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Abstract

The types of coping suggestions parents give to their children have implications for their adjustment outcomes (e.g., Abaied & Rudolph, 2010a; 2010b; Peisch et al., 2020); however, little is known about why parents make some types of coping suggestions more than others. This project examined whether parents draw from their own coping behavior and attachment styles to inform their coping suggestions to their children. The sample consisted of 65 parent-child dyads recruited in Vermont. Parents reported on their attachment style, their coping techniques, and the types of coping suggestions they gave to their children. The results revealed that anxious attachment predicted more, and avoidant attachment predicted fewer, primary control engagement coping suggestions. Parent's own coping strategies predicted the use of the same type of coping suggestion for both secondary control engagement and disengagement coping. In addition, secondary control engagement coping predicted more disengagement coping suggestions, and primary control engagement coping predicted fewer secondary control engagement coping suggestions. The results indicate that parents are drawing from their own experiences to inform their parenting. This provides evidence that improving child outcomes may be facilitated by assisting parents in achieving adaptive cognitive and behavioral habits and beliefs.

Introduction

Experiencing stress is unavoidable; therefore coping, defined as an individual's attempts to deal with stress, is essential to a fruitful life. Having effective coping strategies to respond to stressful situations can help people to feel capable and in control of their lives. Indeed, studies have shown that adaptive coping promotes a variety of healthy outcomes in youth, including better social adjustment and fewer externalizing and internalizing symptoms (for reviews, see Compas et al, 2001; Griffith et al, 2000). With this in mind, it is important that children develop adaptive coping strategies in order to establish a trajectory for coping that will help them be better adjusted in adulthood. One important factor in the formation of adaptive coping strategies in children is parenting. There is evidence to suggest that the types of coping suggestions parents give influence their child's responses to stress as well as their social and emotional adjustment, and that substantial variability exists in terms of the types of coping suggestions parents make to their children (e.g., Abaied & Rudolph, 2010b, Peisch et al., 2020). However, there is little research on which factors help to explain this variability. In other words, we know little about *why* parents make certain types of suggestions rather than others to their children. To address this gap, this study will examine two factors that may influence parent coping suggestions, specifically, adult attachment and parent's own coping behavior.

Coping

Compas and colleagues' conceptual framework (Compas et al., 2001) distinguishes stress responses into two general categories: voluntary coping and involuntary responses (Connor-Smith et al., 2000). Involuntary responses to stress include involuntary emotions or arousal, intrusive thoughts, and other uncontrollable responses. Voluntary responses, or coping responses to stress, are consciously directed towards the regulation of emotions or thoughts as a result of a

stressor, or towards the stressor itself. Both voluntary and involuntary stress responses can be further distinguished with regard to their orientation: engagement responses are directed towards a stressor or emotions surrounding it, and disengagement responses are directed away from the stressor or emotions surrounding it. Voluntary responses that engage with the stressor are called engagement coping responses of which there are two types: primary and secondary control. Primary control engagement strategies attempt to change the stressor (e.g., problem-solving, seeking support), whereas secondary control engagement strategies attempt to adapt to the stressor (e.g., cognitive restructuring, positive thinking, acceptance). Finally, disengagement coping strategies attempt to avoid the stressor or emotions surrounding it (e.g., avoidance, denial) (Abaied & Stanger, 2017; Connor-Smith et al., 2000).

In a review of the literature on coping, Compas et al. (2001) found that coping is important to the psychological adjustment of children and adolescents. Specifically, Compas et al. (2001) found that engagement coping was associated with higher social and academic competence and lower internalizing and externalizing symptoms, whereas disengagement coping was associated with lower social and academic competence and more internalizing and externalizing symptoms. More recent studies have also shown that coping is related to children's ability to regulate behaviorally and emotionally. In general, engagement responses have been found to be adaptive, and disengagement responses to be maladaptive (Bourguignon et al., 2020; Griffith et al, 2000; Hasselle et al., 2019; Kleiwer et al. 2006). Thus, it is important to understand the factors that influence children's development of coping skills, in order to set them up for success in the future.

