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The Relationship Between Parental Rearing, Self-Efficacy and Resilience in the Development of a Coping Style

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THE RELATIONSHIP BETWEEN PARENTAL REARING, SELF-EFFICACY AND RESILIENCE IN THE DEVELOPMENT OF A COPING STYLE

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Dissertation Approval

This is to certify that the thesis presented to us by Hillary Koskinen Vescio on the 21st day of April, 2016, in partial fulfillment of the requirements for the degree of Doctor of Psychology, has been examined and is acceptable in both scholarship and literary quality.

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Abstract

The current study investigated the relationship between self-efficacy, resilience, perceived parental rearing and the use of adaptive or maladaptive coping strategies. The Brief Coping Orientation to Problems Experienced Inventory (Brief COPE; Carver, 1997) was used to assess participant's coping styles. The General Self-Efficacy Scale (GSES; Schwarzer & Jerusalem, 1995) was utilized to assess a participant's self-efficacy. The Brief Resilience Scale (BRS, Smith et al., 2008) was used to measure resilience, and the Parental Authority Questionnaire (PAQ; Buri (1991) was used to assess perceived parental rearing. A between-subjects design with two multiple regressions was used to evaluate the relationship between these factors. One hundred and twenty nine participants participated in the study. Results of the study found that participants who reported low self-efficacy, low self-esteem and low resilience utilized maladaptive coping strategies. Results, however, did not support the idea that perceived authoritarian or permissive parental rearing influenced maladaptive coping. Additionally, results did not support the hypothesis that high self-efficacy, high self-esteem, high resilience or perceived authoritative parental rearing resulted in adaptive coping. Findings from this study highlight the need for interventions aimed at increasing individuals' self-efficacy, self-esteem and resilience in order to aid individuals in using more adaptive coping strategies. Findings from this study also highlight the difficulties that arise when attempting to dichotomize coping; they also highlight the need for future research to examine specific stressors and look qualitatively at how individuals deal with those specific stressors.

Keywords: adaptive coping, maladaptive coping, self-efficacy, resilience, parental rearing

Table of Contents

List of Tables

Chapter 1: Introduction

Statement of the problem

Coping generally refers to the cognitive and behavioral ways one uses to deal with both the emotional and the instrumental aspects of stress (Lazarus & Folkman, 1984). The strategies individuals use to deal with stress can either reduce or amplify the effects of adverse life events and conditions (Skinner et al., 2003). Research has been conducted to compare different types of coping to see which coping strategies are most effective. The majority of research has found that more active types of coping such as problem-focused strategies tend to be more effective than emotion-focused and avoidant coping strategies (Billings & Moss, 1981; Brannon & Feist, 2009; Doron, Thomas-Ollivier, Vachon, & Fortes-Bourbousson, 2013; Dumont & Provost, 1999; DeLongis, Lazarus & Folkman, 1988; Shell et al., 1991). More active types of coping have been defined as adaptive because they focus on dealing actively with stressful situations and on improving an individual's functioning (Bannon & Feist, 2009). Maladaptive forms of coping such as emotional coping or avoidant coping tend to be less effective. These forms of coping, such as rumination or denial, do not directly address the stressful situation that the individual is dealing with and, therefore, only delay the coping process (Billings & Moss, 1981; Brannon & Feist, 2009; Doron, et al., 2013; Dumont & Provost, 1999; DeLongis et al., 1988; Shell et al., 1991).

Researchers have found that individuals who use adaptive forms of coping tend to be less vulnerable to emotional distress, compared with those who use maladaptive forms of coping (Doron et al., 2013). Those who use more adaptive forms of coping also report higher self-esteem, hardiness, optimism and self-efficacy when compared with those who

use maladaptive forms of coping (Taylor & Stanton, 2007). Individuals who rely on more maladaptive forms of coping tend to have poor mental health, physical health risks, anxiety, and low self-esteem when compared with those who use adaptive forms of coping (Dumont & Provost, 1999; Taylor & Stanton, 2007).

How an individual copes can affect a number of different aspects of an individual's physical, mental and social health; researchers, therefore, have attempted to examine the factors that contribute to the use of certain coping strategies (Eisenbarth, 2012; Schnider, Elhai, & Gray, 2007; Wei et al., 2008). Previous models of coping have identified self-esteem, social economic status, ethnicity, and social support as some of the contributing factors to one's coping style (Eisenbarth, 2012; Schnider et al., 2007; Wei et al., 2008). However, there is evidence to suggest that additional factors may be involved in how an individual copes.

Self-efficacy and resiliency are two factors also associated with coping. Bandura (1977, 1982) proposed that an individual's sense of self-efficacy determines whether or not coping behaviors will be initiated and sustained, as well as how much coping effort will be expended. Bandura's research is old, however, and there has been limited research since then that has examined how an individual's self-efficacy could impact individuals' levels of confidence at initiating certain coping strategies. Other researchers have looked at resilience as an important factor in how an individual copes after being faced with a stressful situation; however, little research has looked at whether or not an individual's resilience can influence how he or she initially copes with stress. For example, Turner and colleagues (2012) found that using certain coping strategies, such as believing in powers of a benevolent mediating control (religion), can positively influence one's

resilience. However, this study was done retroactively and did not look at whether or not an individual's resilience may have helped him or her chose to use religion as a coping strategy.

It has been indicated that parenting style is another factor that influences coping. It is, however, rarely included within models of coping. According to research by Clark, Novak and Dupree (2002), the family environment is an important contextual factor that has the potential of influencing psychosocial and physical health trajectories. In particular, the quality of parenting has been found to be associated with numerous developmental outcomes (Maccoby & Martin, 1983; Baumrind, 1991). There are various studies indicating that parenting practices are related to the development of internalizing and externalizing behaviors, of self-concepts, substance use and coping (Clark et al., 2002; Mboya, 1995; Cohen & Rice, 1997; McCabe et al., 1999; Griffin et al., 2000).

Studies that examined parenting style and adolescents found that maternal warmth protects adolescents from negative reactions to stress (Wagner et al., 1996), promotes problem-focused coping and the use of social support (Hardy et al., 1993; McIntyre & Dusek, 1995; Shell et al., 1991). It is believed that the greater sense of warmth that parents provide may encourage children to seek out others both for emotional and for instrumental support when stressed (Darling, 1999). Parents who exhibit less warmth but use more discipline generally have children who are obedient and proficient, but rank lower in happiness, social competence and self-esteem (Darling, 1999). Shell et al. (1991) found that perceived maternal negativity predicted the use of emotion-focused coping, distraction, and avoidance.

Purpose of the study

The purpose of this study is to explore the relationship between coping and various variables that are hypothesized to have an influence on how people choose to cope. For example, a parenting style that encourages self-confidence and problem solving may help an individual gain a sense of self-efficacy, and, in turn, that individual may develop a better sense of coping. There is research that has discovered a relationship between parenting style and coping (Darling, 1999; Hardy et al., 1993; McIntyre & Dusek, 1995; Shell et al., 1991), as well as a relationship between resilience and coping (Turner at al., 2012). A relationship has also been established between self-efficacy and coping (Taylor & Stanton, 2007). However, as mentioned previously, the research is not current, and there has not been a study that looks at all of these factors together within a model of coping.

This study conjunctively examined the relationship between coping, resiliency and self-efficacy. It examined how an individual's past, perceived parental rearing experiences influence his or her coping, especially with regard to factors such as resiliency and self-efficacy. A better understanding of the relationship between and among variables may be useful to identify, enhance and develop interventions and resources geared toward more effective coping with life stressors. Interventions and resources can be used to provide support to elevate self-efficacy and help manage and regulate negative feelings aroused by life stressors. Interventions could also be targeted to parents in order to provide education on the effects of different parenting styles. Specifically, support could be given to those that use parenting styles that have a negative effect on coping.

Chapter 2: Literature Review

Coping

Stress is a negative experience accompanied by predictable emotional, biochemical, physiological, cognitive, and behavioral accommodations (Baum, Garofalo & Yali, 1999). Coping generally refers to the cognitive and behavioral ways that one uses to help maintain psychosocial adaptation during stressful periods (Lazarus & Folkman, 1984). Coping is a process that involves four steps. The first step, appraisal, involves determining the meaning of an event or situation and its implications for one's well-being. In other words, one has to decide if the event is stressful, and, if it is, whether or not it can be controlled. The second step involves selecting a coping strategy; this is done after taking stock of one's coping resources, the stressor, and the likelihood that the coping strategy will be effective. Coping strategies have been defined as "learned, deliberate and purposeful emotional and behavioral responses to stressors that are used to adapt to the environment or to change it" (as cited in, Smith & Carlson, 1997, p.236). The third step entails actually carrying out the coping strategy. The final step consists of evaluating one's coping efforts on the effectiveness of eliminating or reducing the stressor (Smith & Carlson, 1997).

The coping strategies individuals use to deal with stress can either reduce or amplify the effects of adverse life events and conditions (Skinner, Edge, Altman, & Sherwood, 2003). Although researchers have found over 400 different ways that individuals cope (Skinner et al., 2003), most strategies that are used fit into one of three categories of coping: problem-focused coping, emotional coping or avoidant coping (Carver, 1997; Lazarus & Folkman, 1984). More active types of coping strategies, such

as problem-focused coping, include actively dealing with a situation, seeking social support, and cognitive decision-making (Carver, 1997; Billings & Moos, 1981). Emotional coping strategies focus on the management of emotions, such as venting, humor, wishful thinking, or reinterpretation (Carver, 1997; Billings & Moos, 1981). Reinterpretation and wishful thinking could be considered a cognitive activity as well; however, this is not discussed by the Carver et al. (1997). Instead they refer to reinterpretation as a "type of emotion-focused coping that is aimed at managing distressed emotions rather than dealing with the stressor per se (Carver, Scheier, Weintraub, 1989, p. 269)." Avoidant coping strategies that do not alter the problem in any way, such as self-distraction, denial, self-blame and/or substance use could be both cognitive and behavioral in nature (Carver, 1997; Billings & Moos, 1981).

