with step-parents were more likely to have had emotional problems than those living with both biological parents would challenge the notion that all is well with these young people. Denial seems to be a strategy used by boys, especially where there are stresses in the family. In some circumstances the ignoring of problems may facilitate coping, while in other circumstances there is a cost attached.

The family is the cradle where young people are nurtured, cushioned and buttressed in the course of their development. It is the place that provides a most ready access to social support. For many young people the family is seen not as a source of support but rather the setting where stresses and strains are the heaviest. The challenge for parents is how to provide the environment where young people thrive and develop and utilise the resources in the best way possible. The challenge for young people is how to understand the circumstances around them and how to develop the coping strategies to deal with whatever comes their way.

7 Social support—the upside and downside

I talk to my friends. They would understand what I'm talking about. They wouldn't really laugh at my opinion too much. And they would make suggestions about how to fix things. Parents would say, 'Don't be silly.' Friends would just talk; just saying I shouldn't worry about these things. They'd say that I should go ahead and talk it over. They would help me go a bit further.

(Edward, 13 years old)

In the same way as there is an infinite number of coping strategies utilised by people, there are a multiplicity of situational and personality factors that determine how we cope. One strategy that is increasingly being regarded as an index of well-being is social support. Within the general notion of social support there is a range of actions that occur in different settings. These actions work well for some and not so well for others. Social support is available from the many social contexts within which adolescents are located. The support can be from family, peers or critical others, sometimes to very different effect. Some young people draw on the peer group or gang, that may consist of a tight-knit or loose association of comrades or friends. Others see their siblings and family as the people to turn to.

Social support has been broadly defined as a range of significant interpersonal relationships that have an impact on the individual's functioning (Caplan, 1974). Hirsch (1980) notes that social support encompasses those people who are at present significant and who are either members of one's social network (that is, family or friends) or non mental-health professionals (such as physicians or clergy). The use of social support is relatively unaffected by the problem content *per se*, since it has little effect on choice of social support, but rather is affected by resources based on strong ties, such as close friends who satisfy expressive needs, and weak ties, such as an employer who satisfies instrumental needs (Tausig & Michello, 1988).

Gender differences in the use of social support have been generally found, and the conversations with young people reflect variations in the extent to which boys and girls use the strategy and the different reasons given. The underlying issues relate to trust, where it was gained or where it was lost, and the availability of persons who are perceived as good listeners rather than proffering advice (see Chapter 5). The discussion of these issues is extended in this chapter. Females are more likely to turn to support than are males (Frydenberg & Lewis, 1993a, 1991b; Patterson & McCubbin, 1987; Seiffge-Krenke & Shulman, 1990; Spirito *et al.*, 1988; Stark *et al.*, 1989). A reason that has been given for this is that females experience more life stress and poorer emotional and physical well-being (Gad & Johnson, 1980). Although social support is used more readily by girls than boys, there are boys who use social support effectively and girls who do not report making use of the strategy. Usually the reason given for not using the support of others is a lack of trust, in the sense that there are past hurts. Sometimes the simple explanation is given, 'They would not understand'. This has been said about parents, siblings or peers.

The inclination to seek help actively from one's social support network has been associated with healthy adjustment in some circumstances and not in others. In coping scales such as the ACS (Frydenberg & Lewis, 1993b), social support is represented by items indicative of an inclination to share the problem with others and enlist their support in its management (for example, 'Talk to other people to help me sort it out'). However, it is not equally productive in all circumstances to enlist the support of others. Sometimes it may be motivated by insecurity and a lack of belief in one's own ability; at other times the use of social support may be a sign of resourcefulness and enterprise. What constitutes social support for one person may not be the same for another.

The overall weight of evidence from research supports the beneficial effects of social support for well-being as a buffer against stress (Cauce *et al.*, 1982). Greenglass (1993) has suggested that these benefits may be offered in three different ways, providing:

- a source of acceptance and intimacy;
- useful information and guidance;
- instrumental support in the form of services and resource assistance.

For example, research has shown that the closeness of young adolescent girls' relationships with their fathers appears to buffer the negative effect of stressful family changes on adolescent depression (Petersen & Kennedy, 1988). Thoits (1986) suggests that crucial external resources usually

conceptualised as 'social support' buffer the effects of stressful events primarily by contributing to individuals' stress management or coping efforts.

Unsupportive relationships are probably related to passive and inefficient encounters with the environment. Supportive relationships may serve as a model for active information seeking and for turning to social support. The question that may be asked is whether supportive family relationships are also related to better appraisal and analysis of events.

In this chapter we look at the case for social support: who uses it, who copes better and in what circumstance.

SUPPORTIVE RELATIONSHIPS

In the broader context of the social environment social support forms part of Bronfenbrenner's (1990) concept of the *mesosystem*. This system takes account of the interconnections between settings such as the school, the peer group and the family. The use of networks that are based on in-school and out-of-school friendships, that is, both school and non-school ties, are prominent features of an adolescent's peer network.

In a study of 300 junior high-school students by Hirsch *et al.* (1990), it was found that the majority of students reported seeing their school friends out of school daily (55 per cent) and once per week (29 per cent). Generally, young people (75 per cent) reported feeling closer to friends whom they saw out of school than to other school friends. Although school is one of the principal locations for meeting new friends, non-school contact is usually the means whereby these acquaintanceships are turned into close, supportive friendships. For adolescents, the relatively formal school-based contacts commonly progress to relatively unstructured non-school activities, and this progression is associated with increased intimacy and support (Hirsch & DuBois, 1989).

Hirsch & DuBois (1989) tried to determine the obstacles that inhibit peer support outside the school setting as situational or person-focused. They found that the obstacles related to social skills deficits, competing activities, home conflicts and moral concerns. If indeed those who do better are able to utilise social support, it is important to eliminate the obstacles. For example, the provision of social skills training is likely to help young people develop the confidence and the capacity to use the resources of others. Young people explain their reluctance to use social support with examples such as: 'I'm not sure what to ask them to do'; 'I'm afraid they won't want to if I ask'; 'I do not like to do the same thing outside school as they do'; 'I'm not sure how to go about asking'; 'I'm not popular with their other friends'; 'I don't

know them well enough'; 'There is never a good time to ask'; 'They don't ask me to, I'm not good enough at the things that they like doing outside school'. The diverse range of social skills that are reflected in the above statements can be addressed directly—for example, as part of the explicit curriculum in the form of human relationships training, or as part of the implicit informal curriculum where social skills are taught in the context of traditional school lessons such as English, physical education, social studies, human development and so on (see Chapter 10).

The social ecological perspective on the use of social support is illustrated in the case study of two boys reported by Hirsch (1985). Louis' mother was being treated for depression and Robert's mother was suffering from rheumatoid arthritis. Louis relied on a strong peer social network, and Robert utilised his school networks, which included teachers, being a member of the basketball team and having a girlfriend. Most of Robert's non-school time was spent with his best friend, amounting to three hours per week. For both boys, social support, regardless of the setting from where it emanated, provided a buffer from the stresses of everyday life.

The two boys, one reliant on peer network and the other on a broader network, had reduced symptomatology relating to a general symptoms checklist that included depression, anxiety, somatisation and obsessive compulsive behaviour. However, the danger for both boys was that if their social arena faltered (a single bad school experience or the peer group becoming interested in girls), then more difficulties might arise which could be compounded due to a lack of support. Skills learned or established in one area should be able to be applied to others (for instance, in-school and out-of-school contexts) so as to handle the wide variety of adults they would be likely to encounter in the future. As Hirsch (1985) noted, the analysis highlights the importance of generalising personal and social skills across multiple social environments and the building of a supportive personal community that transcends any one arena of life.

The message for researchers is that it is important to collect data across a variety of social contexts. Interventions will often be specific to individual cases and will need to consider social boundaries (school/peer/ family) so as to have the most positive impact. The above study suggests the need to reconsider what is meant by successful coping. Coping should be assessed by positive criteria for well-being within major social role domains and in terms of life difficulties (ongoing challenges) or events (acute challenges). Successful coping can be defined as the ability to maintain satisfactory role involvements in each of the settings. Satisfactory role involvement implies the ability to deal successfully with the relationships at school both with peers and adults, in the family with siblings and parents, and the ability to deal with relationships in the wider community. Because social networks

either contribute positively or negatively to coping, coping is seen as a general phenomenon as well as specific to a variety of social domains.

Evidence is emerging that those who use social support in the learning context do better academically than those who do not. For example, in a study of 374 boys between the ages of 15 and 17 who were attending an independent (private) boys' school in metropolitan Melbourne (Parsons *et al.*, 1996), boys who achieved better in a scholastic sense than would have been predicted from IQ alone utilised strategies that related to the ACS strategies labelled Work Hard and Achieve, Focus on Solving the Problem and Seek Social Support. The use of the first two of these strategies is not surprising in a high-achieving group. However, the use of social support among these boys is an interesting finding. Girls have, in studies to date, typically utilised more social support strategies than have the boys (Frydenberg & Lewis, 1991b, 1993a). Given that overachievement (a term used to describe achievement beyond that which would be predicted on the basis of IQ alone) in boys has been associated with the reporting of fewer psychosomatic symptoms, social support may be the very buffer that boys need to achieve well and maintain psychological well-being. Those boys who use social support appear to have profited by doing a little better in their schoolwork.

However, there is a suggestion that social support is not in all circumstances an index of effective social adjustment. For example, from an analysis of data derived from the ACS Short Form (Frydenberg & Lewis, 1993b, 1996), the result of a factor analysis determined that with the exception of one scale (Seek Social Support) all scales load on only one factor. Scale 1 comprises eight coping strategies (Seek Social Support, Focus on Solving the Problem, Physical Recreation, Seek Relaxing Diversions, Invest in Close Friends, Seek to Belong, Work Hard and Achieve, Focus on the Positive) and represents a style of coping characterised by working at *solving the problem* while remaining optimistic, fit, relaxed and socially connected. Scale 2 also comprised eight strategies (Worry, Seek to Belong, Wishful Thinking, Not Cope, Ignore the Problem, Tension Reduction, Keep to Self, Self-blame) but these primarily reflect a combination of what may be termed *non-productive coping* and avoidance strategies which are empirically associated with an inability to cope. The third scale is made up of four strategies (Seek Social Support, Seek Spiritual Support, Seek Professional Help, Social Action) and can be characterised by *reference to others*, whether peers, professionals or deities.

In this empirical construction of coping (see Chapter 3) it is evident that sometimes the use of social support is associated with direct attempts at dealing with the problem by reference to others, and on other occasions

it is associated with the non-productive aspects of dealing with the problem. The ACS scale Seek to Belong is characterised by a caring and concern for one's relationship with others in general, and more specifically concern with what others think (for example, the item, 'Try to fit in with my friends' taps the negative aspects of social support). It is becoming clear that social support is not a unidimensional construct and, where it is identified by a single scale, it is easy to mask the downside when using strategies that are associated with the utilisation of support from others.

In a study of adolescents' perceptions of their supportive relationships and the role of family, friends and professionals, Schonert-Reichl (1994) looked at social support and its capacity to act as a moderator on the effect of stress on the individual. The sample in this study consisted of 220 adolescents (111 male, 109 female) enrolled in a school located near a large west Canadian city in Grades 8 to 12, whose ages ranged from 12 to 19 years. She found that the majority of adolescents sought help with their emotional problems, 76 per cent sought help from close friends and 60 per cent from family members, particularly mothers.

Muller & Schonert-Reichl (1994) considered a relationship between different dimensions of self-concept and symptomatology and how these are associated with help-seeking behaviour. Instruments used were Harter's Self-perception Profile, Reynolds' Adolescent Depression Survey (RADS) and the Adolescent Psychopathology Scale (APS). Adolescents were asked to report whether or not they had sought assistance with emotional problems during the past year from their parents, other relatives, friends and professionals. Most adolescents had sought help from informal helping agents (such as parents or friends). Older adolescent females sought more help than younger adolescents from both informal helping resources (for example, parents, friends, other relatives) and formal ones (for instance, school counsellors, mental health professionals). Adolescents who reported seeking help from both informal and formal helping agents were those young people who were comparatively more at risk; that is, likely candidates for depression. Compas *et al.* (1986) and Cauce *et al.* (1982) found that satisfaction with support was inversely related to depressive symptoms and somatisation. That is, those who were satisfied with their support were less likely to be depressed.

Boldero & Fallon (1993) asked 321 11- to 19-year-olds to identify a major problem that had caused them considerable stress during the previous six months, and the subjects were asked to complete the ACS in relationship to that problem. Problems were classified into five categories (Family, Relationships, Health, Education or Other). It was found that general use of coping was not predictive of either problem type or help source.

It was found that approximately half of this sample did not ask for help with their problem. Females and senior school students were more likely to ask for help with interpersonal problems than they were with those problems relating to family. Those who asked for help reported more frequently using Seek Social Support and Seek Professional Help. In contrast, those who did not ask for help reported that they were more likely to use Not Cope, Ignore the Problem and Keep to Self. Therefore it was not just a matter of being self-reliant, but along with this reluctance to seek assistance was a general declaration of an inability to find strategies to deal with the problem. This acceptance of the *status quo* (or in some cases defeat) may be a signal of helplessness and internalised despair.

Those choosing either friends or teachers but not parents as help sources for their specific problem were older and less frequently used Seek Spiritual Support. Those asking friends but not teachers for help were less likely to be reporting about an educational problem but were more likely to be reporting a family problem, and perceived their problems to be more intimate. There are indications that it is not just a matter of being able to ask for support, but young people are selective about whom they turn to for support.

Questions arise as to whether the deployment of good coping skills in the form of social support minimises hassles stemming from major types of events and whether the use of social support diminishes emotional reactions to non-normative events or hassles. Supportive relationships may serve as models for active information seeking and for seeking of support from others.

In a study of how young people deal with stress in the family (Frydenberg & Lewis, 1992), adolescents talked about their use of social support. Some girls, such as Lara, a 13-year-old whose parents were divorced when she was 8, 'talk to everyone', while others talk only to people whom they trust. Sometimes little, if any, selectivity is exercised, although strangers may be excluded. In addition to the different levels of usage of social support, it is likely that social support is construed differently by individuals. Thus, young people make decisions and choices relating to the use of social support according to differing criteria.

For example, Lara explained, *'It depends on what you were going to talk about. It is not so much how well you knew someone but whether they would tell.'* Lara trusts her aunt and most people, other than strangers, if she sensed that they wouldn't talk to others. Of her aunt she said:

she doesn't tell anyone anything. I didn't really know her that well, except I could trust her. She didn't tell my Mum anything that I didn't want her to know.

In contrast, for Edward, social support was provided by school friends (see Chapter 5). Edward explained that friends would understand what he was talking about and, unlike parents, they would not tell him ‘not to be silly’ or tell him what to do.

Thus the use of social support is clearly associated with the experiences, past and present, of the individual and how family, friends and helping professionals are perceived. If we are to encourage and assist young people to make changes in the ways in which they cope, their experiences need to be taken into account before developments in psychosocial competence are attempted.

It seems that perceiving oneself as a ‘good friend’ or a provider of social support is an important aspect of well-being. Sarah (17 years old) described herself as having ‘*A hell of an oomph. I’m sure that the teachers like me because I work well. I’m really supportive to my friends and they are to me.*’

There are other benefits of social support or just being with friends. Sorelle, a 14-year-old, explained:

I won’t be angry for long if I’m with a friend; they’ll make me laugh. We’ll look at each other and laugh and get out of a bad mood. If I’m by myself and if I’m upset or angry I just sort of pity myself, feel sorry for myself and say all negative thoughts.

Trust

A host of factors determines how one copes. For example, there are situational and contextual determinants of coping, personality factors and the different ways in which boys and girls utilise relationships. Social learning is important in the acquisition of practices that involve turning to others. It is evident from interviews with young people that utilisation of social support is closely linked to trust and mistrust; how trust develops and how it is lost.

Thus the use of social support is closely linked to the development and maintenance of trust. How trust is built and how it is lost may contribute to an explication of the ways in which a repertoire of coping skills is acquired by young people. Loss of trust is illustrated by Sally (15 years old), who used social support less than the other young people who were interviewed. She described how she lost trust when her father promised that he wouldn’t get married but then proceeded to make plans to marry after meeting a particular woman. Sally described how she felt that ‘*His future wife was taking our Dad away from us.*’ Furthermore, Sally lost trust in the school psychologist, who met with her father and his future wife prior to the

wedding. She had disclosed to the psychologist at school how she felt about her father's plans and his future wife. Sally described her embarrassment and upset with the psychologist: *'She said that she wouldn't tell my Dad but I reckon that she told him.'*

She went on to describe how friends are not the sort of people she could really trust:

I don't tell them everything. One of my friends, she's nice, but she can get a bit weird sometimes. There are a few others I can just sort of say things in passing when we are at our lockers or something.

She described herself as talking to no one: *'well, I'm talking to you about it but no one really.'*

Sometimes there is an absence of trust regardless of gender but based, rather, on early relationships which account for the loss of trust. Sally declared that *'The only person I tell everything to is myself. No one knows everything about me because I have been let down a lot in the past, by parents, family and friends.'*

Another obstacle to trust is belonging to a particular group or sect. For example, Natalie (15 years old) belonged to the Mormon Church. She would seek help from her family only: *'I don't trust anyone. I don't tell anyone anything.'*

Chris (aged 17) described how on the outside you have to look as if you are having a good time. *'You can't really trust anyone these days'* He described how his mother's boyfriend was violent after a few drinks, and his brother's involvement with drugs also caused him to lose trust.

GENDER AND SOCIAL SUPPORT

Social support is the single strategy that is consistently reported as being used more by females than by males (see Chapter 5). Greenglass (1993), in her study with adults, makes a case for the overall benefits of social support. She points out that relational skills, which are important in the use of social support, have been traditionally reinforced and valued in women. Despite the value ascribed to relational skills, the use of social support has often been seen as a mark of 'dependence' rather than 'independence'. There is no universally agreed value attached to the use of social support, but that is likely to be the case because it is not a unitary construct and there are indeed different types of social support that can be utilised for different purposes. Sometimes there is a cost attached and in other circumstances not. The texts of young people support the research that was reported in Chapter 5.

Girls, unlike boys, use social support readily and directly. They talk to friends, and when there is a problem with one group of friends they talk to another group. Additionally, many girls talk to parents, aunts and sisters. Kaitlin, who was interviewed when she was 13 and 15 years old and whose mother was a teacher at her school, talked to her mother about personal things, '*because she (her mother) has been through the same things*', and to teachers about school-related activities. Kellie (15 years old) turned to friends at school when things went wrong, as well as turning to her mother's best friend to whom she was like a 'surrogate daughter'.

When it came to separation of parents, girls would ask their mothers directly what was going on, and when there was a new partner on the scene, that was often discussed. Emily talked to both her mum and dad and sometimes to friends about her parents' separation. Nadia '*talked to everyone at school about separation.*' For some young people, being born into a large family protects and insulates them from the outside world by providing a ready means of support, while for others family members can provide them with a source of friendship that enables them to go on and use the support of others readily. For example, Adrienne, a 17-year-old girl, pointed out, '*There is a time for withdrawing and there is also a time for reaching out for help.*' She talked things out with her four sisters and was close to one of her sisters who she also described as her best friend. In addition to having a large available family, Adrienne spoke to her friends all the time. For some girls, as with some boys, there was avoidance of the problem. For example, when her parents were divorced, Emma (17 years old) talked to her boyfriend and friends and she '*put herself into her schoolwork*'.

Utilising social support is a way to draw upon relationships in the course of dealing with problems. At other times social support provides a release for emotions. There are circumstances when girls 'just cry a lot', 'talk to a sister' or 'cool off by reading a book' or 'just listen to music or something'. It is a way of 'letting it out' when one can 'even cry with a friend'. Sisters are frequently reported as being a 'best friend'. Generally, for girls in circumstances where there is a supportive family and siblings, friends are seen as having a different point of view and providing a broader perspective on what is happening.

Often when young people refrain from using social support or disclosing difficulties the reason given for this reluctance, other than a lack of trust, is a disinclination to burden others with their problems. For example, Nicolletta (14 years old) explained why she kept things to herself:

I keep it in for a while because I don't like bothering other people with problems. I know that a lot of people have got problems. But even so if I

really need to speak to someone I can talk to my mother or a friend or occupy myself with painting and drawing.

Another girl, Alfreda (15 years old), explained that she tried to avoid bringing things to school because she didn't want to cause other people to be down when she was down. She explained:

I try to put on a brave face and smile a lot but if it is something that is really bad and getting to you and you need to talk about it you grab a friend, or a teacher that you feel comfortable with and know won't say anything. You just want someone to hear you out.

The buffer effect of social support is evident in situations where one set of relationships is a source of stress and another provides support. For example, Vicki (13 years old), who was not allowed to go to school camps and who described her parents as 'tough', would talk to her brother or ring up a friend.

For some young people, generally for girls, social support is seen as coming from both people and objects. The latter may be through the use of a diary as a confidante. Jacqui (16 years) can talk to her ex-boyfriend, to her best friend and to her diary. *'I feel much better after talking to my friends because they can give you another opinion; I write down everything you can't say to people.'*

The use of diaries is often reported by girls, not by boys. Girls describe themselves as 'talking' to their diaries as if it was a 'willing ear' and a 'friendly person'.

Tara (14 years old) reported that sometimes she would 'feel' certain things but couldn't talk to anyone: *'I could trust my diary. Even though it can't talk, it understands you. You can get everything out.'* Young people such as Madeleine (16 years old) articulated that a diary was the way to beat loneliness: *'When people are not around then a diary helps.'*

What is clear from the data and young people's stories is that girls in particular use social support readily in situations of trust. Their acceptance and perhaps 'reliance' on social support is evidenced by their turning to friends, relatives and their diaries.

Boys do it differently

What is clear from boys interviewed in many studies (Frydenberg & Lewis, 1992, 1993c) is that where they used social support, it was most likely to be family support such as parents, siblings (in particular sisters), aunts and

grandparents. Mothers feature more commonly than fathers. Boys such as Edward (13 years old) describe asking their mothers '*questions as they occur*'. Edward went on to say he asked questions of '*Aunt Bet who was kind, like a grandmother*'. Stepmothers featured more than fathers as confidantes. As Jason (12 years old) explained, '*Sometimes Dad's grouchy. Like when you play with him and accidentally wet him, he gets mad and chases around the backyard.*' Adrien (aged 13), despite wanting to handle things himself, did talk to his parents and sister about the separation of his parents. Ben (17 years old) would talk to friends, and perceived himself as having a few good friends but he also would talk to his mother.

Boys also declared that they wanted to be close to people and would talk to others, in particular their siblings, when sharing a bedroom with them. One 16-year-old boy declared, '*My brother and I are pretty close even though we have a lot of fights, we tend to think the same way.*'

Boys often take a parent-protector role. For example, Michael did not want to upset his mother by talking about his father after the separation. Sometimes friends are also protected. Antoun, a 17-year-old who had arrived in Australia some two years earlier, said that when he has problems with friends he would talk to them but did not feel comfortable sharing problems with other people: '*I just try to keep to myself.*' He trusts his friends, but '*They've got their own problems so I don't feel comfortable giving them my problems because they are going to feel sorry for me and I feel that I am putting more pressure on them.*'

Sometimes when boys use social support, it is tied to their hostility or anger, for which the group provides a collective which enables them to take on others. Another 'downside' that became evident from the interviews (Frydenberg & Lewis, 1992, 1993c) was when friends were often used by boys to gain moral support and strengthen support for antisocial behaviour. Thirteen-year-old Charlie saw the gang as a form of support. With a best friend Ronny, whose aunts, uncles and cousins he knew, he could threaten to '*bash kids up*' or '*join with the gang to go graffititng*'. Another boy, David (17 years old), let off steam by using a sling shot to break street lights and windows, but was also able to talk to his father; at other times he would '*stew over things*'. He explained that

There are a couple of friends who hate yuppies too and say what they would like to do to them. That gets rid of some of the anger. It's like we're sharing it now. It's like we are a team.

Some boys readily utilised social support and missed it when it was not available. For example, Mark, whose father had died fifteen years earlier when he was 2 years old, said that he did talk things over with the teacher

and/or with friends. Stephen, a 16-year-old whose parents lived in Mauritius and who were strong practising Christians, talked about things with his good friends and his uncle and aunt. Yet he still yearned for his family to embrace him and would have liked to go back to them and talk if they had not been so far away. *'I often call them and spend a lot of money'* he said.

The use of social support is associated with the experiences, past and present, of the individual and how family, friends and helping professionals are perceived. If we are to encourage and assist young people to make changes in the ways in which they cope, their experiences and histories may need to be taken into account before they can be advised on how and what coping skills to develop.

Outcomes

Although social support is generally perceived as providing a buffer from stress, there is emerging evidence that it is not always an index of superior adjustment. In a study investigating the relationship between adolescent coping and adult adaptation, Feldman *et al.* (1995) examined the long-term effects of using social support in a longitudinal study with 169 adolescents (13 to 18 years old). The adolescents were interviewed again five to six years later when they were adults. The measures used were the A-Copes (Patterson & McCubbin, 1987), and for adult adaptation, pencil and paper measures of self-esteem, well-being, depression, anxiety, somatic symptoms, interpersonal problems and attachment style to romantic partner. Girls, as in most studies, were more likely than boys to cope by turning to friends and by dealing with problems alone. For boys, turning to religion and to friends during adolescence were each associated with poor young adult adaptation, whereas for girls they were each associated with good adaptation. This led the researchers to conclude that what is 'good for the goose is not necessarily good for the gander'. That is, the prognostic value of specific adolescent coping behaviours for adult adaptation is not identical for boys and girls; turning to friends may work differently for boys than for girls. Moreover, social support may be used by boys and girls to manage different problems. However, it has become increasingly evident that social support is not a unitary construct but a complex phenomenon in which the circumstances, the outcomes and perceived outcomes need to be taken into account.

Social support appears to be used selectively by both boys and girls. There is a complex interplay between the personal, situational and mediating factors that determine not only the strategy used, but also the outcome for the individual. In some circumstances young people refrain

from using the strategy of social support in order to protect parents from what they perceive to be painful experiences for the parent. The use of social support can be indicative, in some circumstances, of a quest for independence, while in other circumstances it is a reflection of dependence on parents and/or significant others.

Conversations with young people enable the complex reciprocal determinism and interaction between motivation and outcome to be understood, as each is in turn influenced by the other. For example, the limited use of the strategy Seek Social Support may reflect the capacity of the individual to be self-sufficient or self-reliant. In some circumstances, the limited use of social support may be associated with denial as a coping device along with a general avoidance of dealing with the problem and its severity. This was reflected in the interviews with boys in some studies (Frydenberg & Lewis, 1993c). There is an interplay between the complex forces that constitute the individual's history, circumstance and appraisal of resources.

There is an indication that those who use social support, girls generally more so than boys, do better than those who keep things to themselves. At least in the short term adjustment is positively related to social support from friends, regardless of circumstances, and the fact that girls more so than boys use this coping strategy has implications for how social support is made available and how this strategy is developed within the coping repertoire of young people.

Whether the use of social support is a reflection of dependence or a matter of independence is a judgement that needs to be tested against the experience of the individual when both the objective and subjective evaluations of the outcome can be taken into account. The jury is not yet out on the long-term costs and benefits of social support. In the absence of widespread longitudinal research in this area, context-sensitive research at least is able to identify what works in one setting and not in another.

The issue is not so much the extent to which boys and girls use social support as the very different ways in which young people trust others. It is a matter of trust and confidence to reach out to others, and the consequences for the young person of following one approach rather than another that determine what strategies will be used next. Boys seem to have less trust and a greater reluctance to turn to others as a source of support. How this lack of trust is linked to denial of problems warrants further consideration. The consequences of this remain to be determined. While the use of social support in an overall sense may appear to be gender-linked, there are unique variations based on circumstance, not only in the extent to which social support is utilised but the rationale for so doing, and the outcomes for the individual.

8 Coping with depression and developing resilience

Coping for me is just trying to sort everything out in my mind so that I understand where everything stands. Even when it hurts you have to think about things so that you can actually figure out what's going on. Coping is if you don't 'break down' every time you think about a problem. With time it gets easier. Coping is when you don't go and do something stupid. You don't go and kill yourself or break into a shop because you have so many troubles. It means you can handle stuff reasonably.

(Jane, 15 years old)

Young people clearly recognise that there are ways to deal with stress and prevent difficulties from building up. At the same time we know that stress and suicide are linked by the fact that when there is an inability to deal with stress it can lead to depression or despair and in extreme circumstances to suicide. There are many ways in which young people show that they are not coping effectively; depression is one example. This chapter explores the relationship between stress, depression and suicide. Models and factors in resilience are considered. Finally, illness, and the challenges that present to many young people in dealing with stress, are examined

DEPRESSION

We can usually recognise sadness in our friends and those close to us; what is more difficult to recognise is depression. Sadness is a universal emotion expressed by all of us at some time. It is a conflict-free emotion where we are aware of what sometimes feels like inescapable pain at a sense of loss or disappointment which can usually be explained by circumstances. Depression is an inner, subjective experience that can be reported by the depressed person or observed by others through their behaviour. There are many stressors that lead to depression. Adolescents who are depressed give strong clues by their words or their actions. Depression, in a clinical sense, on the other hand, is manifested by five or more of the following:¹

- depressed mood;
- markedly reduced interest or pleasure in most activities;
- significant weight loss or weight gain;
- insomnia or hypersomnia;
- psychomotor agitation or retardation;
- fatigue or loss of energy;
- feelings of worthlessness or excessive guilt;
- reduced ability to concentrate or indecisiveness;
- recurrent thoughts of death or suicidal ideation.

In a review of adolescent depression, Compas & Hammen (1994) address the issue of the comorbidity and covariance of depression with other disorders such as anxiety, conduct disorder, substance abuse and delinquency. However, they point out that adolescent psychopathology is generally marked by the coexistence of disorders in general, not just for depression, and the tendency for several emotional and behavioural problems to cluster or to occur in the same individual is widely recognised. Furthermore, the presenting problem is sometimes only symptomatic of the underlying problem.

The term 'depression' is used to describe a range of emotions and symptoms that vary in their intensity and their duration. Generally, the literature relating to depressive phenomena addresses depressed mood, a depressive syndrome and depressive disorder. The three phenomena can be measured on a continuum according to severity but all three constitute deviation from normal functioning (Compas & Hammen, 1994).

Identifying depression

Depression is defined in terms of a subjective or feeling state. Definitions and diagnostic classification systems of depression recognise such a feeling state as the core of depression in young people, often describing it as 'dysphoria'. Most diagnostic systems of depression also include additional variables, usually the behavioural or observable correlates of such a subjective or feeling state, such as sleeping or eating difficulties and lack of motivation. The most widely accepted criteria for the diagnosis of depression are in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV; American Psychiatric Association, 1994). In the DSM-IV most depressive disorders are classified under mood disorders. They include Major Depressive Disorder (at least two weeks of depressed mood or loss of

1 DSM-IV, American Psychiatric Association (1994).

interest accompanied by at least four additional symptoms of depression), Dysthymic Disorder (characterised by at least two years of depressed mood for more days than not and accompanied by additional depressive symptoms), Bipolar Disorder (characterised by one or more manic episodes). American writing has relied heavily on the DSM criteria for diagnosis, but it has been pointed out by (for example) Tisher *et al.* (1994) that this model has been criticised in the United Kingdom and Australia as being 'premature, invalid, assumptive of psychopathological classification disorder models as appropriate to children without taking into account developmental and competency criteria' (p. 641).