Socialization of Coping

Parenting plays an important role in the development of children's coping strategies. Socialization of coping, which refers to the type of suggestions that parents make to their children about how to cope with stress, has been found to predict child outcomes related to coping. Drawing from the Compas et al. (2001) theoretical framework of coping, parents may suggest primary control engagement coping (i.e., encouraging children to attempt to change the stressor), secondary control engagement coping (i.e., encouraging children to adapt to the stressor), or disengagement coping (i.e., encouraging children to avoid the stressor). Research has found that primary control engagement coping suggestions predict fewer social problems and better emotion regulation abilities in children over time. Secondary control engagement coping has also been found to predict fewer internalizing problems over time, whereas disengagement was found to predict fewer externalizing symptoms among children with high skin conductance level reactivity (Stanger et al., 2018). However, other studies have found that disengagement has predicted more externalizing psychopathology over time, as well as predicting lower friendship quality, less adaptive emotion regulation, less adaptive coping, and heightened depression in youth exposed to high levels of interpersonal stress (Abaied & Rudolph, 2010b; Abaied & Rudolph, 2011; Abaied & Stanger, 2017; Peisch et al., 2020). These findings clearly show that there is predictive variability in SOC, but what has not been investigated sufficiently is what makes parents more or less likely to make engagement or disengagement coping suggestions to their children.

Parent Coping and Socialization of Coping

One factor that could influence socialization of coping is parent's own coping behaviors. Research indicates that parent's own responses to stress may impact their parenting. A study looking at the parent-child dynamic in dealing with cancer found that parent's maladaptive

coping positively predicted their child's maladaptive illness-related coping (Faith et al., 2019). This suggests that parents' own coping could influence their modeling behaviors, which in turn could impact their children's coping. Another study found that mother's distress predicted a greater stress response within children, whereas mother's engagement suggestions created a buffer for children's stress response in the face of future peer victimization (Monti et al., 2014). These findings indicate that parent's own coping mechanisms can affect their children's own stress responses. However, to the best of my knowledge, there is no research to date that directly addresses whether a parent's own coping relates to the explicit suggestions that they give their children.

There has, however, been research on parental emotion regulation and emotion socialization, which provides some indication of potential links between parent coping and parent socialization of coping. One study found that mothers' and father's attitudes towards emotion predicted the approach they took to coaching their children on how to deal with their emotions (Baker et al., 2011). This indicates that parents' beliefs about emotions impact their parenting, and that parents who engage with their emotions may provide more adaptive strategies for their children. Similarly, a later study found that parents who were attentive to their own emotions and valued emotional self-regulation were more active in assisting their children to do the same and engaged in more problem solving related to their children's emotions (Meyer et al., 2014). Conversely, parents who were high in emotion suppression were less likely to encourage their children to express their emotions (Meyer et al., 2014). This indicates that parents who are attentive to their emotions make better suggestions about how to deal with emotions to their children than parents who are dismissive of their emotions. Although emotion regulation and awareness are different from coping, they are closely related tools to deal with stress. It seems

that parents are drawing upon their own internal working models of emotion regulation and drawing from their own experiences to give suggestions to their children, and the same might be true for coping and SOC. Thus, based on emotion socialization research, I predict that parents will suggest their own coping strategies to their children.

Adult Attachment

Another factor that may influence socialization of coping is parent attachment. Conceptualized from Bowlby's (1969) framework, attachment theory is a cognitive-emotional model for relationships that begins in infancy with a child's relationship with their attachment figures (i.e., their primary caregivers) and continues into adulthood with partners and other close relationships (Hazan & Shaver, 1994). The responsiveness and quality of the relationship that an infant has with their attachment figure influences the infant's expectation of how their caregiver will meet their needs in times of exploration (Hazan & Shaver, 1994). This influences a child's own mental representation of themselves and their attachment figure (Hazan & Shaver, 1994). The relationship between a caregiver and an infant is categorized into three groups: (a) Secure attachment, in which the needs of the infant are matched by the caregiver providing a secure base, (b) Anxious/ambivalent, in which the caregiver provides inconsistent responsiveness causing the infant to display anxiety and preoccupation with the caregiver rather than exploration, and (c) Anxious/avoidant, in which the child is ignored or rejected and infants do not use their parent as a secure base (Hazan & Shaver, 1994). These relationships with parents are hypothesized to create internal working models of attachment which are then carried into future relationships. For example, people with secure internal working models would believe that people care about them and are trustworthy, whereas those with insecure internal working models (individuals with avoidant or anxious/ambivalent attachment styles) might be afraid that

people will leave, or that they don't actually care about them. Attachment patterns in adults are linked to childhood experiences, meaning that if an individual experiences parental warmth or support, they are more likely to develop secure attachments; however, this is not completely deterministic (Fraley, 2019).