Research has been conducted to compare different types of coping to see which coping strategies are most effective. The majority of research has found that more active types of coping, such as problem-focused strategies, tend to be more effective than emotion-focused and avoidant coping strategies (Billings & Moss, 1981; Brannon et al., 2009; Doron, et al., 2013; Dumont & Provost, 1999; Folkman & Lazarus, 1988; Shell et al., 1991). However, it could be hypothesized that emotion-focused strategies can help improve the emotional component of the stress and subsequently lead to the individual being better able to utilize active coping strategies. This, however, is not discussed within the literature. Folkman and Lazarus (1988) found that problem-focused strategies reportedly have positive associations with measures of psychological well-being. These types of coping are considered adaptive because they promote coping methods that improve an individual's functioning (Brannon et al., 2009).

Adaptive coping

Active (cognitive) coping strategies. Adaptive forms of coping tend to be active coping strategies because they generally involve cognition to manage the stressors. For example, planning is considered an active adaptive coping strategy because it involves thinking about how to address the stressor productively. Suppression of competing activities is another form of active adaptive coping that involves suppressing one's attention to other activities in which one might engage, in order to concentrate more cognitively on dealing with the stressors (Carver, Scheier, & Weintraub 1989). In fact, attention given only to the emotions related to the stressor(s) may be seen as a competing activity to problem-solving coping, as discussed by D'Zurilla & Nezu (2007). Other adaptive coping strategies include positive reinterpretation of the stressor and considering outcomes as an opportunity for growth, making the best of the situation by growing from it or viewing it in a more favorable light. Those who use adaptive cognitive strategies such as positive reinterpretation may be less vulnerable to emotional distress and, therefore, less likely to develop a psychological disorder (Doron et al., 2013).

Adaptive forms of coping tend to be associated with optimism, the feeling of being generally able to do something about stressful situations (which is often defined as self-efficacy); these can positively influence self-esteem, and hardiness (Taylor & Stanton, 2007). Active adaptive forms of coping have also been found to be inversely related to trait anxiety (Carver et al., 1989). Other researchers have found that active forms of coping, such as cognitive reappraisal and problem-solving coping have been found to improve the ability to manage stressful events and are tied to decreased distress and improved health outcomes (Taylor & Stanton, 2007).

Emotion-based coping strategies. In addition to adaptive coping strategies that are more cognitively based, there are a few strategies that rely more heavily on the emotional aspect of coping. Carver and colleagues (1989) explored strategies such as seeking emotional support (getting sympathy or emotional support from someone) and religion (increased engagement in religious activities) and found that they are not explicitly associated with active coping because these rely more decidedly on emotional aspects of coping rather than on cognitively seeking solutions. However, religion could be seen as a cognitive form of coping rather than an emotional form of coping if one views the idea of using one's religious beliefs to actively manage and deal with stress.

There appears, however, to be mixed results with regard to religion being an adaptive form of coping. More recent research has found that religious coping is typically related to positive outcomes to stressful events. For example, Ano and Vasconcelle (2005) found that religious coping efforts involving the belief in a just and loving God, the experience of God as a supportive partner, involvement in religious rituals, and the search for spiritual and personal support were significantly related to positive outcomes such as positive mental health status and spiritual growth. However, other studies have found religious coping to be related to negative outcomes, such as distress while coping with the loss of a family member to homicide (Thompson & Vardaman, 1997). Studies have also found religion to be related to negative mood, low self-esteem and greater anxiety while coping with a major life event such as illness or injury, the death of a close friend or relative, or relationship problems (Ano & Vasconcelle, 2005). In general, individuals that use adaptive coping strategies have been found to better manage stressful events, have better health outcomes, higher self-esteem

and more social supports than individuals who use maladaptive forms of coping (Taylor & Stanton, 2007).

Maladaptive coping

Maladaptive coping strategies are strategies that do not increase functioning and, typically, they temporarily decrease the symptoms an individual is experiencing; however, the stressor maintains its strength or becomes more stressful. According to Carver and colleagues (1989), who developed a scale to assess different coping strategies, maladaptive forms of coping included focusing on and venting emotions, behavioral disengagement and mental disengagement. Although some strategies categorized as maladaptive may be found to be adaptive in the short term (i.e., emotional-focused coping and avoidance), over time they become less effective coping strategies and therefore, become categorized as maladaptive (Suls & Fletcher, 1985). Focusing on and venting of emotions is the tendency to focus on whatever distress one is experiencing and to ventilate or discharge those feelings (Carver et al., 1989). According to Felton, Revenson, & Hinrichsen (1984), this type of coping can be functional in the short-term; however, the use of this strategy over long periods of time and without moving toward more active/cognitive types of coping can impede adjustment because nothing is actually being done to resolve whatever caused the stress. Additionally, focusing on distress may also distract people from active/cognitive coping efforts and, therefore, individuals may not be able to move beyond the distress (Carver et al., 1989).

Additionally, emotion-focused coping, such as distraction, according to Terry (1994), tends to be associated with poor mental health. Terry (1994) found that there is a mutually reinforcing causal cycle between poor mental health and maladaptive coping

strategies. The greater the initial level of emotional distress and the greater the severity of the problem, the more likely individuals are to use maladaptive coping, further increasing emotional distress and increasing the probability of problems in the future. As previously discussed, however, emotion-focused coping could play an important role in how individuals initially cope with a stressor. For example, avoidance of an event may be important in order for an individual to disengage from the emotional aspect of stress and then engage in an active form of coping. Understanding the role that emotions play in the evaluation of a stressor is an important component of problem-solving therapy, which is a cognitive-behavioral intervention geared to improve an individual's ability to cope with stressful experiences (D'Zurilla & Nezu, 2007).

Behavioral disengagement is defined as the reduction of one's effort to deal with the stressors, even giving up the attempt to attain goals with which the stressor is interfering (Carver et al., 1989). Behavioral disengagement is reflected in the phenomenon that is also identified as helplessness (Holohan & Moss, 1987). It is believed that behavioral disengagement is most likely to occur when people expect poor coping outcomes (Carver et al., 1989). Avoidance, which is closely related to behavioral disengagement, is found to be another dysfunctional way of coping because it allows an individual to escape temporarily from stress, which may lead to the creation of other stressors (Carver et al., 1989; Jex et al., 2001). For example, mental and physical avoidance may distract from an individual's inability to handle stress; however, this, in itself, may eventually become a stressor (Carver et al., 1989; Jex et al., 2001).

A specific type of behavioral disengagement, substance abuse refers to the use of alcohol or drugs as a way of disengaging and/or avoiding both emotionally and/or

cognitively from the stressor; this is categorized as a maladaptive coping strategy according to several researchers (Carver, 1997; Carver et al., 1989; Jex et al., 2001). Although the use of substances to disengage from stressors may be seen as maladaptive, there may be times when use of a substance could be beneficial for an individual. For example, the use of a medication/substance that helps to manage mood, distress or uneasiness of the mind could help an individual more actively engage in problem-solving and/or other cognitive stress-reducing activities. This illustrates the possibility that coping strategies that incorporate both active/cognitive and emotion-based strategies can be adaptive. Therefore, it may be challenging to categorize cognitive and emotion-based coping strategies either as adaptive or as maladaptive.

Mental disengagement, a variation of behavioral disengagement, is thought to occur when behavioral disengagement cannot occur (Carver et al., 1989). Mental disengagement occurs with the use of a wide variety of activities that serve to distract an individual from thinking about the behavioral dimension or goal with which the stressor is interfering. Types of mental disengagement include daydreaming, escaping through sleep, or escape by immersion in TV (Carver et al., 1989). Carver and colleagues (1989) also considered denial another type of mental disengagement because individuals attempt to reject the reality of the stressful event.

For Carver and colleagues (1989), and Jex, Bliese, Buzzell and Primeau, (2001), other forms of maladaptive coping included rumination, self-blame, and catastrophizing. Rumination, which is conceived as a pattern of behaviors and thoughts that focus an individual's attention on his or her emotional state (Broderick, 1998), has been found to be associated with high levels of psychological distress, such as symptoms of anxiety and

depression (Thompson et al., 2010). Self-blame is defined as a belief that the person has, in some way, intentionally brought about negative outcomes that can lead to psychological distress (Voth & Sirois, 2009). Frazier, Mortensen and Steward's (2005) research on self-blame, particularly as a coping strategy following sexual assault, found that self-blame is associated with social withdrawal, which leads to greater distress. Other research on sexual assault found self-blame to be associated with feelings of guilt and shame (Ullman, 1996). Catastrophizing is defined as predicting a negative outcome, and jumping to the conclusion that, if the negative outcomes did in fact happen, it would be a catastrophe. Keefe, Brown, Wallston, & Caldwell (1998)'s research on the use of catastrophizing as a coping strategy, in particular for pain, found that those who use such strategies experience higher levels of pain and greater functional disability than those who use other types of coping. Because catastrophizing does not appear to help maintain psychosocial adaptation during stressful periods it is reasonable to ask about the reasons why is it considered a coping strategy at all.