Although the prevalence of depression varies markedly according to the identification criteria used, it has been estimated that in the Australian and American contexts as many as one in five young people are depressed.

Measurement tools of depression in adolescents include interviews or structured questionnaires, which clinicians use with children and parents, self-report instruments, assessment by parents, teachers and/or peers. The format of these instruments includes statements that are responded to by the individual according to symptom severity, teachers' direct observations or rating of affect, and peer reporting on the adaptations of their colleagues according to criteria of severity.

Clinical assessment usually comprises diagnostic and clinical interviews which are supported by validated instruments (see Reynolds & Johnston, 1994). A widely used schedule for identifying affective disorders is the K-SADS (Puig-Antich & Chambers, 1988). There are two versions of the instrument, the episodic (K-SADS-P) and the epidemiologic (K-SADS-E). Essentially, each question is asked twice to see whether the symptom is present currently or existed in the past. It is also suggested that the same interviewer see the parent and the child, and this can be done during the course of the interview to clarify discrepancies. Other diagnostic tools that are widely used for children and adolescents are the twenty-seven-item Childhood Depression Inventory (Kovacs, 1992), the sixty-six-item card sort Childhood Depression Scale (Lang & Tisher, 1987) and the thirty-item Reynolds Adolescent Depression Scale (Reynolds, 1986).

The high incidence of adolescent depression in some communities has made the use of such instruments widespread, with the generally held view that early intervention is advantageous in terms of outcomes. However, the use of instruments that identify pathology and the consequences of labelling that follow need to be weighed up against the benefits that may ensue for the individual in terms of alleviating distress and amassing support to assist young people to deal with their stresses.

Not all depression represents pathology or sufficient severity to warrant clinical intervention. Nevertheless, sensitive early identification of the distress being experienced by an adolescent is an important first step towards alleviating the distress.

Expressions of despair

Sometimes the depression is articulated as a general despair about meeting parental expectations, like Marissa, the 14-year-old (see Chapter 4) who explained how she hated to bring her school report home because her brother, Mathew, was an A student and her marks always fell short of his. Or for Sally (see Chapters 5 and 7), the depression manifested itself in the form of a general mistrust of adults. She trusted nobody after being let down in the past. Her distrust even prevented her from committing her thoughts to paper.

I write my diary in my head but I never get it down on paper. I imagine describing things about my life, my feelings and everything, but I don't really want to get things down on paper because they might be read and I don't want them to be read. If I die people won't know much about me because I don't tell anyone everything. A lot of people have said to me 'If you want to talk I'm here for you.' But I can't always trust everyone so I don't. The only person I tell everything to is myself. No one knows everything about me. Because I've been let down a lot in the past—by everyone, my parents, my family, my friends, mainly by adults.

Self-destructive behaviour takes many forms: excessive drinking, taking drugs, reckless driving, excessive risk taking that is not linked with adventurousness and self-mutilation. For example, Chris, a 14-year-old boy, wanted to present a picture of how well things were going but it was clear that all was not well.

I told my friends at primary school that I was upset. And these girls always used to say 'Why do you always get upset and bash your friends up?' And I go 'cause my Mum and Dad are split up and my Mum's on drugs and she's got a boyfriend.' And then I just stopped. I was getting used to my Dad. Then I said sorry to all my friends and then it was over.

I: What happened to your hand here on your thumb?

Oh, I just peel the skin.

I: You peel the skin?

When I got upset I stabbed myself here, here, here. My friend nicked a knife from cooking. We started mucking around and I started getting angry with myself and I started stabbing myself. I stabbed myself once here,

once here, once here.

For each individual the set of circumstances and the point at which depression is experienced will be different. Each person will have their own set of concerns that have built up to such an extent that their usual methods of coping do not appear adequate to deal effectively with them. What the stresses have in common is that they place a demand on the individual that exceeds their own perceived resources to cope. When the stress cannot be removed, or the assessment of the severity cannot be altered, the resources available to the individual to cope require bolstering. It is clear that it is not just the negative circumstances but the lack of positive circumstances to counterbalance the negative ones that lead to reports of greater illness symptoms when positive circumstances are low (Siegel & Brown, 1988).

Gender differences

Depressive phenomena increase substantially during the adolescent years, and the divergence in rates of depression for females and males during adolescence is dramatic (Petersen *et al.*, 1993). Adolescent girls are twice as likely to report significant depressed affect as boys (Earls, 1986; Petersen & Craighead, 1986; Nolen-Hoeksema, 1987). Since gender differences in depression do not begin to occur until ages 13 to 14 (e.g., Petersen & Craighead, 1986) what happens to the individual during the adolescent years may determine the depressive affect.

Nolen-Hoeksema (1981) has proposed that women are more prone to depression because, in addition to thinking about the causes of their mood and possible implications of it, they also focus on the associated depressive emotions and symptoms. This emotional attentiveness, or rumination, allows the depressive mood to spiral; feeling the emotions can activate negative memories of other events or circumstances, which may increase negative self-evaluation, thereby increasing the current depressive mood and perhaps increasing helplessness on future tasks. Nolen-Hoeksema maintains that cognitive attention to the emotional process may interfere with an individual's concentration on the concern at hand, thereby decreasing the chance of initiating behaviours instrumental to controlling the environment and achieving a positive outcome.

The fact that rumination has been found to maintain the negative mood state (see Morrow & Nolen-Hoeksema, 1990) suggests that people with ruminative coping styles have longer bouts of depression. For example, when Sally (see Chapter 7), at the age of 13, spoke about the mistrust and

disappointment in her father, the psychologist and her extended family, the same themes recurred two years later as she continued to distrust adults.

These response styles may present as being gender-linked and that may be a matter of history. Whereas girls are often valued for focusing on their emotions, which reinforces a ruminative style, boys are encouraged to deal with concerns through physical activity and by ignoring problems. They are also more reliant on distraction and may use it to their advantage.

The perception of stressful events as controllable is associated with an increased use of problem-focused coping (Compas *et al.*, 1991). Both the processes of socialisation and greater exposure to interpersonal stresses that are often perceived as uncontrollable may contribute to the use of ruminative processes of coping in adolescent girls. For example, high levels of aggression and conduct problems among boys may be attributable to coping efforts that are intended to achieve some degree of control over the environment. In contrast, where girls assess the situation as unamenable to change, or change may be perceived as undesirable, they use emotion-focused and ruminative ways of dealing with the problem rather than using problem-focused coping.

Coping and depression

The chronic inability to cope with life events and stressors ranks high as a predictor of adolescent suicide attempts (see Wodarski & Harris, 1985). It then makes sense to think in terms of enhancing coping skills as an approach to suicide prevention. For example, it has been suggested by Rice *et al.* (1993) that depressive mental health trajectories may be prevented through the enhancement of what they label 'internal' resources (such as coping) and 'external' resources (like social support).

According to Martin Seligman (Azar, 1994), the 'suicide epidemic' can be turned around. The best way to combat adolescent depression is with a 'depression vaccine'. Although raising people's self-esteem has been proposed as the way to reduce depression, drug dependence, youth unemployment, teenage pregnancy and many other social ills, it has been argued that bolstering self-esteem without changing negative thinking and pessimism does not accomplish the major objective. Improved skills for dealing with the world are generally recommended. Seligman explains that self-esteem is caused by an array of successes and failures. Labelling oneself as a victim only helps to raise self-esteem at a price—the price is hopelessness and passivity. The 'feel-good' movement has cushioned young people from failure and discouraged anger, sadness and anxiety. It is through the experience of failure and the ability to feel bad that one is able to

appreciate success and feel good. Through cognitive therapy it is possible to change young people's explanatory style from pessimism to optimism. A prevention programme to teach coping skills through the development of cognitive and social skills was tested on 18-year-old college freshmen and 10- and 11-year-olds at risk for depression. It was found that there was a greater lowering of depression for the younger children than for the 18-year-olds. Two years later there was 50–100 per cent less depression in the adolescents in the prevention programme than in the control group (Jaycox *et al.*, 1994). This approach appears promising in its ability to 'inoculate' young people against depression (see Chapter 10).

Social support is one of the coping strategies that provide a buffer from stress. It is reportedly used more by girls than boys and not always with clear-cut benefits (see Chapter 7). It has been suggested by Thoits (1986) that crucial external resources usually conceptualised as 'social support' buffer the effects of stressful events primarily by contributing to an individual's stress management or coping efforts. However, the association between failure to use social support and depression has as yet not been clearly explained, although there is a general picture that presents of the tendency of those who internalise problems to feel alone in their despair, see the situation as uncontrollable (either by themselves or even with the assistance of others), to be those young people who are deemed to be at risk.

It has been suggested by Beck (1976) and Teasdale & Dent (1987) that depression of greater severity than the normal 'blues' develops when a person responds to life events or hassles and strains with relatively normal depressive affect. But the fact that a young person copes with that affect in a maladaptive way intensifies the depression rather than diminishes it. Similarly, Nolen-Hoeksema (1987) suggests that the greater incidence of depression among females is due to the greater reliance on maladaptive styles of coping with the distressing affect. According to Nolen-Hoeksema, the maladaptive response relates to the individual focusing on the self and the depressing affect, rather than on ways to cope with the problem. The maladaptive styles also include the use of cognitive and behavioural strategies that intensify the affect rather than responses that reduce the distress, such as finding explanations for the depression, talking to others about feelings, relaxation versus crying, and exercising or refraining thoughts rather than ruminating over problems.

As the community concern with adolescent suicide grows, there are many attempts to deal with the problem of adolescent depression, but the effectiveness of such programmes in prevention is not easy to evaluate. For example, psycho-educational programmes that focus on coping skills can provide resources to prevent depression (for example, a sixteen-session programme reported by Rice *et al.*, 1993). Another suggestion is that young

people who have attempted suicide should talk to their peers. There are a growing number of programmes and curriculum initiatives aimed at suicide prevention (see Poland, 1989; Seligman, 1995).

OVER THE EDGE—ADOLESCENTS AND SUICIDE

There is a continuum of severity that can be considered as moving from sadness through depression to unendurable despair, which sometimes leads to suicide. Suicide is characterised by a total sense of despair, a feeling of extreme futility. Adolescent suicide is on the increase in many communities. The incidence has grown through the 1970s and 1980s and is continuing to grow in the 1990s. It is experienced in affluent suburbs, as well as in families who are living in poverty. The incidence is higher in the exceptionally able than in the regular community. Suicide is regarded as the most frequent cause of death for young people. Often attempts at suicide are a cry for help. At times there are warning signs but sometimes families and friends fail to see any such signs.

'Big boys don't cry: they just kill themselves' was a byline that caught my eye late in 1992 in a Melbourne newspaper. The article was concerned with the growing rate of adolescent suicide in the Australian community. There are circumstances when boys cry and when girls cry. However, girls are more likely to become tearful when distressed and to acknowledge their distress than are boys. Boys are more highly represented in the suicide statistic than are girls. Although more girls make unsuccessful suicide attempts, boys succeed more readily and more violently than do girls. Young people who are above average in ability and achieve above average grades are highly represented in these statistics (Range, 1993).

It is generally acknowledged that adolescent suicides are under-reported as a cause of death. Under-reporting varies from country to country, partly for cultural and social reasons, but also because of differences in legal requirements and administrative procedures. In the 15–24 age group in the UK the rate is 7.2 per 100,000, in the USA it is 13.2 per 100,000 and in Australia, 16.4 per 100,000 (World Health Organisation, 1994). Half the adolescents who attempted suicide were truants or had not attended school, so school absenteeism could be regarded as a signal of something being wrong. Half the young people represented in the suicide statistics performed at least one grade below age level; that is, they were underachieving or were poor achievers. In the case of underachievement, where the work may be too easy or just not enjoyable, motivation is poor and there is a lack of satisfaction on the part of the individual. Perhaps the lack of achievement is a signal that there is a failure to become engaged or challenged by school

work because it is too easy, and boredom has set in. In the case of the poor achiever, the work is too hard, with an accompanying sense of failure and a low evaluation of the self in relationship to peers.

Only one in five young people who attempted suicide lived with both parents. Since that figure is higher than the incidence of divorce in the community, there is a strong indication that young people from households where there is separation or divorce are more readily represented in the suicide statistics.

What is it that makes young people resort to death when they do not have strategies to cope? There is generally a constellation of factors associated with adolescent suicide:

- a degree of conceptual maturity;
- disturbed family background;
- depressed mental state;²
- precipitating incident, often of a humiliating kind;
- access to the means of suicide and the opportunity to use these in isolation;
- close experience of suicidal behaviour either in own family, amongst peers or in fantasy.

Additionally, there are psychosocial factors including changes within the nuclear family such as death of a parent, discord, divorce or separation and a generally troubled relationship with parents.

There are generally some worrying signals that remain unnoticed until it is too late:

- alteration in appetite or sleep patterns;
- sudden changes in behaviour;
- impulsiveness;
- decreased concentration;
- social withdrawal from family and friends, feelings of being a burden to others;
- loss of interest in usual activities;
- persistent feelings of guilt;
- self-reproach;
- hopelessness or helplessness;
- recent humiliating experience;
- making a will;

2 More than 1 in 3 (38%) of adolescents in the 16–20 age group reported depression as the underlying reason precipitating their suicidal behaviour (Husain & Vandiver, 1984).

- giving away a prized possession;
- talking about suicide, by threats, in writing or hinting;
- inability to see options or alternatives;
- previous attempts in the form of self-inflicted injuries;
- listlessness.

Depression and suicide—what can you do?

Suicide in adolescence is of major concern in many communities. The following are strategies which can be used when approaching adolescents at risk in addition to seeking professional intervention:

- *Listen* Be available to listen. If that is not possible right there and then, you may need to negotiate a specific time and place when you are available. The setting should be one which is peaceful and private. If self-disclosure occurs or sensitive issues are raised, confidentiality can be maintained. Listen for both the feeling and the content.
- *Accept* Convey unconditional acceptance by being non-judgemental and uncritical about what is being said. The concerns that an individual has are legitimate worries to them. Don't give advice unless asked and even then do so cautiously.
- *Evaluate* If the individual is seriously depressed assess the severity of the depression and the need for help. Ask yourself: What is the risk of this person making an attempt on their life?
- *Be direct* If you think that suicide is an option, ask directly. Sometimes the person is relieved that someone has noticed the extent of their despair, and offers of help may be readily accepted.
- *Support* Offer support in terms of your time, interest and availability. Offer any concrete assistance that you can.
- *Assist* When clinical depression is suspected rather than sadness, seek help from an appropriate clinician or adviser.

RESILIENCE³

Why is it that some people are more vulnerable to adversity than others? It has been noted for a long time in the history of child development and child psychiatry that negative life events have precipitated psychiatric disorders in some young people and left others unscathed (Garmezy & Rutter, 1983). While there have been periods in recent history when the relationship between negative events and disturbance has been the focus of research, it has been pointed out that despite the most striking adversities experienced

3 See also Flexibility and effective coping, Chapter 2.

in a particular community, it is unusual for more than half the young people to succumb (Rutter, 1979). There are those who do well despite adversity, and studies of these young people may prove to be the more productive in providing the answers. Life experiences vary considerably in their risk potential, and, moreover, the experiences that are most important in fostering optimal cognitive development differ markedly from those with the greatest impact on socio-emotional or behavioural development (Rutter, 1985).

The search for protective factors has been an ongoing one for a long time. Early contributions to research in this area were reported by Rutter and his colleagues following the Isle of Wight study (Rutter, Cox, Tupling, Berger & Yule, 1975; Rutter, Yule, Quinton, Rolands, Yule & Berger, 1975). Since then it has generally been accepted that there is a triad of protective factors that function as a support system, namely positive personality disposition, family cohesion linked with a supportive milieu and external societal agency (Garmezy, 1985) (see Chapter 2). The social contacts need to be seen as support, and it is the person's satisfaction with the social contacts and perception of support that counts.

It has been pointed out that the timing of an event is important in terms of the impact of the event (Rutter, 1985). Rutter identifies reasons why it matters when an event occurs. First, the impact of an experience is dependent on a child's ability to appreciate it, and that depends on the stage of development. Babies may be protected by their cognitive incapacities, but older children may be more resilient because of their greater understanding. The persistence of an effect is likely to be influenced by the meaning that is attached to the event and in turn influences the way it is incorporated into the belief system and into an individual's self concepts.

Children's response to stress is influenced by their cognitive ideations about themselves and their experiences. During middle childhood there are feelings of shame, failure and hopelessness. Reactions to stress can be reduced when advantage is taken of the child's ability to understand. This is possible during adolescence if the emotions do not get in the way. Generally the timing of events, such as the separation of parents being followed by a change in the family's resources, absence of a parent, additional responsibilities being carried by the care-taking parent (generally the mother) outside the home, are important, as events generally do not occur in isolation.

There are many ways to categorise the risk/resilience factors. One such categorising relates to the qualities of the child, those that are characteristic of the family (see Chapter 7) and broader environmental

factors. Other categorisations include the attributes of the child, family cohesion and the availability of external resources in the form of support from friends and/or family (Garmezy, 1985). To Rutter, 'Resilience is characterised by some form of action with a definite aim in mind and some sort of strategy of how to achieve the chosen objective' (1985:607). The achieving of the objective has several elements, including a sense of self-esteem and confidence, an ability to deal with change and adaptation and a repertoire of social problem-solving approaches. These cognitive sets are likely to be fostered by stable affective relationships, experience of success and achievement. Generally, success needs to be defined by the individual in the area that is valued. Rutter points out that it is not the number of stable relationships *per se* that counts, but rather a combination of factors. For example, one good relationship can mitigate the effect of other bad relationships. Another 'protective' feature is the ability to distance oneself emotionally from an unalterable bad situation. The way parents deal with stresses themselves and the use of inductive disciplinary techniques to help young people appreciate the consequences of their actions are important (Maccoby & Martin, 1983).

Competence factors are seen as another index for determining outcome after exposure to adverse conditions. Competence is a combination of learned attitudes and aptitudes, which include a capacity to confront difficulties, to master problems through the use of cognitive and social skills and to remain resilient in the face of emotional and cognitive confusion. Hammen (1993) points out that there are multiple views of competence. One view of competence distinguishes between *objective competence*, which is derived from the response of others and in contrast to *internalised competence*, which is based on the perception of self that is built up over time. This approach would posit that those who have received favourable responses from others would face adversity with a greater belief in themselves (self-efficacy) and consequently be more positive, motivated and deal with problems more effectively. Another view of competence relates to gifts and talents that an individual may have and which are perceived as valued (see Chapter 9 and Jasmine interview in Chapter 10).

Biological or genetic factors are commonly related to the prevalence of symptoms such as the depressive syndrome, but it is not known what it is that is transmitted in affective disorders (Hammen, 1993). Gender, age and temperament play their part. Temperamentally 'difficult' children may have the worst outcomes in families where there is pathology. It has been suggested that the 'fit' between a child's temperament and parent characteristics, expectations and attitudes is likely to impact on parents' behaviours and management of the child (Hammen, 1993).

In the search for the 'resiliency' or protective factor, researchers (such as Ebata & Moos, 1991) have examined the ways in which different groups of adolescents cope. These researchers considered four groups of adolescents: a healthy group of young people, those suffering with rheumatic disease, adolescents with conduct problems and depressed adolescents. These groups completed a measure of coping that identified eight narrow-band scales hierarchically organised into broader-band domains of approach and avoidance coping. When the coping responses were examined according to adjustment among the four groups, it was found that in terms of approach coping there were no differences. However, the depressed adolescents (as well as the conduct-disordered group) used more avoidance and less approach coping than did those with rheumatic disease and healthy adolescents. The depressed adolescents, in addition to using more cognitive avoidance and having a resigned acceptance of the situation, failed to seek alternate sources of fulfilment, and they did not openly express feelings or release tension. Whether this resignation to circumstances is an outcome of their depression or whether resignation to circumstances reinforces a sense of helplessness and hopelessness is not clear. However, what is indicated is that greater use of positive reappraisal, guidance, support, problem solving and alternative rewards and less use of resigned acceptance is associated with higher levels of well-being. These authors concluded that those who used more approach and less avoidance coping were better adjusted and less likely to be depressed. It is interesting to note that illness is not necessarily debilitating for the young person.

The combination of coping responses that are maximally associated with well-being involve the use of positive reappraisal and problem solving and the non-use of logical analysis and resigned acceptance. Adolescents who used less problem solving, less positive reappraisal, more logical analysis and more cognitive avoidance and resigned acceptance were more depressed and anxious.

The above study highlights those coping strategies which are likely to be associated with a state of health and well-being, strategies which are likely to assist the individual to avoid stress and be an index of resilience.

Rutter (1985) points out, as does Seligman (Azar, 1994), that the promotion of resilience does not lie in the avoidance of stress but in the encountering of stress to allow self-confidence to build up and competence to increase through a sense of mastery. The qualities are not constitutional or unmodifiable; young people can be helped to develop adaptive qualities.

Resilience and depression

A transactional model of stress where the individual and the environment are in a reciprocal interaction posits that depression in children is the interplay between a number of factors which may be enduring (*protective factors*) and transient (*vulnerability factors*). The latter may act as *buffers* or may provide a challenge (see Harrington, 1993). The co-occurrence of the characteristics of an individual along with circumstances that are externally determined may lead to depression. Vulnerability factors increase the risk of a disorder occurring. There is a suggestion that a lack of achievements (educational or physical) may lead to anxiety/ depression (see Goodyer, 1990). Goodyer points out that the implications of these findings are that not only environmental or constitutional factors but also current factors may play a part in the depression. However, there is a strong case for a transactional model of stress where age and developmental level would determine what is perceived as a buffer or a challenger. For example, the buffering effect of a close same-sex or opposite-sex relationship may operate at a particular age and stage during adolescence, and may be dependent on maturational and other factors.

COPING WITH ILLNESS

The picture that is emerging from the growing body of research on adolescent coping is one that presents young people as traversing the adolescent period by dealing effectively with their developmental tasks. While young people in general cope effectively by utilising social resources and using active coping strategies, clinical populations (those referred or undergoing treatment for emotional difficulties) are more inclined to use withdrawal and appraise problems in a more disturbed manner (Seiffge-Krenke, 1993).

Young people who experience illness during the adolescent years often present a picture of resilience and resourceful coping. Like all young people, those who have an illness draw upon a range of strategies to cope. However, for some, especially older adolescents and those with a long-standing chronic illness, the illness takes a toll on their coping resources.

In the study by Ebata & Moos (1991), when 12- to 18-year-old adolescents (nineteen male, twenty-six female) with rheumatic disease were compared with conduct-disordered and depressed adolescents, those with rheumatic disease and healthy adolescents used less resigned acceptance, less avoidance and less emotional discharge than did the depressed or conduct-disordered group. These findings suggest that the young people

with a physical condition like rheumatic disease cope in much the same way as a regular group of adolescents.

In a study of 135 youths with insulin-dependent diabetes (Hanson *et al.*, 1989), it was found that, where the illness had been of long duration and the adolescents were therefore older, there were more ventilation or tension-releasing activities and more avoidance coping than where the illness was of shorter duration. Where the illness was of a long duration, as well as the adolescent being older, there was a lack of cohesion in the family and the young person was inclined to use ventilation and avoidance coping. With time, less productive strategies were used to a greater extent. Generally, as young people grow older, there is an increased use of tension-reducing strategies and supports.

Where the illness was chronic (for example, sickle cell disease) it was found that young people, especially the boys, showed a range of behavioural and social adjustment difficulties (see Hurtig & White, 1986). If illness is regarded as a stressor, then the severity of the stress in general terms determines the coping.

A study that compared the coping strategies used by adolescents with cystic fibrosis with those used by their healthy peers (Woodgate, 1993) found that, in general, both groups used similar coping strategies to manage their everyday concerns. Forty young hospital patients (eighteen male, twenty-two female, with ages ranging between 14 and 20 years) and their coping strategies were compared with a similar group of sixty subjects who were attending regular high schools and who were suffering from no known illness. This study indicated that the regular population of young people were more inclined to use non-productive strategies. What this study highlights is that, while young people who have a particular life-threatening illness may resort to strategies of denial, anger, guilt, sadness, shock or worry (Cowen *et al.*, 1984), or they may use strategies of intellectualisation, identification with particular medical staff, denial and idiosyncratic rituals (Bullard, 1968), these young people have diverse strategies to cope. It is pointed out by Woodgate that, in fact, young people who are dealing with stresses such as passing an examination find these stresses just as stressful as do young people with physical illnesses.

For the adolescent with cystic fibrosis, everyday stresses may be minimal compared with those relating to their illness. Coping for young people with cystic fibrosis may help maintain equilibrium in their lives, the incentive to use adaptive coping strategies being to ensure stability. Non-productive strategies may be seen as contributing to the progression of their illness. Generally, there is a sense of being in control of the self and the illness, even though the feelings of sadness may be masked.

It is evident that some young people are resilient to the circumstances that present to them: illness, family-related stress, achievement setbacks and so on. Although depression is prevalent in adolescent communities, and suicide is increasing in some communities at an alarming rate, there are many young people who have the resources to cope, and there are promising signs that many young people can be assisted to become resilient to the stresses which they encounter (see Chapter 10).

9 Who are the gifted and how do they cope?

I do ballet four times a week. I do piano. I do Greek on Saturdays and I have homework. I'm quite well organised. When I was little I won a gold medal for the highest mark in the class. Once I got bored at 10 o'clock at night; I was so bored I didn't want to go to sleep. I did vacuuming which is pretty strange because I don't like to vacuum even in the day time, and I just started baking cookies and brownies. Usually if I'm bored I might whip out a recipe book.

(Helen, 14 years old)

This chapter examines how highly able young people deal with having talents and how they cope with their particular life experiences. Who are these 'gifted' young people who are receiving increasing attention from researchers and educators? They have the capacity to make a significant contribution to the community, but they are often regarded as underachieving and sometimes seen as exhibiting poor social and emotional adjustment. They often have problems and sometimes get bored. Humour or wit (sometimes expressed as cynicism or sarcasm) is often a feature of their rhetoric.

The definition of 'gifted' is a sociocultural phenomenon that varies from community to community. Other labels are 'academically able', 'rapid learner' and 'linguistically advanced' (Gallagher, 1991). Often these gifts or talents are untapped, and no community has a monopoly on the presence or absence of them. A definition that reflects an embracing approach, that takes into account abilities in a number of areas, is that of the US Office of Education, which states that the gifted are those who demonstrate capabilities in one or more of the following areas: general intellectual ability, specific academic aptitude, creative or productive thinking, leadership, visual or performing arts and psychomotor ability (Adderholdt-Elliott *et al.*, 1991; Grinder, 1985; Renzulli, 1978). Renzulli points out that the definition fails to take account of motivational factors. His own definition talks about an interaction between a cluster of three traits; namely, ability, task commitment and creativity.

If IQ was taken as the main indicator of giftedness to explain how these young people differ from the general population, we would 'flounder in the sea of ink' (Csikszentmihalyi *et al.*, 1993). IQ alone is no guarantee of achievement. These writers agree with a recent report of the US Department of Education which says that academic achievers are not necessarily born 'smarter' (1993:6) than others but work harder and develop more self-discipline. Motivation is regarded as the key to the development of talent. While some have more mental ability, others have more mental energy.

The generally held view of giftedness is a pluralistic one. According to Tannebaum (1991) giftedness in young people is the potential to become outstanding in production or performance in any culturally valued area of human endeavour. This casts a wide net that takes account of the many areas of talent apart from the intellectual: the creative thinkers, dancers, musicians and painters, mechanics and engineers and so on. There are varieties of giftedness and qualitatively different intelligences. For potential to be actualised one of five factors needs to be present, although the five factors interact and the threshold for each is different according to the specific area of talent being considered.

First, superior general intelligence is characterised by an ability to adapt to the world through learning, solving problems and interacting with the environment. Associated with this capacity to adapt is the ability to modify the self in order to deal with events discordant to it.

General intellectual ability is usually identified through tests of general intelligence or it is inferred through observing behaviour and responses to the environment. Regardless of which way intelligence is assessed, it is based on a value-laden inference, and upon what is deemed to be of value in a particular community.

Four conditions are required to define behaviour as intelligent: awareness (consciousness of what one is doing and why); goal-directedness (purposeful and directional); rationality (capable of being logically deduced, consistent, relevant); and worthwhile (valued in a particular context). A balance needs to be struck between the objective psychometrically derived and the subjective performance-based assessment of intelligence.

Individuals with high general intellectual ability are frequently characterised by the following. They learn faster, better and somewhat differently. They are curious and investigative, able to deal with complex concepts and abstractions, frequently have high verbal ability, perceive relationships and patterns and reflect on their mental processing.

There are many theories of intelligence, but one popular theory of intelligence by Howard Gardner (1983), of Harvard University, suggests that there are actually seven distinct intelligences (verbal, figural/spatial,

logico-mathematical, musical, bodily/kinaesthetic, interpersonal and intrapersonal) and that very high ability in any of these areas would indicate giftedness. Such a view opens the concept of giftedness to a much broader population and recognises that it is reflected widely in the community. Another view of intelligence is Robert Sternberg's tripartite theory of intelligence which posits that there is a componential aspect (analytic skills), experiential component (dealing with new situations) and a contextual component (social intelligence). Both approaches have heuristic value.

Second, distinctive special abilities or aptitudes are characterised by outstanding aptitudes or talents in one or more areas. Aptitudes are realised through a combination of heredity (potential) and appropriate environmental support. When talents are supported by appropriate instruction at the right time they flourish.

Third, non-intellectual factors contribute to success, such as energy, effort, motivation, willingness to take risks, task commitment, health, immersion in an interest, self-concept and 'meta-learning' (sensing the 'name of the game').

Fourth, nurturing environment in the family, the school, the peer group and the community enables the talent to flourish. Society determines the types of talents that are valued and are a major force in propelling the gifted child in the pursuit of excellence. Talent therefore needs to fit in with the cultural and social values of the time and place, in order to be recognised and appreciated. The environment also includes the physical world and the world of ideas. The development of particular interests or talents is determined by opportunities provided; for example, the access to music or art, the tuition that is made available and the value that is placed on the activity.

Fifth, chance factors play their part in the form of good or bad luck (for example, being in the right place at the right time) and being able to recognise opportunity when it arrives. The biggest of these chance factors are related to the family and circumstances into which an individual is born.

A combination of the above five factors determines how an individual copes and whether they realise their talents or achieve according to their potential. Thus all of these factors contribute to the coping of gifted children. A highly intelligent student (the first factor) forced to read books that have been mastered years earlier will become bored and frustrated. It is the other four factors which will determine how the student copes. Will he or she read through the material quickly, ask for more material to read, talk about it at home, learn to do something creative to stay awake or switch off in class? For example, one 10-year-old reported how she

learned to count in another language to help her stay awake in boring classes.

Tannebaum's five factors provide a useful framework within which to address issues relating to the coping of gifted young people. There is an interaction between the internal and the external systems. The former are made up of the intelligence, specific aptitudes and talents and the non-intellective factors of effort, intention and motivation. The external system is made up of chance or environmental factors. This model makes it possible to consider the functioning of the individual according to each of these systems individually or to consider the contribution of each system to the whole.