In adulthood, internal working models developed in childhood are carried forward into close relationships, most notably relationships with parents, friends, and romantic partners (Fraley, 2019; Hazan & Shaver, 1994). Similar to the categories of insecure attachment in childhood (anxious/ambivalent and avoidant) adult attachment style is assessed along two dimensions: anxiety and avoidance. Those with high attachment anxiety have a heightened fear of rejection and abandonment and display a strong desire for, and preoccupation with, emotional closeness. In contrast, those with high attachment avoidance display discomfort with intimacy, dependency, and emotional vulnerability in close relationships. In a review, Fraley (2019) found that, across many studies, secure attachment (i.e., being low on both attachment anxiety and avoidance) is linked to many positive outcomes, including better ability to communicate effectively, greater satisfaction in relationships, lower susceptibility to psychopathology, and better emotion regulation.

Adult Attachment and Socialization of Coping

Attachment relates to the caregiving behavior of parents in multiple ways. Research has found that secure adult attachment predicts higher parenting quality over time, including supportive presence, quality of assistance, and limit setting (Shlafer et al., 2015). Additionally, insecure attachment has been found to increase negative perceptions of children (Jones et al., 2014), and parents with an avoidant attachment style experience more stress and lower fulfillment when parenting newborns (Rholes et al., 2006). Adult attachment has been found to

directly impact parenting behaviors as well. For example, Safyer et al. (2019) found that higher attachment avoidance predicted lower positive parenting behaviors in mothers, whereas lower attachment anxiety in fathers predicted higher positive parenting behaviors. Mothers with preoccupied attachments, which involve high levels of attachment anxiety, have also been observed to have higher levels of intrusive parenting (Adam et al., 2004). On the other hand, mothers with high levels of attachment security have been found to have high supportiveness and warmth towards their children when completing difficult tasks (Crowell & Feldman, 1988). In short, secure attachment in parents predicts higher parenting quality, warmth and support, whereas those with insecure attachments are less happy with their children and their parenting is less adaptive.

Research has also indicated that there may be a relationship between attachment style and dealing with stress. Adults with anxious and avoidant attachment have been found to use maladaptive coping mechanisms, such as fewer problem-focused and emotion-focused strategies on tests (Berry & Kingswell, 2012). Those with anxious and avoidant attachment styles have also been found to experience more helplessness, and pessimism about their ability to cope with the treatment of a brain tumor (Trejnowska et al., 2020). One study found that as anxiety increases in avoidant women, their tendency to seek support decreases (Simpson et al., 1992). Only one study has directly examined the link between parental attachment and coping suggestions in a sample of adolescents and found that mothers with insecure attachment (high in both avoidance and anxiety) were less likely to suggest primary control engagement suggestions and more likely to suggest disengagement suggestions (Abaied & Rudolph, 2010a). This study, along with other research on adult attachment, indicates that parents with insecure or avoidant attachments may

struggle to suggest adaptive coping strategies to their children, whereas parents with secure attachments might be better equipped to provide adaptive coping support to their children.

The Current Study

Although there is a wealth of research showing the effect that parenting has on children, there has been limited research looking at factors that influence parenting itself. In order to understand and improve child coping, it is important to understand how parent's own experiences inform their parenting style. By understanding the root cause of parenting techniques, we can more adequately and holistically address the factors that cause negative child outcomes. The present study intends to add to the contextual understanding of coping outcomes for children by addressing this gap in current research. Based on previous research, I hypothesize that primary and secondary control engagement coping in parents will predict higher levels of primary and secondary control engagement suggestions, respectively. Additionally, disengagement coping in parents will predict higher levels of disengagement coping suggestions. I also predict that attachment anxiety and avoidance will predict lower levels of primary and secondary control engagement suggestions and higher levels of disengagement suggestions.

