

**Stress and Anxiety**  
**Application to Education and Health**

Edited by

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## CHAPTER 2

### **COPING COMPETENCIES IN THE EARLY YEARS: IDENTIFYING THE STRATEGIES THAT PRESCHOOLERS USE**

**Erica Frydenberg and Jan Deans, University of Melbourne, Australia**

In order to expand our understanding and advance young children's social emotional development we developed a three phase study to both assess and help develop young children's coping. Thus the current study sought to identify the coping actions of four to five year olds. Complementarily, it explored how parents' descriptions of their children's coping behaviour concur with and amplify those of teachers. The Phase 1 sample consisted of 20 four to five year old ( $M = 4.6$  years) inner-city Australian children and their parents. The parent survey related specifically to Separation, Communicative Problem Solving, Independent Problem Solving, Social Skills, and Adaptability. Parents were provided with a list of 27 coping strategies and asked to rate whether their child used each strategy. Both the child and parent responses were grouped into Active, Passive and Relational coping. By means of short interviews, children spontaneously provided more coping strategies than those listed in the parent survey. Children reported using more active coping than passive coping. Parent survey responses reported the identification of more passive coping strategies than were reported during the child interviews. Phase 2 asked 46 four-year-old children to describe their coping strategies when dealing with seven age-appropriate challenging situations. The results again indicated that preschoolers could articulate coping strategies that were then most clearly clustered into productive and non-productive coping styles. In Phase 3 parents and teachers completed 112 surveys for 46 children relating to their coping. Mothers reported more passive coping for their children than did the teachers. Overall there are indications that young children commonly adopt a wide range of coping strategies that are not widely recognized in current literature. Parents' perceptions of their children's coping vary from that of teachers and children themselves.

### **Introduction**

Despite the technological advances in our communities and the lifestyle benefits that accrue from progress, depression and other mental health issues are being experienced in 'epidemic' proportions in many Western communities, and in particular amongst young people and children. The search for effective ways to reverse this trend has resulted in a significant shift in

psychological approach from a focus on helplessness and pathology to a more positive orientation that emphasises health and wellbeing. The fostering of personal agency is an important component in 'inoculating' children, young people and adults against depression and freeing them to achieve success. An emphasis on coping rather than on stress and distress is a feature of this positive orientation. It is helpful to construe coping as a continuum that extends from the management of stress and adaptation to achieving success and flourishing in the pursuit of goals and meeting the challenges of everyday life. The earlier these skills are developed the better.

There is a strong intersection between socio-emotional competence and coping. Both coping and socio-emotional competence are protective factors for children against emotional and behavioural problems (Denham, 2006; Blechman, Prinz & Dumas, 1995). The elements of social and emotional competence that have been identified include emotional expressiveness, emotion knowledge, regulation of emotion and behaviour, social problem-solving and social and relationship skills (Denham, 2006). At the same time coping theorists have emphasised the importance of regulation of emotion and emotion-related behaviours.

Traditionally, researchers have frequently drawn on definitions of coping from models of adult coping. More recently, conceptualisations of coping are explicated for the early developmental periods. Some of the perspectives of coping in the early years include those outlined by Weisz and colleagues (Band & Weisz, 1988; Rudolph, Dennig, & Weisz, 1995; Weisz, McCabe, & Dennig, 1994), Skinner (1995; Skinner & Zimmer-Gembeck, 2007), Eisenberg and colleagues (Eisenberg, Fabes, & Guthrie, 1997; Eisenberg, Fabes, Nyman, Bernzweig & Pinnuelas, 1994), and Compas and colleagues (Compas, 2009; Compas et al., 2001).

Lazarus and Folkman (1984) in their seminal work with adults defined coping as cognitive and behavioural efforts to manage specific external or internal demands that are appraised as exceeding the resources of the individual. Eisenberg and colleagues defined coping as a subset of the broader category of self-regulation in response to stress (Eisenberg, Fabes, & Guthrie, 1997). They further distinguished among three aspects of self-regulation: "attempts to directly regulate emotion" (e.g., emotion-focused coping), "attempts to regulate the situation" (e.g., problem-focused coping) and "attempts to regulate emotionally driven behaviour" (e.g., behaviour regulation)" (Eisenberg, Fabes, & Guthrie, 1997, p. 45). Coping includes both volitional and automatic responses to stress. Thus, there are elements that include the internal emotional arousal and behaviours in response to the stressor as well as the regulation of the source of emotional arousal (Losoya, Eisenberg & Fabes, 1998).