In order to understand the gifted young person and to facilitate the development of coping skills, it is useful to consider each system in turn. But the changes in one system may inhibit another. However, according to this systemic perspective the notion of 'equifinality' comes into play. That is, the same goals may be reached through different paths. Some young people cope by using their interest to develop their talents; others find themselves in nurturing environments where support is provided.

As the external and internal systems interact and impact on the individual it is clear that some activities will have meaning or appeal for one young person and not for another (for example, reading a particular novel or playing a particular instrument may appeal to one individual and not to another). But ultimately the flexibility of the individual will determine how he or she adapts to a range of situations. It is the academic work that is managed best by most gifted students while the unique personality of the gifted individual may cause them considerable problems in coping with their world.

Gifted adolescents are strikingly represented in adolescent suicide statistics. Suicide is increasing in many adolescent communities among the gifted, and the despair is often fuelled by perfectionism, a quality that often gives them a distorted image of failure (Range, 1993). Thus the incidence of suicide among the gifted, as with the general adolescent community, is increasing (Farrell, 1989). To these young people, talents become an 'embarrassment of riches'. The stress of living up to expectations that are conflicting or unattainable surpasses their will to go on.

THE DEVELOPMENT OF TALENT

As Csikszentmihalyi *et al.* (1993) have pointed out, all children are talented in one way or another, even though their gifts may not be formally recognised by teachers or be reflected in the school curricula. As Howard

Gardner (1983) has convincingly argued, the dimensions of giftedness include movement, empathy, visual acuity and qualities other than those traditionally measured by intelligence tests. One could argue that any channel through which a mind communicates with the environment could develop into talent, as long as the culture is willing to recognise and support the given skill (Csikszentmihalyi, 1990b; Csikszentmihalyi & Robinson, 1986). While gifted young people often display a single-minded perseverance with which they pursue their talents, Albert & Runco (1986), Bloom (1985) and Rimm (1991) have shown that without 'dedicated parents, savvy coaches and mentors, good schools and challenging opportunities to express their gifts' (Csikszentmihalyi *et al.*, 1993:2) it is very difficult for teenagers to persist in the demanding discipline that the cultivation of talent requires.

Questions that are often asked are: to what extent do events interfere with the discipline that any talent eventually entails; and how do young people become committed to their talent? Why do some young people disengage from their talent?

Flow and *complexity* are regarded as sustaining talent and providing an 'optimal experience' (Csikszentmihalyi, 1975, 1990a). Flow is a subjective state that people report when they are completely involved in something to the point of total engrossment, where time may appear to 'stand still' and the activity becomes all-important, such as being engrossed in a novel, playing sport, having a conversation and so on (Csikszentmihalyi *et al.*, 1993). It is the depth of involvement that is intrinsically rewarding. Flow usually begins when a person takes on tasks or challenges just above his or her skill level. This leads to complexity, and the individual needs to find new challenges and perfect new skills in order to avoid anxiety. The duality between actor and action disappears. When one does what needs to be done without conscious effort this can distort the sense of time. The activity becomes autotelic; that is, worth doing for its own sake.

When curriculum expectations are out of synchrony with students' abilities, not only does motivation diminish, but achievement likewise decreases. Anxiety occurs when teachers expect too much (Csikszentmihalyi & Larson, 1984; Csikszentmihalyi & Nakamura, 1986, 1989; Mayers, 1978; Nakamura, 1988); boredom occurs when teachers expect too little (Buescher, 1987; Fimian & Cross, 1986; Galbraith, 1985).

Attention as psychic energy is a limited resource; we can only deal with one demanding task at a time (Csikszentmihalyi, 1978, 1990a). Thus, it has been suggested that these young gifted people need to reduce daily hassles. The individual has clear goals and they need to receive unambiguous feedback.

Csikszentmihalyi *et al.* (1993) provide a summary of factors associated with talent development based on extensive research with this population of young people. Gifted young people have:

- 1 skills considered useful in their culture;
- 2 personality traits conducive to concentration (e.g., achievement and endurance), openness to experience (e.g., awareness or sentience) and understanding;
- 3 learned habits conducive to cultivating talent (e.g., less time socialising and hanging out with friends). They share more active or challenging pursuits, more solitude, more productive activities accounting for more sombre moods than average teenagers. They have families who are more psychologically supportive and they have more one-to-one interactions with parents and spend more time with their families, making best use of their energies. The example that is often quoted is that of Albert Einstein who wore the same clothes every day in order to cut time needed to choose what to wear each morning;
- 4 more conservative sexual attitudes and an awareness of the conflict between productive work and peer relations;
- 5 families that provide both support and challenge, enhancing the development of talent;
- 6 better relationships with teachers who are supportive and model enjoyable involvement in a field;
- 7 talent developed as a process that requires both expressive and instrumental rewards;
- 8 talent developed if it produces optimal experiences.

PSYCHOSOCIAL ADJUSTMENT AMONG THE GIFTED

There are conflicting results in research relating to psychosocial adjustment among the gifted. Some studies report that high academic achievement is associated with superior adjustment (Beer, 1991; Lehman & Erdwins, 1981; Luthar *et al.*, 1992; Pollins, 1983), while others report poor adjustment due to the psychological costs of being gifted (Alvino, 1991; Coleman & Cross, 1988). For example, Coleman & Cross (1988) report that many gifted experience their giftedness as a social handicap. In a study of fifty-seven fifth and sixth graders, Ford (1989) found that young people were affected differently by being gifted. Issues of concern raised by the students included boredom, competition, expectations of being perfect, confusion about abilities and being overloaded with work. Other studies found loneliness, confusion and ridicule about being different.

Beer (1991) focused on mental flexibility, ability to think positively and emotional resilience in twenty-seven children. When adjustment was assessed in terms of depression and anxiety, it was found that both anxiety and depression were within moderate range and depression was low and below that level considered acceptable within a healthy population.

Luthar *et al.* (1992) compared three groups of young people (each group was matched cognitively, chronologically and for athletic prowess). They found that fifty-one gifted adolescents (12- to 15-year-olds) showed more positive adjustment than did their chronologically matched age mates. The authors argue that the gifted do better because of their frequent successes. They showed less depression, and the authors say that the gifted did better as a result of superior cognitive functioning and experiential factors.

Loeb & Jay (1987) found that among 227 gifted children between 9 and 12 years superior adjustment was exhibited by the females but not by the males, although Silverman (1990) has reported that problems in gifted adolescents tended to decrease after 12 years of age.

One coping behaviour widely used by gifted young people is camouflage; that is, 'blending in or passing for normal'. Gifted young people used disidentifiers such as being seen with non-gifted friends, telling jokes, asking silly questions, describing a test as difficult, poking fun at other gifted students, not volunteering answers, asking questions to which they know the answer and being unclear and ambiguous about accomplishments (Cross *et al.*, 1991).

In summary, gifted young people have high expectations of self and others, are often segregated by peers, feel different, are perfectionists, experience confusion over abilities, and experience work overload and excessive competition.

Social and emotional adjustment

It is evident that of the many particular features of this group of young people the most commonly reported are their sense of perfectionism, heightened sensitivity and intensity (Cohen & Frydenberg, 1995; Silverman, 1991). There is agreement that the gifted have a different social and emotional experience not only from regular school students, but also from each other. It has been possible to predict some of the crises which they will experience (Blackburn & Erikson, 1986), such as developmental immaturity, underachievement, female fear of success, multipotentiality (too many things in which they show potential) and non-success. Given that the gifted have such predictable crises, how they cope is of interest. The vast emotional range and intensity of feelings that gifted adolescents experience

may make them seem quite contradictory: mature and immature, arrogant and compassionate, aggressive and timid. Outer composure and self-assurance often mask deep feelings of insecurity in gifted adolescents. Adults frequently expect the social maturity to match the intellectual development of the gifted (Roedell, 1984).

Frey (1985, citing Strop) reports that gifted young people are competent in cognitive areas but less competent in social and physical areas. Common coping strategies reported include going off to be alone, looking for a solution and trying to relax. Gifted females are more likely to talk to a friend when worried than are boys. Gifted adolescents are least likely to use drugs or to talk to a counsellor when worried. In disagreements with friends they choose a more direct approach, such as talking about the problem and disclosing angry feelings to a friend. In disagreements with teachers they use more passive approaches, such as talking to someone else or letting the issue work itself out. In disagreements with their family, gifted adolescents often choose to go somewhere alone and ponder the problem.

There is evidence that these young people are most lonely when they are rejected (which, for some gifted young people, is a frequent experience), and they then resort to keeping busy and engaging in individual pursuits (Woodward & Kalyan-Masih, 1990). Coleman (1992) compared gifted learning-disabled and average learning-disabled adolescents. He found that the gifted are more likely to use planful, deliberate and complex problem solving in contrast with the average learning-disabled, who are more likely to be engaged in distancing, avoidance and helpless behaviour.

In one study (Frydenberg, 1993), sixty-three young people (thirty-nine male, twenty-four female) whose ages ranged from 11 to 18 years completed the ACS. The data derived from this sample were compared with those reported on a sample of 673 young people drawn from the general student population (Frydenberg & Lewis, 1993a).

The definition of 'gifted' in this investigation was very broad and was used interchangeably with 'capable'. While it is consistent with the definition of gifted used elsewhere (Cohen & Frydenberg, 1995), it is argued that this population is represented by students who fall roughly into the top 15 per cent of the student population.

There are six significant ways in which gifted young people differ from the rest of the student population in the way they cope with their concerns. They are more inclined than other students to use:

- Focus on Solving the Problem;
- Work Hard and Achieve.

They are less inclined than regular students to use:

- Wishful Thinking;
- Invest in Close Friends;
- Tension Reduction;
- Not Cope.

When one examines the priority of usage of the different coping strategies, the *most* used strategies of the gifted student group are: Work Hard and Achieve, Seek Relaxing Diversions, Focus on Solving the Problem and Physical Recreation.

The strategies used *least* by this population of students are those that relate to: Tension Reduction, Seek Professional Help, Seek Spiritual Support and Social Action.

In a general sample of 673 adolescents (Frydenberg & Lewis, 1993a) the *most* frequently used strategies are those that relate to Seek Relaxing Diversions, Work Hard and Achieve, Focus on Solving the Problem and Physical Recreation. The four *least* used coping strategies are Not Cope, Seek Spiritual Support, Seek Professional Help and Social Action. These findings would indicate that, in general, young people, both in the general student population and in the gifted group, see themselves as being industrious and able to deal with problems that arise and able to engage in relaxing diversion. However, the gifted young people are more likely to put Work Hard and Achieve before Seeking Relaxing Diversions or Physical Recreation and they are less likely to use Tension Reduction.

When gifted girls are compared with the regular population of girls it is found that they Focus on Solving the Problem more than do regular girls. They are less likely to Seek Relaxing Diversions, Invest in Close Friends or use Wishful Thinking; nor are they likely to declare that they do Not Cope. In contrast, when gifted boys are compared with the regular student body of males it is found that the latter are less likely to declare that they do not have the strategies to cope (use less Not Cope) than the former. As Coleman (1992) pointed out, they are less likely to be helpless.

The experience of stress

There are indications that gifted young people are more sensitive to stresses than other young people of an equivalent age. When, for example, the gifted young people were exposed to fewer stressful events than the non-gifted, the gifted reported experiencing greater levels of stress (Ferguson, 1981). They had high expectations of themselves, a too demanding image for themselves and experienced alienation and intense emotional reactions. This group has been described as experiencing 'success depression' (Kaiser & Berndt, 1985). The high expectations of the self are accompanied by attributions of

success being ascribed to external, unpredictable factors. The continual experience of success is said to account for the stress that is experienced in the maintenance of that continuing success. There is an inability to deal with failure due to a lacking in failure experiences. There is also a distorted perception of failure among the gifted. When perfection is not achieved—although, in fact, perfection is not possible—this constitutes failure in the eyes of the young person (Delisle, 1986). Often the young person is paralysed at the thought of possible failure.

Although these young people display heightened sensitivity to issues, they often feel powerless to effect change. To some degree each gifted young person experiences perfectionism, societal expectations to achieve, differential development of intellectual and social skills and impotence to affect the real world stage (Delisle, 1986). Thus the programmes to help these young people to cope, harness the cognitive potential within the adolescent. Interventions generally recommended are in the form of counselling, rational emotive therapy, problem-solving skills (because it is argued that each emotional problem is a challenge to be dealt with), social skills training and systemic intervention often in the form of family therapy.

Coping with stress

The following two interviews with Daina and James, two gifted young people, reveal some of the qualities typically ascribed to gifted young people, and highlight those aspects of their environments that enable them to enjoy their challenges and achievements.

While circumstances seen through individual ‘lenses’ represent personalised images of young people’s lives and the world around them, the two interviews are illustrative of the effective ways in which some young people adapt. The interviews highlight the similarities in Daina’s and James’s adaptation regardless of gender. They reflect some of the stereotypic qualities generally ascribed to gifted young people.

The following factors relating to the individual within his or her social location contribute in a significant way to adaptation:

- a peer group that provides an opportunity to be with peers with whom they can readily share ideas and interests;
- a school setting that caters for their need for stimulation and challenge;
- a family setting that provides support and the opportunity for them to pursue their interests and aspirations.

Daina and James are in their final years at two different high schools in metropolitan Melbourne. James, at 16 years, is in his penultimate year but

he is one of three students (out of sixty) studying English Literature at the Year 12 level. James featured in a children's TV series and in some widely screened television commercials. Daina is 17, and in her final year at school. In her pre-final year she was the recipient of a prize from a university which was awarded to the student showing most promise in areas relating to achievement and contribution to the life of the school community. Both Daina and James are studying physics and chemistry to secure their chances to pursue a medical or scientific career. To Daina the study of physics poses a challenge, since it was a subject that she found difficult in Year 11. The choice of subjects has some sort of 'streaming' or selection at work that enables them to study with highly able students. Neither Daina nor James sees her- or himself as 'gifted'. To them the gifted are those who have 'exceptional' qualities. However, both readily admit that their parents would see them as having gifts or talents.

To James, friends are important, and when friendships falter it is never the same again. Music is an 'incredibly' important part of his life. Some teachers are often stupid and give 'dumb' work. He was clearly able to illustrate that by 'dumb' work he meant filling in missing words, something that set no challenge for the student. In contrast, discussions about literature provide the opportunity for the teacher and students to interact through an exchange of ideas. As James pointed out, *the teacher does not impose her views on the group but is a participant in the discussion*. There are some things that James has not discussed with anyone but has kept to himself. Daina discusses things selectively with her friends, although she indicated that there was no one to whom she told everything. She saw having a family with children as an important part in her life plan.

Daina

Daina is 17 years old and in the final year of high school:

Coping: is dealing with the problems I have to cope with as soon as possible and speaking to other people; working out a way to cope with that individual problem. You can't have just one way to deal with all problems.

School: I'm studying Chemistry, Physics, Maths and English. I went OK last year, not as well as I wanted to do for myself but compared to my class I got in the top half. One of the top marks actually; but for myself, I would have preferred to go better.

I think I enjoy subjects when I understand them and am able to achieve in them. I am enjoying all my subjects basically because I am understanding them and going quite well so far. Last year I found some of

the material in Biology more interesting than Physics so I did quite well in that. Because I was enjoying that [Biology] I tried to achieve. I'm not doing Biology this year because Physics is rated higher by the universities and even though I disliked it last year I decided that if I set my mind to it I could do it and get the bonus for it. Each concept seems hard, but then I conquer that, and the next one seems hard. When I look back at the whole topic it was really good. So I'm glad I made the decision because I feel I can achieve quite highly in Physics as well as Biology. In the long run Physics will be more beneficial. It's known to be one of the most difficult subjects in Year 12 and I would feel so much satisfaction knowing that I achieved well in it and to know that I had conquered it.

There would have to be more to it than just being hard. There would have to be something I would get out of it in the long run. Not just conquering it and me achieving it, there would be something else to it for me to set my mind to it. That would be one of the aspects that would attract me to it.

Career: Medicine does interest me. I want to aim high, but I don't know whether I want to do medicine. I think that would get my parents' hopes up too much, because they do have high expectations of me. They make jokes. They see someone's mark from last year and say, 'you'll do better than that' ...or if we are at the hospital, my mum will say something like, 'When you get into medicine you can find the cure for this disease.' I can tell that they expect me to do really well. I feel the pressure to do well and am scared that I'll disappoint them and I won't live up to their expectations.

I guess I respond in the way that medicine is what I'm thinking of and not showing that to my parents. I say, 'Maybe I don't want to do that, why do I always have to do either law or medicine? Why does it have to be that high?' And I guess I respond by pushing them away so that their expectations won't be that high? If I try to sway them away from that by saying I don't want to do it, and then if I do want to do it in the end I won't have all the pressure throughout the year to do it.

Worry: It's always in my mind, how well I'm going to do. Like I get an assignment back and I don't get as high a mark as I thought I could or wanted to, I've worried the whole time but if I don't get what I wanted then it's a disappointment. So I guess I do spend a lot of time worrying that I won't have the opportunities to choose the courses I want.

When I don't get the marks that I set myself I feel that I could have done better and that if I try harder that I do have the capability to be able to do it. Then I don't feel I didn't spend enough time on it or I shouldn't have gone out to this place when I could have been working on it. I feel

that I'm capable and it's disappointing when I don't get the marks because I know that it is possible. Generally I say to myself, 'Do better next time, you should have done better this time, work harder.'

Interests: I like spending time with my friends. I like relaxing and not having to think about pressures and school. I like playing sport. I used to really enjoy playing tennis and thought that I could achieve really highly in that, but I guess that faded away because I saw that I couldn't get as high as I wanted. It became a goal that was out of my reach and so I started playing for social reasons instead of trying to get better every time.

Giftedness: I guess I do know people who last year got in the top 1 per cent of the school population but it still doesn't seem like they were gifted and talented. I have one friend who is absolutely amazing when he plays the guitar. I think that it's a real gift and I think he could go somewhere with it. And I look at some people and think that they are really intelligent and they are really talented in that aspect. I guess when I think about it I do know people who could go in that category.

When I think of the stereotype gifted and talented person, I think of the person who sits at the back of the class and doesn't need to learn because they know it already, and they can't really socialise because they are on too high a level to really understand anyone else, or no one can really understand them. A problem would be not having enough people on their own level to communicate with. There is one boy in the year above me, but no one in my level.¹

My parents think that I am really intellectually smart. I guess I am happy at school. I'm happy in the way I'm going at school, but I'm not that happy to be there because I have to work hard. I have lots of friends at school and it can be fun.

Frustrations: Not getting the marks that I want to get. When I can't sit down and work and discipline myself when I should. I try harder to discipline myself. When I can't sit down and work I try to push myself harder. When my parents are putting pressures and expectations on me I block them out or go against it.

Future: I dream about growing up and having a brilliant husband and lovely kids. I dream of a really nice family unit that I could have when I'm older. I don't look far when I hope. My goal is to do as well as

1 There were 160 students at her year level.

possible in Year 12 so I can have a choice of what I want to do. I hope to get past Year 12.

Heroes: There is no one in particular that I admire. When I was younger I admired Steffi Graf because I thought she was the No. 1 tennis player in the world and that's what I wanted to be, but now I guess I admire anyone who achieves what they want to and who is happy in themselves.

Friends: I don't think there is anyone who knows everything about me. There are certain things I would tell one of my close friends, but when another topic comes up I know who I would talk to about that. My friends are mostly girls but I do have a few close friends who are boys.

James

James, who is a 16-year-old, in Year 11, the penultimate year of high school, talked about school, coping and his ambitions for the future. For James:

Coping: ...Is getting by without being too happy or too sad.

School: The subjects I am doing this year are not the subjects I would have chosen to do in an ideal situation, because I am doing all scientific subjects like Physics, Chemistry, two Maths. I would have done things like History or Politics, but I just ended up doing these subjects because they are what people are doing and the ones that you need for continuity. And I'm also doing English Literature as a Year 12 subject and that is probably the subject I am enjoying most at the moment.

The book Heart of Darkness which we just finished studying has made a big impact on me. The discussions we had were very stimulating. It's struck a chord in me. I like the style—a 'dream-like sensation' and because it deals with issues of moral ambiguity and things like that it worked really well to just use words to suggest things and not really say things that are explicit. Marlow, the main character, relates that, before the journey, he belonged to the world of straightforward facts where he thought he had everything in perspective. I think that talking with the group helps me articulate what I think. The reading of the books is something very personal to me, not something that I can really tell to a group. Our teacher doesn't dominate. She participates as one of the students talking about the text and making suggestions.

I think the best thing I like about school is the bench just outside the tuckshop, that faces the sun, and at lunchtime, all the boys sit on that bench and muck around and talk and I have fond memories of that bench and all the laughs and jokes that were made there.

Adolescent Coping Scale

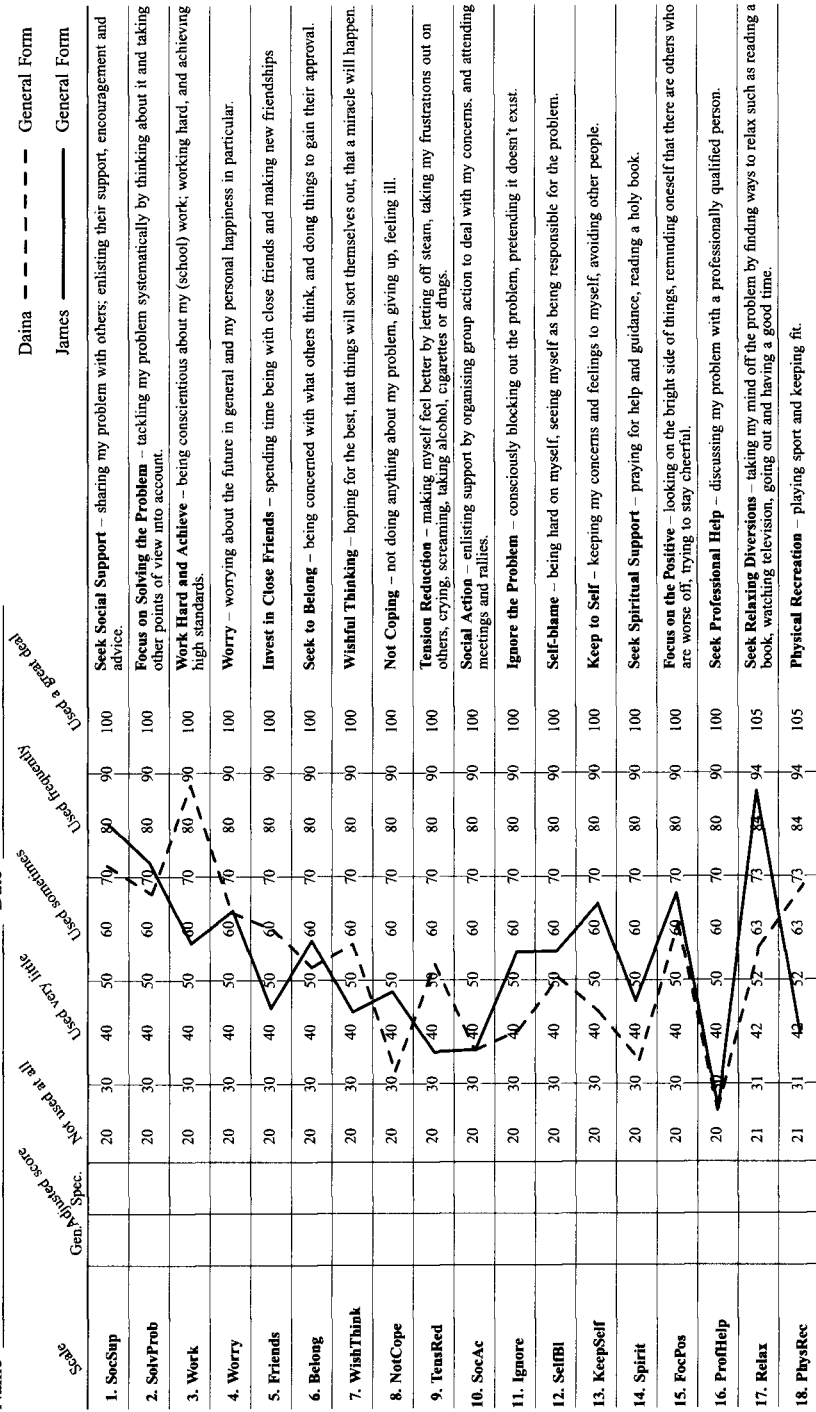
Individual Profile of Coping Strategies

© 1993 Erika Frydenberg, Rannon Lewis

Name **DAINA AND JAMES**

Date

Daina ----- General Form
James ----- General Form



Published by the Australian Council for Educational Research Ltd., 19 Prospect Hill Road, Camberwell, Melbourne, Victoria 3124

Figure 9.1 James's and Daina's coping profiles

Boredom: The times when the work has been boring, everyone in the class has found it boring and the end result is that we muck around and have lots of fun, which is a bonus for boring work. I do my work but I wouldn't say I work so diligently that I'm bored with what the class is doing, especially this year when work is getting challenging.

A lot of the teachers have been pretty stupid, and you sit there thinking that this is dumb and unintelligent—and it was—looking back on it. It was frustrating thinking that this was the sort of thing being taught. I know that a lot of other people thought the same way. A 40-minute period can be a long time. Probably a lot of that frustration came out in mucking around, sharing jokes, and laughing. And I have fond memories of laughing hard in some classes.

There were classes where the work was just dumb. In Year 9, the teacher would just photocopy a passage, white-out a few words and write them down the bottom and say to fill in the gaps and it was just childish, unintelligent work. It was just annoying that we were being made to do this stuff that didn't require any use of our brains. I don't even know whether we bothered to do the work. It was just offensive to be given work that the teacher had put no effort into preparing and it was just not worth wasting time doing.

Everyone feels bored when they are just sitting at home. But not really. I don't sit at home during the holidays thinking for hours on end that I'm bored, I end up doing what everyone else does, watching TV, reading, eating.

Interests: I like seeing movies and I ride my bike, seeing friends and mucking around. Music is something very important to me. It's important to all my friends. It's unbelievable how important music is to us if it's looked at closely because it gives us a feeling like nothing else. Everyone relates to it. A lot of our talk at school is about what music people are listening to, or concerts they are going to, etc. I still have a big fish tank and it's probably something that I will pursue forever. I don't see why I wouldn't want to have a fish tank and I like fish and breeding them.

I used to be very keen about acting but it's just not important to me any more. And like everyone else I used to think that you can't be happy unless you are famous and up there on TV but it just doesn't worry me if I'm not acting. It is not a forefront issue at this point. All I did was act in a mini-series and a show for a local TV channel. Also I made a commercial. I did enjoy it, and it would be nice to have a bit more work in the future. I'm playing Jack (in the school play), who is a middle-aged man in 1930s New York. It's Neil Simon's Brighton Beach Memoirs. I know that how a 16-year-old plays a middle-aged man is something that worries my Mum

and other people but it just doesn't worry me. I honestly haven't thought about what's an appropriate way for a kid to play an adult's part. And obviously I don't know what it is like to be middle-aged, especially in his sort of situation, so it's hard and I'll just have to do what I can.

Gifts: I think all the areas (music, acting, literature) are related in many ways and have similar skills associated with them but I'm not particularly diehard talented in any of them. I don't see how it's possible in any way to group people into groups, gifted, less gifted, it doesn't seem to make much sense. They say that I write well.²

Future: I still hope that I will always listen to music and that it will always play that crucial role that it plays in my life and my friends' lives. I have no idea at this point which will end up going further than another. I don't have any idea what I'll study after school or where I'll go.

Relationships: I do spend some of my time with girls during frees, in the library, mucking around and talking like we do with the boys—definitely more time with boys though.

The relationship with the boy who was definitely my best friend—until about Grade 5—then it got much less intense and we stopped being best friends and we didn't speak much for a few years and we are becoming friends again now. Amongst the same group of boys the relationships end up changing and one year I might become close with one boy one year and then another year, with another boy or girl. I like drifting and changing friends. At the moment I can't say I have a best friend. I have close friends, but if you had asked me this question six months ago I might say that I had friends who are closer, but at this point I feel a little bit distanced from everyone.

I guess I push the problem aside. I say that the problem is not important when you look at the world of problems. I'm still going out with friends etc. I'm not doing anything special to try to forge stronger relationships at the moment. A lot of the friendship problems I have experienced that have been severe have meant the end of that strong friendship. In my experience, if there is a serious problem in a friendship it is never patched up totally as if it hadn't existed.

At the beginning of every year teachers always tell us to come to them with problems, but I can't really remember a time when I have done this. It felt funny.

2 Out of 60 students there are three studying Year 12 English Literature.

I think all my passions are related to the way that I cope. Like music—it's just so unbelievably important. And I think that it is for a lot of people.

Both James and Daina have a peer group to whom they can readily relate. They have opportunities to work on tasks that match their abilities and they remain challenged. They have friends of the same sex but also friends of the opposite sex.

James is a boy who values relationships. He also has passions and interests. But with his mates he is more likely to talk about events and objects than about relationships.

A comparison of James's and Daina's coping profiles shows they have differing interests (see Figure 9.1). Judging by their active school life, and relationship networks, they are resourceful in their use of coping strategies. Daina plays more sport while James relaxes with music and turns to spiritual support.

Adolescents in the regular school community, including those who have been identified by their teachers as gifted, have a coping repertoire which indicates they are productive and adaptive in managing their everyday concerns. However, it would seem from research to date that the gifted young people do use somewhat different strategies than the regular group of students, both in the prioritising of their coping strategies and in their inclination to work hard and their less frequent recourse to intimate relationships. Frequently the lack of a soul-mate determines that. It is interesting to note that Daina and James have found friendships in their particular school settings.

Generally, gifted young people focus on dealing with problems directly. They are less inclined just to hope for the best or to resort to strategies to release tension. This may be an indication of their superior capacity to cope or in fact it may signal that they are less resourceful than young people in the general community. Likewise, the fact that they do not declare their inability to cope may be an indication of capacity, but it may also signal a denial of some of their difficulties. Furthermore, the fact that gifted young people are more likely to work hard and declare that they are able to manage their concerns more than a regular group student may, in a general sense, reflect their inclination towards hard work and industry. However, the hard work may be at a personal cost, given that gifted adolescents are less inclined to establish intimate relationships (less Invest in Close Friends).

An issue to examine closely is whether gifted young people 'go it alone' because they are more resourceful than other young people, or because they are less skilled in dealing with their peers. There is likely to be considerable individual variation. Daina and James appear to be connected to their peers.

However, James did comment that in recent months he has become more distanced from his mates. There is evidence that when gifted young people are segregated into settings with like peers, they are socially more connected (for example, where gifted school programmes are being set up). While that in itself is not an argument for providing such settings, it is one way of meeting these needs.

In a study that addressed the loneliness experience of the gifted adolescent (Woodward & Kalyan-Masih, 1990), it was found that in settings where these young people experience rejection, they do in fact resort to keeping busy rather than engaging in interpersonal relationships. Although keeping busy may in itself be an effective coping strategy, there is an important part for schools to play in assisting these young people to develop their adaptive strategies in the social domain.