Emotional-focused coping involves strategies that attempt to manage internal demands and conflicts such as stressful emotions (Franks & Roesch, 2006). Although this has been categorized by some researchers as a maladaptive coping strategy, it is again important to note that there has been some debate within the literature about whether or not emotional-focused coping can be considered adaptive, depending on the situation/stressor. Some research has shown that emotional-focused coping, which attempts to regulate the emotional distress caused by the stressor, can be adaptive initially (Terry, 1994).

Research on prisoners of war (POWs) has produced mixed results regarding which types of coping strategies are adaptive and which are maladaptive. Some research has found that detachment from stressful situations and giving up hope were perceived as maladaptive coping strategies during solitary confinement (Solomon, Ginzburg, Neria, & Ohry, 1995), yet other research found that emotion-focused coping decreased anxiety and over all distress levels in POWs during captivity (as cited by Ford & Spaulding, 1973, in Solomon et al., 1995). Specifically, detachment was found to be a coping strategy that contributes to growth (Solomon & Dekel, 2007). It is possible that detachment facilitates compartmentalization, and allows feelings of growth to exist beside feelings of suffering and distress. Because POW's could not change their immediate prison environment, they had no other recourse but to withdraw and use detachment as an adaptive coping mechanism.

Medical research has also found inconsistent results regarding adaptive and maladaptive coping strategies. Heckman et al. (2004) found that upon notification of a questionable mammography result, women's use of cognitive avoidance regarding the potential outcome that had been predicted, reduced anxiety after the women were informed that they did not have breast cancer. For example, women who were able to put off thinking about cancer when notified of a questionable mammography diagnosis were less anxious than those who focused on the idea that their results might be indicative of cancer. Similar short-term benefits were found for the use of avoidance with patients who were told they had a cardiac disease (Levine, 1987). Researchers found that patients spent fewer days on a coronary care unit following a cardiac surgery when they used denial to cope, compared with non-deniers. However, over time, deniers were less

adherent to exercise training and had more days of re-hospitalization than those who did not deny that they had a cardiac disease (Levine, 1987). Other studies examined how individuals deal with surgery and found that the emotional coping strategy of denial was associated with faster recovery time. Collins and colleagues (1983), however, stated that duration of stress is an important factor in the effectiveness of denial as a coping strategy. They found that if a stressor ends quickly, denial may succeed in bringing an individual through a difficult period of time with minimal distress. If a stressor lasts for an exceedingly long time, denial can become increasingly difficult to maintain and, therefore, maladaptive (Collins, Baum & Singer, 1983). Again these findings point to the fact that avoidance or emotional coping can be helpful in the short term; however, it ultimately becomes a less effective coping strategy over time, and, therefore, is categorized as a maladaptive way of coping (Suls & Fletcher, 1985).

Researchers have also demonstrated contradicting findings when it comes to the use of acceptance (accepting the fact that the stressful event has occurred and is real) as a form of coping (Ano & Vasconcelles, 2005; Carver et al., 1989). Some believe that it is a less explicitly dysfunctional way of coping, yet others have suggested that it is a maladaptive way of coping because it can often lead to an individual feeling helpless (Carver et al., 1989). Carver and colleagues (1989) found that if individuals accept a stressful event to be out of their control, they are more likely to give up trying to deal with the stress and accept the fact that they are helpless to overcoming or adapting to the stressful event (Carver et al., 1989).

Lack of adaptive coping resources and reliance on maladaptive coping strategies have been found to be associated with the development of mental and physical health

risks. Taylor & Stanton's (2007) research states that those who rely on maladaptive coping or lack coping skills suffer negative psychological, autonomic, neuroendocrine and immune responses when under stress, and these can place an individual at greater risk of developing a mental health and/or physical ailments. Research on maladaptive strategies such as rumination, catastrophizing and self-blame found that those who engage in these types of coping strategies are more vulnerable to emotional distress, which tends to be associated with poor mental health (Terry, 1994). Maladaptive forms of coping such as denial and behavioral disengagement were found to have a positive correlation with trait anxiety and negative correlation with optimism. Maladaptive coping was also found to have a negative correlation with self-efficacy, self-esteem, and hardiness (Carver et al., 1989).

Adaptive vs. maladaptive coping

The ways in which people cope have been of particular interest to those in the medical field because a number of studies have found that certain coping strategies can have influential effects on one's physical health. For example, Franks and Roesch (2006) concluded that individuals diagnosed with cancer who appraise their disease as highly threatening were more likely to use problem-focused coping strategies. The researchers hypothesized that those who felt threatened by their diseases might still have had hope that action could bring about positive change and, therefore, were more likely to use active forms of coping such as problem-focused coping (Franks & Roesch, 2006). The researchers also found that individuals diagnosed with cancer who believe their disease had caused harm or loss tended to engage in more avoidance (Franks & Roesch, 2006). It is believed that this type of strategy is utilized as a management tactic to divert one's

energy away from the source of the threat (Franks & Roesch, 2006). Additionally, the researchers found those who appraised their illness as a challenge tended to use more problem-focused and approach-oriented coping (Franks & Roesch, 2006). For example, some individuals diagnosed with cancer saw their illnesses as learning experiences and/or experiences that would make them stronger. Therefore, they engaged in more approach-oriented coping such as seeking information about cancer and treatment options, seeking social support and believing in the effectiveness of one's action in managing their cancer (Franks & Roesch, 2006).

This research also highlights the importance of a person's sense of control over his or her stressful experience. Most of the literature on coping points to the concept of locus of control as an important factor in an individual's use of a specific coping strategy (Franks & Roesch, 2006) and, therefore, may be related to a person’s level of perceived self-efficacy. Locus of control is conceptualized either as internal or as external. Internal locus of control is an individual's belief that one can control events that affect him or her, but external locus of control is the belief that outcomes are based on events outside of one’s control (Judge & Bono, 2001). Those who believe they are in control of the stressor, indicating internal locus of control, will more likely use active coping strategies (Franks & Roesch, 2006). When situations seem less controllable, alternative strategies are often used, such as avoidance or emotional disengagement (Carver et al., 1989). Because perceived sense of control plays an important role in coping, it is important to examine additional factors related to control. Similar to locus of control is the concept of self-efficacy. Both self-efficacy and locus of control represent a belief in oneself, relative to one's environment (Judge & Bono, 2001). Both concepts are manifestations of one's

core self-evaluation (Judge & Bono, 2001). According to research, locus of control is theoretically related to generalized self-efficacy; however, the two concepts differ in one important respect (Judge & Bono, 2001). Self-efficacy pertains to confidence with respect to actions or behaviors, whereas locus of control is more concerned with confidence in being able to control outcomes (Judge & Bono, 2001). For example, someone with high locus of control would believe that he or she has control over the outcome of a situation, whereas someone with high self-efficacy would believe that he or she has the skills to overcome the situation. Self-efficacy is similar to locus of control (Judge & Bono, 2001); however, it has rarely been examined in relation to coping.

Self-Efficacy

Self-efficacy has been described by some as a trait and by others as a state (Bandura, 1982; Gardner & Pierce, 1998). According to Bandura (1982), self-efficacy reflects an individual's momentary belief in his or her capability to perform a specific task at a specific level of performance. This type of self-efficacy is referred to as specific self-efficacy. Generalized self-efficacy has been found to be a stable cognition that people hold and carry with them, reflecting the expectation that they possess the ability or capability, when given instruction and practice, to successfully perform tasks in a variety of achievement situations (Gardner & Pierce, 1998). Self-efficacy is often correlated with success in task performance; people who possess high self-efficacy predict that they are likely to succeed at task performances (Gardner & Pierce, 1998). Coping with stress can be seen as a task; it is therefore important to see if an individual's self-efficacy is related to his or her ability to cope.

Self-efficacy and coping. Although most of the research on coping has focused on self-esteem as a contributing factor to the type of coping strategy that is utilized, some research has found that self-efficacy plays a role as well (Bandura, 1977; Lazarus & Folkman, 1984). According to Bandura (1982), an individual's sense of self-efficacy and self-esteem determines whether or not coping behaviors will be initiated and sustained, as well as how much coping effort will be expended. Bandura's (1982) research points to the fact that both self-esteem and self-efficacy contribute to one's ability to cope. The differences between self-esteem and self-efficacy are often difficult to flesh out. Although the two concepts are self-beliefs (Jex et al., 2001), the major difference between the two concepts is that self-efficacy reflects a belief in one's abilities to execute a task, whereas self-esteem refers to a self-perception about one's competence. In other words, self-esteem is an evaluation of self, but self-efficacy is a belief of self (Gardener & Pierce, 1998).

Self-efficacy, like self-esteem, gradually emerges through the experiences that an individual accumulates (Gardener & Pierce, 1998). The cognitive appraisal and integration of the data stemming from daily experiences ultimately determine an individual's self-efficacy. From the research that has examined the relationship between self-esteem and self-efficacy, it has been hypothesized that self-efficacy can often inform one's sense of self-esteem. Self-esteem is shaped by an individual's generalized feelings of efficacy, and, in turn, one's self-efficacy influences ones attitudes and behaviors (Bandura & Locke, 2003). In other words, individuals who generally predict higher probability of task success (high self-efficacy) are more likely to perceive themselves as highly capable (high self-esteem) (Gardener & Pierce, 1998).