However, when it comes to children theorists have the tendency to consider the possibility for change as originating from the situation itself, rather than from more internal or mental, sources (Carroll & Steward, 1984; Harris & Olthof, 1982). They are also likely to focus on

problem-related solutions, particularly when a problem appears to be controllable (Band & Weisz, 1988). As their cognitive and language skills mature, children also become progressively able to control their emotions and tolerate frustration. From the age of four children increasingly balance their personal goals with goals of others (Kopp, 2009). They also have a growing capacity to utilise strategic emotion-focused coping (Kopp, 2009).

It has also been demonstrated that young children tend to seek support from adults, withdraw or engage in behavioural activities as a form of distraction in their coping repertoire (Hampel & Peterman, 2005; Skinner & Zimmer-Gembeck, 2007). Compas (2009) noted the change in the preschool years where there is shift from interpersonal co-regulation to intrapersonal self-regulation between age two to five. Because young children may have fewer coping skills and therefore have less flexibility in selecting and utilising coping strategies their use becomes more situation-specific with age (Pincus & Friedman, 2004).

Since it is readily acknowledged that social and emotional development is critical for the success and well being of young children and particularly for school readiness (Denham, 2006), it is timely to focus on measurement and interventions. However, it has been argued that the limitations in coping measurement for children have been due to the lack of clarity and consensus regarding the nature of coping during childhood and adolescence (Compas, Connor-Smith, Saltzman, Thomsen & Wadsworth, 2001).

The Australian early years curricula documents (Belonging, Being and Becoming, 2009 & Victorian Early Years Development Framework, 2009) emphasise that the achievement of children is related to them having a strong sense of identity and wellbeing, becoming confident and involved learners and effective communicators. Additionally, it is considered important for children to be able to demonstrate an increased capacity to cooperate and work with others, to self-regulate and gradually learn to read the behaviour of others and respond appropriately. The ultimate aim is to promote in children a strong sense of self and to help them to develop a range of socio-emotional skills that are seen as essential precursors for successful learning. This three-phase program of research has been designed to achieve these objectives.

From research with children and adolescents, coping has been defined as the thoughts, feelings and actions that occur and are utilised to deal with situations (Frydenberg & Lewis, 1993). In this sense, coping goes beyond the emotion domain. It is akin to adaptation with situation, temperament, developmental and environmental factors playing a part (Frydenberg, 2008). When children believe that a stressor is manageable or controllable they are more likely to use problem-related or active coping strategies but when the situation is deemed to be outside their control they are more likely to use emotion-related or passive coping strategies, such as crying to release feelings (Boekaerts, 1996; Fields & Prinz, 1997). Essentially, these strategies are used to accommodate to the situation and to restore the individual to a sense of well-

being or equilibrium. No specific coping response is effective for all situations so for individuals it is a matter of building up a coping repertoire over time. We also know that there is no right or wrong coping but the situation determines what is likely to achieve the desired outcomes. Boys and girls cope differently and coping changes with age (Frydenberg & Lewis, 2000). Generally coping can be construed as productive where there are beneficial outcomes or non-productive when coping strategies do not achieve helpful outcomes. (Frydenberg & Lewis, 1993, in press)

The three-phase study reported in this chapter sought to identify relevant concerns and coping strategies of four to five year old children and also to establish a foundation from which a child-centred measurement and intervention tool to assess and teach coping skills can be developed.

## Method

The first study was conducted in 2008 as a pilot program and the second and third studies were conducted in 2009. The samples consisted of four to five year old inner-city Australian children, enrolled in a three day per week, long day 'Funded Four Year Old Kindergarten Program' [www.education.vic.gov.au/kindergarten](http://www.education.vic.gov.au/kindergarten). Subsequent to ethics clearance, participants were recruited into the study via family 'pigeon-hole' distribution in the kindergarten. Informed consent was obtained from all participants with children being given the opportunity to agree or not to agree to be involved in the interview process.