Development of coping skills becomes most critical in settings where young people suffer from loneliness and rejection and where they do not have access to like-minded peers. Similarly, because the use of a coping strategy *per se* is not unequivocally an index of superior adjustment, it is desirable to create settings where young people can discuss their coping actions so that outcomes can be considered and coping repertoires can be expanded through peer-related discussion.

The finding that gifted boys are more inclined to engage in physical recreation than are gifted girls mirrors the findings in the general student community (Frydenberg & Lewis, 1993a); that is, that boys, in general, play more sport than do girls. However, not only do the gifted girls engage in less Physical Recreation than do boys, but they are also less inclined to Seek Relaxing Diversions than are the girls in the regular student group. This may be a signal of the fact that relaxation, in the conventional sense, is not high on their agenda. These young people may use their work as a means of avoidance of leisure, or indeed they may define work as part of their leisure. The use of work-related strategies as part of maximising performance, at the same time as maintaining a balanced lifestyle, are important issues to consider in a programme of psychosocial development.

In general terms, for all young people and in particular for the gifted, schools need to find the young person's 'challenge' level. Young people need to be engaged in and challenged by the work so they become active participants rather than inconspicuous members of a school community. The task set must not be too easy or too difficult. As with all students, schools need to respond to the individual needs of their gifted students. Third, there is evidence to suggest that it is beneficial to develop programmes of coping, designed in consultation with particular groups of young people to develop coping skills in directions that are perceived as relevant by the recipients.

There are many ways to address the psychosocial needs both of a regular group of adolescents and those of the gifted. First, there are the literature and resources that relate to affective education. These approaches are often integrated into classroom practice as part of the school curriculum. Second, young people can be encouraged to look at their own situation and learn from one another.

Instruments such as the ACS can facilitate self-analysis and encourage discussion among young people under the appropriate leadership of a teacher or counsellor. Such discussions or counselling interventions can lead to self-directed behavioural change and are to be encouraged for all young people, but more so for particular groups, such as 'able' adolescents, many of whom have needs that relate to the development of social and interpersonal skills. While in general terms most young people are resourceful in managing their concerns, there are numerous coping strategies which young people can develop to enhance their coping repertoires.

10 Learning to cope

People say 'We'll teach you how to cope.' It is a pretty hard thing to teach people. I think the best way to teach them how to cope, or to learn or to think, is to gradually get used to things...do exercises until you do them unconsciously.

(Mark, 15 years old)

How we cope is essentially socioculturally determined in the course of everyday life. Because coping is a complex phenomenon, no single study has to date empirically determined how we acquire coping skills. Nevertheless, we can start piecing together the jigsaw from diverse theories and approaches to human development such as social learning theory and modelling (e.g., Bandura, 1977b; Bandura & Walters, 1963); identity formation (e.g., Erikson, 1985); the sociocultural context of learning of Vygotsky (Newman & Holzman, 1993); and apprenticeship (e.g., Lave & Wenger, 1993). There is also an emergent interest in the development of optimism as a means for 'stress inoculation' (Seligman, 1995) and the importance of humour and metaphors as mechanisms to assist in both the process of coping and the acquisition of coping skills.

If one adopts what is the general delineation between 'formal' and 'informal' education—that is, that the traditional school curriculum is clearly 'formal' and learning to cope is 'informal'—then it is possible to draw upon research from another 'informal' area, that of apprenticeship (Lave, 1995). Jean Lave, using the example of tailors' apprenticeship in Liberia and legal learning in Egypt, points out that learning is principally about 'identity making...in communities of practice'. She has demonstrated that teaching and learning are not just about 'intentional transmission'. Learning can be viewed as a 'special type of social practice' (Lave & Wenger, 1993), where exploration and reflection are important components. The apprenticeship training given by 250 masters and apprentices in Tailor's Alley of Vai and Goa, a poor marginal location on the periphery of

the business district of the city of Monrovia, illustrates that rather than just mechanistically reproducing existing practice, the tailors were learning not only how to make trousers but how to deal with life and society. Learning can be viewed as a type of social practice associated with participation, which includes reflection and involvement. Learning by doing is an essential part of social practice, where learning is never simply a process of assimilation but one of transformation and change, and talk is the central medium of transformation. There is talking about and talking with—‘learning to talk rather than learning from talk’ (1993:109). Learning to cope is both about learning to ‘talk’ and engaging in social practices that are both productive and adaptive.

There are communities of practice in the lived-in, everyday world for all young people. These everyday worlds are made up of their home lives, their school experiences and their peer-related community activities. It is within these contexts that young people develop their coping repertoires through the interplay of the person and the situation. Each circumstance is specific to the individual and the context of an encounter. For example, the conflict that one person has within their family is different from that of another. Individuals both draw upon their experience and develop their unique situation-specific responses. The more open, imaginative or available the individual is to learning new ways of dealing with problems, the greater the prospect of effective coping. When a 23-year-old marathon swimmer, Tammy van Weisse, broke a world record for an endurance swim by swimming 97 kilometres in 17.5 hours on a journey never before attempted,¹ she was asked to describe how she remained focused while enduring pain and discomfort in the water. She explained that while swimming she visually recalled, scene by scene, her favourite full-length feature movies or played her favourite CDs in her head. This was a strategy that she had found to be effective in beating boredom during her daily training swims, and it worked for her. She was not entirely alone during the swim in the choppy seas (there were twenty mentors and supporters trailing her ‘cage’ in a trawler and providing encouragement and support), but this was a strategy that she had come upon serendipitously.

It is clear that people are both confronted by different circumstances and they use different strategies to cope. The efficacy of coping is determined both by the circumstances in which the challenge occurs, the individual’s perception of the situation and the resources that an individual brings to an encounter. In some circumstances the outcomes will be perceived as effective and in others the same outcomes may be judged as ineffective.

1 The *Melbourne Age*, Tuesday, 6 February 1996.

The same individual may cope better in one situation than in another. Despite the host of psychosocial and sociocultural factors that determine how we cope, it is clear that coping can be directly influenced by the perceptions and perspectives that the individual brings to bear on the circumstances. The first prerequisite for conscious development of coping skills is self-awareness, the second is motivation to change, and the third prerequisite consists of the skills necessary to achieve the desired outcomes. It is possible to transform non-productive coping into productive coping. The instructor, counsellor or clinician can create the environment where young people become aware of their coping and focus on developing their coping skills.

Both the school and the home are 'laboratories' of learning that provide explicit and implicit instruction along with the supportive structure or 'scaffolding' for learning to take place. It is in these locations, along with the neighbourhood, where there are opportunities for personal growth to occur. Psychosocial competence and the enhancement of personal and interpersonal skills, such as coping competence, are aspects of development where growth is potentially infinite.

Both stress and the resources that we have to cope are predictors of psychological and physiological symptoms in adolescents (Zeidner & Hammer, 1990). That is, it is not events alone or the lack of stressful events, but also the resources that one has to deal with events, that determine health. In particular, the cognitive resources that relate to positive self-concept and positive outlook as well as physical resources that relate to more health-promoting behaviour are what determine an individual's well-being. As young people are provided with opportunities to expand their coping repertoires, they will become able to deal with life circumstances in ways that facilitate physical and psychological health and well-being, rather than being debilitated by circumstances.

The enhancement of coping can be achieved through a series of self-help techniques, counselling and clinical insights, and through the teaching of coping skills. Each of these approaches to development can utilise three components of the coping process. The first is the development of *optimism*, the second is *humour* and the part that they can play in coping and well-being, and the third is the use of *metaphor* as a linguistic device and clinical tool to facilitate coping. An interview with a Young National Achiever of the Year, Jasmine (see p. 190), illustrates the ways in which a young person can 'play back' their life experiences and reflect on how they learned to cope. The interview highlights the ways in which both adversity and opportunities impact on psychosocial development.

OPTIMISM

Optimism is about staying on top. It is about remaining enthusiastic, hopeful and confident. It is essentially a 'habit of the mind'. In contrast, pessimism is cynicism. It is about dwelling on the most catastrophic cause of any setback. Pessimism leads to depressed mood, resignation, underachievement and poor physical health. In order to raise resilient children and inoculate youth against pessimism and in order to curb what he calls the 'depression epidemic' (see Chapter 8), Seligman (1995) provides a prescription for raising optimistic children. He points out that pessimism is eroding young people's natural state of activity and hardens with each setback as it becomes self-fulfilling. The thinking of depressed young people is different from that of the rest of the population. Seligman cites an analysis of twenty-seven studies by Schwartz & Garamoni (1989) who found, when reviewing the ratio of good to bad thoughts in the twenty-seven studies, that there was one good thought to one bad thought for the depressed population and two good thoughts to one bad one for the nondepressed. Depressed young people are accurate judges of their skills in that they share a realism. Non-depressed people, in contrast, see themselves as more able than others judge them to be (Alloy & Abramson, 1979). This over-rating of the self seems to work in their favour.

Drawing on the long-term Penn Depression Prevention Program, Seligman proposes the solution as one which can change young people's thinking, to help them gain personal control and imbue them with a sense of mastery. Seligman represents this development as a *Pyramid of optimism*. The pyramid is made up of *mastery*, at its base, followed by *positivity* and at the apex is *explanatory style*. Mastery is about being able to achieve control. The corollary is that where circumstances are uncontrollable there is likely to be resignation and giving up, which in turn is followed by depression. In contrast, controllability leads to action and the ability to fight depression (Seligman, 1995). It follows that, from infancy through to adulthood, young people need to be confronted by situations where they have control over outcomes in order to stay active, alert and involved. By giving choices and developing the skills of decision making along with the enforcement of limits, the educator or parent teaches the child that the world offers limited choices. Taking control means returning to success and satisfaction. Exploration from infancy onwards, as Seligman points out, leads to a positive feedback for the individual and provides the greatest potential for mastery. Although parents and educators are often able to structure situations for exploration, choices and control to occur, young people are often confronted by circumstances where there is little apparent opportunity for control.

Learning to assess what is controllable and what is not is an important piece in learning to cope.

Positivity, the second layer of the pyramid, is about feeling good about oneself. Seligman points out that the ‘feel-good’ era of the past few decades, fuelled by notions of giving ‘unconditional positive regard’ proposed by humanistic psychologists such as Carl Rogers, coupled with the ‘no punishment’ reaction to the behaviourists, has caused young people to move away from ‘doing well’. Giving positive regard, inasmuch as it encourages an individual to feel safe and good, encourages exploration, which in turn leads to mastery and satisfaction. He points out that this should not be unconditional. Praise should be contingent on success (see the interview with Jasmine, p. 190). Seligman talks about changing young people’s thinking and helping them to focus on the positive. For example, he talks about getting young people to ‘share’ their bed-time nuggets—that is, review the good things (and the not-so-good events) that happened during the day.

At the apex of Seligman’s pyramid is the notion of an optimistic explanatory style which can be developed from an early age and at any stage by disputing negative thinking. With young children who are not ‘metacognitive’ the disputation consists of providing alternative ways of thinking. With adolescents the development of this style is achieved through both challenge and rational disputation. Techniques for such disputation have been well articulated by Ellis (1980) and Bernard & Joyce (1993).

Goleman (1995) calls for a re-education of the emotional brain in order, for example, to prevent depression. He points out that IQ accounts for only 20 per cent of factors that determine success in life. Likewise, he asserts that academic intelligence has little to do with emotional life. A whole host of factors, including what he describes as emotional intelligence, account for the greater part of an individual’s successful transition through life. He points out that there are different ways of being smart and emotional intelligence is one of them. Emotional intelligence includes self-awareness and impulse control, persistence, zeal, self-motivation, empathy and social expressiveness. The price of what he calls ‘emotional illiteracy’ is too high and can be seen in the high levels of depression experienced by young people along with widespread bullying and violence. Emotional intelligence is not fixed at birth; it can be nurtured and strengthened. While there is no emotional centre of the brain, there are several systems or circuits that disperse emotional regulation of a given emotion. Goleman joins the chorus of those who are asking more from our educators in the pursuit of ‘emotional literacy’. This time it is a call for ‘schooling for emotions’ to prevent depression and to foster healthy development.

HUMOUR

Humour is happiness. Humour makes other people feel happy and comfortable. It pleases you to make someone else laugh. Humour is good in any situation, and you can use it all the time. It is good for making people at ease; but it's mainly a way of making yourself comfortable. I do laugh everything off. I can't keep serious. If everything's serious and people are crying I'll just start giggling and think of something funny. I smile at everything. Someone once told me I smile all the time. I just laugh it off and that helps me relieve tension.

(Bella, 16 years old)

Victor Borge, the entertainer, once said that 'laughter is the shortest distance between two people'.

The value of humour and laughter as a healing factor has been documented by Cousins (1979, 1985). Others, such as Peter (1982), have illustrated how laughter can deal with anxiety, depression, loss and so on. It can both release tension and be used as an avoidance strategy (Mechanic, 1991).

I am reminded of a recent function that was organised by parents and friends of a 15-year-old boy who had died some twelve months previously after a lengthy battle with leukaemia. The occasion was marked by a sense of purpose and social action (raising money for the boy's school). What set the evening apart as a very special event was the atmosphere of humour that pervaded the occasion—humour in the form of anecdotes about the boy's life, joke telling and musical comedy performances by friends and family. A great deal of money was raised. The classmates of the boy made the decorations, sold raffle tickets and were attendants on the evening of the function. The feeling of warmth and satisfaction was palpable in the atmosphere. This way of remembering and dealing with grief was in marked contrast to other people's ways of remembering. There are those who in similar circumstances would have difficulty in moving beyond their grief. The occasion proved to be an example to those present of the unique and sensitive ways in which one can cope with loss.

Laughter is an instinctual emotion. Despite the fact that the Greeks were studying it as early as the fifth century BC, it is not really known why we laugh. However, several theories have developed. For example, Sigmund Freud, in exploring the relationship of jokes to the unconscious, considered this complicated psychological phenomenon from the perspective of normal rather than pathological processes (Freud, 1991). There are conscious and unconscious sources of pleasure in jokes, wit, comedy and humour. Jokes and humour allow us to release ideas and emotions which have been

repressed. The experience of euphoria is the same as we experienced in childhood (when we were ignorant of the comic and when we were incapable of jokes) when we had no need of humour to make us feel happy in our life.

Although the poet Goethe remarked that jokes and jesting concealed problems, according to Freud 'it would have been more correct to say that they touch on the solution of problems' (Freud, 1991:136). He continued to say that what we receive from joking is a total impression in which we are unable to separate the share taken by the thought and the content from the share taken by the joke-work (1991:136). We can only laugh when a joke has come to our help (p. 141).

Among the many theories on why we laugh, the most readily accepted is that laughter is a great leveller and we laugh out of a sense of superiority when we see a mistake about to happen. Arousal theory suggests that the humour response may either reduce physiological arousal or alter one's perception, so that the arousal is not perceived as negative.

Laughter underlies a sense of mastery, self-esteem and confidence that accompanies a humorous response to a stressful situation. There is a sense in which one's responses to a stressful situation are broadened. In that sense it is not only a coping strategy but more importantly a precursor to coping. Laughter energises by providing a release from tension.

Taboo topics such as sex and bodily functions can be discussed under the guise of humour. We also laugh at nonsensical, non-threatening situations such as slapstick. Laughter is being discovered as one of the great untapped resources for therapy, marketing and education. It can aid in recovery from illness; in the boardroom it can create a climate of greater trust, and in training it can get the message across in an entertaining and memorable way. It is generally associated with greater recall than are more traditional teaching techniques.

Although a sense of humour is particular to individuals and different people find different things funny, people use it to display and mask complex emotions ranging from ecstasy to tragedy. It is a form of behaviour that has allowed people to survive in the most extraordinary circumstances, such as those experienced by hostages, Jewish Holocaust survivors in the death camps, people stranded in difficult circumstances at sea or in the bush and so on. An African tribe called the Ik are said to laugh at tragedies like death as a way of dealing with them. Laughter is a sophisticated way of handling life's demands. It is getting in touch with the playful side, the child in us, and it helps us to maintain a sense of perspective.

Humour and laughter are more important to our everyday existence than originally thought. As people become more focused on healthy living and leisure there has been a growing interest in the 'humour movement'. Since

Sigmund Freud first wrote his volume on jokes and their relationship to the unconscious there has been an ongoing interest in the role that humour plays in coping and adjustment, and in particular as a tool for communication. Work in the adult arena (Korotkov, 1991; Martin & Lefcourt, 1983; Rim, 1988) indicates an association between a sense of humour and coping styles. There is evidence that those who use humour are more likely to use substitution (for example, going for a jog when upset) and less likely to use suppression (such as avoiding thinking about unpleasant things: Rim, 1988). That is, they are more likely to be able to release tension in a healthy way.

The therapeutic aspects of laughter are readily harnessed in group situations because laughter is contagious. Although the response is individual, it can become a useful strategy to develop within a coping repertoire. In a group context, the message of the joke or cartoon can be reinforced, and there is generally approval for the messenger. Cartoons, animation, video clips and play acting provide ready-made opportunities for learning. These are helpful media within which to teach coping skills (see Figure 10.1).

As Michael, a 15-year-old boy, remarked, *'It's much more relaxing to sit and watch a comic movie than an action movie which will get you tense.'* Michael watches a one-hour weekly comedy show which is his 'comedy fix' for the week. While humour is clearly useful in coping, language is generally the vehicle for communication, humorous or otherwise. It is through the use of particular linguistic devices such as metaphor that we communicate experience and develop an understanding of the ways to deal with our concerns and the world around us.

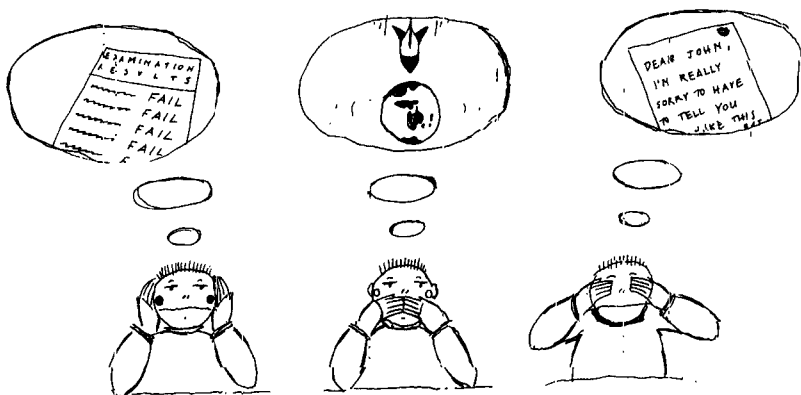


Figure 10.1 Catherine's cartoon: 'Is this like you?'

METAPHOR

Metaphor is the linguistic device of 'giving a thing a name that is associated with something else' (Soyland; 1994:106). It has been recognised that metaphors 'are powerful forces conditioning the way we come to think of ourselves and others...they affect our thoughts in subtle but powerful ways' (Berliner, 1990:86). An invaluable asset in the development of coping skills is the use of language and the images that can be evoked through metaphor. Often young people spontaneously describe their coping in metaphoric terms. For example, Jason (aged 15) described his coping in the following way:

I cope like a lion or a big cat. It keeps going till it has achieved what it wants. It will not stop to have a drink; it keeps going till it's done. It knows what it is aiming for. It goes after it.

Jason's mental image of a determined feline going to the finish influences how he deals with life's challenges.

The shift in interest from a deficit model of behaviour to an ability one, and the emphasis on personal development and well-being, evoke linguistic and visual images that are associated with a more positive orientation. Representations of stress, such as 'weight on my shoulders', and coping, such as 'every cloud has a silver lining', are examples of the ways in which we experience and represent stress and coping both at a conscious and unconscious level. These images, or metaphors that we live by, can facilitate or inhibit coping. There is a direct relationship between the representations we carry in our minds and our actions. Accessing the images, and creating new ones, is one way to achieve a transformation in coping behaviour.

The Israeli poet Jehuda Amichai declared that 'metaphor is the greatest invention since the wheel'. Although that claim is readily open to challenge, it is becoming evident to those who endeavour to understand language and learning that there are hitherto unrecognised insights and possibilities to be gained by understanding how metaphors are used and what their potential is in their effect on teaching and clinical practice.

The essence of metaphor is understanding oneself and experiencing one kind of thing in terms of another. Metaphor in the linguistic sense has been with us for a long time. Generally it has been regarded a linguistic device to add colour or flourish to expression. Its importance in aiding understanding, and as a vehicle for change, has been largely overlooked until recent times. Since psychological phenomena cannot be reduced to processes at a biological level, nor be understood through reference to observed

behaviours alone, metaphors and metaphorical constructions play an important role in the creation of psychological insight.

The collaborative efforts of the linguist George Lakoff and the philosopher Mark Johnson (1980) brought to attention the metaphors that we live by. They pointed out that, rather than being only a matter of peripheral interest, metaphor is pervasive in our everyday thought and language. Metaphor is regarded primarily as a matter of thought and action and only derivatively a matter of language. Lakoff and Johnson suggest that our conceptual system is largely metaphorical: ‘then the way we think, what we experience, and what we do every day is very much a matter of metaphor’ (1980:3). They argue that

truth is always relative to the conceptual system, that any human conceptual system is mostly metaphorical in nature, and that, therefore, there is no fully objective, unconditional or absolute truth.... Something means just what I choose it to mean, no more or less.... Each individual makes his own reality.

(1980:185)

Myths

The myth of objectivism says that the world is made up of objects independent of the people experiencing them. Being objective is a good thing, only objective knowledge is real knowledge. Being objective is to be rational. The myth of subjectivism says that the most important things in our lives are our feelings and intuitions, and that objectivism can be unfair because it ignores the relevant realms of experience. Then there is the experientialist myth that takes the perspective of humans as a part of their environment, not as separate from it. It focuses on constant interactions with the physical environment and with other people. It envisages the interaction with the environment as involving mutual change. ‘You cannot function in the environment without changing it or being changed by it’ (Lakoff & Johnson, 1980:229). If these are to be taken as ‘myths’ in their absolute form, then the reality is that which the individual experiences and reports, and it is *that* reality which underscores insight and subsequent personal development.

There is tension in Western culture between truth (Plato) and art (Aristotle). Between objectivism and subjectivism there is the experientialist myth noted above. It is the experience of the individual, the way a person makes sense of their experience. ‘Metaphor is imaginative

rationality.’ It is one of the most important tools for ‘comprehending partially what cannot be comprehended totally’ (Lakoff & Johnson, 1980: 193). The rationality part involves reason, categorisation and inference. The imaginative part is the comprehending of feelings, aesthetic experience, spiritual awareness and so on.

Lakoff and Johnson see metaphor as ‘essential to human understanding and as a mechanism for creating new meaning and new realities in our lives’ (1980:196). This is perhaps what they mean by understanding meaning where they reject the objectivism or absolute truth of the Western philosophical tradition in favour of a more experientialist approach. Included within this conceptualisation is the notion that metaphor provides a pathway for self-exploration and subsequent change. Thus the metaphors that are inherent in the linguistic representations of coping can be used to develop coping skills in adolescents.

For example, one of the ACS strategies, Seek to Belong, can evoke different meanings, images, associations and feelings in different individuals. ‘What does belonging mean to you?’ might be asked of an individual or a group. Thus the linguistic representations of thoughts and feelings associated with ‘belonging’ can in turn be used to create new understandings about oneself. It can be used to try out different ways of doing things. This approach is an extension of the techniques that have been used by psychotherapists and counsellors, who draw on a range of theoretical frameworks as part of their practice. The technique can productively be extended and applied to a particular aspect of everyday life, coping.

Therapy

Leary pointed out that ‘language is the royal road to conscious experience’ (1990:116). It provides the tool for insight as well as being a communicative device. Children often use figures of speech to describe their perception of themselves or others. Sometimes the representations are known to a particular group or subculture. They call each other names and these names signify different things to different people. For example, in interviews with gifted young people (Cohen & Frydenberg, 1995) students often reported being called a ‘dork’. Such labels have meaning and often evoke emotions in the context of a particular group or culture. It is important to check out what is meant by these representations where there is some ambiguity. What are the feelings associated with the representation for the individual?

Therapists of different theoretical persuasions have used language in different ways. An illustration of effective therapy is the case of an 8-year-

old girl who had been experiencing chronic pain in her stomach for several years. When the pain was described by her during the course of therapy as 'knots in the stomach' it was this metaphor that enabled her to make the pain concrete and it became the catalyst for change. The knots were loosened over a short time and the pain disappeared. Psychodramatists and Gestalt therapists in general have for many years been working with visual representations and sculpting of the self and others in shapes and forms that are meaningful to the individuals. Suddenly one can see distance between family members, get in touch with tensions inside oneself, or be made aware of what someone is experiencing.

Metaphors have been used extensively as a tool for therapeutic intervention. An example is *play therapy* (Axeline, 1964, 1974), where a child acts out their thoughts and feelings, where objects become the person, the doll or the block becomes (for example) the father and another object becomes the self. Another is *psychodrama* (Starr, 1977; Taylor, 1984) (sometimes called 'psychodramatic sculpture') where the individual positions others or her- or himself into a representation of a feeling state or a role that is enacted, such as the placating daughter. Yet another is the process of *accessing the unconscious*, as in the work of Milton Erickson (Lankton & Lankton, 1983). Erickson meets the client at their model of the world, and tells them stories, often when they are in a trance-like state. He uses paradoxical interventions to create change in a therapeutic encounter. Although his work has been essentially with adults, it lends itself to adaptation with adolescents. For example, a 14-year-old who describes her coping as 'I play to lose' is likely to be dealing with circumstances very differently from the person who describes their coping as 'I play to win at all costs'. In a therapeutic context these coping statements can be elaborated further, analogies drawn, and if the therapist wants to use the Ericksonian approach for recounting stories or making paradoxical interventions, it is possible to use the coping statements as the starting point.

Metaphors can come spontaneously in conversation or as a response to questioning: 'What words (metaphors) do you use to describe your coping behaviour?' When adolescents are asked to record the metaphors they use there is a paucity of response. However, from the text of interviews and discussions it is clear that young people use metaphors such as 'I cross my bridges when I come to them' or 'I fight like a lion' quite readily.

The following are some metaphors used by adolescents to describe their coping:

Animals

Continuous cycle (like a butterfly) achieving things and working towards happiness (boy, 14);

Thoughtful as an owl (girl, 14).

Water

Go with the flow. Go along with what's happening and it falls into place (girl, 14);

Cross my bridges when I come to them. Handle each problem as it comes (girl, 14);

Going with the tide (girl, 14);

Bubbling along like a brook (girl, 14).

Reference to others

Coping like a mother (girl, 16).

Battle

Keep fighting till it's over (girl, 13);

Take control of myself...have to know what you're doing and you're doing it right (girl, 14);

Overcoming difficulty (girl, 14);

To defend oneself against fear is simply to ensure that one day one will be defeated by it (boy, 14);

If someone gets in the way, I'll move them, no regrets (boy, 14);

Think about victories (girl, 18).

Body

A pain in the neck (girl, 14);

Facing up to problems (boy, 16).

Movement

Don't run away from your problems (girl, 13).

Objects

Handling the situation (boy, 17);

Buckle down and study (girl, 18).

In a clinical context metaphors that are presented by the individual can be used to anchor an intervention. The client can follow the therapist's prompt. For example, when a child draws himself in a box whose lid is weighed down with metal coils, the therapist works with these images to find ways in which the lid of the box may be opened. When the child describes a

'Houdini' act, for example, the freed child can be asked to describe how he or she feels like now (see Figure 10.1).

Confer (1988) perceives the role of the therapist not as a solver of problems, but more as an assistant to the client to develop self-management tools through an understanding of the thoughts, words, rationalisations and systems through which the individual is living. These opportunities can be provided outside the clinical psychotherapeutic relationship, to settings where individuals can be helped to reflect upon and understand themselves through their art, their stories, their coping profiles and other self-exploratory tools. A counsellor or teacher is able to establish the climate for such exploration to take place and to offer assistance at their level of skill or training. Since the responsibility is not with the facilitator to solve the problem, the relationship can be regarded as one that provides opportunities.

Lankton & Lankton (1983) detail the steps they use to arrive at metaphors that are relevant to a particular client in a therapeutic intervention:

- listen to the problem that is offered;
- listen to the themes that are used;
- be guided by desired outcomes;
- construct metaphors that parallel these themes;
- design appropriate outcomes but build in suspense or mystery.

It is difficult to determine whether metaphors act as the change agents *per se*; nevertheless, they provide an important vehicle by which to facilitate change. They enable the individual to make concrete that which is often conceptually complex and abstract. The very act of making it concrete can be cathartic. Furthermore, the act of representing complex concepts in abstract terms is a communicative device. Perhaps the very act of communication can elicit the social support that is so often sought.

Metaphors facilitate greater understanding of and greater insight into what is known (Witmer, 1985). But the therapist or group leader requires patience, flexibility and a world view that incorporates a diversity of cultural experience to enable understanding from the perspective of another. He or she needs to have generous tolerance for mistakes, and a talent for finding the right metaphor to communicate the unshared experiences or to highlight shared experiences. According to Lakoff and Johnson, 'at a minimum the skills required for *mutual* understanding are necessary even to approach *self-understanding*' (1980:232). They describe self-understanding as 'the search for the appropriate personal metaphors that make sense of our lives' (1980:233).

According to Lakoff & Johnson (1980), the experientialist approach to self-understanding involves:

- developing an awareness of the metaphors we live by;
- having experiences that can form the basis of alternate metaphors;
- developing an experiential flexibility;
- engaging in an unending process of viewing one's life through new metaphors.

Some metaphors to manage stress

Under severe stress the individual is usually 'swimming' for their life or 'drowning in an ocean of emotion' (see Cohen & Frydenberg, 1995). This is evident at times when a decision is called for. What subject shall I choose? Will I break with my boyfriend or girlfriend? There are many competing thoughts and feelings.

Lurking behind many emotions is *fear*. Fear underscores much of what is expressed as worry. We spend much of our time afraid of failure, loss, rejection or of losing control. We are afraid of what we don't know and things we have not yet experienced. 'How will I manage?' or 'Will I have the resources to cope?' are just two of the many questions individuals ask of themselves. There are the stresses associated with going for an important exam, giving a talk in front of the class, dealing with an unfamiliar situation like going to a new school. We are afraid of what others will think or do if we get things wrong. What might we lose? Generally the real risk is not great, but the perception magnifies it. Often it is an opportunity that presents itself, which is, however, not seen that way. The downside is often just a rebuke or reminder of what to do next time. But to the individual there is real fear: 'Do I have the strategies to cope?' 'Is there anyone to catch me if I fall?'

Another metaphor that helps with decision making is a 'problem sifter', a way of separating the facts from the feelings. It is important to be able to separate the feeling from the facts and to know how one feels. This can be difficult for some people and easy for others. Lara, a very able 13-year-old speaking about her upset at the divorce of her parents and how she dealt with this at school, had worked out the difference between '*knowing the facts and knowing the feelings*'.

Metaphors that draw on the world of animals and human experience with them have been used extensively in therapy and literature (e.g., Estes, 1993). Estes, in her novel *Women Who Run with the Wolves*, uses the wolf as the generic descriptor of womankind, and she calls on women to get in touch with, and to reclaim, those 'wolfish' parts of themselves.

The animal kingdom offers opportunities for eliciting metaphors to enhance self-understanding. In some personal development programmes individuals are encouraged to nominate the animal which best describes them. This can be extended to ask each family member to describe the other members of the family according to the animals that best represent them. The experience can be in the context of an individual or group activity or form part of an individual or group therapy session. In each case the accompanying insights and comparisons between how an individual sees him- or herself and how others see the person provide rich material for discussion or therapeutic insight. However, such games should only be played in a professional context where there is a climate of trust and personal safety.