Although self-efficacy has received less attention than other self-beliefs such as self-esteem, there are logical reasons why self-efficacy should be considered in terms of coping with stress. Self-efficacy reflects one's belief that a given course of action can be carried out (Bandura, 1997) and, therefore, it is logical to conclude that stressors would be much more threatening to those who do not perceive themselves as being capable of coping with the stress. Presumably then, self-efficacy influences coping; individuals with high self-efficacy are more likely to believe that they can cope or find a way to cope by seeking support and information, etc. and utilize resources, despite the stress they face. It has been suggested that those who are confident in their abilities to perform under stress are likely to use effective ways of coping (Gardener & Pierce, 1998; Bandura & Locke, 2003) and that their beliefs increase the likelihood that stressors will have a less negative or debilitating impact on the individual (Jex et al., 2001). It can be hypothesized that high self-esteem develops after an individual engages in coping successfully with stress due to their positive self-efficacy. This would further explain how one's sense of self-efficacy informs one's level of self-esteem (Bandura & Locke, 2003).

Resilience

The term resilience has been used in a number of different contexts and, therefore, has been defined many different ways. Resilience is often confused with the term "thriving" or "adaptation" (Yi et al., 2008). According to Carver (1998), resilience is different from thriving, which refers to moving to a superior level of functioning following a stressful event. Resilience is different from adaptation because that term refers to changing to adjust to a new situation (Carver, 1998). As part of developing a scale to measure resilience, Smith and colleagues (2008) developed a basic definition of

resilience. They define resilience as returning to the previous level of functioning (e.g., bouncing back or recovery) (Carver, 1998). The current study will be using the Brief Resilience Scale, developed by Smith et al. (2008); therefore, the definition provided by the researchers will be used to define the term resilience for the purpose of this study.

Resilience and coping. Within the literature, resilience is often related to coping in a number of different contexts. It has been equated with coping in regard to one's ability to restore or maintain internal or external equilibrium when faced with a significant threat (Greeff & Van Der Merwe, 2004). Resilience has also been studied in terms of recovery in the face of trauma such as abuse or injury (Greeff & Van Der Merwe, 2004). Finally, resilience has been defined as the presence of protective factors or processes that moderate the relationship between stress and risk (Greeff & Van Der Merwe, 2004). Turner, Goodin, & Lokey (2012) found that certain conditions facilitate an individual's life-span resiliency. In particular they found that a sense of personal and/or secondary control greatly influences an individual's resiliency. Similarly, Drapeau et al. (1999) found that the greater perception of control over a situation that a person realizes, the more likely he or she would be resilient. It can be hypothesized then that self-efficacy would also play a role in resilience. If an individual believed in his or her ability to cope with a stressful situation (high self-efficacy), he or she may be more likely to perceive a sense of control over a situation; this would, therefore, impact his or her level of resilience.

Belief in a higher power has also been found to influence one's resiliency (Turner et al., 2012), despite being considered a maladaptive coping strategy by some researchers. Turner and colleague's (2012) found that believing in powers of a benevolent, mediating

control, such as religion, can influence one's resilience. Individuals who believe in the combinations of a benevolent mediating control and a life in which they jointly participate though their own choices and feelings of self-efficacy will exhibit greater personal control and resiliency (Turner et al., 2012). Because resilience has been shown to continue through the life-span and has a profound influence on one's interpretation of negative life events (Turner et al., 2012), numerous studies have been conducted to evaluate those factors that impact a child's resilience. Specifically, research has been conducted to evaluate how parenting affects a child's resilience.

Researchers found that parental involvement (e.g., consistent discipline and clearly demarcated parameters) leads to resilience in children because it provides a sense of security. (Greeff & Van Der Merwe, 2004). Similarly, establishing consistent expectations, rules and consequences for behavior and developing a system for supervising children has also been found to be positively related to greater resilience in children (Eggum, Sallquist, & Eisenberg, 2011; Greeff & Van Der Merwe, 2004). Research has found supervision to be particularly important in high-risk settings (Greeff & Van Der Merwe, 2004). Because resilience can be exacerbated or harmed by certain parental factors, it would be important to investigate if particular styles of parenting affect a child's resilience.

Perceived Parental Rearing

Researchers have developed the concept of parenting styles to describe the interaction between parents and their children during the socialization process. Furthermore, researchers have hypothesized that coping strategies are acquired through this socialization processes of parenting and, therefore, have emphasized the importance

of parental rearing practices (McIntyre & Dusek, 1995). According to Clark, Novak, & Dupree (2002) the family environment is an important contextual factor that has the potential of influencing psychosocial and physical health trajectories. The quality of parenting behaviors and beliefs are associated with numerous developmental outcomes (Maccoby & Martin, 1983; Baumrind, 1991). In particular, research indicates that parenting practices are related to the development of internalizing and externalizing behaviors, self-concepts, substance use and coping (Clark et al., 2002; Mboya, 1995; Cohen & Rice, 1997; McCabe & Clark, 1999). Since 1966, researchers have conducted a great deal of research evaluating parent-child interactions using the prototype of parental patterns developed by Baumrind (1971), authoritative parenting, authoritarian parenting and permissive parenting.

Parenting styles. Parenting style captures two important elements of parenting: parental responsiveness and parental demandingness (Ishak, Low, & Lau, 2012; Maccoby & Martin, 1983). Parental responsiveness is the term used to describe parental warmth and supportiveness. According to Baumrind (1991), parental responsiveness is "the extent to which parents intentionally foster individuality, self-regulation, and self-assertion by being attuned, supportive and acquiescent to children's' special needs and demands" (Baumrind, 1991, p. 62). Parental responsiveness has also been defined as the level of acceptance, nurturance and involvement a parent displays (Ishak, Low, & Lau, 2012; Maccoby & Martin, 1983). Parental demandingness (also referred to as behavioral control) is a term used to describe "the claims parents make on children to become integrated into the family whole, by their maturity demands, supervision, disciplinary efforts and willingness to confront the child who disobeys," (Baumrind, 1991 pp.61-62).

Categorizing parents according to whether they are high or low on parental demandingness and responsiveness creates three distinct categories of parenting: authoritative, authoritarian, and permissive (Maccoby & Martin, 1983). Each of these parenting styles reflects different, naturally occurring patterns of parental values, practices, and behaviors that have unique influences on children (Baumrind, 1991; Maccoby & Martin, 1983).

Authoritative parenting style. Authoritative parents demonstrate a well-balanced blend both of demandingness and of responsiveness characteristics into their parenting practices (Ishak et al., 2012). Authoritative parents monitor and impart clear standards for their children's conduct (Darling, 1999). They are assertive, but not intrusive and restrictive (Darling, 1999). They tend to use disciplinary methods that are supportive, rather than punitive (Buri, 1991; Darling, 1999) Authoritative parents want their children to be assertive as well as socially responsible, self-regulated and cooperative (Baumrind, 1991).

Authoritarian parenting style. Authoritarian parents are highly demanding and directive, but not responsive (Darling, 1999). According to Ishak et al. (2012), demandingness is the most prominent characteristic of an authoritarian parenting style. These parents tend to be focused on their children's obedience and expect that their orders to be obeyed without explanation. These parents provide well-ordered and structured environments with clearly stated rules (Baumrind, 1991).

Permissive parenting style. Permissive parenting style is often divided into two different categories. Parents are considered either indulgent or uninvolved. Indulgent parents are more responsive than they are demanding (Buri, 1991; Darling, 1999; Ishak et

al., 2012). They tend to be nontraditional and lenient, do not require mature behavior, allow considerable self-regulation, and avoid confrontation (Darling, 1999). Uninvolved parents are those that are perceived to be low both in responsiveness and in demandingness (Darling, 1999).

Parenting style and coping. In terms of coping, research suggests that parents play an instrumental role in introducing modes of affect regulation and coping strategies to youth by teaching and modeling strategies (Chapman & Mullis, 1999; Melnick & Hinshaw, 2000). This parental contribution to the child's affective and coping repertoire continues through adolescence and into adulthood (Clark et al., 2002; McKinney & Power, 2012).

Wagner and colleagues (1990) found that maternal warmth protects adolescents from negative reactions to stress. Others, however, have found that maternal warmth promotes problem-focused coping and the use of social support (Hardy et al., 1993; McIntyre & Dusek, 1994; Shell et al., 1991). Similarly, Dusek and Danko (1994) found that adolescents who perceived their parents as employing an authoritative parenting practice employed more problem-focused coping strategies than those who perceived their parents as using an authoritarian style. Children raised by parents using authoritative parenting styles were also found to be happier and had lower instances of depression when compared with children of parents who used other parenting styles (Milevsky, Schlechter, Netter & Keehn, 2007). Furthermore, children raised by parents using an authoritative parenting style were more capable and successful, alluding to the fact that they are able to cope with life's demands (McIntyre & Dusek, 1994). However, it is important to point out that the sample for their research consisted of individuals who

were currently attending a private university in central New York. It can be assumed that there were additional factors involved in their personal beliefs that they were capable; these may include factors such as higher social economic status because they were able to attend a private college. Although additional demographics were not provided, race could also play a role in the findings; Caucasian individuals, raised in a middle to high socioeconomic status, may be more likely to be raised by authoritative parenting because that is the preferred style by that subgroup of individuals.