*Phase 1 – 2008.* The first phase of the study (Deans, Frydenberg & Tsuratani, 2010) sought to identify preschool children's coping responses and having these matched with parent's (n=17) understandings of their children's coping responses. Twenty 4 to 5 year old (M = 4.6 years) inner-city Australian children took part, nine males and eleven females. The format used with the children was essentially 'question – asking' with the 4 to 5 year population (Ary, Jacobs & Razavich 1996) and an on-line questionnaire was used with the parent population.

The 5-8 minute interviews were conducted with the children to assess their perceived stresses or worries and the range of coping strategies that they employed. The interviews were recorded and transcribed for analysis. The child interview questions were made up of six general coping questions (e.g., "What do you do when you're worried?") and 5 situation-specific coping questions (e.g., "What would you do if you had a fight with a friend?").

Seventeen parents completed an on-line survey: Which of these strategies does your child use to cope in the following situations? Separation from parents (e.g. child saying goodbye to parent and going off to kindergarten), Friendship, Power, Relationship with teacher, Relation-

ship with siblings, Night fears and Transitions. Parents were asked to identify their child's main concern and respond on a three point likert scale (never, sometimes, a lot) as to which strategies their child used to cope from a list of 29 possible strategies.

Questions 1-6 of the survey related specifically to Separation, Communicative Problem Solving, Independent Problem Solving, Social Skills, and Adaptability. That is, parents were asked to identify their child's main concern. In question 7 parents were provided with a list of 27 coping strategies and asked to rate whether their child used each strategy 'Never, Sometimes, or A Lot' with either main concern.

The 10-15 minute survey was developed with reference to the social and emotional development of four-year old children (Berk, 2000) and an adapted version of the Children's Coping Scale (Lodge & Frydenberg, 2004; Jones, 2007). It was designed using 'Survey Monkey' and made available to parents online via a link through the kindergarten's website. Employing a 'Likert Rating Scale' parents were asked to indicate their degree of agreement or disagreement with the questions asked. The final item asked them whether there were any other strategies that their children employed.

Parent and child responses were also categorised into three groupings. Active - describing what children do, Passive - describing how children withdraw or avoid difficult situations and Relational - describing how children deal with situations involving others. Parent survey responses to the coping strategies listed in Q7 ("Which of these strategies does your child use to cope with problems") were used to compare child and parent responses. 20 children interviewed spontaneously reported 36 different coping strategies. These were made up of 20 active coping such as "just play and pretend, just try and fix it", seven passive coping strategies, such as "cry, I would feel sad, I would do nothing", and nine relational coping strategies such as "I would tell a grown up or I would ask for help". Parent survey data consisted of parent ratings of the extent to which their child uses the 27 coping strategies. These were made up of six active coping strategies such as "go outside and forget about the problem", 14 passive coping strategies such as "cry or scream" and seven relational coping strategies such as "ask for help".

Children reported more active coping strategies and fewer passive strategies than those listed in parent survey. Overall, children spontaneously provided more coping strategies than those listed in the parent survey. Strategies that children reported included 'Cuddle my toy', 'ask a grown up for help' and 'I try to find a friend to play with'.

Overall, this group of preschool children demonstrated that they had a comprehensive range of coping strategies available to them. The interviews generated a wide range of coping strategies adopted by preschoolers that are not recognised in the current literature. 'Complain of



illness' was a coping strategy listed in the parent survey – only one parent responded “Sometimes” providing an interesting insight into parent recognition of psychosomatic symptoms.

*Phase 2 – 2009.* The second phase of the study (Chalmers, 2009) also used the question-asking format with the 46 children (25 females and 21males) who agreed to participate out of the 80 who were invited to do so from a long day pre-school program Children were asked to describe their coping with seven age-appropriate challenging situations, namely, fear of separation; the dark; being teased; fear of negative evaluation by an adult and feeling excluded (Fields & Prinz, 1997; Sorin, 2005). The final seven situational cards used in the interview were called: 1) Separation from parent, 2) Friendship, 3) Don't like something, 4) Relationship with teacher, 5) Teasing, 6) Night fears and 7) Making a choice. In this phase of the study images of the situations derived from the first phase of the study were presented to the children. The questions were accompanied by professionally developed visual cards. For the seven situations children were asked: What do you see in this picture? Has this happened to you? How did it make you feel? What did you do to make yourself feel better?