During a family discussion, for example, Jason (21 years old) described himself as a *lion*, all-powerful and in charge of the terrain. He described his father as a *gorilla* who stalks wisely while doing a lot of chest beating, his sister as a *polar bear* whom he described as ‘cuddly’, liking the cold and inclined to hibernate, and his mother as a *panther*, aggressive when need be. Both the gaining of insight and disclosure about how he perceived others provided a starting point for the family to reflect upon themselves and the relationships within the family.

Metaphorical imagination as a backdrop to cognitive behavioural change, which is dependent on cognitive envisioning, is a crucial skill in creating rapport and in communicating the nature of unshared experience. The skill consists largely of the ability to bend one’s world view, and adjust one’s way of categorising experience. That is, both the helper and the one to be helped need to be able to envisage other ways of dealing with a real or imagined circumstance.

Young people sometimes offer their metaphors spontaneously in conversation and at other times they can be elicited through prompts. Metaphors not only describe how individuals cope but offer insights into the possible sources of coping actions.

In the following interview Jasmine,² a 23-year-old recipient of the Young National Achiever of the Year award, reflects on her life experiences and how she learned to cope. She offers metaphors spontaneously when describing some of her coping strategies. Jasmine has established her own business which she has built within a three-year period into a successful enterprise with sixty full-time employees and a turnover of \$ 17 million.

Learning to cope across the life span

2 As with all other interviews real names have not been used.

Jasmine

I am learning to cope better than I used to. If I'm really not coping with something I just don't push it. I just say to myself, okay you don't have to be in this situation. I'm quite quick to ask for help.

My mother and I have a good relationship and it has always been very open. I have always been able to call; for example, if I was at a friend's house and it was 4 o'clock in the morning and I was feeling sick I could call her. I had this feeling that if I really needed her she was there. I was never scolded for ringing too late. I feel I can now judge character and not be afraid to ask for help. I can trust.

Social support: I can talk to my mother about any problems I'm having. When I am upset it all comes out. My mother and I are very similar. She is definitely my best friend. I speak to her every day. Sometimes it is just chit-chat, telling her what I have done; other times I am constantly asking her advice on emotional and personal issues.

Childhood hurdles: My childhood was my mother, my father wasn't really much of a presence. He became sick when I was five and died when I was seven.

When I think about myself as an adolescent or in the schoolyard, I was always able to talk about things. I was expelled from my first school (a girls' school) when I was twelve years old. I was just a bit naughty (teasing other girls). I was too different; they thought I didn't fit in; they decided I was a bit dangerous. The school was a bit regimented about what they wanted their students to be like. It was a sort of coming to terms with the fact of being different. My mother said, 'You haven't done anything I think is terrible; you just stood up for yourself and I am proud of you.' That has been crucial to my development. If I had been punished for that event I would be a very different human being. It has made me stronger and made me more committed and confident in my ideas. I have a heartfelt belief that if I don't believe in something I am quite happy to question it.

I've talked about my father's death now and again, but not really that much. I don't want to hurt my mother. I just don't want to bring it up. I don't think I have ever felt the need to talk to mum about it. I would love it if my brother would talk to me about it from a child's point of view, from a sibling point of view. I would like to know about him as a father; I would really like my brother to tell me.

The problems I have in my life have a lot to do with approval. I think that is because I've lacked any type of approval from a father so I think I feel very much like I am constantly striving for some type of approval. So

I can see how probably my father's death really does manifest in incredible ways in my life.

Sibling: My brother (four years older) is highly intelligent, but very cold. He sees blackness in everything. We really didn't have that much to do with each other when we were younger. He was always quite different to the norm. We started to become friendly when I was about seventeen because he was working, doing all the graphic art for a night club that I started going to. It has never been a warm relationship; I have never given him a hug that I can remember. I don't think that he has ever told me that he loves me or I've never told him I love him. He very rarely asks how I am. However, there is an incredible respect for each other because we both see each other as very intelligent. We get along very well in the professional sense; we have a lot of respect for each other's ideas and creativity but there's no emotional closeness. He just isn't open to dealing with me on an emotional level; he can only cope with me on a professional level. If you scratch the surface he cries very easily and is very defensive and very emotional. He flies off the handle. His emotionality manifests itself in aggression, whereas mine manifests more in pain and sensitivity. We are very similar; it just manifests differently. He cuts off, whereas I'm the sort of person who wants to explore things.

Family dynamics: My brother is more removed from my mother than he is from me. He used to be very close to my mother but he just cut off about three years ago. He used to worship her and think she was the cleverest, most wonderful woman in the world; then he swung right the other way and decided that she had lost all her cleverness. Now he is just patronising to her; he treats her with indifference. My mother would be sitting there like a dog waiting to be patted. We both want emotional warmth from him and we never get it. You would see two women who get along very well but who are treated quite coldly by this male in their life.

My brother was eleven when our father died, a horrible age. He must have shut off then. Maybe he felt left out.

My grandparents are Liberal voters, the salt of the earth, normal, average people. My mother who totally made up her own mind about things is a staunch Labour voter and very creative. I am a product of my mother; she was not a product of her parents. She has given me the understanding of where I fit in the world. All her friends were very avantgarde, very creative, people—intellectuals. To be an eleven-year-old girl surrounded by people like this (there wasn't that delineation between kids and adults) was quite progressive (not hippie). She hasn't tried to soften any blows, just to be there for me if I needed her.

Pessimism: I am definitely someone who will say something is half empty rather than half full. I am very quick to see the bad and not the good. My mother is much more pragmatic. If something is upsetting her she will just move on. If it is something that she can't change she will just think 'well I can't change that, I'm not going to drive myself crazy over it'. I'm someone who will know I can't change it but I will drive myself crazy about it. So I don't have that aspect that she's got, that sort of pragmatism. I can never really say about myself 'you're really good, you have done really well, you're a good person'. I am always like 'you're not good enough, you haven't done well enough in this area, you're not happy enough'. It is always what I'm not enough, never what I am.

Major obstacle: Having too much too soon, achieving a lot very quickly.

Breaking patterns: My mother had to learn to approve of herself and believe in herself whereas my mother has always approved of me. So I have never really had to stand up and say 'hey this is me' because she has always liked what I am. I have under-developed that. It's a bit like when you have one leg in plaster and one leg not in plaster and when you take the plaster off that leg it is weaker. I haven't concentrated on developing my own approval of myself. It is a constant battle. I don't think I've ever known what it feels like to feel good about yourself. That might be because my mother always did it for me. She always felt so great for me.

At school I felt safe to stick to my guns because I felt like I had all this support from my mother. I knew what would make my mother proud of me more than anything was if I was special, if I was different. I think it was maybe a reverse type of looking for approval in a very unconventional way and that was by being different. My mother has always pushed me to try and be the best I can be. In some ways I have had pressure from my mother to be different; to be my own person. I think when I was trying desperately to fit in it disappointed her.

Until you love yourself you can't really love anyone else. It just explains a lot. I have always had a mother that loves me, I've had a whole country saying well done, why don't I like myself? Maybe I have just been lazy, I just haven't developed it.

Perfectionism: Last week there was a meeting for a new Council of Business Women; I discussed doing a book, handed over my Young National Achiever of the Year title, and a government minister rang me wanting to do something for him. What a week for a twenty-three-year-old! So, why when I think about last week do I think about all the things that upset me, that I didn't do well enough? Anybody else might think 'Hey, you're

fantastic, you're a real hero!' When I am thinking like that it's such a snowball effect, I start to feel okay then I start to see good things and I start to feel more okay.

One thing I have learnt in the last year (breaking up with a long-term boyfriend) was that for years and years I was dependent on other people's approval, but it just depends on me. I expected my boyfriend to make me approve of myself. I had to be on my own and learn how to like myself. I had started to resent and hate my boyfriend because he wasn't making me like myself, which isn't really the way a relationship should be. So I think that I started to realise it was me; it wasn't other people's problem. It was my perception of me, not the way others perceived me that was holding me back. I feel I've got two minutes to fix it. I need someone who can help me break these patterns. I need to re-train myself. I've got to stop feeling like it has to be done by tomorrow. That messes me up because I never get anywhere because I am under so much pressure.

No relationship is a fairy tale. To have a healthy, constructive relationship you have to like yourself. You don't have to be like the model Claudia Schiffer. You just have to feel like you are self-possessed enough that you can give in a relationship rather than use the relationship for a tool for your own ego.

When I was having trouble being famous what I was trying to say was that I was having trouble being me.

Patterns of coping: My coping is that I drop my bundle and come up tougher, better, stronger and more impressive than ever. But I go right down first. It's like I have to drag myself over the coals to do it. I have to wring myself out. I almost feel happy when I am rock bottom because that means that good things are ahead. I am self-protective because I always think that I am someone who just lets myself get bashed around by things.

I have learnt that success is something that doesn't guarantee happiness. I actually use it as another reason to hate myself because I feel that I don't deserve it. Success is something that can only be utilised if you have a healthy self-opinion.

Jasmine is a highly talented adult who has some perfectionist and self-downing characteristics. The two often go together. She has become addicted to 'going down'. She feels some urgency to 'fix it' despite the fact that it has taken much of her 23 years to develop her habits. To unlearn takes longer than to learn. Change is about changing the 'habits of the mind'. She has role models and is able to utilise social support. She feels safe with her mother, whom she trusts and whose support she feels that she has. She has developed her coping skills, not all of which are to her satisfaction, in the

context of the family. For Jasmine, as for others, the prerequisite in kicking any habit is self-awareness, followed by the will to change and supported by 'training' and reinforcement of the desired behaviours. Progress can be made through self-instruction but, as in most accomplishments (for example, sport), a coach or instructor can be helpful. The coach can provide direction, assist with motivation and provide external validation during the course of training.

PROGRAMMES OF INSTRUCTION

In addition to the formal programmes of instruction offered for the development of coping skills, there are many techniques and approaches available to the creative clinician or educator. In essence, coping scales such as the Adolescent Coping Scale are made up of characterisations or conceptualisations of human action that are represented by a series of metaphors, although the concepts are empirically derived (see Chapter 3). Generally, the representation is through language but these linguistic representations can be accessed through other modalities such as the visual or the spatial. As noted earlier, psychodramatic techniques (e.g., Moreno, 1975; Satir, 1964) provide the opportunity to enact feeling states, relationships and communications through human sculpture. The individual can sit or position their body in a stance that represents a feeling state such as fear, despair, joy and so on. Additionally, the technique provides the opportunity to locate critical others (such as friends or family) in space, to represent proximity, distance or interrelationships between the members of, for example, a family. With young children, the enactment is often through the use of toys or other objects, and is generally termed 'play therapy'.

This work can be extended to visual representations in the form of art or drawing. This activity can take place in an art class or in individual encounters with an adolescent. For example, Figure 10.2 represents the drawing of Ray, a 13-year-old with learning difficulties and exhibiting problem behaviour. Ray came to the art teacher/therapist on a weekly basis. He completed the ACS General Form (Frydenberg & Lewis, 1993b). During the sessions he represented stress and coping visually. He drew coping strategies such as Worry, Wishful Thinking, Seek to Belong and so on. The ACS stimulated 'thought language' and provided a mechanism that made it possible to communicate thoughts, feelings and fantasies in visual images, a medium that he enjoyed using. It provided a 'language' that enabled him to move from 'emotional illiteracy' to one of emotional expression. The scale provided both Ray and his teacher with a shared language.

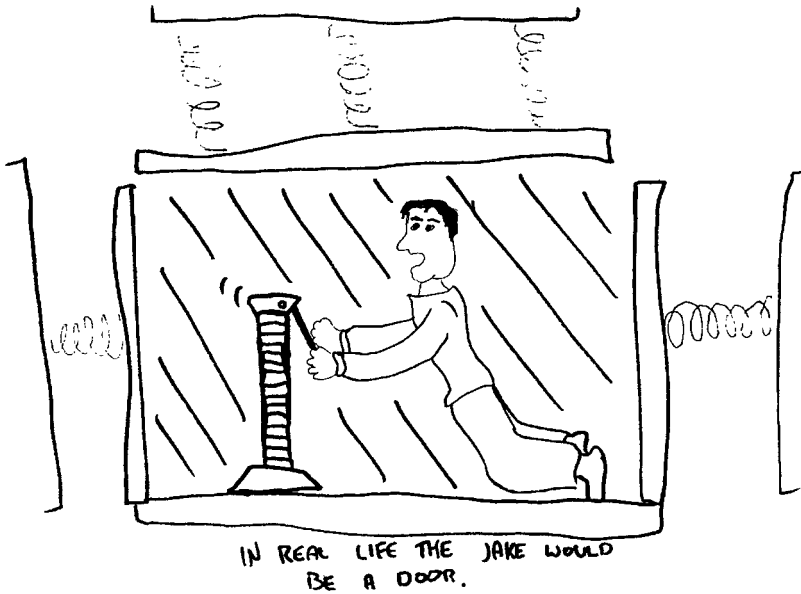


Figure 10.2 Escape from the box: opening the walls with a jack³

In keeping with the broadest definition of coping as adaptation, problem solving and the management of stress, teaching for coping is teaching life skills to enhance psychosocial competence. Forman (1993) offers a broad spectrum of coping skills training, including self-instruction techniques, assertiveness, relaxation, social problem solving, improving social interactions and behavioural self-control. These skills contribute to psychosocial competence and as such are valuable for the educator and practitioner. Despite the abundance of self-help materials that are available to individuals and the many programmes available to guide educators and clinicians (see Cohen & Fish, 1993), clinical aids and teaching materials that are specifically focused on teaching coping skills are to date in short supply. There are signs that the situation is improving.

In general terms, the development of self-regulatory skills should be one of the goals of a comprehensive educational system. Young people need to be equipped with skills to deal with critical transitions throughout the life span. Many such passages are traversed during the school years. Where such transitions are made efficaciously, the individual's coping repertoire is

3 Drawing provided by Mina Shafer.

expanded, self-esteem grows and ongoing benefits continue to flow. Programmes need to be conducted in a context that is sensitive to the individual, recognises the person's need to feel secure and cared for, and takes place in settings where privacy and confidentiality are assured.

In order to facilitate or teach successful adaptation, there are two critical considerations: how to represent the stressor adequately and how to select from the coping repertoire those strategies that best fit the situational demands. In some circumstances assistance is required to sort through the problem and wade through the 'oceans of emotions' that are often present and which 'drown' the real issues. What the real problem is has to be determined.

Where direct instruction is offered, the following criteria for application are recommended (see Boekaerts, 1996):

- 1 Find a way to reduce negative emotions so that rational thinking is possible.
- 2 Develop the skill to classify various stressors.
- 3 Consider alternative actions for different stressors and evaluate the short-term and the long-term consequences of these actions.
- 4 Clarify and reflect on one's coping goals and intentions.
- 5 Plan and reflect on selected courses of action, and initiate, monitor, terminate and evaluate them.

In sum, coping skills can be acquired in a multitude of structured and unstructured settings. There are an increasing number of calls for the inclusion of life-skills training as part of the formal curriculum in schools. However, a great deal of learning occurs as part of the informal curriculum. In addition to the part played by educators, clinicians are frequently engaged in the process of helping clients to gain insight into their own actions and to assist them to develop new ways of coping. In every setting where human development occurs coping skills are observed, tested out and adopted. There is a continuous process of learning and adaptation throughout the course of the life span.

11 Where to from here?

Overview of the field to date: promise and prospect

Two major reports on young people appeared in 1995. The first, by Michael Rutter and David Smith, is a detailed examination of the scientific evidence available to answer the question whether psychosocial disorders exhibited by young people have become more or less frequent over the last fifty years. This comprehensive report, compiled from research conducted in European communities (including the United Kingdom), reviewed the social and economic changes that had occurred over the last fifty years and how these changes had affected the lives of youth. While the authors conclude that there was a gradient rise in disorder, the worsening living conditions, migration from rural to urban living or rise in unemployment do not account for this increase. However, they do highlight the problems that arise from lack of parental support and family discord. Rutter and Smith go on to say that uncertainty about the future, and sexual freedom with a wider range of standards, may also contribute to young people's increasing stress. There was found to be a decline in self-control arising from changes in moral conceptual thinking and a weakening of internalised values. The most striking conclusion was that 'opportunity may be the most important factor' (1995:786) that contributes to the rise in crime and suicidal behaviour. That is, the circumstances in which young people find themselves, along with controls, 'formal' and 'informal' (or lack of such controls), exercised through the family, school and community. They add that 'there has been an increase in individualism...an emerging emphasis on individual empowerment, equitable remuneration and a broader and more sceptical political awareness' (1995:804).

On the other side of the Atlantic, the Carnegie Council in Adolescent Development, in its report titled *Great Transitions: Preparing Adolescents for a New Century*, lists the essential requirements for healthy adolescent development. The report states that if young people are to grow up as healthy, constructive adults they must:

- find a valued place in a constructive group;
- feel a sense of worth and person;
- achieve a reliable basis for making informed choices;
- know how to use the support systems available to them;
- express constructive curiosity and exploratory behaviour;
- believe in a promising future with real opportunities.

In a technologically advanced democratic society where an increasingly high premium is placed on competence in many domains, young people face a further set of challenges and must:

- master social skills, including the ability to manage conflict peacefully;
- cultivate the enquiring, problem-solving habits of mind for lifelong learning;
- acquire the technical and analytic capabilities to participate in a world-class economy;
- become ethical persons;
- learn the requirements of responsible citizenship;
- respect diversity in a pluralistic society (1995:6).

The report points out that

No single influence can be responsible for successful transition from adolescence to adulthood. Families, the schools, the health sector, community organisation and the media must work singly and in concert to launch all young people on a successful life course.

(1995:8)

These reports provide markers to those who are responsible for the future development of young people. The prospect for the future depends on many forces working in concert to effect young people's adaptation. This volume has set out to focus on coping as one important index of adaptation. How young people cope with their circumstances, take advantage of opportunities that are presented to them, adapt to adverse circumstances (such as family discord) which are beyond their control, can be both determined and assisted in any community.

The interest in adolescent coping has burgeoned in recent years. This interest is fuelled by the large numbers of young people who are presenting at schools and in clinical settings with difficulties in adaptation. The field readily built upon the theoretical underpinning derived from adult populations. The development of instruments to investigate adolescent coping has provided researchers with the tools with which to examine,

affirm and compare how adolescents deal with their lives in the many contexts and situations in which they find themselves. It is possible to consider both intra- and inter-individual patterns of coping. Furthermore, the conversations with young people inform our understanding of coping and highlight the fact that the context in which young people operate is all important in understanding how skills are acquired and maintained or why they fail to be developed.

If we return to Figure 2.1 to examine what is established and what remains to be determined in pursuit of our understanding of adolescent coping, it is apparent that much is known, but some critical issues remain to be investigated. The overarching principle that has been firmly established is that coping is determined by the interplay of situational and person-related factors. The way the adolescent deals with one circumstance may not match the way they deal with another. Yet individuals tend to develop their coping styles to form somewhat consistent patterns of coping that are person-related and that combine with situational determinants to affect how an individual copes (e.g., Compas *et al.*, 1988; Feldman *et al.*, 1995; Frydenberg & Lewis, 1994a). Whether circumstances are perceived as being potentially harmful, threatening or challenging determines how an individual deals with them. Along with this appraisal goes the search for coping strategies within the individual's coping repertoire. Questions such as 'Do I have the resources to cope?' or 'Which of my coping strategies can I make use of in this situation?' form part of this self-reflection.

In addition to the situation-related factors and the appraisal of the circumstances, there are the multiplicity of factors that are person-determined (e.g., McCrae & Costa, 1986) that impact on coping. Temperament and family of origin (including ethnic and cultural identity) are important determinants, as is past history of success and failure (e.g., Ebata & Moos, 1994). Family climate and familial patterns of coping play an important part (e.g., Seiffge-Krenke & Shulman, 1990; Shulman *et al.*, 1987). Qualities of the individual that relate to age and gender signal the fact that coping may be linked to maturity and to male and female patterns of coping, as much as to the characteristics of the individual (e.g., Belle, 1991; Frydenberg & Lewis, 1993a). The stereotypic patterns of coping are practices that are widespread within a population, and are accounted for by the individual in as much as that individual reflects the practices of a group. What is useful for one group may, in the long term, prove unsuitable for another (Feldman *et al.*, 1995). Similarly, when it comes to ability and giftedness, there are those who cope effectively and those who have difficulties. Generally, the difficulties are in directions identified by research. For example, in the gifted group the difficulties are more likely to

relate to critical self-appraisal and relationship difficulties rather than management of work-related demands.

Questions relating to vulnerability and the role of protective and resiliency factors as potential triggers for behaviour have been addressed (e.g., Garnezy, 1985, 1991; Rutter, 1985). Health (e.g., Hanson *et al.*, 1989) and depression (e.g., Compas & Hammen, 1994; Endler & Parker, 1990; Rutter, 1986) have been linked to coping mechanisms. The relationship between learning and coping has received some attention (e.g., Fahs, 1986; Matheny *et al.*, 1993; Shulman *et al.*, 1987). When it comes to ability and giftedness, there are those who cope effectively (Parsons *et al.*, 1996) and those who have difficulties (Farrell, 1989).

Temperament, particularly as it relates to flexibility and the perception of the self as a coping individual, plays its part (Seiffge-Krenke, 1990). Where individuals have a favourable self-concept and perceive themselves as efficacious they are more likely to examine their coping repertoires favourably and subsequently tackle challenges in ways that enable them to continue to feel good about themselves. In that way the positive cycle continues.

In contrast, when individuals are despairing, the despair is reflected in a feeling of helplessness or hopelessness, and is likely to influence the appraisal of the situation (for example, situations are more likely to be perceived as harmful than challenging), and this in turn is likely to lead to an appraisal of the resources as falling short of what the situation demands. While the association between resilience to depression and coping is just beginning to be explored (Jaycox *et al.*, 1994), there is encouraging evidence that it is possible to turn pessimistic ways of thinking into optimistic ones and thus avert the cycle of depression. A strong case can be made for extending an individual's coping repertoire to raise the confidence of the individual in their ability to cope.

The social circumstances of the young person, in particular as they relate to the family climate and family of origin, clearly affect coping (e.g., Seiffge-Krenke & Shulman, 1990; Fallon *et al.*, 1993). The adolescent who is a member of what they perceive as being a functional family is likely to cope with circumstances in a functional way. Where families are perceived as dysfunctional there is cause for concern. Whether the development of coping skills is sufficient to compensate for a family experience that is perceived as unsatisfactory remains to be determined. What is clear is that an approach where the individual takes responsibility for their own psychosocial development is a positive one and holds the promise of making a contribution to healthy functioning.

Family functioning is one way to measure the impact of family life, and culture is another (Frydenberg & Lewis, 1993a). It is clear that young

people living in the same community who come from culturally diverse backgrounds cope in different ways. The home setting, as a cultural context, plays its part in shaping the adaptation of the individual and in teaching the young person what is important and what is not. Where there is no clash of cultures between the out-of-home setting, where the adolescent is located for much of the time, and the family, the adolescent's coping strategies are likely to reflect the patterns of coping learned within the family. That is, there are intra-familial patterns of coping. For example, in a study of mothers and daughters, it was found that mothers and daughters use spiritual support in their coping repertoires to much the same extent, implying a strong familial pattern of coping with regard to a particular strategy (Lade *et al.*, 1995).

Both the situational determinants and the personal characteristics impact on coping intentions. It is clear that the use of strategies is determined by the motivation to tackle the problem, the will to succeed or to fail, the wish to be perceived as independent or dependent and so on. These intentions are determined by past history and projections about the outcome and its consequences, as much as by the desired goals. That is, the outcome of previous encounters and the anticipation of the outcome of the current occasion have an impact on the coping actions.

The outcome of each event, whether there is an experience of success or failure, determines whether a strategy will be used on another occasion, modified or discarded. Each event presents a unique opportunity to experiment using a particular coping action, and for that action to become affirmed as part of the repertoire of the individual, to be used in similar circumstances or to be avoided at all costs.

Coping is a process that changes over time (Folkman & Lazarus, 1985). It is a product of maturation and change in circumstance, and the result of experience. How to foster changes over time that are likely to result in productive outcomes and healthy development remains the challenge. Thus there are strong indications that coping, like other aspects of human adaptation, may be developed in settings where there is informal participation and in settings where it is possible to offer formal programmes of instruction. Because there are such clear-cut differences between, for example, boys' and girls' coping (see Chapter 5), and in particular the different ways in which people utilise social support (see Chapter 7), the development of coping skills is to be encouraged in all settings where adolescents interact, such as in schools and recreational locations. These settings provide ideal forums for young people to discuss, reflect and learn from one another.

There are indications that coping is contextually and subsequently culturally determined. Generalising from one community to another is not

always appropriate. However, where there is a cultural or ethnic mix, as in some communities, the differences between the groups can provide a backdrop for informed discourse about coping differences and for discussion about the costs and benefits of particular coping actions. The cultural determinants not only need to be taken into account but cross-cultural interchange about coping may improve young people's capacity to understand both their own actions and those of others. It is hoped that such insights may stimulate learning across cultures. However, it needs to be pointed out that it cannot be automatically inferred that what is good for one group is beneficial for another (e.g., Feldman *et al.*, 1995). Ultimately it is the circumstances that determine whether particular coping actions are optimal for that situation. It is clear from Table 5.1, for example, that there are strategies that boys use more predominantly, and those that girls use. If, for example, boys understood the potential benefits of turning to others and girls understood the cost attached to the use of particular tension-reducing strategies, each group could benefit. What we know to date is that there are benefits to be gained by each group learning from the other. Learning through interaction and through self-exploration appears to be a sound and promising way to proceed.

As young people continue on their path of learning and development, they can be assisted to take on board the challenge of developing their coping skills. This assistance can be provided both formally, through programmes designed for that purpose, or informally, through those persons with whom young people are in contact throughout the course of their lives. That is the promise for the future.

Each community needs to see itself as responsible for providing opportunities for young people to develop in optimal ways that will enable them to become ethically responsible citizens and to participate in community life. Opportunities to develop coping skills are part of that responsibility. Young people need stable environments where there is adequate instruction in social skills, decision making and life skills in general, where there are readily available supports and adequate opportunities to explore and try out new behaviours so that they not only learn to cope, but also move beyond coping to flourish in their everyday lives.

We now know much about what is required and what are the pitfalls to avoid. However, there is a great challenge for researchers to determine and practitioners to develop the optimal learning environments where the seeds of coping may be sown and coping skills may be learned. Meanwhile, we know enough to embark on the journey.

References

- Adderholdt-Elliot, M., Algozzine, K., Algozzine, B. & Haney, K. (1991) 'Current state practices in educating students who are gifted and talented', *Roepers Review* 14 (1): 20–3.
- Adwene, B. & Curtis, D. (1993) 'A confirmatory factor analysis of a four-factor model of adolescent concerns revisited', *Journal of Youth and Adolescence* 22 (3): 297–312.
- Albert, R.S. & Runco, M.A. (1986) 'The achievement of eminence: a model of exceptionally gifted boys and their families', in R.J.Sternberg & J.E.Davidson (eds) *Conceptions of Giftedness*, New York: Cambridge University Press, pp. 332–60.
- Aldwin, C.A. & Revenson, T.A. (1987) 'Does coping help? A reexamination of the relation between coping and mental health', *Journal of Personality and Social Psychology* 53 (2): 337–48.
- Alloy, L.B. & Abramson, L.Y. (1979) 'Judgement of contingency and noncontingency in depressed and nondepressed students: sadder but wiser', *Journal of Experimental Psychology: General* 108: 441–85.
- Alvino, J. (1991) 'An investigation into the needs of gifted boys', *Roepers Review* 13 (4): 174–80.
- American Psychiatric Association (1994) *Diagnostic and Statistical Manual of Mental Disorders* (4th edn, rev.), Washington, DC.
- Argyle, M. & Lu, L. (1990) 'Happiness and social skills', *Personality and Individual Differences* 11 (12): 1255–61.
- Australia, Bureau of Statistics (1984) *Australia's Youth Population: A Statistical Profile, 1984*, Canberra: Australian Government Publishing Service, Catalogue no. 4111.0.
- Australian National Opinion Polls (1984), reported in *The Age*, Melbourne (13 Oct.), p. 1.
- Australian Sports Commission (ASC) (1992) *Australian Sports Directory*, Canberra: Australian Sports Commission.
- Axline, V.M. (1964) *Dibs: In Search of Self: Personality Development in Play Therapy*, Boston: Houghton Mifflin.
- (1974) *Play Therapy: The Inner Dynamics of Childhood*, Boston: Houghton Mifflin.
- Azar, B. (1994) 'Seligman recommends a depression vaccine', *The Monitor*, American Psychological Association (Oct.), p. 4.

- Baltes, P.B., Reese, H.W. & Lipsitt, L.P. (1980) 'Life-span developmental psychology', *Annual Review of Psychology* 31: 65–110.
- Bandura, A. (1977a) 'Self-efficacy: toward a unifying theory of behavioural change', *Psychological Review* 84: 191–215.
- (1977b) *Social Learning Theory*, Englewood Cliffs, NJ: Prentice-Hall.
- (1982a) 'Self-efficacy mechanism in human agency', *American Psychologist* 37 (2): 122–47.
- (1982b) 'The psychology of chance encounters and life paths', *American Psychologist* 37 (7): 747–55.
- (1984) 'Recycling misconceptions of perceived self-efficacy', *Cognitive Therapy and Research* 8 (3): 231–56.
- (1991) 'Self-regulation of motivation through anticipatory and self-reactive mechanisms', in R.A.Dienstbier (ed.) *Nebraska Symposium on Motivation 1990: Perspectives on Motivation*, vol. 38, pp. 61–164.
- Bandura, A. & Walters, R.H. (1963) *Social Learning and Personality Development*, New York: Holt, Rinehart & Winston.
- Banez, G.A. & Compas, B.E. (1990) 'Children's and parents' daily stressful events and psychological symptoms', *Journal of Abnormal Child Psychology* 18: 591–605.
- Barnes, G.M., Farrell, M.P. & Cairns, A. (1986) 'Parental socialization factors and adolescent drinking behaviours', *Journal of Marriage and the Family* 48: 27–36.
- Bauwens, J. & Hourcade, J.J. (1992) 'School-based sources of stress among elementary and secondary at-risk students', *School Counselor* 40 (2): 97–102.
- Beck, A.T. (1976) *Cognitive Therapy and the Affective Disorder*, New York: International Universities Press.
- Beck, A.T., Ward, C., Mendelson, M., Mock, J. & Erbaugh, J. (1961) 'An inventory for measuring depression', *Archives of General Psychiatry* 4: 561–71.
- Beer, J. (1991) 'Depression, general anxiety, test anxiety, and rigidity of gifted junior high and high school children', *Psychological Reports* 69: 1128–30.
- Belle, D. (1991) 'Gender differences in the social moderators of stress', in A. Monat & R.S.Lazarus (eds) *Stress and Coping: An Anthology* (3rd edn), New York, Columbia University Press, pp. 21–35.
- Bennett, N.A., Spoth, R.L. & Borgen, F.H. (1991) 'Bulimic symptoms in high school females: prevalence and relationship with multiple measures of psychological health', *Journal of Community Psychology* 19 (1): 13–28.
- Berger, K.S. (1983) *The Developing Person through the Life Span*, New York: Worth Publishers Inc.
- Berliner, D. (1990) 'If the metaphor fits, why not wear it? The teacher as executive', *Theory into Practice* 29 (2): 85–93.
- Bernard, M. & Joyce, M. (1993) 'Rational-emotive therapy with children and adolescents', in T.R.Kratichwill & R.J.Morris (eds) *Handbook of Psychotherapy with Children and Adolescents*, Boston: Allyn & Bacon.
- Billings, A.G. & Moos, R.H. (1981) 'The role of coping responses and social resources in attenuating stress of life events', *Journal of Behavioral Medicine* 4: 157–89.
- Bird, G.W. & Harris, R.L. (1990) 'A comparison of role strain and coping strategies by gender and family structure among early adolescents', *Journal of Early Adolescence* 10 (2): 141–58.
- Blackburn, A.C. & Erikson, D.B. (1986) 'Predictable crises of the gifted adolescent', *Journal of Counselling and Development* 64: 552–5.