Authoritative parenting has also been shown to promote the learning of one's competencies and skills and also to promote psychosocial adjustment through encouraging independence; this also fosters self-discipline, maturity and respect for others (Darling, 1999). As a result, authoritative parenting is positively associated with problem-focused coping and a tendency to engage in difficult tasks rather than avoid them (McIntyre & Dusek, 1994). Dusek and Danko (1994) hypothesize that authoritative rearing styles encourage the use of problem-focused coping by promoting the use of instrumental and emotional social support, and at the same time insulating adolescents from employing less effective means of coping; however, the researchers do not explain further how they reached that conclusion. Authoritative parenting style has also been found to have beneficial effects on self-esteem and self-efficacy (Darling, 1999; Milevsky et al., 2007). It is also hypothesized that the sense of warmth that authoritative parents provide may encourage children to seek out others for emotional and instrumental support when stressed (Darling, 1999).

In particular, Clark et al. (2002) found that authoritative parenting was negatively related to the general coping strategy of "seeking diversions." That is, individuals who

perceived their parents as being more involved and accepting of them tended not to cope by seeking diversions. In the same study, Clark and colleagues (2002) found that adolescents who felt that they could go to their parents and close friends as additional sources of support learned how, successfully, to employ more active problem-solving strategies modeled by parents and peers, as opposed to engaging in negative attention seeking behaviors such as anger. Parents are often considered a main source of social support for children, adolescents, and young adults and, therefore, parents who are emotionally available and engaged in their children's lives would be considered an available social support for their children. This finding highlights the point that parental involvement has an influence on the development of certain coping strategies.

According to research, authoritarian parenting styles generally lead to children who are obedient and proficient, but they rank lower in happiness, social competence and self-esteem (Darling, 1999). Johnson and Pandina (1991) found that perceptions of paternal and maternal hostility were positively related to self-medicating and outward expressions of emotions in males. Similarly, Shell et al. (1991) found that perceived maternal negativity predicted the use of emotion-focused coping, distraction, and avoidance. Research has also shown that individuals raised by authoritarian parents are more likely to engage in avoidance coping strategies rather than engaging in demanding activities (McIntyre & Dusek, 1994). Other research has found that authoritarian parenting is harmful to child development and produces conduct problems later in life (Thompson, Hollis, & Richards, 2003). Milvesky et al. (2007) found that permissive parental rearing was a risk factor for lower self-esteem and poor life satisfaction in

adolescents. In addition, children raised by permissive parents were more likely to experience adjustment problems later in life (Fite, Stoppelbein, & Greening, 2009).

Conflicting research. There have been mixed findings in the research regarding the negative influences of certain parenting styles, particularly regarding authoritarian parenting. According to a study done by Dusek and Danko (1994), those who perceived their parents as using indulgent or neglectful rearing styles (permissive parenting style) used more cognitive coping strategies such as laughing at the matter or praying. However, Dusek & Danko (1994) did not find parental rearing styles to be related to the use of emotion-focused coping efforts. Other research has found that perceptions of parental strictness were associated with fewer avoidance behaviors (Darling, 1999; McIntyre & Dusek, 1994). For example, McIntyre and Dusek (1994), theorized that authoritariane parenting involves high demands on children to behave responsibly and as a result they may learn that events (or aspects of events) are to some degree controllable. This could lead to the increased use of problem-focused coping as well as reduced use of less effective means of coping such as mental disengagement. Some of these findings might be due to cultural difference and/or socioeconomic factors that are often observed and discussed in the literature concerned with parenting style.

Most research on parental rearing styles has been composed primarily of European American participants, with very few participants of other ethnicities. This is important to mention because some research has found that authoritarian parenting has been adaptive for certain ethnicities and socio-economic classes, in particular African-American children and those of low socioeconomic status (Baumrind, 1972; Maccoby, 1980). For instance, Brody and Flor (1998) found that in some cultural groups, children

perceive the high level of control associated with authoritarian parenting as harsh and consider it evidence of parental rejection (Brody & Flor, 1998). However, they found that African-American children appear to benefit in some ways by having authoritarian parents (Greening, Stoppelbein, & Luebbe, 2010). In particular, high levels of control are hypothesized to protect youths from dangerous surroundings and promote the development of self-regulation (Brody & Flor, 1998). Researchers also theorize that authoritarian parenting practices are viewed as a sign of parental involvement and concern within certain communities (Brody & Flor, 1998). In particular, high levels of paternal control and vigilance with moderate family openness were positively associated with better academic performance among African American adolescents (Brody & Flor, 1998). According to research by Greening et al. (2010), an authoritarian parenting style was also found to be a protective factor from suicidal behavior in African-American children with depressive symptoms. It is believed that the demanding obedient nature of authoritarian parenting conveys respect and positive expectations for African-American youth, acting as a buffer from psychosocial adjustment problems that could lead to suicide. This was found to be especially true for children living in a low income, high risk neighborhoods (Greening et al., 2010). However, others argue that authoritative parenting is an effective parenting practice for African-American parents just as it is an effective parenting practice for Caucasian parents (Querido et al., 2002). According to Querido and colleagues (2002), authoritative parenting style was most predictive of fewer behavior problems in their sample of African-American preschool children. The researchers found that most parents in their study reported engaging in child-centered parenting, which included responsiveness, nonrestrictive beliefs about childrearing and a negative belief

about the use of physical punishment. The discipline strategy that was most often endorsed by the participants in the study was reasoning, a component of authoritative parenting (Querido et al., 2002).

Another factor influencing parental rearing style is socioeconomic status (Landsford et al., 2009; Maccoby, 1980; Querido, Warner, & Eyberg, 2002). Maccoby (1980) found that parents who are considered lower in socioeconomic status tend to use an authoritarian parenting style, whereas parents who are higher in socioeconomic status usually endorse a more authoritative parenting style. There is competing evidence regarding whether or not authoritarian parenting produces better outcomes than authoritative parenting among parents of lower socioeconomic status (Darling, 1999). Authoritarian parenting has been found to be harmful in some cultures, helpful for other cultures, and in some instances, authoritarian parenting may be the product of stress or even low socioeconomic status (Lansford et al., 2009; Querido et al., 2002). Although certain aspects of authoritarian parenting may appear unpleasant, some argue for the efficacy of these practices in certain populations. Some researchers have stated that authoritarian parenting represents a functional adaptation to contexts that are more dangerous than those that families of higher socioeconomic status deal with, regardless of race or cultural affiliation (Brody & Flor, 1998).

Proposed Model of Coping

The research has indicated that there are relationships between self-efficacy and resilience (Bandura, 1977, 1982), parenting and resilience (Darling, 1999) as well as a relationship between parenting style and coping (Darling, 1999; Hardy et al., 1993; McIntyre & Dusek, 1995; Shell et al., 1991), resilience and coping (Turner at al., 2012)

and between self-efficacy and coping (Taylor & Stanton, 2007). However, resiliency and self-efficacy in combination with parental rearing has not been looked at in combination with coping.

For example, an individual who has high self-efficacy is more likely to perceive himself or herself as capable of being able to cope with stress. Research has found that those who are confident in their ability to perform under stress are likely to use effective ways of coping (Gardener & Pierce, 1998; Bandura & Locke, 2003). Being able to cope with stress confidently, in an adaptive way, can act as a barrier, and increase the likelihood that stressors will have a less negative impact on the individual (Jex et al., 2001). Therefore, the individual would be able to bounce back from the stressor, creating resiliency (Schwarzer, 1992). It could be assumed that those who use maladaptive coping, in turn, would have their sense of resiliency affected. If individuals are unable to cope with stress, they will not regard themselves as able to recover and, therefore, would be less resilient (Drapeau et al.1999).

Similarly, Drapeau et al. (1999) found that if a person has the perception of being in control of a situation the greater is the likelihood that he or she will be resilient. Therefore, individuals who believe in their ability to cope with a stressful situation (high self-efficacy) will be more likely to perceive that they have control over a situation and this, therefore, will impact their level of resilience (Drapeau et al., 1999). Additionally those with low self-efficacy will perceive less control over a situation and therefore will engage in maladaptive forms of coping and have less resilience (Drapeau et al., 1999).

Parenting has long been found to affect the development of an individual, and researchers have found that parental involvement leads to resilience in children because it

provides a sense of security. (Greeff & Van Der Merwe, 2004). Additionally, parenting style, in particular the dimension of warmth (found to be high in authoritative parenting), has been found to protect adolescents from negative reactions to stress (Wagner et al.,1990) and promote problem-focused coping and the use of social support (Hardy et al., 1993; McIntyre & Dusek, 1994; Shell et al., 1991). Furthermore, research has shown that children raised with an authoritative parenting style were more capable and successful when dealing with stress (McIntyre & Dusek, 1994), alluding to high self-efficacy and resilience. Although these factors have been shown to be connected, as discussed previously, there has been some controversy in terms of the findings. Therefore, further research may help to further elucidate the relationship between self-efficacy, resilience and perceived parental rearing on how one copes.

Chapter 3: Hypotheses

Hypothesis 1: It is hypothesized that an individual's self-efficacy, self-esteem, resilience and perceived parental rearing style are factors that contribute uniquely to an individual's coping style. In particular, those with high self-efficacy, high self-esteem, high resilience and those raised by parents using an authoritative parenting style will endorse using adaptive coping methods.

Hypothesis 2: It is hypothesized that individuals with low self-efficacy, low self-esteem, low resilience and those who are raised by parents who used either an authoritarian or a permissive parenting style, will endorse using maladaptive coping methods.