Method

Participants

Participants were drawn from the Parents and Peers Project, which was conducted in the Family Development Lab at the University of Vermont. Data were obtained from a sample of 65 children-parent dyads with children ages 8-10 years old (29 girls, *M* age= 9.06, *SD* = .81; 93.8% White) and parents ages 28-53 (90.8% White; 1.5% Latino or Hispanic; 1.5% Asian American; 1.5% Other) who were primarily biological mothers (93.8% biological mothers, 3.1% adoptive mothers, 3.1% biological fathers). Participants were sampled from areas around Chittenden

County, Vermont. Gross family income for participants was overall high ($0-14,999 = 3.1%;

$15-29,999 = 10.8%; $30-44,999 = 7.7%; $45-59,999 = 15.4%; $60-74,999 = 6.2%; $75-89,999

= 12.3%; $90,000+ = 41.5%). Parent education level was also generally high (Some college =

6.2%; Associate's degree = 3.1%; Bachelor's degree = 29.2%; Some graduate school = 6.2%;

Master's degree = 46.2%; Doctoral or Professional degree = 7.7%).

Procedure

Procedures for this study were approved by the University of Vermont Human Subjects

Institutional Review Board. Parents provided informed consent for their family before

participating, and children provided verbal assent. Each parent-child dyad completed a

laboratory assessment administered by trained undergraduate and graduate research assistants.

During the first phase, assessments included completing various tasks while being videotaped.

During the second phase, parents and children completed questionnaires separately, with

research assistants reading the questionnaires aloud to the child participants. The children

received a small prize and the parents received monetary reimbursement.

Measures

Parental Attachment. Parents completed the 13-item Attachment Questionnaire (AQ;

Roisman et al., 2007). Parents endorsed statements about their feelings about their close

relationships on a five-point scale from "*Not at all like me*" (1) to "*Very Much Like Me*" (5).

There were five items that assessed attachment anxiety (e.g., "I often worry that romantic

partners don't really love me" and "I find that others are reluctant to get as close as I would

like") and eight that assessed attachment avoidance (e.g., "Romantic partners often want to be

closer than I feel comfortable being" and "I am comfortable depending on other people").

Scores for anxiety and avoidance were calculated as a mean of the items. Internal consistency

ranged from acceptable for anxious attachment (α = .74) to excellent for avoidant attachment (α = .81).

Parental Coping. Parents completed the Responses to Stress Questionnaire (RSQ; Connor-Smith et al., 2000). Parents rated the frequency of their use of 57 items on a 4-point scale from "*Never*" (0) to "*A lot*" (3). This questionnaire assesses three types of coping: primary control engagement, secondary control engagement, and disengagement. Primary control engagement included 9 items such as: "I do something to try to fix the problem or take action to change things" and "I try to think of different ways to change the problem or fix the situation." Secondary control engagement included 12 items such as: "I think about the things I'm learning from the situation or something good that will come from it" and "I tell myself that I can get through this, or that I'll do better next time." Disengagement included items 9 such as: "I try to stay away from people and things that make me feel upset or remind me of the problem" and "I just have to get away when I have problems, I can't stop myself." As recommended by Connor-Smith et al. (2000), proportion scores were calculated by dividing scores on each scale by the total score across all scales thus yielding scores that range from 0-1. Internal consistency was acceptable for disengagement coping (α = 0.78) and excellent for primary control engagement coping (α = 0.88) and secondary control engagement coping (α = 0.80).

Socialization of Coping. Parents completed the Socialization of Coping Questionnaire adapted from (Abaied & Rudolph, 2010a; 2010b). Parents were first asked to rate how often their child discusses problems with them and then rated the frequency that they encourage different coping strategies to their child when their child has problems with other people in a 24-item self-report measure with a 5-point scale from "*Not at all*" (1) to "*Very Much*" (5). Primary control engagement included 7 items such as: "Deal with the situation head-on rather than ignoring it"

and "Do something to try and fix the problem or take actions to change things." Secondary

control engagement included 8 items such as: "Look for something good in what is happening"

and "Find something positive that came from the experience." Finally, disengagement included 9

items such as: "Keep away from bad things that make her/him feel bad" and "Try NOT to think

about things that make her/him upset." Scores for each type of coping suggestion were calculated

as a mean of the items. Internal consistency ranged from acceptable for primary control

engagement suggestions ($\alpha = .66$) and secondary control engagement suggestions ($\alpha = .74$) to

excellent for disengagement coping suggestions ($\alpha = .89$).