- Block, J.H. & Block, J. (1980) 'The role of ego control and ego resiliency in the origins of behaviour', in M.A. Collins (ed.) *Development of Cognition: Minnesota Symposium on Cognitive Development*, Hillsdale, NJ: Erlbaum, pp. 39–101.
- Bloom, B.S. (1985) *Developing Talent in Young People*, New York: Ballantine.
- Blos, P. (1967) 'The second individuation process of adolescence', in P. Blos (ed.) *Adolescent Passage: Developmental Issues*, International Universities Press, pp. 141–70.
- Boase, K. (1993) 'A study using the three second order factors of the Adolescent Coping Scale', unpublished Master's thesis, University of Melbourne.
- Boekaerts, M. (1996) 'Coping with stress in childhood and adolescence', in M. Zeidner & N.S. Endler (eds) *Handbook of Coping*, New York: John Wiley & Sons, pp. 1–38.
- Boekaerts, M., Hendriksen, J. & Maes, S. (1987) *The Stress and Coping Inventory*, Leiden: Leiden University, Centre for the Study of Education and Instruction.
- Boldero, J. & Fallon, B. (1993) 'Adolescents' general coping and specific problems: are they related?', paper presented at the 28th Annual Conference of the Australian Psychological Society, Gold Coast (Sept.).
- Boldero J., Frydenberg, E. & Fallon, B. (1993) 'Self concept and coping in adolescence', paper presented at the 28th Annual Conference of the Australian Psychological Society, Gold Coast (Sept.).
- Brems, C. & Johnson, M.E. (1989) 'Problem solving appraisal and coping style: the influence of sex role orientation and gender', *Journal of Psychology* 123 (2): 187–94.
- Bronfenbrenner, U. (1977) 'Toward an experimental ecology of human development', *American Psychologist* 32: 513–31.
- (1990) 'Who cares for children?' *Research and Clinical Center for Child Development* 12: 27–40.
- Buescher, T.M. (1987) 'Counseling gifted adolescents: a curriculum model for students, parents, and professionals', *Gifted Child Quarterly* 31: 90–4.
- Bullard, J. (1968) 'The response of the child to chronic physical disability', *Journal of the American Physical Therapy Association* 48 (5): 592–601.
- Bunnell, D., Cooper, P., Hertz, S. & Shenker, I. (1992) 'Body shape concerns among adolescents', *International Journal of Eating Disorders* 11 (1): 79–83.
- Burke, R.J. & Weir, T. (1978) 'Sex differences in adolescent life stress, social support, and well-being', *The Journal of Psychology* 98: 277–88.
- Buss, A.H. & Plomin, R. (1984) *Temperament: Early Developing Personality Traits*, Hillsdale, NJ: Lawrence Erlbaum.
- Capaldi, D.M. & Patterson, G.R. (1991) 'Relation of parental transitions to boys' adjustment problems: I, A linear hypothesis; II, Mothers at risk for transitions and unskilled parenting', *Developmental Psychology* 27 (3): 489–504.
- Caplan, G. (1974) *Support Systems and Community Mental Health*, New York: Behavioral Publications.
- Carnegie Council in Adolescent Development (1995) *Great Transitions: Preparing Adolescents for a New Century* (Oct.).
- Carver, C.S., Scheier, M.F. & Weintraub, J.K. (1989) 'Assessing coping strategies: a theoretically based approach', *Journal of Personality and Psychology* 56: 267–83.
- Cauce, A.M., Felner, R.D. & Primavera, J. (1982) 'Social support in high-risk adolescents: structural components and adaptive impact', *American Journal of Community Psychology* 10 (4): 417–29.

- Coddington, R.D. (1972) 'The significance of life events as etiological factors in the diseases of children: II, A study of a normal population', *Journal of Psychosomatic Research* 16: 205–13.
- Cohen, F. & Lazarus, R. (1973) 'Active coping processes, coping dispositions, and recovery from surgery', *Psychosomatic Medicine* 35: 375–89.
- Cohen, J.J. & Fish, M.C. (1993) *Handbook of School-based Interventions*, San Francisco: Jossey-Bass.
- Cohen, L. & Frydenberg, E. (1995) *Coping for Capable Kids*, Waco, TX: Prufrock Press.
- Cole, T. & Sapp, G.L. (1988) 'Stress, locus of control, and achievement of high school seniors', *Psychological Reports* 63 (2): 355–9.
- Coleman, J. (1987) 'Adolescence and schooling', in D.Marsland (ed.) *Education and Youth*, London: The Falmer Press, pp. 21–40.
- Coleman, J.C. & Hendry, L. (1990) *The Nature of Adolescence* (2nd edn), London: Routledge.
- Coleman, L.J. & Cross, T.L. (1988) 'Is being gifted a social handicap?' *Journal for the Education of the Gifted* 11 (4): 41–56.
- Coleman, M.R. (1992) 'A comparison of how gifted/LD and average/LD boys cope with school frustration', *Journal for the Education of the Gifted* 15 (3): 239–65.
- Collins, J.K. & Harper, J.F. (1974) 'Problems of adolescents in Sydney, Australia', *Journal of Genetic Psychology* 125: 189–94.
- Compas, B.E. (1987) 'Coping with stress during childhood and adolescence', *Psychological Bulletin* 101 (3): 393–403.
- (1992) 'Promoting successful coping during adolescence', paper presented at the conference 'Youth in the Year 2000', Marbach Castle, Germany.
- Compas, B.E., Banez, G.A., Malcarne, V.L. & Worsham, N. (1991) 'Perceived control and coping with stress: a developmental perspective', *Journal of Social Issues* 47: 23–34.
- Compas, B.E., Davis, G.E. & Forsythe, C.J. (1985) 'Characteristics of life events during adolescence', *American Journal of Community Psychology* 13 (6): 677–91.
- Compas, B.E., Davis, G.E., Forsythe, C.J. & Wagner, B.M. (1987) 'Assessment of major and daily stressful events during adolescence: the Adolescent Perceived Events Scale', *Journal of Consulting and Clinical Psychology* 55: 534–41.
- Compas, B.E. & Hammen, C.L. (1994) 'Child and adolescent depression: covariation and comorbidity in development', in R.J.Haggerty, L.R.Sherrod, N.Garmezy & M.Rutter (eds) *Stress, Risk and Resilience in Children and Adolescents*, New York: Cambridge University Press, pp. 223–67.
- Compas, B.E., Malcarne, V.L. & Fondacaro, K.M. (1988) 'Coping with stressful events in older children and adolescents', *Journal of Consulting and Clinical Psychology* 56 (3): 405–11.
- Compas, B.E., Orosion, P.G. & Grant, K.E. (1993) 'Adolescent stress and coping: implications for psychopathology during adolescence', *Journal of Adolescence* 16 (3): 331–49.
- Compas, B.E., Phares, V. & Ledoux, N. (1989) 'Stress and coping preventive interventions for children and adolescents', in L.A.Bond & B.E.Compas (eds) *Primary Prevention and Promotion in the Schools*, Newbury Park, CA: Sage, pp. 319–40.

- Compas, B.E., Slavin, L.A., Wagner, B.M. & Vannatta, K. (1986) 'Relationship of life events and social support with psychological dysfunction among adolescents', *Journal of Youth and Adolescence* 15: 205–21.
- Compas, V., Forsythe, C. & Wagner, B. (1988) 'Consistency and variability in causal attributions and coping with stress', *Cognitive Therapy and Research* 12: 305–22.
- Comunian, A.L. (1989) 'Some characteristics of relations among depression, anxiety, and self-efficacy', *Perceptual and Motor Skills* 69 (3): 755–64.
- Confer, W.N. (1988) 'Using metaphorical communication in psychotherapy', *Innovations in Clinical Practice: A Source Book*, vol. 7, Sarasota, FL: Professional Resource Exchange, Inc., pp. 15–21.
- Connell, W.F., Stroobant, R.E., Sinclair, K.E., Connell, R.W. & Rogers, K.W. (1975) *12 to 20: Studies of City Youth*, Sydney: Hicks, Smith.
- Cousins, N. (1979) *Anatomy of an Illness*, New York: W.W.Norton.
- (1985) 'Therapeutic value of laughter', *Integrative Psychiatry* 3 (2): 112.
- Cowen, L., Corey, M., Simmons, R., Keenan, N., Arndt, J. & Levison, H. (1984) 'Growing older with cystic fibrosis: psychological adjustment of patients more than 16 years old', *Psychosomatic Medicine* 46 (4): 363–75.
- Cox, T., Gotts, G., Boot, N. & Kerr, J. (1985) 'Physical exercise, employee fitness and the management of health at work', *Work and Stress* 2 (1): 71–7.
- Cronbach, L.J. (1957) 'The two disciplines of scientific psychology', *American Psychologist* 12: 671–84.
- (1967) 'How can instruction be adapted to individual differences?', in R.M. Gagne (ed.) *Learning and Individual Differences*, Columbus, OH: Charles E. Merrill, pp. 23–39.
- Cross, T.L., Coleman, L.J. & Terharr-Yonkers, M. (1991) 'The social cognition of gifted adolescents in schools: managing the stigma of giftedness', *Journal for the Education of the Gifted* 15 (1): 44–55.
- Csikszentmihalyi, M. (1975) *Beyond Boredom and Anxiety*, San Francisco: Jossey-Bass.
- (1978) 'Attention and a wholistic approach to behaviour', in K.S.Pope & J.L. Singer (eds) *The Stream of Consciousness*, New York: Plenum, pp. 335–58.
- (1990a) *Flow: The Psychology of Optimal Experience*, New York: Harper & Row.
- (1990b) 'The domain of creativity', in R.Albert & M.Runco (eds) *Theories of Creativity*, Newbury Park, CA: Sage, pp. 190–214.
- Csikszentmihalyi, M. & Larson, R. (1984) *Being Adolescent*, New York: Basic Books.
- Csikszentmihalyi, M. & Nakamura, J. (1986) 'Optimal experience and the uses of talent', paper presented at the 94th Annual Meeting of the American Psychological Association, Washington, DC (Aug.).
- (1989) 'The dynamics of intrinsic motivation', in R.Ames & C.Ames (eds) *Handbook of Motivation Theory and Research*, vol. 3, New York: Academic Press, pp. 45–71.
- Csikszentmihalyi, M., Rathunde, K. & Whalen, S. (1993) *Talented Teenagers: The Roots of Success and Failure*, New York: Cambridge University Press.

- Csikszentmihalyi, M. & Robinson, R. (1986) 'Culture, time, and the development of talent', in R.J.Steinberg & J.E.Davidson (eds) *Conceptions of Giftedness*, New York: Cambridge University Press, pp. 264–84.
- Deci, E.L. & Ryan, R.M. (1985) *Intrinsic Motivation and Self-determinism in Human Behaviour*, New York: Plenum Press.
- Delisle, J.R. (1986) 'Death with honors: suicide among gifted adolescents', *Journal of Counseling and Development* 64 (9): 558–60.
- Dellow, D.A., Ross, S.M. & James, T. (1980) 'Grades: are they still bothering adolescents?' *High School Journal* 64: 55–9.
- Demo, D.H., Small, S.A. & Savin-Williams, R.C. (1987) 'Family relations and self-esteem of adolescents and parents', *Journal of Marriage and the Family* 49: 705–16.
- Dise-Lewis, J.E. (1988) 'The Life Events and Coping Inventory: an assessment of stress in children', *Psychosomatic Medicine* 50: 484–99.
- Donoghue, K.C. & Gullotta, T.P. (1983) 'The coping behavior of adolescents following a move', *Adolescence* 18: 391–401.
- Dornbusch, S.M., Petersen, A.C. & Hetherington, E.M. (1991) 'Projecting the future of research on adolescence', *Journal of Research on Adolescence* 1: 7–17.
- Dweck, C.S. & Licht, B.G. (1980) 'Learned helplessness and intellectual achievement', in J.Garber & E.P.Seligman (eds) *Human Helplessness: Theory and Applications*, New York: Academic Press, pp. 197–221.
- Dweck, C.S. & Wortman, C.B. (1982) 'Learned helplessness, anxiety and achievement motivation: neglected parallels in cognitive, affective, and coping responses', in W.Krohne & L.Laux (eds) *Achievement, Stress and Anxiety*, Washington, DC: Hemisphere, pp. 93–125.
- Earls, F. (1986) 'Epidemiology of psychiatric disorders in children and adolescents', in G.L.Klerman, M.M.Weissman, P.S.Applebaum & L.H.Roth (eds) *Psychiatry: Social, Epidemiological, and Legal Psychiatry*, New York: Basic Books, pp. 123–52.
- Ebata, A.T. & Moos, R.H. (1994) 'Personal, situational, and contextual correlates of coping in adolescence', *Journal of Research on Adolescence* 4 (1): 99–125.
- Ebata, A. & Moos, T. (1991) 'Coping and adjustment in distressed and healthy adolescents', *Journal of Applied Developmental Psychology* 12: 33–54.
- Edwards, D.W. & Kelly, J.G. (1980) 'Coping and adaptation: a longitudinal study', *American Journal of Community Psychology* 8 (2): 203–15.
- Ehrenberg, M.F., Cox, D.N. & Koopman, R.F. (1990) 'The Millon Adolescent Personality Inventory profiles of depressed adolescents', *Adolescence* 25: 415–25.
- (1991) 'The relationship between self-efficacy and depression in adolescents', *Adolescence* 26 (102): 361–74.
- Elkind, D. (1984a) *All Grown Up and No Place to Go: Teenagers in Crisis?* Reading: Addison-Wesley.
- (1984b) 'Recent research on cognitive development in adolescence', in D.E. Dragastin & G.H.Elder (eds) *Adolescence in the Life Cycle: Psychological Change and Social Context*, Washington, DC: Hemisphere, pp. 49–61.
- (1988) *The Hurried Child: Growing Up Too Fast Too Soon* (rev. edn), Reading: Addison-Wesley.
- Ellis, A. (1980) 'Rational-emotive therapy and cognitive-behaviour therapy: similarities and differences', *Cognitive Therapy and Research* 4: 325–40.

- Eme, R., Maisiak, R. & Goodale, W. (1979) 'Seriousness of adolescent problems', *Adolescence* 14 (53): 93–9.
- Emery, R.E. (1988) *Marriage, Divorce, and Children's Adjustment*, Newbury Park, CA: Sage Publications.
- Endler, N.S. & Parker, J.D.A. (1990) 'State and trait anxiety, depression and coping styles', *Australian Journal of Psychology* 42 (2): 207–20.
- Erikson, E.H. (1968) *Identity, Youth, and Crisis*, New York: Norton.
- (1985) *The Life Cycle Completed*, New York: Norton.
- Estes, C.P. (1993) *Women Who Run with the Wolves*, London: Rider.
- Evans, G. & Poole, M. (1987) 'Adolescent concerns: a classification for life skills areas', *Australian Journal of Education* 31: 55–72.
- Fahs, M.E. (1986) 'Coping in school: correlations among perceptions of stress, coping styles, personal attributes and academic achievement in inner-city junior high school students', paper delivered to the Annual Meeting of the American Educational Research Association, San Francisco (April).
- Fallon, B., Frydenberg, E. & Boldero, J. (1993) 'Perceptions of family climate and adolescence coping', paper presented at the 28th Annual Conference of the Australian Psychological Society, Gold Coast (Sept.).
- Fanshawe, J.P. & Burnett, P.C. (1991) 'Assessing school-related stressors and coping mechanisms in adolescents', *British Journal of Educational Psychology* 61: 92–8.
- Farber, S.S., Felner, R.D. & Primavera, J. (1985) 'Parental separation/divorce and adolescents: an examination of factors mediating adaptation', *American Journal of Community Psychology* 3 (2): 171–85.
- Farber, S.S., Primavera, J. & Felner, R. (1983) 'Older adolescents and parental divorce: adjustment problems and mediators of coping', *Journal of Divorce* 7 (2): 59–75.
- Farrell, C.M. (1993) 'Australian adolescent coping styles: a comparison of year 7 and year 11 male and female high school students', unpublished Master of Education thesis, University of Western Sydney.
- Farrell, D.M. (1989) 'Suicide among gifted students', *Roeper Review* 11 (3): 134–8.
- Feather, N.T. (1969) 'Attribution of responsibility and valence of success and failure in relation to initial confidence and perceived locus of control', *Journal of Personality and Social Psychology* 13: 129–44.
- (1978) 'Family resemblances in conservation: are daughters more similar to parents than sons are?' *Journal of Personality* 46: 260–78.
- Feldman, S.S. & Elliott, G.R. (1990) *At the Threshold: The Developing Adolescent*, Cambridge, MA: Harvard University Press.
- Feldman, S.S., Fisher, L., Ransom, D.C. & Dimiceli, S. (1995) 'Is "What is good for the goose good for the gander?" Sex differences in relationships between adolescent and adult adaption', *Journal of Research on Adolescence* 5: 333–6.
- Ferguson, W.E. (1981) 'Gifted adolescents, stress and life changes', *Adolescence* 16 (64): 973–85.
- Fimian, M.J. & Cross, A.H. (1986) 'Stress and burnout among preadolescent and early adolescent gifted students: a preliminary investigation', *Journal of Early Adolescence* 6: 246–67.
- Fish, W.C. & Waldhart-Letzell, E. (1981) 'Suicide in children', *Death Education* 5: 215–22.
- Folkman, S. (1982) 'An approach to the measurement of coping', *Journal of Occupational Behaviour* 3: 95–107.
- Folkman, S. & Lazarus, R.S. (1980) 'An analysis of coping in a middle-aged community sample', *Journal of Health and Social Behaviour* 21: 219–39.

- (1983) Ways of Coping Checklist (Revised), personal communication.
- (1985) 'If it changes it must be a process: a study of emotion and coping during three stages of a college examination', *Journal of Personality and Social Psychology* 48 (1): 150–70.
- (1988) *Ways of Coping Questionnaire Test Booklet*, Consulting Psychologists Press.
- Folkman, S., Lazarus, R.S., Dunkel-Schetter, C., DeLongis, A. & Gruen, R.J. (1986) 'Dynamics of a stressful encounter: cognitive appraisal, coping and encounter outcomes', *Journal of Personality and Social Psychology* 50 (5): 992–1003.
- Folkman, S., Lazarus, R.S., Gruen, R.J. & DeLongis, A. (1986) 'Appraisal, coping, health status, and psychological symptoms', *Journal of Personality and Social Psychology* 50 (3): 571–9.
- Folkman, S., Lazarus, R.S. Pimley, S. & Novacek, J. (1987) 'Age differences in stress and coping processes', *Psychology and Aging* 2 (2): 171–84.
- Folkman, S., Schaefer, C. & Lazarus, R.S. (1979) 'Cognitive processes as mediators of stress and coping', in V.Hamilton & D.M.Warbertan (eds) *Human Stress and Cognition*, London: Wiley, pp. 269–98.
- Ford, M.A. (1989) 'Students' perceptions of affective issues impacting the social emotional development and school performance of gifted/talented youngsters', *Roeper Review* 11 (3): 131–4.
- Forman, S.G. (1993) *Coping Skills Interventions for Children and Adolescents*, San Francisco: Jossey-Bass.
- Forsythe, C.J. & Compas, B.E. (1987) 'Interaction of cognitive appraisals of stressful events and coping: testing the goodness of fit hypothesis', *Cognitive Therapy and Research* 11: 473–83.
- Freud, A. (1958) 'Adolescence', *Psychoanalytic Study of the Child* 13: 255–78.
- Freud, S. (1991) *Jokes and their Relation to the Unconscious*, Vol. 6, The Penguin Freud Library, London: Penguin.
- Frey, D.E. (1985) 'Psychosocial needs of the gifted adolescent', in M.Bireley & J. Genshaft (eds) *Understanding the Gifted Adolescent: Educational, Developmental, and Multicultural Issues*, New York: Teachers College Press, pp. 35–49.
- Frydenberg, E. (1990) 'The concerns and coping strategies of youth: a study of Australian adolescents', unpublished doctoral thesis, La Trobe University, Melbourne.
- (1993) 'The coping strategies used by capable adolescents', *Australian Journal of Guidance and Counselling* 3 (1): 1–9.
- Frydenberg, E. & Lewis, R. (1990) 'How adolescents cope with different concerns: the development of the Adolescent Coping Checklist (ACC)', *Psychological Test Bulletin*, Australian Council for Educational Research (Nov.), pp. 63–73.
- (1991a) 'Adolescent coping styles and strategies: is there functional and dysfunctional coping?' *Australian Journal of Guidance and Counselling* 1 (1): 1–8.
- (1991b) 'Adolescent coping: the different ways in which boys and girls cope', *Journal of Adolescence* 14: 119–33.
- (1992) 'Coping with concerns: does separation make a difference?', paper presented at the 25th International Congress of Psychology, Brussels (July).
- (1993a) 'Boys play sport and girls turn to others: age, gender and ethnicity as determinants of coping', *Journal of Adolescence* 16: 252–66.
- (1993b) *Manual, The Adolescent Coping Scale*, Melbourne: Australian Council for Educational Research.

- (1993c) 'Stress in the family: how adolescents cope', paper presented at the 28th Annual Conference of the Australian Psychological Society, Gold Coast (Sept.).
- (1993d) 'Social issues: do young people care? do they cope?' *Peace Psychology Bulletin* 2: 30–6.
- (1994a) 'Coping with different concerns: consistency and variation in coping strategies used by adolescents', *Australian Psychologist* 29: 45–8.
- (1994b) 'Concern with social issues and what is done about them', paper presented at the International Association of Applied Psychology, Madrid (July).
- (1996a) 'Measuring the concerns of Australian adolescents: developing a concise classificatory system', *Australian Educational Researcher* 23 (1): 47–64.
- (1996b) 'The Adolescent Coping Scale: multiple forms and applications of a self report inventory in a counselling and research context', *European Journal of Psychological Assessment* 12 (3): 216–27.
- Frydenberg, E. & Rowley, G. (1995) 'Self deception or self perception: how adolescents report changes in their lives and the associated changes in coping over a two year period', paper presented at the European Congress of Psychology, Athens (July).
- Frydenberg, E., Säljö, R. & Anderson, P. (1993) 'Conflict: continuity and discontinuity of conflict during family discourse', paper presented at the Third European Congress of Psychology, Tampere, Finland (July).
- Gad, M. & Johnson, J. (1980) 'Correlates of adolescent life stress as related to race, SES, and levels of perceived social support', *Journal of Clinical Child Psychology* (Spring): 13–16.
- Galbraith, J. (1985) 'The eight great gripes of gifted kids: responding to special needs', *Roeper Review* 8: 15–18.
- Gallagher, J.J. (1991) Editorial: 'The gifted: a term with surplus meaning', *Journal for the Education of the Gifted* 14 (4): 353–65.
- Gardner, H. (1983) *Frames of Mind*, New York: Basic Books.
- Garmezy, N. (1985) 'Stress-resistant children: the search for protective factors', *Journal of Child Psychology and Psychiatry, Recent Research in Developmental Psychopathology* (book supplement no. 4), Oxford: Pergamon Press, pp. 213–33.
- (1988) 'Stressors of childhood', in N.Garmezy & M.Rutter (eds) *Stress, Coping and Development in Children*, New York: McGraw-Hill, pp. 43–84.
- (1991) 'Resilience and vulnerability to adverse developmental outcomes associated with poverty', *American Behavioral Scientist* 34 (4): 416–30.
- Garmezy, N. & Rutter, M. (1983) *Stress, Coping and Development in Children*, New York: McGraw-Hill.
- Garton, A. & Pratt, C. (1993) 'Daily hassles and life stressors in adolescents', paper presented at the 28th Annual Conference of the Australian Psychological Society, Gold Coast (Sept.).
- Gilligan, C. (1982) *In a Different Voice*, Cambridge, MA: Harvard University Press.
- Gjerde, P.F. & Block, J. (1991) 'Preadolescent antecedents of depressive symptomatology at age 18: a prospective study', *Journal of Youth and Adolescence* 20: 217–32.
- Glyshaw, K., Cohen, L. & Towbes, L. (1989) 'Coping strategies and psychological distress: prospective analysis of early and middle adolescents', *American Journal of Community Psychology* 17: 607–23.

- Goleman, D. (1995) *Emotional Intelligence*, New York: Bantam Books.
- Goodyer, I.M. (1990) *Life Experience, Developmental and Childhood Psychopathology*, Chichester: John Wiley.
- Greenglass, E. (1991) 'Stress and social support in women: implications for health', paper presented at the Second European Congress of Psychology, Budapest (July).
- (1993) 'The contribution of social support to coping strategies', *Applied Psychology: An International Review* 42 (4): 323–40.
- Grinder, R.E. (1985) 'The gifted in our midst: by their divine deeds, neuroses, and mental test scores we have known them', in F.D.Horowitz & M.O'Brien (eds) *The Gifted and Talented Developmental Perspectives*, Washington, DC: American Psychological Association, pp. 5–35.
- Groër, M.W., Thomas, S.P. & Shoffner, D. (1992) 'Adolescent stress and coping: a longitudinal study', *Research in Nursing and Health* 15: 209–17.
- Grotevant, H.D. & Cooper, C.R. (1986) 'Individuation in family relationships: a perspective on individual differences in the development of identity and role-taking skill in adolescence', *Human Development* 29: 82–100.
- Guay, J.A. & Dusek, J.B. (1992) 'Perceived childrearing practices and styles of coping', paper presented at the 4th Biennial Meetings of the Society for Research on Adolescence, Washington, DC (March).
- Hammen, C. (1993) *Depression Runs in Families*, New York: Springer-Verlag.
- Hanson, C.L., Cigrang, J., Harris, M., Carle, D., Relyea, G. & Burghen, G. (1989) 'Coping styles in youths with insulin-dependent diabetes mellitus', *Journal of Consulting and Clinical Psychology* 57: 644–51.
- Harrington, R. (1993) *Depressive Disorder in Childhood and Adolescence*, Chichester: John Wiley & Sons.
- Hauser, S.T. & Bowlds, M.K. (1990) 'Stress, coping and adaptation', in S.S. Feldman & G.R.Elliott (eds) *At the Threshold: The Developing Adolescent*, London: Harvard University Press, pp. 388–413.
- Hauser, S.T., Powers, S.L., Noam, G.G., Jacobson, A.M., Weiss, B. & Follansbee, D.J. (1984) 'Familial contexts of adolescent ego development', *Child Development* 55: 195–213.
- Heaven, P.C.L. & Callan, V.J. (1990) *Adolescence: An Australian Perspective*, London: Harcourt Brace Jovanovich.
- Hendry, L., Shucksmith, J., Love, J. & Glendinning, A. (1993) *Young People's Leisure and Lifestyles*, London: Routledge.
- Heppner, P.P., Reeder, B.L. & Larson, L.M. (1983) 'Cognitive variables associated with personal problem-solving appraisal: implications for counselling', *Journal of Counselling Psychology* 30: 537–45.
- Hetherington, E.M., Stanley-Hagan, M. & Anderson, E.R. (1989) 'Marital transitions: a child's perspective', Special issue: 'Children and their development: knowledge base, research agenda, and social policy application', *American Psychologist* 44 (2): 303–12.
- Hill, J.P. & Lynch, M.E. (1983) 'The identification of gender-related role expectations during early adolescence', in J.Brooks-Gunn & J.Petersen (eds) *Girls at Puberty: Biological and Psychosocial Perspectives*, New York: Plenum, pp. 201–25.
- Hirsch, B.J. (1980) 'Natural support systems and coping with major life change', *American Journal of Community Psychology* 8 (2): 159–72.
- (1985) 'Adolescent coping and support across multiple social environments', *American Journal of Community Psychology* 13 (4): 381–92.
- Hirsch, B.J. & DuBois, D.L. (1989) 'The school-nonschool ecology of early

- adolescent friendships', in D.Belle (ed.) *Children's Social Networks and Supports*, New York: Wiley, pp. 260–74.
- Hirsch, B., Engel-Levy, A., DuBois, D. & Hardesty, P. (1990) 'The role of social environments in social support', in B.R.Sarason, I.G.Sarason & G.R.Pierce (eds) *Social Support: An Interactional View*, New York: John Wiley & Sons, pp. 367–93.
- Holmes, T.H. & Rahe, R.H. (1967) 'The Social Readjustment Rating Scale', *Journal of Psychosomatic Research* 11: 213–18.
- Humphrey, L.L. (1989) 'Observed family interaction among subtypes of eating disorders using structural analysis of social behavior', *Journal of Consulting and Clinical Psychology* 57 (2): 206–14.
- Hunt, D.G. (1975) 'Person-environment interaction: a challenge found wanting before it was tried', *Review of Educational Research* 45 (2): 209–30.
- Hunter, F.T. & Youniss, J. (1982) 'Changes in functions of three relations during adolescence', *Developmental Psychology* 18: 806–11.
- Hurtig, A.J. & White, L.S. (1986) 'Psychosocial adjustment in children and adolescents with sickle cell disease', *Journal of Pediatric Psychology* 11 (3): 411–27.
- Husain, S. & Vandiver, M. (1984) *Suicide in Children and Adolescents*, New York: SP (a division of Spectrum).
- Ifield, F. (1980) 'Coping styles of Chicago adults: effectiveness', *Archives of General Psychiatry* 37: 1239–43.
- Jackson, S. & Bosma, H. (1990) 'Coping and self in adolescence', in H.Bosma & S. Jackson (eds) *Coping and Self-concept in Adolescence*, Berlin: Springer-Verlag, pp. 203–21.
- Jaycox, L.H., Reivich, K.J., Gillham, J. & Seligman, M.E. (1994) 'Prevention of depressive symptoms in school children', *Behaviour Research and Theory* 32 (8): 801–16.
- Jerusalem, M. & Schwarzer, R. (1989) 'Anxiety and self-concept as antecedents of stress and coping: a longitudinal study with German and Turkish adolescents', *Personality and Individual Differences* 10 (7): 785–92.
- Jorgensen, R.S. & Dusek, J.B. (1990) 'Adolescent adjustment and coping strategies', *Journal of Personality* 58: 503–13.
- Kagan, J. (1983) 'Stress and coping in early development', in N.Garmezy & M. Rutter (eds) *Stress, Coping and Development in Children*, New York: McGraw-Hill, pp. 191–216.
- Kaiser, C.F. & Berndt, D.J. (1985) 'Predictors of loneliness in the gifted adolescent', *Gifted Child Quarterly* 29 (2): 74–6.
- Kanner, A.D., Feldman, S.S., Weinberger, D.A. & Ford, M.E. (1987) 'Uplifts, hassles, and adaptational outcomes in early adolescents', *Journal of Early Adolescence* 7 (4): 371–94.
- Kaufman, K.L., Brown, R.T., Graves, K., Henderson, P. & Revolinski, M. (1993) 'What, me worry? A survey of adolescents' concerns', *Clinical Pediatrics* 32 (1): 8–14.
- Knapp, L.G., Stark, L.J., Kurkjian, J.A. & Spirito, A. (1991) 'Assessing the coping in children and adolescents: research and practice', *Educational Psychology Review* 3 (4): 309–34.
- Kohlberg, L. (1973a) 'Continuities in childhood and adult moral development revisited', in P.B.Baltes & K.W.Schaie (eds) *Life-span Developmental*

- Psychology: Personality and Socialisation*, New York: Academic Press, pp. 179–204.
- (1973b) ‘Continuities and discontinuities in childhood and adult moral development revisited’, in *Collected Papers on Moral Development and Moral Education*, Moral Education Research Foundation, Harvard University.
- Korotkov, D. (1991) ‘An exploratory factor analysis of the sense of humour personality construct: a pilot project’, *Personality and Individual Differences* 12: 395–7.
- Kovacs, M. (1992) *Children’s Depression Inventory Manual*, North Tonawanda, NY: Multi-Health Systems.
- Kurdek, L.A. (1987) ‘Gender differences in the psychological symptomatology and coping strategies of young adolescents’, *Journal of Early Adolescence* 7 (4): 395–410.
- Kurdek, L.A. & Siesky, A.E. (1980) ‘Effects of divorce on children: the relationship between parent and child perspectives’, *Journal of Divorce* 4 (2): 85–99.
- Kurdek, L.A. & Sinclair, R.J. (1988) ‘Adjustment of young adolescents in two-parent nuclear, stepfather, and mother-custody families’, *Journal of Consulting and Clinical Psychology* 56 (1): 91–6.
- Lade, E.A. (1994) ‘Adolescent coping styles and the family’, unpublished Master of Educational Psychology thesis, University of Melbourne.
- Lade, L., Frydenberg, E. & Poole, C. (1995) ‘Just because mothers do it doesn’t mean that their adolescent daughters will do likewise: similarities and dissimilarities in coping strategies used by mother-daughter dyads’, unpublished manuscript.
- Lakoff, G. & Johnson, M. (1980) *Metaphors We Live By*, Chicago: University of Chicago Press.
- Lang, M. & Tisher, M. (1987) *Children’s Depression Scale Manual*, North American edn, Palo Alto, CA: Consulting Psychological Press.
- Lankton, S.R. & Lankton, C.H. (1983) *The Answer Within: A Clinical Framework of Ericksonian Hypnotherapy*, New York: Bruner/Mazel.
- Larson, B.J. (1991) ‘Relationship of family communication patterns to Eating Disorder Inventory scores in adolescent girls’, *Research* 91 (9): 1065–7.
- Lave, J. (1995) ‘Teaching and Learning in Practice’, Scribner Lecture, 3 April 1995, American Educational Research Association.
- Lave, J. & Wenger, E. (1993) *Situated Learning: Legitimate Peripheral Participation*, New York: Cambridge University Press.
- Lazarus, R.S. (1966) *Psychological Stress and the Coping Process*, New York: McGraw-Hill.
- (1968) ‘Emotions and adaptation: conceptual and empirical relations’, in W.J. Arnold (ed.) *Nebraska Symposium on Motivation*, Lincoln: University of Nebraska Press, pp. 175–266.
- (1980) ‘The stress and coping paradigm’, in C.Eisendorfer, D.Cohen, A. Kleinman & P.Maxim (eds) *Theoretical Basis for Psychopathology*, New York: Spectrum, pp. 287–322.
- (1991) *Emotion and Adaption*, New York: Oxford University Press.
- (1993) ‘From psychological stress to the emotions: a history of changing outlooks’, *Annual Review of Psychology* 44: 1–21.
- Lazarus, R.S., Averill, J.R. & Opton, E.M. (1970) ‘Towards a cognitive theory of emotion’, in M.Arnold (ed.) *Feelings and Emotions: The Loyola Symposium*, New York: Academic Press, p. 207.