Chapter 4: Method

Design

The present study implemented a between-subjects design to evaluate the relationship between parenting style, self-efficacy, self-esteem, resilience, and the influence of those constructs on the use of certain coping strategies. Two multiple regression were used to analyze the factors that compose the coping models presented above. In the current study, coping was the dependent variable and self-efficacy, resilience, self-esteem and parenting were the independent variables. The Brief Coping Orientation to Problems Experienced Inventory (Brief COPE; Carver, 1997), General Self-Efficacy Scale (GSES; Schwarzer & Jerusalem, 1995), Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1979), Brief Resilience Scale (BRS; Smith et al., 2008), and Parental Authority Questionnaire (PAQ; Buri (1991) were administered to gather data necessary to examine the relationships between the variables being studied for this research.

Participants

Inclusion. In order to participate in the study, participants had to be 18 years or older. They must have had access to a computer and must have been able to access the websites www.Craigslist.com and www.SurveyMonkey.com. Participants had to have been raised during most of their childhood by any consistent care-giving configuration. Participants must have been raised for the first 10 years of their lives by the same person(s). Care-giving configurations could consist of biological parents (one or both), an extended family member, adoptive parents or foster parents. Age 10 was decided as the cutoff because children are at the end of the latency stage according to Erik Erikson's stages of psychosocial development (Sokol, 2009). During the latency stage individuals

are learning to deal with demands or orders to learn new skills or risk a sense of inferiority, failure and incompetence. Children are moving toward the adolescent stage of development when they are learning to achieve a sense of identity. From the age of 10, children are learning to navigate the world on their own and develop their own sense of identity and, therefore, may be less reliant on their parents to develop their internal sense of self. Prior to age 10 children are more reliant on their parents to help with their development of self (Sokol, 2009).

Exclusion. Participants under the age of 18 were excluded from the study. Participants for which the care-giving was not given consistently by one or two persons, such as those children raised in group homes for the first 10 years of their lives, were excluded from this study. Individuals who could not read English were excluded from this study. Individuals who did not complete all the measures in the study were excluded from this study.

Recruitment

Participants were recruited using Craiglist.com. An advertisement was placed on Craigslist.com with a link to secure participation in the study. The advertisement was published on Craigslist.com under the City of Philadelphia. The advertisement was listed for 14 days under the category and sub-category, community and volunteers, respectively. Inclusion and exclusion criteria were listed on the craigslist advertisement, along with a brief description of the study and the opportunity to enter a drawing to win a $50 gift card.

Measures

The *Brief Coping Orientation to Problems Experienced Inventory (Brief COPE; Carver, 1997)* was utilized to assess the coping styles of the study participants. The instrument consists of a 28 item, self-report questionnaire designed to identify styles of coping. Items are arranged on a 4-point Likert scale ranging from 1 (I haven't been doing this at all to) to 4 (I've been doing this a lot). Items are designed to measure 14 conceptually different coping reactions: active coping, planning, positive reframing, acceptance, humor, religion, use of emotional support, use of instrumental support, self-distraction, denial, venting, substance use, behavioral disengagement and self-blame. Although the author did not initially identify higher-order coping strategies, subsequent researchers have factor analyzed the scales into either adaptive or maladaptive coping styles (Carver et al., 1989; Lehavot, 2012). Each of the 14 scales is captured by two items; the first 8 scales are thought to assess adaptive coping strategies and the latter 6 scales are thought to assess maladaptive coping (Lehavot, 2012). An example of a question used to assess maladaptive coping is, “I’ve been using alcohol or other drugs to make myself feel better.” An example of a question used to assess adaptive coping is, “I’ve been taking action to try to make the situation better.” Individuals are given a score for both maladaptive and adaptive coping. Scores on adaptive coping range from 16 to 64. Scores for maladaptive coping range from 12 to 48. Higher scores on either scale indicate greater reliance on either adaptive or on maladaptive coping. Lower scores indicate less reliance either on adaptive or on maladaptive coping. The Brief COPE has demonstrated sound psychometric properties as a measure of both dispositional and situational coping efforts (Carver, 1997; Carver et al., 1989). A review of the measure

reveals coefficient alphas of .72 or higher for each subscale (Carver et al., 1989). The Brief COPE has been found to be a reliable and valid measure of coping styles across several populations with alpha reliabilities for adaptive coping being .81 and .74 for maladaptive coping (Lehavot, 2012).

The *General Self-Efficacy Scale (*GSES; Schwarzer & Jerusalem, 1995) was utilized to assess a participant's general sense of perceived self-efficacy. The scale consists of ten items and is a self-report questionnaire. The scale was designed for the use with the general adult population. Items are arranged on a 4-point Likert scale ranging from 1 (not at all true) to 4 (Exactly true). Sample questions include, "I can always manage to solve difficult problems if I try hard enough" and "If someone opposes me, I can find the means and ways to get what I want." The sum of the responses yields a final composite score that ranges from 10 to 40, with higher scores indicating higher levels of self-efficacy and lower scores indicating lower self-efficacy. A review of the measure reveals coefficient alphas ranging from between .76 to .90, with the majority in the high .80s (Jerusalem & Schwarzer, 1992). The GSES has been demonstrated to have good criterion-related validity (Jerusalem & Schwarzer, 1992; Rimm & Jerusalem, 1999).

The *Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1979)* was utilized to measure self-esteem. The scale consists of ten items. The items are arranged on a 4-point Likert scale ranging from 1 (strongly agree) to 4 (strongly disagree). Scores are obtained by totaling the individual 4 point items, after reverse-scoring the negatively worded items. Sample questions include, "On the whole, I am satisfied with myself" and "At times I think I am no good at all." Scores range from 10 to 40, with higher scores indicating higher self-esteem and lower scores indicating lower self-esteem. The RSE

demonstrates a coefficient of reproducibility of .92, indicating excellent internal consistency (Rosenberg, 1979). Test retest reliability over a period of two weeks reveals correlations of .85 and .88, indicating excellent stability (Rosenberg, 1979). The scale has also been found to demonstrate concurrent, predictive and construct validity (Rosenberg, 1979).

The *Brief Resilience Scale* (*BRS;* Smith et al., 2008) was utilized to measure resilience, defined as the ability to bounce back or recover from stress (Smith et al., 2008). The BRS is a six-item measure, with equal number of positively and negatively worded items to reduce the effects of social desirability and positive/negative response bias. The items are arranged on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Sample questions include, “I tend to bounce back quickly after hard times” and “I have a hard time making it through stressful events.” Scores range from 6 to 30, with higher scores indicating higher resilience and lower scores indicating lower resilience. The measure has demonstrated good internal consistency and reliability with Cronbach's alphas ranging from between .70 to .90 (Smith et al, 2008).

The *Parental Authority Questionnaire (PAQ; Buri (1991)* was developed as a self- report measure asking an adult to respond to questions about how their parents acted toward them when the adult was a child. In addition, the PAQ was designed as a measure of Baumrind's (1971) three parenting styles based on authority, disciplinary practices of warmth, demands, expectations and control. The measure consists of 30 items, 10 for each of the different styles of parenting, on a five point Likert format ranging from strongly agree to disagree. The items are written from the perspectives of the child but responded to by adults in a self-report manner, i.e., ”What would your mother or father

have done when you were a child?" Individuals were asked to fill out the measure, keeping in mind their primary parent, the one who did most of the parenting while the participant was growing up. Sample questions include, "While I was growing up my primary parent felt that in a well-run home, the children should have their way in the family as often as the parents do" and "Even if I didn't agree with my primary parent, my primary parent felt that it was for our own good if we were forced to conform to what he/she thought was right." To score the PAQ, the individual items for each parenting subtype are summed. The scores on each subscale range from a minimum of 10 to a maximum of 30. The reliability of the PAQ was found to be .77 to .92 in a test re-test check over a two-week period of time (Buri, 1991). Validity for the PAQ was found to be .74 to .87 for the subscales (Buri, 1991).

The *Demographic Information Questionnaire* was developed for this study to collect demographic information from participants. The questionnaire prompted participants to provide relevant information about their ethnicity, age, sex, social-economic status and family structure.

Procedure

The PCOM IRB process was completed and IRB approval was obtained. Participants were recruited using Craigslist.com. An advertisement was placed on Craigslist.com with a link to secure participation in the study. The advertisement was published on Craiglist.com under the city of Philadelphia. The advertisement was listed for 14 days under the category and sub-category, community and volunteers, respectively. Participants were provided with a brief summary of the purpose of the research. All participants were informed that results of the study will add to the body of research on

coping styles and may help with treatment development for those with maladaptive coping styles. Participants were directed to the survey on SurveyMonkey.com from the listing on Craigslist.com. After accessing the link on SurveyMonkey.com, participants were asked to indicate if they were raised by the same care-giving configuration for the first 10 years of their lives. If they indicated that they were not raised by the same care-giving configuration they were disqualified from the study. If participants indicated that they were raised by the same care-giving configuration, and met the other inclusion criteria, they were asked to provide additional demographic information. They were also informed that they were participating in a research study, that there were risks and benefits involved and that they were permitted to terminate participation at any time.

After filling out the demographic questionnaire, participants completed the remaining questionnaires which included, the *Brief Coping Orientation to Problems Experienced Inventory, General Self-Efficacy Scale, Rosenberg Self-Esteem Scale, Brief Resilience Scale and Parental Authority Questionnaire.* Participants were then encouraged to provide their names and email addresses prior to exiting the study in order to be considered for a $50 gift card raffle. After all the data had been collected, one participant was randomly selected to win a $50 gift card.