The 46 children offered in total 268 coping responses to the seven situations. Over 89% of students nominated more than three productive coping strategies. The majority of children (76%) used one or no non-productive coping strategies. Once again the results indicated that the children were able to appraise the situation appropriately and offer thoughtful coping responses. These included comments such as, “Sometimes I scream”. Does that help? “No. I'll play a game away from the person that is trying to tease me.” “I would play with the one and then I would check with them to see if they want to play with me now?”.

It was confirmed that preschoolers are able to appraise a situation. For situations the children perceived as controllable they used primary control techniques such as problem solving. Situations the children perceived they could not control they used secondary control techniques such as ignoring the problem or seeking help and comfort. It was found that the most frequently used coping strategy for saying goodbye to a parent was “seeking comfort” (n = 2); for being left out of a game it was “solving the problem” (n = 22), for choosing between friends it was “solving the problem” (n = 30), for being told off by the teacher it was “doing nothing” (n = 9), “solving the problem” (n = 8), and “seeking comfort” (n = 7), for being teased it was “solving the problems” (n = 19), for having night fears it was “ignoring the problem” (n = 15) and for having to choose between things that the child doesn't like it was “seeking help from a grown up” (n = 19).

Overall, the study showed that four to five year old children were able to regulate their distress in situations that were within their control by means of strategies such as negotiating, taking turns to play in a game or asking if they can play. Additionally, children of this age are able to do more than regulate their emotions; they can both describe and evaluate their coping.

The generated coping strategies could be grouped in productive and non-productive coping. Children of this age, contrary to the literature (e.g. Band & Weisz, 1988) could also talk about self-calming such as 'tell myself a happy story'.

*Phase 3 – 2009.* In the third phase of the study (Tsurutani, 2009) parents and teachers completed 112 identical coping surveys for 46 four to five year old children that were developed in the first phase of the study. The general question asked the participants how frequently their child used a set of 14 coping strategies that were refined from the Phase 1 study, on a 3-point Likert scale (i.e. never, sometimes or a lot) and the same 14 strategies were presented for the situation-specific coping, where parents were asked to indicate which situation upset their child most out of the seven offered. If the situation was relevant for their child they were asked to complete it in reference to coping. The coping items were taken from the Adolescent Coping Scale (Frydenberg & Lewis, 1993) and were made up of items such as, Keep feelings to self, Cry, Play, Blame others, Blame Self, Think happy thoughts, Help others, Hug a toy, Complain of pain, Talk to an adult, Work hard, Worry, Fall apart, ignore, Hide, Runaway and Scream.

An exploratory factor analysis (principal components analysis, PCA) was conducted for 90 completed surveys. It has been noted that generally a sample size of 300 is required for factor analysis but under some circumstances 100 or maybe 50 are deemed to be acceptable (Tabachnick & Fidell, 2007). Differences between parent and teacher responses were tested using paired-samples t-tests.

The PCA with Varimax rotation was run with 14 coping strategies using the sample of surveys completed by the teachers. The five-component solution was accepted of which four components were retained. Non-productive coping (inhibition;  $\alpha = .54$ ) comprised of items: Cry/feel sad, Worry and Seek comfort from a special toy/ blanket. Productive coping ( $\alpha = .75$ ) comprised of items, Work hard to fix the problem, Help others, Think positive thoughts, Seek Support from friends and Play and get on with it. Non-productive (anger;  $\alpha = .77$ ) coping comprised of items: Get angry at self, Get angry and blame others. Non-productive coping (social withdraw;  $\alpha = .68$ ) comprised of items, Do nothing and Keep to self.