- (1974) 'The psychology of coping: issues of research and assessment', in G.V.Coelho, D.A.Hamburg & J.E.Adams (eds) *Coping and Adaptation*, New York: Basic Books, pp. 249–315.
- Lazarus, R.S. & Folkman, S. (1984) *Stress, Appraisal and Coping*, New York: Springer.
- (1987) 'Transactional theory and research on emotions and coping', *European Journal of Personality* 1: 141–69.
- Lazarus, R.S., Kanner, A.D. & Folkman, S. (1980) 'Emotions: a cognitive phenomenological analysis', in R.Plutchick & S.Kellerman (eds) *Emotion-theory Research and Experience* (vol. 1), *Theories of Emotion*, New York: Academic Press, pp. 189–217.
- Lazarus, R.S. & Launier, R. (1978) 'Stress-related transactions between person and environment', in A.Pervin & M.Lewis (eds) *Perspectives in International Psychology*, New York: Plenum, pp. 287–327.
- Lazarus, R.S., Speisman, J.C., Mordkoff, A.M. & Davidson, L.A. (1962) 'A laboratory study of psychological stress produced by a motion picture film', *Psychological Monographs* 76: 1–35.
- Leary, D.E. (1990) *Metaphors in the History of Psychology*, New York: Cambridge University Press.
- Lehman, E.B. & Erdwins, C.J. (1981) 'The social and emotional adjustment of young, intellectually-gifted children', *Gifted Child Quarterly* 25 (3): 134–7.
- Lerner, R.M. & Spanier, G.B. (1980) *Adolescent Development: A Life-span Perspective*, New York: McGraw-Hill Book Co.
- Lewin, K. (1935) *A Dynamic Theory of Personality*, New York: McGraw.
- (1936) *Principles of Topological Psychology*, New York: McGraw.
- Loeb, R.C. & Jay, G. (1987) 'Self-concept in gifted children: differential impact in boys and girls', *Gifted Child Quarterly* 31 (1): 9–13.
- Lu, L. & Argyle, M. (1991) 'Happiness and cooperation', *Personality and Individual Differences* 12 (10): 1019–30.
- Luthar, S.S. & Zigler, E. (1991) 'Vulnerability and competence: a review of research on resilience in childhood', *American Journal of Orthopsychiatry* 61 (1): 6–22.
- Luthar, S.S., Zigler, E. & Goldstein, D. (1992) 'Psychosocial adjustment among intellectually gifted adolescents: the role of cognitive-developmental and experiential factors', *Journal of Child Psychology and Psychiatry* 33 (2): 361–73.
- Maccoby, E.E. (1984) 'Socialization and developmental change', *Child Development* 55: 317–28.
- Maccoby, E.E. & Martin, J.A. (1983) 'Socialisation in the context of the family: parent-child interaction', in P.Mussen (ed.) *Handbook of Child Psychology* (vol. 4), New York: Wiley, pp. 1–101.
- McCrae, R.R. (1982) 'Age differences in the use of coping mechanisms', *Journal of Gerontology* 37: 454–60.
- McCrae, R.R. & Costa, R.T. (1986) 'Personality coping and coping effectiveness in an adult sample', *Journal of Personality* 54: 385–405.
- McCubbin, H.I., Larson, A. & Olson, D.H. (1981) 'F-COPES: Family Crisis Oriented Personal Evaluation Scales', Family, Stress, Coping and Adolescent Health Project, University of Wisconsin, Madison.
- McMurray, N. & Prior, M. (1985) 'Adolescents' cognitive appraisals, efficacy expectations and level of involvement with nuclear issues', paper delivered to the Joint Conference of the Australian and New Zealand Psychological Societies, Christchurch (Sept.).

- Mahoney, M. (1974) *Cognitive and Behaviour Modification*, Cambridge, MA: Ballinger.
- Manzi, P.A. (1986) 'Cognitive appraisal: stress and coping in teenage employment', *The Vocational Guidance Quarterly* 34 (3): 161–70.
- Marsh, H.W. (1989) 'Age and sex effects in multiple dimensions of self-concept: preadolescence to early adulthood', *Journal of Educational Psychology* 81: 417–30.
- (1990) 'A multidimensional, hierarchical model of self concept: theoretical and empirical justification', *Educational Psychology Review* 2 (2): 77–172.
- Marsh, H., Relich, J. & Smith, I. (1983) 'Self-concept: the construct validity of interpretations based on the SDQ', *Journal of Personality and Social Psychology* 45: 173–87.
- Marsh, H.W. & Shavelson, R.J. (1985) 'Self-concept: its multifaceted, hierarchical structure', *Educational Psychologist* 20: 107–25.
- Martin, R. & Lefcourt, H. (1983) 'Sense of humour as a moderator between stressors and moods', *Journal of Personality and Social Psychology* 45: 1313–24.
- Matheny, K., Aycok, D. & McCarthy, C. (1993) 'Stress in school-aged children and youth', *Educational Psychology Review* 5 (2): 109–34.
- Mayers, P. (1978) 'Flow in adolescence and its relation to school experience', unpublished doctoral dissertation, University of Chicago.
- Mechanic, D. (1991) 'Some modes of adaptation: defense', in A. Monat & R.S. Lazarus (eds) *Stress and Coping: An Anthology* (3rd edn), New York: Columbia University Press, pp. 21–35.
- Meichenbaum, M. (1974) *Cognitive Behaviour Modification*, Morristown, NJ: General Learning Press.
- (1977) *Cognitive Behaviour Modification: An Integrative Approach*, New York: Plenum.
- Minuchin, P. (1985) 'Families and individual development: provocations from the field of family therapy', *Child Development* 56: 289–302.
- Mitchell, J.V. (1969) 'Education's challenge to psychology: the predication of behavior from person-environment interactions', *Review of Educational Research* 39: 695–721.
- Moir, A. & Jessel, D. (1989) *Brain Sex*, London: Penguin.
- Montemayor, R. (1982) 'The relationship between parent-adolescent conflict and the amount of time adolescents spend alone and with parents and peers', *Child Development* 53: 1512–19.
- (1984) 'Picking up the pieces: the effects of parental divorce on adolescents with some suggestions for school-based intervention programs', *Journal of Early Adolescence* 4: 289–314.
- Montemayor, R. & Hanson, E. (1985) 'A naturalistic view of conflict between adolescents and their parents and siblings', *Journal of Early Adolescence* 5 (1): 23–30.
- Moore, S. & Rosenthal, D. (1993) *Sexuality in Adolescence*, London: Routledge.
- Moos, R.H. (1974) *The Human Context: Environment Determinants of Behaviour*, New York: Wiley.
- (1993) *Coping Response Inventory: Youth Form*, Florida: Psychological Assessment Resources Inc.
- Moos, R.H. & Billings, A.G. (1982) 'Conceptualising and measuring coping resources and processes', in L. Goldberger & S. Brenitz (eds) *Handbook of Stress: Theoretical and Clinical Aspects*, New York: Free Press, pp. 212–30.

- Moos, R. & Moos, B.S. (1986) *Family Environment Scale Manual* (2nd edn), Palo Alto, CA: Consulting Psychologists Press.
- Moreno, J.L. (1975) 'Mental catharsis and the psychodrama', *Group Psychotherapy and Psychodrama* 28: 5–32.
- Morrow, J. & Nolen-Hoeksema, S. (1990) 'Effects of responses to depression on the remediation of depressive affect', *Journal of Personality and Social Psychology* 58 (3): 519–27.
- Muller, J. & Schonert-Reichl, K.A. (1994) 'Seeking help and social support in adolescence: the roles of age, gender and self-concept', paper presented at the 23rd International Congress of Applied Psychology, Madrid (July).
- Munsch, J. & Wampler, R.S. (1993) 'Ethnic differences in early adolescents' coping with school stress', *American Journal of Orthopsychiatry* 63 (4): 633–46.
- Nakamura, J. (1988) 'Optimal experience and the uses of talent', in M. Csikszentmihalyi & I.S. Csikszentmihalyi (eds) *Optimal Experience: Psychological Studies of Flow in Consciousness*, New York: Cambridge University Press, pp. 319–26.
- Newman, F. & Holzman, L. (1993) *Lev Vygotsky: Revolutionary Scientist*, London: Routledge.
- Nicholson, S.I. & Antill, K.K. (1981) 'Personal problems of adolescents and their relationship to peer acceptance and sex role identity', *Journal of Youth and Adolescence* 10: 309–25.
- Nisbett, R.E. & Ross, L. (1980) *Human Inference: Strategies and Shortcomings of Social Judgement*, Englewood Cliffs, NJ: Prentice-Hall.
- Nolen-Hoeksema, S. (1981) 'Responses to depression and their effects on the duration of depressive episodes', *Journal of Abnormal Psychology* 100: 569–82.
- (1987) 'Sex differences in unipolar depression: evidence and theory', *Psychological Bulletin* 101: 259–82.
- Noller, P. & Callan, V.J. (1991) *The Adolescent in the Family*, New York: Routledge.
- Noller, P. & Terry, D.A. (1990) 'The ICPS Family Functioning Measure on a sample of pre-college adolescents', unpublished manuscript, University of Queensland.
- Noller, P., Seth-Smith, M., Bouma, R. & Schweitzer, R. (1992) 'Parent and adolescent perceptions of family functioning: a comparison of clinic and non-clinic families', *Journal of Adolescence* 15 (2): 101–14.
- Offer, D. & Offer, J.B. (1975) *From Teenage to Young Manhood: A Psychological Study*, New York: Basic Books.
- Offer, D., Ostrov, E. & Howard, K.I. (1981) *The Adolescent: A Psychological Portrait*, New York: Basic Books.
- Parish, T. & Wigle, S. (1985) 'A longitudinal study of the impact of divorce on adolescents' evaluation of self and parents', *Adolescence* 20: 239–44.
- Parke, R.D., MacDonald, K.B., Burks, V.M., Carson, J., Bharnegri, N. & Beitel, A. (1989) 'Family and peer systems: in search of linkage', in K. Kreppner & P. Lerner (eds) *Family System and Life Span Development*, Hillsdale, NJ: Erlbaum, pp. 65–92.
- Parsons, A., Frydenberg, E. & Poole, C. (1996) 'Coping strategies of adolescent males', *British Journal of Educational Psychology* 66: 109–14.
- Patterson, J.M. & McCubbin, H.I. (1987) 'Adolescent coping style and behaviors: conceptualization and measurement', *Journal of Adolescence* 10 (2): 163–86.
- Paxton, S.J., Wertheim, E.H., Gibbons, K., Szmukler, G.I., Hillier, L. & Petrovich, J.C. (1991) 'Body image satisfaction, dieting beliefs and weight loss behaviours in adolescent girls and boys', *Journal of Youth and Adolescence* 20: 361–80.

- Pearlin, L. & Schooler, C. (1978) 'The structure of coping', *Journal of Health and Social Behaviour* 19: 2–21.
- Pearse, B. & Chabassol, D.J. (1976) 'Relationship of adolescent problems to sex, socio-economic status, school achievement, intelligence quotient and grade', *Psychological Reports* 39: 1137–48.
- Peck, R., Hughes, R., Breeding, J. & Payne, G. (1979) *Coping Behaviour and Achievement: Validating a Conceptual System*, Report of the Austin Research and Development Centre for Teacher Education, Texas University.
- Perrez, M. & Reicherts, M. (1992) *Stress, Coping, Health*, Seattle: Hogrefe & Huber.
- Pervin, L.A. (1984) *Personality: Theory and Research*, New York: John Wiley & Sons.
- Peter, L. (1982) *The Laughter Prescription*, New York: Ballantine.
- Petersen, A.C. (1988) 'Adolescent development', *Annual Review of Psychology* 39: 583–607.
- (1993) Presidential address: 'Creating adolescents: the role of context and process in developmental trajectories', *Journal of Research and Adolescence* 3 (1): 1–18.
- Petersen, A.C., Compas, B.E., Brooks-Gunn, J., Stemmler, M., Ey, S. & Grant, K.E. (1993) 'Depression in adolescence', *American Psychologist* 48: 155–68.
- Petersen, A.C. & Craighead, W.E. (1986) 'Emotional and personality development in normal adolescents and young adults', in G.L.Klerman (ed.) *Suicide and Depression among Adolescents and Young Adults*, Washington, DC: American Psychiatric Press, pp. 19–52.
- Petersen, A.C. & Ebata, A.T. (1984) 'Psychopathology of adolescence: does development play a role?', paper delivered to the Annual Convention of the American Psychological Association (Aug.).
- (1987) 'Developmental transitions and adolescent problem behaviour: implications for prevention and intervention', in K.Hurrelmann, F.X.Kaufmann & F.Losel (eds) *Social Intervention: Potential and Constraints*, Berlin: Walter de Gruyter & Co., pp. 167–84.
- Petersen, A.C. & Kennedy, R.E. (1988) 'The development of depression: is adolescence depressogenic for girls?', paper presented at the second biennial meeting of the Society for Research in Adolescence, Alexandria, VA (March).
- Petersen, A.C., Sarigiani, P.A. & Kennedy, R.E. (1991) 'Adolescent depression: why more girls?' *Journal of Youth and Adolescence* 20: 247–71.
- Petersen, A.C. & Taylor, B. (1980) 'The biological approach to adolescence', in J. Adelson (ed.) *Handbook of Adolescent Psychology*, New York: Wiley, pp. 117–55.
- Peterson, C.C. (1990) 'Disagreement, negotiation, and conflict resolution in families with adolescents', in P.Heaven and V.Callan, *Adolescence: An Australian Perspective*, Sydney: Harcourt Brace Jovanovich, pp. 66–79.
- Peterson, C., Peterson, J. & Skevington, S. (1986) 'Heated argument and adolescent development', *Journal of Social and Personal Relationships* 3: 229–40.
- Peterson, G.W. & Leigh, G.K. (1990) 'The family and social competence in adolescence', in T.P.Gulotta, G.R.Adams & R.Montemayor (eds) *Developing Social Competency in Adolescence*, London: Sage Publications, pp. 97–137.
- Phelan, P., Yu, H.C. & Davidson, A.L. (1994) 'Navigating the psychosocial pressures of adolescence: the voices and experiences of high school youth', *American Educational Research Journal* 31 (2): 415–47.

- Piaget, J. (1954) *The Construction of Reality in the Child*, New York: Basic Books.
- (1969) 'The intellectual development of adolescents', in G.Kaplan & S. Lebovici (eds) *Adolescence: Psychological Perspectives*, New York: Basic Books, pp. 22–6.
- (1970) 'Piaget's theory', in P.H.Mussen (ed.) *Carmichael's Manual of Child Psychology*, New York: Wiley, pp. 703–32.
- Poland, S. (1989) *Suicide Prevention in the Schools*, New York: The Guilford Press.
- Pollins, L.D. (1983) 'The effects of acceleration on the social and emotional development of gifted students', in C.P.Benbow & J.C.Stanley (eds) *Academic Precocity: Aspects of its Development*, Baltimore: Johns Hopkins University Press, pp. 160–78.
- Poole, M.E. (1983) *Youth: Expectations and Transitions*, Melbourne, Boston: Routledge & Kegan Paul.
- Poole, M.E. & Evans, G. (1988) 'The important things in life: group differences in adolescent concerns', *Australian Journal of Education* 32: 203–22.
- Prior, M. (1985) 'The nuclear threat: what do young people say?', paper presented at ANZAAS Congress, Melbourne (Aug.).
- Ptacek, I., Smith, R. & Zanas, J. (1992) 'Gender, appraisal and coping: a longitudinal analysis', *Journal of Personality and Social Psychology* 60 (4): 747–69.
- Puig-Antich, J. & Chambers, W. (1988) *The Schedule for Affective Disorders and Schizophrenia for School-aged Children (Kiddie-SADS)*, New York: New York State Psychiatric Institute.
- Radloff, L.S. (1980) 'Risk factors for depression: what do we learn from them?', in M.Guttentag, S.Salasin & D.Belle (eds) *The Mental Health of Women*, New York: Academic Press, pp. 93–110.
- Range, L.M. (1993) 'Suicide prevention: guidelines for schools', *Educational Psychology Review* 5 (2): 135–54.
- Rauste-von Wright, M. (1987) *On the Life Process among Finnish Adolescents: Summary Report of a Longitudinal Study*, Helsinki : Societas Scientiorum Fennica.
- Renzulli, J.S. (1978) 'What makes giftedness? Reexamining a definition', *Phi Delta Kappan* 60: 180–4.
- Reynolds, W.M. (1986) *Reynolds Adolescent Depression Scale*, Odessa, FL: Psychological Assessment Resources.
- Reynolds, W.R. & Johnston, W.F. (1994) *A Handbook of Depression in Children and Adolescents*, New York: Plenum.
- Rice, K.G., Herman, M.A. & Petersen, A.C. (1993) 'Coping with challenge in adolescence: a conceptual model and psycho-educational intervention', *Journal of Adolescence* 16: 235–51.
- Rigby, K. & Rump, E.E. (1981) 'Attitudes towards parents and institutional authorities during adolescence', *Journal of Psychology* 39: 149–59.
- Rim, Y. (1988) 'Sense of humour and coping styles', *Personality and Individual Differences* 9: 559–64.
- Rimm, S.B. (1991) 'Parenting the gifted adolescent: special problems, special joys', in M.Bireley & J.Genshaft (eds) *Understanding the Gifted Adolescent*, New York: Teachers College Press, pp. 18–32.
- Roedell, W.C. (1984) 'Vulnerabilities of highly gifted children', *Roeper Review* 6 (3): 127–30.

- Rollins, B.C. & Thomas, D.I. (1979) 'Parental support, power and control techniques in the socialisation of children', in W.R.Burr, R.Hill, F.I.Nye & I.L. Reiss (eds) *Contemporary Theories about the Family* (vol. 1), New York: Free Press, pp. 317–64.
- Roscoe, B. (1985) 'Social issues as social problems: adolescents' perceptions', *Adolescence* 20: 377–83.
- Rose, R.J., Koskenvuo, M., Kaprio, J., Sarna, S. & Langinvainio, H. (1988) 'Shared genes, shared experiences, and similarity of personality: data from 14,288 adult Finnish co-twins', *Journal of Personality and Social Psychology* 54 (1): 161–71.
- Rosenthal, D.A. (1984) 'Intergenerational conflict and culture: a study of immigrant and nonimmigrant adolescents and their parents', *Genetic Psychology Monographs* 109: 53–75.
- Rosenthal, D. & Hansen, J. (1980) 'Comparison of adolescents' perceptions and behaviors in two-parent families', *Journal of Youth and Adolescence* 9 (5): 409–17.
- Roskies, E. & Lazarus, R.S. (1980) 'Coping theory and the teaching of coping skills', in P.Davidson & S.Davidson (eds) *Behavioral Medicine: Changing Health and Lifestyles*, New York: Bruner/Mazel, pp. 38–69.
- Rowlinson, R.T. & Felner, R.D. (1988) 'Major life events, hassles, and adaptation in adolescence: confounding in the conceptualization and measurement of life stress and adjustment revisited', *Journal of Personality and Social Psychology* 55: 432–44.
- Rutter, M. (1979) 'Protective factors in children's response to stress and disadvantage', in M.W.Klein & J.E.Rolf (eds) *Primary Prevention of Psychopathology*, vol. 3: *Social Competence in Children*, Hanover, New Hampshire: University Press of New England, pp. 49–74.
- (1980) *Changing Youth in a Changing Society*, Cambridge, MA: Harvard University Press.
- (1981) 'Stress, coping and development: some issues and some questions', *Journal of Child Psychology and Psychiatry* 22 (4): 323–56.
- (1983) 'Stress, coping and development: some issues and some questions', in N.Garmezy & M.Rutter (eds) *Stress, Coping and Development in Children*, New York: McGraw-Hill, pp. 1–43.
- (1985) 'Resilience in the face of adversity: protective factors and resistance to psychiatric disorders', *British Journal of Psychiatry* 147: 589–611.
- (1986) 'The development of psychopathology of depression: issues and perspectives', in M.Rutter, C.E.Izard & P.B.Read (eds) *Depression in Young People: Clinical and Developmental Perspectives*, New York: Guilford, pp. 3–30.
- Rutter, M., Cox, A., Tupling, C., Berger, M. & Yule, W. (1975) 'Attainment and adjustment in two geographic areas: I. The prevalence of psychiatric disorders', *British Journal of Psychiatry* 126: 493–509.
- Rutter, M., Maughan, B., Mortimore, P., Ouston, J. & Smith, A. (1979) *Fifteen Thousand Hours: Secondary School and its Effects on Children*, London: Open Books.
- Rutter, M. & Rutter, M. (1992) *Developing Minds: Challenge and Continuity across the Life-span*, London: Penguin.
- Rutter, M. & Smith, D. (1995) *Psychosocial Disorders in Young People*, London: Wiley.

- Rutter, M.L., Tizard, J. & Whitmore, K. (eds) (1970) *Education, Health and Behaviour*, London: Longman.
- Rutter, M., Yule, B., Quinton, D., Roldands, O., Yule, W. & Berger, M. (1975) 'Attainment and adjustment in two geographic areas: III Some factors accounting for area differences', *British Journal of Psychiatry* 126: 520–33.
- Sameroff, A. (1975) 'Transactional models in early social relations', *Human Development* 18: 65–79.
- Satir, V. (1964) *Conjoint Family Therapy*, Palo Alto, CA: Science and Behavior Books.
- Schaffer, D. (1986) 'Developmental factors in child and adolescent suicide', in M. Rutter, C.E.Izard & P.B.Read (eds) *Depression in Young People: Developmental and Clinical Perspectives*, New York: The Guilford Press, pp. 383–96.
- Schlegel, A. & Barry, I.H. (1991) *Adolescence: An Anthropological Inquiry*, New York: Free Press.
- Schonert-Reichl, K.A. (1994) 'Adolescents' perceptions of their supportive relationships: the role of family, friends and professionals', paper presented at the Annual Meeting of the American Educational Research Association, New Orleans (April).
- Schunk, D.H. (1991) 'Goal setting and self-evaluation: a social cognitive perspective on self regulation', in M.L.Maecher & P.R.Pintrich (eds) *Advances in Motivation and Achievement* (vol. 7), Greenwich: AI Press, pp. 85–113.
- Schwartz, R. & Garamoni, G. (1989) 'Cognitive balance and psychopathology: evaluation of an information processing model of positive and negative states of mind', *Clinical Psychology Review* 9: 271–94.
- Schwarzer, R. & Schwarzer, C. (1982) 'Achievement anxiety with reference to reference groups in school', *Journal of Educational Research* 75 (5): 305–8.
- (1996) 'A critical survey of coping instruments', in N.Zeidner & N.S.Endler (eds) *Handbook of Coping*, New York: Wiley, pp. 107–32.
- Schweitzer, R., Seth-Smith, M. & Callan, V. (1992) 'The relationship between self-esteem and psychological adjustment in young adolescents', *Journal of Adolescence* 15 (1): 83–97.
- Seiffge-Krenke, I. (1989) 'Problem intensity and the disposition of adolescents to take therapeutic advice', in M.Brambring, F.Losel & H.Skowronek (eds) *Children at Risk: Assessment, Longitudinal Research and Intervention*, Berlin: De Gruyter, pp. 457–77.
- (1990) 'Developmental processes in self-concept and coping behaviour', in H.Bosma & S.Jackson (eds) *Coping and Self-concept in Adolescence*, New York: Springer-Verlag, pp. 50–68.
- (1993) 'Coping behavior in normal and clinical samples: more similarities than differences?' *Journal of Adolescence* 16: 285–303.
- (1995) *Stress, Coping and Relationships in Adolescence*, New Jersey: Erlbaum.
- Seiffge-Krenke, I. & Shulman, S. (1990) 'Coping style in adolescence: a cross-cultural study', *Journal of Cross-Cultural Psychology* 21 (3): 351–77.
- Seligman, M. (1992) *Learned Optimism*, Australia: Random House.
- (1995) *The Optimistic Child*, NSW: Random House Australia.
- Selye, H. (1974) *Stress Without Distress*, Philadelphia: Lippincott.
- (1979) 'Stress without distress', in C.A.Garfield (ed.) *Stress and Survival: The Emotional Realities of Life-threatening Illness*, St Louis: The C.V.Mosby Co., pp. 11–26.
- (1980) *Selye's Guide to Stress Research*, vol.1, New York: Van Nostrand Reinhold Co.

- (1991) 'History and present status of the stress concept', in A. Monat & R. Lazarus (eds) *Stress and Coping*, New York: Columbia University Press, pp. 21–35.
- Sewell, T.E., Farley, F.H., Manni, J.L. & Hunt, P. (1982) 'Motivation, social reinforcement and intelligence as predictors of academic achievement in black adolescents', *Adolescence* 17 (67): 467–656.
- Shulman, S. (1993) 'Close relationships and coping behaviour in adolescence', *Journal of Adolescence* 16: 267–83.
- Shulman, S., Carlton-Ford, S., Levian, R. & Hed, S. (1992) 'Coping styles of learning-disabled adolescents and their parents', article submitted for publication.
- Shulman, S., Fabian, B. & Rotenberg, S. (1992) 'Peer relations and coping in adolescence', unpublished manuscript.
- Shulman, S. & Klein, M.M. (1982) 'The family and adolescence: a conceptual and experimental approach', *Journal of Adolescence* 5 (3): 219–34.
- Shulman, S., Seiffge-Krenke, I. & Samet, N. (1987) 'Adolescent coping style as a function of perceived family climate', *Journal of Adolescent Research* 2 (4): 367–81.
- Siddique, C.M. & D' Arcy, C. (1984) 'Adolescence, stress and psychological wellbeing', *Journal of Youth and Adolescence* 13 (6): 459–73.
- Sidle, A., Moos, R., Adams, J. & Cady, P. (1969) 'Development of a coping scale', *Archives of General Psychiatry* 20: 226–32.
- Siegel, J.M. & Brown, J.D. (1988) 'A prospective study of stressful circumstances, illness symptoms, and depressed mood among adolescents', *Developmental Psychology* 24 (5): 715–21.
- Silverman, L.K. (1990) 'Social and emotional education of the gifted: the discoveries of Leta Stetter Hollingworth', *Roeper Review* 12 (3): 171–8.
- (1991) 'Family counseling', in N. Colangelo & G.A. Davis (eds) *Handbook of Gifted Education*, Boston: Allyn & Bacon, pp. 307–20.
- Smetana, J.G. (1988) 'Adolescents' and parents' conceptions of parental authority', *Child Development* 59: 321–35.
- Soyland, A.J. (1994) *Psychology as Metaphor*, London: Sage.
- Spencer, M.B. (1986) 'Risk and resilience: how black children cope with stress', *Social Science* 71 (1): 22–6.
- Spielberger, C.D., Gorsch, R.L. & Lushene, R.E. (1970) *Manual for the State-Trait Anxiety Inventory*, Palo Alto, CA: Consulting Psychologists Press Inc.
- Spirito, A., Stark, L.J. & Williams, C. (1988) 'Development of a brief coping checklist for use with pediatric populations', *Journal of Pediatric Psychology* 13 (4): 555–74.
- Spivack, G. & Shure, M.B. (1982) 'The cognition of social adjustment: interpersonal cognitive problem-solving thinking', in B.B. Lahey & A.E. Kazdin (eds) *Advances in Clinical Child Psychology* (vol. 5), New York: Plenum Press, pp. 323–72.
- Stark, L.J., Spirito, A., Williams, C.A. & Guevremont, D.C. (1989) 'Common problems and coping strategies, I: Findings with normal adolescents', *Journal of Abnormal Child Psychology* 17 (2): 203–12.
- Starr, A. (1977) *Rehearsal for Living: Psychodrama*, Chicago: Nelson-Hall.
- Steinberg, L. (in press) 'Interdependency in the family: Autonomy, conflict, and harmony in the parent-adolescent relationship', in *Normal Adolescent Development*, Washington, DC: Carnegie Council on Adolescent Development.
- Steinberg, L.D. (1987) 'Family processes at adolescence: a developmental perspective', *Family Therapy* 14 (2): 77–86.