Once the surveys were completed the data were stored on SurveyMonkey.com website until it was retrieved by the examiner. After 14 days, the data were exported from the server database to an excel spreadsheet and stored on an encrypted flashdrive, omitting any demographic information. Any participant that did not fully complete all the measures for the study had his or her data omitted from the study. The data were available only to the principal investigator and responsible investigator in proper format

to be loaded into SPSS for data analysis on the campus of Philadelphia College of Osteopathic Medicine.

Chapter 5: Results

For the present study, 167 participants enrolled; however, only 129 participants fully completed all of the measures in the study. The partial data for 33 participants were removed, using the listwise deletion method because more than 10% of their data were missing. Additionally, 5 participants did not meet the inclusion criteria for the study and were eliminated from the study, leaving a total of 129 participants in the data analysis.

Descriptive Statistics

The participants in the present study were community members from the Philadelphia, Pennsylvania area (N=129; 33 men and 96 women), ranging from 18 to 75 plus years of age, with a mean age range of 35-44. In regard to participants' races, approximately 80% were White (n= 104); 6% were Black or African American (n= 8); 6% were Hispanic or Latino (n=8); 4% were Asian (n=5); 2% were Biracial (n=3), and less than 1% indicated a different race (n=1). In regard to the participants' educational background, approximately 31% had a master's degree (n=41); 30% had a bachelors degree (n=38); 13% held a doctoral degree (n=13); 8% had attended some college (n=11), and 7% were high school graduates (n=10). Additionally 4% had their associates degree (n=5); 4% had a professional degree (n= 5), and 2% attended a trade school (n=2). In regard to income, 23% indicated an income in the upper-middle class range (ranging from 100,000 to 149,999) (n=30), and 19% indicated an income range in the upper class range (150,000 or more) (n=25). Approximately 27% indicated an income in the middle class range (70,000 to 99,999) (n=33),17% indicated an income in the lower-middle class range of (40,000-69,999) (n=19), and 11% indicated an income in the lower class range

(less than 10,000-39,999) (n=16)) according to the US Census Bureau (2015) income statistics. See table 1 for demographic information.

Table 1

Demographic Data

Characteristic	*n*	*%*
Gender		
Male	33	25.6
Female	96	74.4
Age		
18-24	8	6.2
25-34	54	41.9
35-44	30	23.3
45-54	11	8.5
55-64	19	14.7
65-74	4	3.1
75+	3	2.3
Race		
White	104	80.6
Black/AA	8	6.2
Hispanic/Latino	8	6.2
Native American	0	0
Asian	5	3.9
Biracial	3	2.3
Other	1	0.8
Education		
High School Graduate/GED	10	7.8
Some College	11	8.5
Trade School	2	1.6
Associates Degree	5	3.9
Bachelors Degree	38	29.5
Master's Degree	41	31.8
Professional Degree	5	3.9
Doctoral Degree	17	13.2

(continued)

Table 1 (continued)

Demographic Data

Characteristic	*n*	*%*
Income Range		
Lower Class		
(Less than 10,000-39,999)	24	18.7
Lower-Middle Class		
(40,000-69,999)	26	20.1
Middle Class		
(70,000-99,999)	24	18.6
Upper-Middle Class		
(100,000-149,999)	30	23.3
Upper Class		
(150,000 or more)	25	19.4

Hypothesis One

In order to examine if individuals with high self-efficacy, high self-esteem, high resilience and those raised by parents using an authoritative parenting style endorse using adaptive coping methods, a multiple regression was computed, using SPSS. Before computing the multiple regressions, tests to see if the data met assumptions of normal distribution, linearity, independence of error and homoscedasticity were conducted. The histogram of standardized residuals indicated that the data contained approximately normally distributed errors, as did the normal P-P plot of standardized residuals, which showed that points were almost all completely on the line. Both collinearity and independent errors assumptions were met, as evidenced by the variance inflation factor (VIF) values were below 10 and a Durbin Watson value of 1.82, respectively. Last, the scatterplot of standardized predicted values showed that the data met the assumptions of homogeneity of variance and linearity. Additionally, the data met the assumptions of non-zero variances. In the multiple regression analysis of this study, the predictor variables

were: perceived parental rearing style, resilience, self-esteem and self-efficacy and the outcome variable was adaptive coping. See table 2 for the descriptive statistics of the variables in the regression analysis.

Table 2

Descriptive Statistics

	N	M	SD
Adaptive Coping	129	43.03	9.31
Self Efficacy	129	33.51	4.56
Self Esteem	129	6.87	5.42
Resilience	129	3.59	.83
Permissive Parenting	129	21.74	7.98
Authoritarian Parenting	129	31.95	8.99
Authoritative Parenting	129	32.86	9.24

The results of the multiple regression indicated that there was not a significant effect of parental rearing style, resilience, self-esteem and self-efficacy on adaptive coping $F(6,122) = 1.818$, $p > .05$, $R^2 = .082$. This finding was not consistent with the previous research, which found that individuals with high levels of resilience, high self-esteem and high self-efficacy, raised by a authoritative parents would use adaptive coping strategies (Bandura & Locke, 2003; Chapman & Mullis, 1999; Clark et al., 2002; Gardener & Pierce, 1998; Melnick & Hinshaw, 2000). See table 3 for the results of the multiple regression.

Table 3

Multiple Regression Results

	B	Std. Error	B	t	P
Adaptive Coping	36.887	8.392		4.396	.000
Self Efficacy	.654	.242	.321	2.705	.008
Self Esteem	-.006	.193	-.004	-.032	.975
Resilience	-2.358	1.316	-.210	-1.792	.076
Permissive Parenting	-.142	.117	-.122	-1.218	.226
Authoritarian Parenting	-.56	.105	-.151	-1.495	.138
Authoritative Parenting	.025	.107	.024	.230	.818

Hypothesis Two

A multiple regression was conducted to test the hypothesis that individuals with low self-efficacy, self-esteem, low resilience and those who were raised by parents who used either an authoritarian or a permissive parenting style, will endorse using maladaptive coping methods. Before computing the multiple regressions, tests to see if the data met assumptions of normal distribution, linearity, independence of error and homoscedasticity were conducted. The histogram of standardized residuals indicated that the data contained approximately normally distributed errors, as did the normal P-P plot of standardized residuals, which showed that points were almost all completely on the line. Both collinearity and independent errors assumptions were met, as evidence by the variance inflation factor (VIF) values were below 10 and a Durbin Watson value of 2.10, respectively. Last, the scatterplot of standardized predicted values showed that the data met the assumptions of homogeneity of variance and linearity. Additionally, the data met the assumptions of non-zero variances. In the multiple regression analysis of this study, the predictor variables were perceived parental rearing style, resilience, self-esteem and self-efficacy and the outcome variable was maladaptive coping. See table 4 for descriptive statistics.

Table 4

Descriptive Statistics

	N	M	SD
Maladaptive Coping	129	21.63	6.05
Self Efficacy	129	33.51	4.56
Self Esteem	129	6.87	5.42
Resilience	129	3.59	.83
Permissive Parenting	129	21.74	7.98
Authoritarian Parenting	129	31.95	8.99
Authoritative Parenting	129	32.86	9.24

The results of the multiple regression indicated that there was a significant effect of resilience, self-esteem and self-efficacy on maladaptive coping $F(6,122) = 6.108$, $p = .00$, $R^2 = 23$. Self-efficacy predicted maladaptive coping ($\beta = .23$, $p < .05$), as did self-esteem ($\beta = .40$, $p = .00$) and resilience ($\beta = -.23$, $p < .05$). These results suggest that individuals with low self-efficacy, low-self-esteem and low resilience tend to use more maladaptive ways of coping. See table 5 for the results of the multiple regression.

Table 5

Multiple Regression Results

	B	Std. Error	B	t	P
Maladaptive Coping	14.238	4.996		2.850	.005
Self Efficacy	.306	.144	.230	2.122	.036*
Self Esteem	.457	.115	.409	3.976	.000*
Resilience	-1.706	.783	-.234	-2.176	.031*
Permissive Parenting	-.038	.070	-.050	-.543	.588
Authoritarian Parenting	.026	.062	.038	.413	.680
Authoritative Parenting	.004	.064	.006	.062	.951

Notes: *Indicates that the coefficient is statistically significant at the .05 level.

Chapter 6: Discussion

This study was conducted to understand the relationship between self-efficacy, self-esteem, resilience and perceived parental rearing on how one copes. It was hypothesized that individuals with high self-efficacy, high self-esteem, high resilience and who perceived themselves to be raised by an authoritative parent used an adaptive coping style. Inversely, it was hypothesized that low self-efficacy, low self-esteem, low resilience and being raised by a parent using either an authoritarian or a permissive parenting style would result in maladaptive coping styles.

Summary of Findings

A series of statistical analyses were conducted to test each of the hypotheses. Findings partially supported hypothesis two and indicated that those with low self-efficacy, low self-esteem and low resilience utilize a maladaptive way of coping. These findings are consistent with previous research (Bandura & Locke, 2003; Billings & Moos, 1981; Carver et al., 1989; Carver, 1997; Gardener & Pierce, 1998). These results highlight the continued need for clinical interventions to help individuals boost their self-esteem and self-efficacy. Additionally, results highlight the implications of how low resilience negatively impacts how one copes.

Results, however, did not support the idea that perceived authoritarian or permissive parental rearing influenced maladaptive coping. Additionally, results did not support the hypothesis that high self-efficacy, high self-esteem, high resilience or perceived authoritative parental rearing resulted in adaptive coping. Although previous research has found that parental rearing style, self-efficacy and resilience are factors that influence whether an individual uses adaptive or maladaptive coping strategies (Bandura

& Locke, 2003; Chapman & Mullis, 1999; Clark et al., 2002; Gardener & Pierce, 1998; Melnick & Hinshaw, 2000), this study did not replicate those findings.