Parents' mean ratings for children's use of the strategy Cry ( $M=2.33$ ,  $SD=.52$ ) was notably higher than teacher's ratings ( $M=1.74$ ,  $SD=.69$ );  $t(42)=-5.21$ ,  $p<.05$ . Similarly, parents' ratings for Complain of illness ( $M=1.38$ ,  $SD=.53$ ) was greater than teachers' ( $M=1.07$ ,  $SD=.26$ );  $t(41)=-3.31$ ,  $p<.05$ . Parents' mean ratings for Seek help from grown-up ( $M=2.52$ ,  $SD=.5$ ) was also significantly greater than teachers' ratings ( $M=2.31$ ,  $SD=.51$ );  $t(42)=-2.03$ ,  $p<.05$ . In addition, parents' ratings for Get angry with others/blame others ( $M=2.24$ ,  $SD=.53$ ) was significantly greater than teachers' ratings ( $M=1.68$ ,  $SD=.65$ );  $t(40)=-4.83$ ,  $p<.05$ . Teachers' mean

ratings for Keep feelings to self ( $M=2.10$ ,  $SD=.72$ ) was significantly higher than parents' ratings ( $M=1.69$ ,  $SD=.56$ );  $t(41)=3.16$ ,  $p<.05$ . Furthermore, teachers' mean ratings for children's use of the strategy Seek support from friends ( $M=2.20$ ,  $SD=.67$ ) was higher than parents' ( $M=1.78$ ,  $SD=.57$ );  $t(40)=3.58$ ,  $p<.05$ . No other significant differences were found between parent and teacher ratings for other strategies.

The paired-sample t-test was also used to compare mean ratings of mothers and fathers for children's use of general coping strategies. The means and standards deviations for ratings by mothers and fathers on the frequency with which their child uses each strategy to cope with a problem generally were analysed. No significant differences were found between mothers' and fathers' ratings of their child's use of coping strategies except for the strategy Work hard to fix the problem. Fathers' mean ratings for this strategy ( $M=2.24$ ,  $SD=.43$ ) was significantly higher than mothers' ( $M=1.88$ ,  $SD=.33$ );  $t(16)=-2.96$ ,  $p<.05$ .

Overall, mothers reported more passive coping for their children than did the teachers. One difference that was noted was that fathers were more likely to think that children worked hard at solving problems than then did the mothers. Teachers and parents could identify with children's experiences to the same extent except school teachers saw children having to choose between two groups of children to play with as more common in school.

### **What we learned and what we are doing**

The research studies have demonstrated that young children can identify a range of challenging situations that they face. They can articulate and utilise a wide range of coping strategies that are not generally recognized in the current literature. Parents' perceptions of their children's coping vary from that of the teachers and the children themselves. It needs to be clearly acknowledged that it is difficult to measure coping in the early years in a reliable fashion, due to the developmental and situational variability of the construct. Indeed it is not advisable to categorise children according to their coping capacities but rather to encourage effort and exploration of how it is possible to cope in a range of situations that children in the early years confront. Nevertheless, it has been helpful to identify the constructs and to appreciate the range of coping skills that children as young as four years of age have in their repertoire of coping.

Moreover, since there is evidence that coping can be learned in 2010 the teachers in the setting where the studies have been conducted have utilised the coping images in the context of their language, arts and music curriculum. The images are being used by teachers and parents to support affective education in their classrooms. Children learn how to respect self and others, develop relationships and the importance of friendship, how to communicate feelings ap-

appropriately, who they are and their place in the world, cultural diversity and difference and empathy and care for others and the environment. Parents have reported positive outcomes from using the cards saying that the cards have been effective in helping them to start and maintain difficult and challenging conversations. Teachers have also piloted the cards in the playrooms and they too have reported that they are easy to use and that they have become a permanent visual tool that is used daily to help support incidental and intentional teaching in relation to socio-emotional issues. Parents in partnership with teachers have also reported that the cards provide an effective way to help them continue conversations that may have begun in the playroom. They have also reported that the cards can be used within the family for a wide range of challenging/stressful situations that are confronted on a daily basis.

The situation and coping images (Frydenberg & Deans, 2011) that were developed as a result of these three studies, are an accessible resource that can be used by parents and teachers to develop a deeper understanding of children's thoughts and feelings about a range of everyday situations. They also provide parents and teachers with a visual tool to help gain a better understanding of individual children's emotional development in order to support positive emotional adjustment and to help their children, particularly when they are experiencing difficulties.

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