- Stern, M. & Zevon, M.A. (1990) 'Stress, coping, and family environment: the adolescent's response to naturally occurring stressors', *Journal of Adolescent Research* 5 (3): 290-305.
- Stone, A.A. & Neale, J.M. (1984) 'New measure of daily coping: development and preliminary results', *Journal of Personality and Social Psychology* 46 (4): 892-906.
- Strober, M. & Humphrey, L.L. (1987) 'Familial contributions to the etiology and course of anorexia nervosa and bulimia', *Journal of Consulting and Clinical Psychology* 55 (5): 654-9.
- Tannebaum, A. (1991) 'The social psychology of giftedness', in N.Colangelo & G.A.Davis (eds) *Handbook of Gifted Education*, Sydney: Allyn & Bacon, pp. 27-44.
- Tannen, D. (1990) *You Just Don't Understand*, New York: Ballantyne Books.
- Tat, F.E. (1993) 'The use of coping strategies and styles in 2,264 Australian adolescent twins', unpublished Master's thesis, University of Melbourne.
- Tausig, M. & Michello, J. (1988) 'Seeking social support', *Basic and Applied Social Psychology* 9 (1): 1-12.
- Taylor, J.F. (1984) *Person to Person: Awareness Techniques for Counselors and Group Leaders, and Parent Educators*, Saratoga, CA: R & E Publishers.
- Teasdale, J.D. & Dent, J. (1987) 'Cognitive vulnerability to depression: an investigation of two hypotheses', *British Journal of Clinical Psychology* 26: 113-26.
- Tennen, H. & Herzberger, S. (1985) 'Ways of Coping Scale', in D.J.Keyser & R.C. Sweetland (eds) *Test Critiques*, vol. 3, Kansas City, KS: Test Corporation of America, pp. 686-97.
- Thoits, P.A. (1986) 'Social support as coping assistance', *Journal of Consulting and Clinical Psychology* 54: 416-23.
- Tisher, M., Tonge, B.J. & de L.Horne, D. (1994) 'Childhood depression, stressors and parental depression', *Australian and New Zealand Journal of Psychiatry* 28: 635-41.
- Tomchin, E., Callahan, C., Sowa, C., May, K., Taylor, J. & Plucker, J. (1995) 'Adolescents' social and emotional adjustment: patterns in gifted populations', paper presented at the Annual Meeting of the American Educational Research Association, San Francisco, CA (April).
- Violato, C. & Holden, B. (1988) 'A confirmatory factor analysis of a four-factor model of adolescent concerns', *Journal of Youth and Adolescence* 17: 101-13.
- Vuchinich, S. (1987) 'Starting and stopping spontaneous family conflict', *Journal of Marriage and the Family* 49: 591-601.
- Wallerstein, J.S. & Kelly, J.B. (1980) *Surviving the Breakup: How Children and Parents Cope with Divorce*, New York: Basic Books.
- Weininger, O. (1990) 'From the fast track to the fast lane—to what?' *International Journal of Early Childhood* 22 (1): 43-58.
- White, V., Hill, D., Hopper, J. & Frydenberg, E. (1995) 'Personality and coping: a longitudinal study of the association between personality and coping among a sample of Australian adolescent twins', Australian Psychological Society Conference, Perth, Australia.
- Wilks, J. (1986) 'The relative importance of parents and friends in adolescent decision making', *Journal of Youth and Adolescence* 15: 323-35.

- Williamson, J.A. & Campbell, W.P. (1985) 'Parents and their children comment on adolescence', *Adolescence* 20: 745–8.
- Wills, T.A. (1986) 'Stress and coping in early adolescence: relationships to substance abuse in urban samples', *Health Psychology* 5 (6): 503–29.
- Witmer, J. (1985) *Pathways to Personal Growth*, Muncie, IN: Accelerated Development.
- Wodarski, J.D. & Harris, L.P. (1985) *Adolescent Suicide: A Review of Influences and Means for Prevention*, St Louis, MO: Center for Adolescent Health.
- Wolf, N. (1990) *The Beauty Myth*, London: Vintage.
- Woodgate, K. (1993) 'Coping strategies, well-being, and now and future selves of adolescents who are affected by cystic fibrosis as compared to their healthy peers', study submitted for the Postgraduate Diploma in Child and Adolescent Psychology, University of Melbourne.
- Woodward, J.C. & Kalyan-Masih, V. (1990) 'Loneliness, coping strategies and cognitive styles of the gifted rural adolescent', *Adolescence* 25: 977–88.
- World Health Organisation (WHO) (1994) *World Health Statistics Annual*.
- Youngs, B.B. (1985) *Stress in Children: How to Recognize, Avoid and Overcome It*, New York: Arbor House.
- Zakin, D.F., Blyth, D.A. & Simmons, R.G. (1984) 'Physical attractiveness as a mediator of the impact of early pubertal changes for girls', *Journal of Youth and Adolescence* 13 (5): 439–50.
- Zeidner, M. (1990) 'Does test anxiety bias scholastic aptitude test performance by gender and sociocultural group?', *Journal of Personality Assessment* 55 (1): 145–60.
- Zeidner, M. & Hammer, A. (1990) 'Life events and coping resources as predictors of stress symptoms in adolescents', *Personality and Individual Differences* 11 (7): 693–703.
- Zill, N. & Schoenborn, C. (1991) '1988 National Health Interview Survey of Child Health', *APA Monitor* 22 (2).

Index

- A-Cope 28, 53, 55; social support 137
ability models 25–6
Abromson, L.Y. 178
abstract thinking 10
academic stressors 11, 12, 19–20, 35
achievement: concerns about 12–13;
coping strategies 30–31; gender
differences 89–90
activity 69
Adderholdt-Elliot, M. 155
adolescence 6–24; concerns 10–13,
102; developmental perspective 7–8;
life-span perspective 7–8; meaning
of family 103–4; psychopathology
7; transition to 6
Adolescent Coping Orientation for
Problem Experiences Inventory *see*
A-Cope
Adolescent Coping Scale (ACS) 28,
31–33, 49, 53, 58; adaptation to
divorce 121–4; age factors 71–5;
coping in the family 112; coping
skills training 195–6; development
of 61–6; ethnicity 106–7; features
63–6; gender differences 85–6;
gifted children 162–3; mother-
daughter pairs 116; reliability/
validity 58; social support 126, 129–
30; twin studies 69–70
Adolescent Life Change Event Scale
(ALCES) 53, 58
Adolescent Psychopathology Scale
(APS) 130
Adwere, B. 11
age factors 70–75
Albert, R.S. 159
Aldwin, C.A. 41
Alloy, L.B. 178
altruism 12–13
Alvino, J. 160
Amichai, Jehuda 183
anorexia nervosa 18
anticipatory coping 17
Antill, K.K. 11, 102
appraisal 17, 29, 30, 35–6, 42; family
events 111; gender differences 89
Argyle, M. 26
Aristotle 184
attitudes 3
Axeline, V.M. 186
Azar, B. 144, 151
Baltes, P.B. 8
Bandura, A. 17, 27–8, 108, 175
Banez, G.A. 4
Barnes, G.M. 104
Barry, I.H. 7
Bauwens, J. 20
Beck, A.T. 18, 145
Beck Depression Inventory (BDI) 18
Beer, J. 160
behaviour 3; as function of person/
environment 4–5
Belle, D. 84, 89, 200
Bennett, N.A. 18
Berger, K.S. 9
Berliner, D. 183
Bernard, M. 179
Bernt, D.J. 163
Billings, A.G. 28, 49, 52, 58, 62
bipolar disorder 141
Bird, G.W. 89
black children 45–6
Blackburn, A.C. 161

- Block, J. 90, 117
 Block, J.H. 117
 Bloom, B.S. 159
 Bloss, P. 105
 Boase, K. 114
 body image 90
 Boekaerts, M. 42, 53, 56, 197
 Boldero, J. 63, 77, 83, 130
 boredom 22–4
 Borge, Victor 180
 Bosma, H. 4, 76
 Bowlds, M.K. 9, 38, 59, 69, 120
 boys: coping 83–8; gifted 163, 173;
 social support 85, 135–7; *see also*
 gender differences
 Brems, C. 89
 Bronfenbrenner, U. 8, 127
 Buescher, T.M. 159
 Bullard, J. 153
 Bunnell, D. 90
 Burke, R.J. 89
 Burnett, P.C. 53, 57
 burnout 16
 Buss, A.H. 69
- Callan, V.J. ix, 110
 Campbell, W.P. 11
 Cannon, W. 15
 Capaldi, D.M. 120
 Caplan, G. 125
 career choices 83–4
 Carver, C.S. 4, 89
 Cauce, A.M. 119, 130
 Chabassol, D.J. 11
 challenge 17
 Chambers, W. 141
 Childhood Depression Inventory 141
 Childhood Depression Scale 141
 chronic illness 152–4
 Coddington, R.D. 21
 cognitive appraisal *see* appraisal
 cognitive development 9–10; and
 conflict 105
 cognitive phenomenological theory
 (cognitive transactional theory) 4,
 30–31
 cognitive therapy 144–5
 Cohen, J.J. 29, 185, 189, 196
 Cohen, L. 161, 162
 Cole, T. 20
- Coleman, J. 6, 9, 19, 162, 163
 Coleman, J.C. ix
 Coleman, L.J. 160
 College Coping Inventory 54
 Collins, J.K. 11, 102
 communication: in families 104–17;
 gender differences 96
 Compas, B.E. 4, 11, 13–14, 21, 34–5,
 39, 44–6, 52–3, 59, 71, 88–9, 130,
 140, 144, 200–201
 competence 150
 Comunian, A.L. 18
 Confer, W.N. 187
 conflict: in families 104–17; and family
 stress 118; mother-daughter 105–6
 confrontation 123
 Connell, W.F. 104, 105
 contexts 1
 Cooper, C.R. 105, 117
 coping: conceptual areas 32–4;
 consistency/variation 36–40, 59;
 correlates 68–80; cultural and
 socioecological perspective 28;
 definitions/ theories 25–34;
 dimensions 31, 50–52; effective 44–
 6; efficacy 40–44; emotion-focused
 33, 35, 39–40, 42; evolutionary and
 behaviour modification perspective
 28; flexibility 44–6; functional/
 dysfunctional 52–3; integrative
 perspective 28; Lazarus' theory 28–
 30, 35; life-cycle perspective 28;
 measurement *see* measurement;
 process 34–47; psychoanalytical
 perspective 28; research 25–8;
 resources 34, 48–9; strategies 34,
 48–9; styles 33–4, 48–9
 Coping Across Situation Questionnaire
 (CASQ) 28, 53, 56–7
 Coping Inventory for Adolescents
 (CIA) 53, 57
 Coping Response Inventory: Youth
 Form (CRI-Y) 53
 Costa, R.T. 59, 200
 counter-separation 105
 Cousins, N. 180
 Cowen, L. 153
 Cox, T. 33
 Craighead, W.E. 143
 Cronbach, L.J. 4

- Cross, A.H. 159
 Cross, T.L. 160, 161
 Csikszentmihalyi, M. 101, 156, 158, 159, 160
 Curtis, D. 11
 cystic fibrosis 153
 D'Arcy, C. 90
 Deci, E.L. 111
 deficit models 25–6
 Delisle, J.R. 163
 Dellow, D.A. 11, 12
 Demo, D.H. 105
 denial 84, 124
 Dent, J. 145
 depression 18–19, 130, 139–46;
 assessment 141–2; clinical signs
 140; cognitive therapy 144–5;
 coping 144–6; and despair 142–3,
 201; diagnosis 140–41; gender
 differences 143–4; and optimism/
 pessimism 178; prevalence 141; and
 resilience 152; social support 130,
 145; success depression 163–4; and
 suicide 144–8 (*see also* suicide); and
 temperament 150–51
 despair 142–3, 201
 development: cognitive *see* cognitive
 development; moral 10; physical
 changes 9; psychosocial 7–8; sexual
 9
 developmental psychology 7–8
 Dewey, John 4
 diabetes 153
 Dise-Lewis, J.E. 4, 28, 53, 56, 58
 divorce 20–21, 118–24
 Dornbusch, S.M. 7
 Dubois, D.L. 127
 Dusek, J.B. 55, 111
 Dweck, C.S. 45
 dysfunctional coping 52–3
 dysthymic disorder 141
 Earls, F. 7, 143
 eating disorders 18
 Ebata, A.T. 7, 8, 10, 69, 72, 151, 152,
 200
 education *see* school
 Edwards, D.W. 33
 Ehrenberg, M.F. 18
 Elkind, D. 6, 10, 17–18, 19, 20, 21, 76,
 118
 Elliott, G.R. ix, 7, 9
 Ellis, A. 179
 Eme, R. 11, 102
 Emery, R.E. 118, 120
 emotion-focused coping 33, 35, 39–40,
 42
 emotional literacy 179
 emotionality 69
 Endler, N.S. 58, 201
 endorphins 16
 environmental stress 19–21
 Erdwins, C.J. 160
 Erickson, M. 186
 Erikson, D.B. 161
 Erikson, E.H. 9, 103, 175
 Estes, C.P. 189
 ethnicity 106–7, 200
 Evans, G. 11, 12
 explanatory style 179
 extroversion 69–70
 Eysenck Personality Inventory 69
 Fahs, M.E. 33, 36, 84, 201
 Fallon, B. 85, 92, 112, 114, 116, 117,
 130, 201
 Family Crisis-Oriented Personal
 Evaluation (F-Cope) 108–9
 Family Environment Scale (FES) 63,
 112; conflict 116–17; high moral
 religious emphasis 117
 Family Functioning Scale (FFS) 114;
 high moral religious emphasis 117
 families: age-related factors 74–5;
 climate 110–11; communication in
 104–17; concerns about 102;
 conflict in 104–17; coping within
 101–24; experience of family life
 110–12; functioning 201–2;
 functioning styles 114; gender-
 related factors 85; ideal 109–10;
 meaning to adolescents 103–4;
 patterns of coping 114–17; stress
 and social support 131–2; stressors
 11, 19–21, 118; *see also* mother-
 daughter relationships, parents
 Fanshawe, J.P. 53, 57
 Farber, S.S. 98, 118, 119
 Farrell, C.M. 71, 85, 158, 201

- fear 189
 Feather, N.T. 89, 104
 Feldman, S.S. ix, 7, 9, 60, 89, 98, 137, 200, 203
 Felner, R.D. 4
 Ferguson, W.E. 163
 Fimian, M.J. 159
 Fish, M.C. 196
 Fish, W.C. 1
 flight or fight response 15–16
 Folkman, S. 3, 29–31, 33, 35–6, 38–42, 52–4, 63, 71–2, 83, 89–90, 202
 Ford, M.A. 160
 Forman, S.G. 14, 195
 Forsythe, C.J. 53
 Freud, A. 103
 Freud, S. 180–82
 Frey, D.E. 162
 Frydenberg, E. 4, 12–13, 28–9, 31, 33, 39, 49–50, 53, 58–62, 71–4, 77, 83–5, 88–92, 96, 102, 104, 106, 112, 114, 116, 119–23, 126, 129, 131, 135–6, 138, 161–3, 173, 185, 189, 195, 200–201
 functional coping 52–3
 Gad, M. 126
 Galbraith, J. 159
 Gallagher, J.J. 155
 Garamoni, G. 178
 Gardner, H. 156, 159
 Garnezy, N. 45, 148–9, 150, 201
 Garton, A. 71
 gender differences: achievement 89–90; and adolescent concerns 13, 102; appraisal 89; communication 96; and coping 81–100; depression 143–4; differentiation 81; effects of divorce 119–20; gifted children 83, 163, 173; and self-concept 82–3; and social support 98–9, 126, 133–8; socialisation 82; stress 88–9; *see also* boys, girls
 Gestalt therapy 186
 gifted children 155–74, 200; boys 163, 173; definition 155; development of talent 158–60; gender and coping 83, 163, 173; loneliness 173; psychosocial adjustment 160–74; at school 172, 173–4; social/emotional adjustment 161–3; stress 163–5; suicide 158
 Gilligan, C. 10, 82, 92
 girls: coping 88–96; gifted 163, 173; social support 89, 91, 133–5; *see also* gender differences
 Gjerde, P.F. 90
 Glyshaw, K. 58
 Goethe, Johann 181
 Goleman, D. 179
 Goodyer, I.M. 152
 Greenglass, E. 33, 126, 133
 Grinder, R.E. 155
 Groër, M.W. 53, 58, 88, 89
 Grotevant, H.D. 105, 117
 Guay, J.A. 111
 Hammen, C. 150
 Hammen, C.L. 140, 201
 Hammer, A. 30, 177
 Hansen, J. 120
 Hanson, C.L. 153, 201
 Hanson, E. 104
 Harper, J.F. 11, 102
 Harrington, R. 152
 Harris, L.P. 144
 Harris, R.L. 89
 Harter, S. 130
 Hauser, S.T. 9, 38, 59, 69, 117, 120
 headaches 16–17
 Heaven, P.C.L. ix
 Hendry, L. ix
 Heppner, P.P. 89
 Herzberger, S. 4, 28, 30, 37
 Hetherington, E.M. 118, 120
 Hirsch, B.J. 54, 125, 127, 128
 Holden, B. 11
 Holmes, T.H. 14
 Holzman, L. 175
 home environment 19–21
 hormonal response to stress 15–16
 Hourcade, J.J. 20
 humour 180–82
 Humphrey, L.L. 18
 Hunt, D.G. 4
 Hunter, F.T. 102
 Hurtig, A.J. 153
 hypothalamus 15–16
 Iffield, F. 41
 illness 152–4

- instruments 54–8
 intelligence 156–7
 IQ 156, 179
- Jackson, S. 4, 76
 Jay, G. 161
 Jaycox, L.H. 145, 201
 Jerusalem, M. 77
 Jessel, D. 82
 Johnson, J. 126
 Johnson, M. 184–5, 188
 Johnson, M.E. 89
 Johnston, W.F. 141
 Jorgensen, R.S. 55
 Joyce, M. 179
- K-SADS 141
 Kagan, J. 68
 Kaiser, C.F. 163
 Kalyan-Masih, V. 162, 173
 Kanner, A.D. 35, 118
 Kaufman, K.L. 11
 Kelly, J.B. 123
 Kelly, J.G. 33
 Kennedy, R.E. 126
 Kidcope 53
 Klein, M.M. 105
 Knapp, L.G. 4, 71
 Kohlberg, L. 10
 Korotkov, D. 182
 Kovacs, M. 141
 Kurdek, L.A. 69, 89, 120
- Lade, E.A. 116, 117
 Lade, L. 115, 116, 202
 Lakoff, G. 184–5, 188
 Lang, M. 141
 Lankton, C.H. 186, 188
 Lankton, S.R. 186, 188
 Larson, B.J. 18, 108
 Larson, R. 101, 159
 laughter 180–82
 Laumier, R. 3, 29, 30, 52
 Lave, J. 175
 Lazarus, R.S. 3–5, 17, 26, 27–31, 33–5, 38–42, 52–4, 63, 71–2, 83, 89–90, 202
- learning 175–7; to cope 174–97; and coping 201
 learning disability 108; gifted children 162
- Leary, D.E. 185
 Lefcourt, H. 182
 Lehman, E.B. 160
 Leigh, G.K. 108
 Lerner, R.M. 8, 9
 Lewin, K. 4, 30
 Lewis, R. 4, 12–13, 28–9, 31, 33, 39, 49–50, 53, 58–62, 71–2, 77, 83–5, 89–92, 96, 102, 106, 112, 114, 116, 119–23, 126, 129, 131, 135–6, 138, 162–3, 173, 195, 200–201
 Licht, B.G. 45
 Life Events and Coping Inventory (LECI) 28, 53, 56
 life-span psychology 7–8
 locus of control 90
 Loeb, R.C. 161
 Lu, L. 26
 Luthar, S.S. 45, 160, 161
- Maccoby, E.E. 150
 McCrae, R.R. 38, 59, 71, 200
 McCubbin, H.I. 28, 53, 55, 57, 63, 90, 91, 108, 119, 126, 137
 McMurray, N. 11
 Mahoney, M. 31
 major depressive disorder 141
 maladaptive coping styles 42–3, 145
 Manzi, P.A. 33, 36, 83
 Marsh, H.W. 63, 76, 77, 82
 Martin, J.A. 150
 Martin, R. 182
 mastery 178–9
 Matheney, K. 102, 201
 Mayers, P. 159
 measurement 46–7, 48–67;
 instruments 54–8; multivariate approach 53; outcomes 59–60; Personal Growth Dimension sub-scales 112; Relationship Dimension sub-scales 112–13; reliability/validity 58; scales 60–61; stability/change 59; System Maintenance sub-scales 113–14
 Mechanic, D. 180
 Meichenbaum, M. 31
 metaphor 183–95; stress management 189–90; as therapy 185–9
 Michello, J. 123, 125
 Minuchin, P. 103

- Mitchell, J.V. 4
 Moir, A. 82
 Montemayor, R. 104, 105, 118
 mood disorders 141; *see also*
 depression
 Moore, S. ix
 Moos, B.S. 63, 110, 112
 Moos, R.H. 28, 49, 52–3, 58, 62–3, 69,
 72, 110, 112, 151–2, 200
 moral reasoning 10
 Moreno, J.L. 195
 Morrow, J. 143
 mother-daughter relationships: conflict
 105–6; coping strategies 115–16,
 202
 motivations 3
 Muller, J. 130
 Munsch, J. 20
 myths 184–5

 Nakamura, J. 159
 Neale, J.M. 36, 38, 54, 58, 83, 89, 90
 network stresses 13, 88–9
 neuroticism 69–70
 Newman, F. 175
 Nicholson, S.I. 11, 102
 Nisbett, R.E. 4
 Nolen-Hoeksema, S. 143, 145
 Noller, P. ix, 110, 114

 objectivism 184–5
 Offer, D. 11, 76, 102
 Offer, J.B. 11, 102
 Olson, D.M. 108
 optimism 178–9, 201
 outcomes: measuring 59–60; social
 support 137–8

 parents: authoritative 111; control 102;
 relationships with 103–4 (*see also*
 mother-daughter relationships); role
 models 108–9
 Parish, T. 120
 Parke, R.D. 108
 Parker, J.D.A. 58, 201
 Parsons, A. 31, 85, 129, 201
 Patterson, G.R. 120
 Patterson, J.M. 28, 53, 55, 57, 63, 90,
 91, 119, 126, 137
 Pearlin, L. 41, 52, 54
 Pearse, B. 11

 Peck, R. 41, 54
 peer stressors 11, 19–20
 Penn Depression Prevention Program
 178
 perfectionism 164
 Perez, M. 42, 44
 person-environment interaction model
 4–5, 30
 personality 69–70
 Pervin, L.A. 40
 pessimism 178–9, 201
 Peter, L. 180
 Petersen, A.C. 7, 8, 9, 10, 20, 84, 90,
 126, 143
 Peterson, C. 105
 Peterson, G.W. 108
 Phelan, P. 19
 Piaget, J. 10, 103, 105
 Plato 184
 play therapy 186, 195
 Plomin, R. 69
 Poland, S. 146
 Pollins, L.D. 160
 Poole, M. 7, 8, 11, 12
 positivity 179
 Pratt, C. 71
 Prior, M. 11, 12
 problem-focused coping 33, 35, 39–
 40, 42; and depression 144
 psychodrama 186, 195
 psychoticism 69–70
 Ptacek, I. 35
 Puig-Antich, J. 141

 Radloff, L.S. 90
 Rahe, R.H. 14
 Range, L.M. 146, 158
 Rauste-von Wright, M. 71, 91
 Reicherts, M. 42, 44
 reinforcement 108
 relationships: age changes 73–5;
 concerns about 12–13; mother-
 daughter *see* mother-daughter
 relationships; with parents 103–4;
 supportive 127–33
 Renzulli, J.S. 155
 research 25–8
 resilience 44–6, 148–52, 201; and
 depression 152
 response-based stress 15–17

- Revenson, T.A. 41
 Reynolds, W.M. 130, 141
 Reynolds, W.R. 141
 Reynolds Adolescent Depression Survey (RADS) 130, 141
 rheumatic disease 152–3
 Rice, K.G. 144, 146
 Rigby, K. 103, 104
 Rim, Y. 182
 Rimm, S.B. 159
 Robinson, R. 159
 Roedell, W.C. 162
 Rogers, Carl 179
 Rollins, B.C. 103–4
 Roscoe, B. 11
 Rose, R.J. 69
 Rosenthal, D. ix, 120
 Rosenthal, D.A. 106
 Roskies, E. 26, 27, 31
 Ross, L. 4
 Ross, S.M. 12
 Rowley, G. 72–4
 Rowlinson, R.T. 4
 rumination 143–4
 Rump, E.E. 103, 104
 Runco, M.A. 159
 Rutter, M. 11, 18, 28, 35, 45, 68, 102, 119, 148–51, 198, 201
 Ryan, R.M. 111
- Sameroff, A. 8
 Sapp, G.L. 20
 Satir, V. 195
 Schaffer, D. 1
 Schlegel, A. 7
 Schoenborn, C. 98, 119, 120
 Schonert-Reichl, K.A. 130
 school 2; academic self-concept 76; academic stressors 11, 12, 19–20, 35; environment 19–20; friends 127; gifted children 172, 173–4; social support and academic success 129
 Schooler, C. 41, 52, 54
 Schunk, D.H. 27
 Schwartz, R. 178
 Schwarzer, C. 18, 50, 55, 60
 Schwarzer, R. 18, 50, 55, 60, 77
 Schweitzer, R. 76
 Seiffge-Krenke, I. 28, 33, 46, 59, 64, 52–3, 56–7, 71, 76, 89–91, 106, 109–10, 126, 152, 200–201
 self-blame 123
 self-concept 75–80; gender differences 82–3
 Self-Description Questionnaire (SDQ2) 77
 self-destructive behaviour 142–3
 self-efficacy 18–19, 26–8; perceived 27
 self-esteem 75–80
 self-mutilation 142–3
 Self-perception Profile 130
 self-reliance 90
 Seligman, M. 26, 77, 144, 146, 151, 175, 178, 179
 Selye, H. 15–16, 23
 separation 20–21, 118–24
 Sewell, T.E. 89
 sex differences (girls vs. boys) *see* gender differences
 sexual development 9
 sexual identity 9
 Shavelson, R.J. 76
 Shulman, S. 33, 59, 64, 71, 91, 105–6, 108–11, 114, 126, 200–201
 Shure, M.B. 60
 Siddique, C.M. 90
 Sidle, A. 38, 54, 84, 89
 Siesky, R.J. 120
 Silverman, L.K. 161
 Sinclair, R.J. 69
 skills: social *see* social skills; training 195–7
 Slavin, L.A. 130
 Smetana, J.G. 104
 Smith, D. 198
 sociability 69
 social adaptation 9
 social issues 2
 social learning theory 108
 social skills 127–8; and depression 144–5
 social support 125–38; and academic success 129; benefits 126–7; boys 85, 135–7; case study 128; coping with divorce 123; and depression 130, 145; family stress 131–2; gender differences 98–9, 126, 133–8; girls 89, 91, 133–5; outcomes 137–8; and trust 132–3

- socialisation: and gender 82; parental techniques 103–4
 Soyland, A.J. 183
 Spanier, G.B. 8, 9
 Spielberger, C.D. 40
 Spirito, A. 4, 53, 118, 126
 Spivak, G. 60
 sport 84
 Stark, L.J. 4, 84, 89, 126
 Starr, A. 186
 state-trait approach 39–40
 Steinberg, L.D. 105
 Stern, M. 4, 9, 38, 53, 111, 118
 Sternberg, Robert 157
 stimulus-based stress 14
 stimulus-response (S-R) model 26
 Stone, A.A. 36, 38, 54, 58, 83, 89, 90
 stress 14–24; academic stressors 11, 12, 19–20, 35; adolescent 17–19; boredom as 22–4; context 19–21; family stressors 11, 19–21, 118; gender differences 88–9; gifted children 163–5; hormonal response 15–16; indicators 21–4; management through metaphor 189–90; network stresses 13, 88–9; peer stressors 11, 19–20; research 26–8; response-based 15–17; stimulus-based 14; stimulus-response (S-R) model 26; stressors 11, 12, 16; transactional 17
 Stress and Coping Inventory (SCI) 53, 56
 Strober, M. 18
 subjectivism 184–5
 success depression 163–4
 suicide 146–8; factors 147–8; gifted children 158; incidence 1–2, 146; prevention 144–6, 148
 talent 158–60; *see also* gifted children
 Tannebaum, A. 156, 158
 Tannen, D. 96
 Tat, F.E. 69
 Tausig, M. 123, 125
 Taylor, B. 9
 Taylor, J.F. 186
 Teasdale, J.D. 145
 temperament 68–70, 200; and depression 150–51
 Tennen, H. 4, 28, 30, 37
 Terry, D.A. 114
 theoretical concepts 3–5
 Thoits, P.A. 126, 145
 Thomas, D.I. 103–4
 Tisher, M. 141
 trait concept 29, 39
 transactional stress 17
 trust 132–3
 twin studies: family patterns of coping 114–15;
 temperament 69–70
 variance 34
 Violato, C. 11
 Vuchinich, S. 104, 106
 vulnerability 44–6, 201
 Vygotsky, L.S. 175
 Waldhart-Letzel, E. 1
 Wallerstein, J.S. 123
 Walters, R.H. 108, 175
 Wampler, R.S. 20
 Ways of Coping Questionnaire (WOCQ) 53; age factors 71; gender 83
 Weininger, O. 20
 Weir, T. 89
 Wenger, E. 175
 White, L.S. 153
 White, V. 70
 Wigle, S. 120
 Wilks, J. 103
 Williamson, J.A. 11
 Wills, T.A. 39
 wishful thinking 90–91
 withdrawal 46, 52, 57
 Witmer, J. 188
 Wodarski, J.D. 144
 Wolf, N. 84
 Woodgate, K. 153
 Woodward, J.C. 162, 173
 Wortman, C.B. 45
 Youngs, B.B. 21
 Youniss, J. 102
 Zakin, D.F. 90
 Zeidner, M. 18, 30, 177
 Zevon, M.A. 4, 9, 38, 53, 111, 118
 Zigler, E. 45
 Zill, N. 98, 119, 120