Results of this study highlight the fact that coping is not dichotomous and therefore attempts to categorize individuals into strict categories may not work well. It is known that individuals with lower self-esteem, low self-efficacy and low resilience are more likely to use a maladaptive coping strategy because they are less likely to believe in their ability to cope with stress and may default to use of an avoidance strategy for example in order to protect themselves (Bandura, 1997; Carver et al., 1989; Turner et al., 2012). The reason why the inverse may not be true is the fact that individuals may cope by using an adaptive coping strategy despite low self-efficacy and low self-esteem due to other factors such as their socioeconomic status. Whether one uses an adaptive problem solving approach or not may have nothing to do with internal factors and more to do with access to resources.

Individuals may also assess stressors based on their locus of control and, depending on the stressor, an individual may choose a coping strategy that addresses or manages their affective response to the stressor before choosing a coping skill that is more cognitive in nature in order to solve the problem. Individuals with high self-esteem, high self-efficacy and high resilience could also utilize a maladaptive form of coping as an initial strategy to help alleviate any initial emotional aspect of stress. For example, an individual may experience a stressor that is sudden, such as a death of a loved one. Because the death is unexpected and out of their locus of control, they may initially use a maladaptive form of coping such as mental detachment, in order to protect themselves from any strong emotional sensations they may experience. It may be critical to manage

the affective response so that the individual can then engage in an adaptive form of coping such as seeking support.

Therefore individuals may have responded to the questions for this study with their primary responses to stressors being emotion-focused and therefore be categorized as maladaptive in their coping approaches. Those same individuals could go on to use an adaptive coping strategy such as problem solving, but did not realize that they are in fact, using that type of strategy. This idea also takes into consideration the temporal nature of stressors and the idea that coping takes place over time. Additionally, these results may highlight the fact that individuals should not be placed in one category or another of coping. Rather coping should be assessed on an individual basis, looking at specific stressors and strategies used by the individual over time.

The same may be true for parental rearing. How parental rearing influences the way in which one copes may be an individual process. There may be additional factors that either mediate or moderate the role that parental rearing has in the development of a coping strategy. Research has found that socioeconomic status impacts the use of parental rearing styles (Darling, 1999; Querido et al., 2002). For example, individuals who come from middle to upper class, Caucasian families are more likely to be raised by authoritative parenting styles because that is the most culturally appropriate rearing style (Darling, 1999; Querido et al., 2002). Additionally, those raised in middle to upper class households will presumably have more financial stability, which in turn means better living conditions, more opportunities to succeed and therefore greater belief in one's self and his or her ability to cope with challenges. As a result of their environment, there is less need for parental demandingness and high parental responsiveness as a parenting

style, resulting in fewer individuals being raised by parents using an authoritative parental rearing style. For others having a strict and demanding parent (authoritarian parental rearing) may encourage individuals to go out and problem solve on their own (i.e. adaptive coping). It may be beneficial for some to have a stricter parent who forces a child to obey rules in order to keep him or her safe, and that can result in feeling loved and cared for and in turn boost a sense of self-efficacy.

Results of this study, however, were surprising given the demographics of the participants. The majority of the individuals in the study identified as white and from middle to upper class socioeconomic status; therefore it would be assumed that authoritative parenting would have been endorsed by individuals as being a parenting style that fosters adaptive coping. The fact that the results did not find authoritative parenting as predictor of adaptive coping may provide evidence for the fact that parental rearing does not influence coping. It is possible that one type of parenting style may not work the same for all individuals. Additionally, individual genetic differences could account for the reasons why certain parenting styles work better for one individual and not for another. An individual's temperament may be a mediating or moderating factor that decides whether a certain parenting style will negatively or positively impact an individual. Although parental rearing may influence an individual's self-esteem, self-efficacy, and resilience, it may not influence all individual characteristics. Again, the environment or additional factors yet to be determined may play a mediating role in how parental rearing may, in fact, influence an individual's internal sense of self and therefore his or her ability to cope.

It is possible that the psychosocial factors and the environment play a larger role in the development of self-efficacy, self-esteem, resilience, parental rearing and coping. This would explain the reason why clear results were not duplicated because the research attempted to look at the extreme ends of self-efficacy, self-esteem, resilience, parental rearing and coping. Because individuals are unique, so are their levels of self-efficacy, self-esteem, resilience, parental rearing and coping; individuals do not simply fall neatly within one extreme of scores on all factors examined with this study. Because individuals are unique and each interaction with a stressor involves a multitude of factors beyond self-efficacy, self-esteem, resilience, parental rearing and coping, qualitative research may be a more appropriate method to evaluate the nuances of the relationship between and among these factors.

Limitations

Several limitations were identified for this study. One of the main limitations is that the construct of coping is not dichotomous; however, for the purpose of this study coping was artificially dichotomized in an attempt to study it. Although there is little or no recent literature on the concept of dichotomizing coping, there is research looking at specific stressors and the use of specific coping skills. It appears as if research has moved away from trying to dichotomize the concept of coping and, rather, has attempted to evaluate how certain coping strategies are utilized by individuals dealing with specific stressors. Specifically, more recent research has looked at the types of coping skills that either help or hinder individuals' recoveries from heart surgery or certain types of cancer (Franks & Roesch, 2006; Taylor & Stanton, 2007). The idea of looking at specific stressors and the use of specific coping skills seems to be a more efficient way of looking

at the role of coping. Specifically, because there is an element of coping that is temporal in nature, an individual may use a certain coping skills that is adaptive in one situation and then may use a maladaptive coping skill in a different situation. Therefore, it is difficult to categorize individuals as strictly using adaptive or maladaptive coping because there are so many skills that an individual can use; some can be adaptive in certain situations and maladaptive in other situations. Or individuals could use an adaptive skill such as problem solving to solve a problem with which that they are familiar but may, in turn, use a maladaptive coping skill such as avoidance when faced with a particularly challenging stressors with which they are not familiar.

Due to lack of diversity within the current sample, results of this study are not generalizable to the larger population. Eighty percent of participants in the current study identified themselves as Caucasian; close to fifty percent of individuals in the study indicated having either a master's degree or higher degree. Similarly, almost forty- three percent of the sample indicated having an income of 100,000 dollars or more. As a result, findings from this study could be applied only to the specific population that was studied, consisting primarily of highly educated, Caucasian participants with high economic status.

It is possible that participants inflated their degrees and incomes in order to appear more favorable when completing the questionnaires. However, with the questionnaires being anonymous it is unlikely that was the case. Future research could add a social desirability measure in order to assess whether or not participants are attempting to portray themselves in a negative light. It is also possible that the study was presented in a way that attracted a certain type of participant (i.e., Caucasian individuals

with master's degrees or higher, earning 100,000 dollars or more). Initially, the study was proposed to be published on Craigslist.com across multiple cities in the United States; however, due to regulations on Craigslist.com the ad was limited to being posted in the city geographically closest to the researcher. As a result, a sample of convenience was utilized for this study, rather than a multiple city sampling. The results of this study are, therefore, limited to the specific population that participated and cannot be generalized to a larger population.

Other limitations of the study have to do with the measures used, particularly the PAQ that was used to measure perceived parental rearing. The measure is used to assess how one perceives the way in which he or she was raised as a child. Therefore, individuals were asked to think back and remember how they were raised. Looking back retrospectively is not the most accurate way of recalling information. It is possible that participants had distorted memories of their parenting or did not have any specific memories of parenting and therefore had to guess or approximate their answers to questions, rather than provide accurate information. Additionally, for the purpose of this study, participants were asked to think about the parenting style of only one parent which the research titled their primary parent. Participants were provided with a definition of a primary parent, the parent most responsible for raising them; however, this is not ideal because participants were asked to negate the parenting of an additional parent if one was present. It might have been difficult for participants to separate parenting acts in order to answer accurately. Participants might even have had difficulties deciding which parent was most responsible for the parenting in their homes. The measure also lacked sensitivity because each participant was given a score on each dimension of parenting

instead of being provided with a score that indicates the type of perceived parenting they grew up with.

Future Directions

What has been gleaned from this study is the fact that it is nearly impossible to dichotomize an individual into a category either of adaptive coping or maladaptive coping. Individuals may utilize both adaptive and maladaptive coping strategies due to the ever changing nature of stressors. Although it may not be helpful to continue to attempt to dichotomize coping, it would be beneficial to continue to explore the factors that determine how one copes. Future research could look at specific stressors, such as an illness, to see if individuals with high self-efficacy, high self-esteem and high resilience utilize a specific adaptive coping skills rather than a maladaptive coping strategy. The inverse could also be examined to see if individuals with low self-efficacy, low self-esteem and low resilience use a maladaptive coping strategy when faced with the same illness.

As discussed previously, qualitative research may be more beneficial in looking into factors involved in the coping process due to the fact that there are numerous factors that seem to go into the construct of coping. Specifically, qualitative research could be used to examine parenting styles and how sense of self constructs develop as a result of parenting styles. In order to identify how parental rearing either mediates or moderates a sense of self construct and/or coping, specific stressors may need to be examined. The role of parenting could then be examined when determining how an individual copes. For example individuals could be asked to cope with a specific stressor, keeping in mind how their parent may have expected them to cope. Research may also be able to identify if

coping is developed as a result of modeling a parent and/or if coping is developed based on how an individual was raised.

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