Results

Table 1 shows the descriptive statistics and correlations for the study variables. Primary

control engagement suggestions were moderately positively intercorrelated with secondary

control engagement suggestions and primary control engagement coping, and moderately

negatively intercorrelated with disengagement coping and avoidant attachment; these

associations are consistent with previous research. Secondary control engagement suggestions

were strongly positively intercorrelated with disengagement suggestions, and moderately

positively intercorrelated with secondary control engagement coping. Disengagement

suggestions were moderately positively correlated with disengagement coping. Family income

was moderately negatively correlated with parent education level, anxious attachment, and

avoidant attachment and was moderately positively correlated with primary control engagement

coping. Parent education level was moderately negatively correlated with secondary control

engagement coping and was moderately positively correlated with both anxious and avoidant

attachment. Child sex, child age, and parent age were not associated with any other study

variables.

I conducted multiple linear regression analysis to understand the contributions of parent coping and parent attachment to parent coping suggestions. I ran a total of three regressions (Table 2) predicting each of the three types of coping suggestions: primary control engagement coping suggestions, secondary control engagement coping suggestions, and disengagement suggestions. Preliminary regression analysis indicated that child age, parent age, child gender, family income, and parent education did not predict parent coping suggestions, nor did their inclusion as covariates alter the results. Therefore, to preserve statistical power, I did not include any demographic covariates in the final regression analyses.

In the first regression, anxious attachment predicted more primary control engagement suggestions, whereas avoidant attachment predicted fewer. However, parental coping did not predict primary control engagement suggestions. In regression 2, parent's secondary control engagement coping predicted more secondary control engagement suggestions, whereas parent's primary control engagement coping predicted fewer. Neither parent attachment nor parental disengagement coping predicted secondar control engagement suggestions. Regression 3 revealed that disengagement and secondary control engagement coping in parents predicted more disengagement coping suggestions. Parent's primary control engagement coping and attachment did not predict disengagement suggestions.

Discussion

The purpose of this study was to examine whether parental coping strategies and parental attachment styles predict the types of coping suggestions parents give to their children. In partial support of my hypotheses, coping and attachment predicted some types of coping suggestions but not others. These findings suggest that parent's beliefs about relationships and strategies about dealing with stress in their own lives play an important role in their guidance of their

children and indicate that socialization of coping may have implications for intergenerational transmission of coping mechanisms.

Coping and Socialization and Coping

The findings of this study partially supported my hypothesis that parents would suggest the same coping behaviors that they use for themselves in their own lives to their children. Both secondary control engagement coping and disengagement coping were associated with higher levels of the same type of coping suggestions. These findings are consistent with previous research indicating that parents draw from their own mechanisms for dealing with stress, or the emotions surrounding it, when giving advice to their children (Baker et al., 2011; Meyer et al., 2014). This suggests that parents draw directly from their own patterns of coping in order to give advice, and essentially teach what they know and are familiar with. This may be because parents believe that their coping style works well for them, or simply because they have only their own experience to draw on and therefore believe that there are no other options.

A finding that was inconsistent with my hypotheses was that none of the parent coping methods predicted primary control engagement suggestions. The rate of suggesting primary control engagement coping was higher overall compared to the other two types of coping suggestions; thus, primary control engagement coping was quite common in this sample. This may be because, to adults, the issues that children are going through seem relatively simple and easy to solve. While these stressors may seem high stakes to the children experiencing them, (e.g., one child taking another's toy, or excluding them from a game on the playground) parents might view these as low stakes. The situations that children come to parents with may be so distanced from their own experience of stressors that they rely more on common sense than their own experiences. Therefore, regardless of parent's own coping method, parents might suggest

the solution that is obvious to them in order to fix the situation. It is possible that as children develop further and their conflicts grow more complicated and more similar to ones their own parents have to deal with in their own lives, parents will begin to rely on their own experiences to inform their parenting advice and begin to diverge in terms of which parents suggest primary control engagement coping.

Another interesting and unexcepted finding was that primary control engagement coping in parents predicted fewer secondary control engagement suggestions. This may be because secondary control engagement coping is a more passive approach, in that it is about restructuring emotions and adjusting how one thinks about a problem rather than actually taking any direct action. Parents who use primary control engagement coping in their own lives may prefer a more direct approach to stressors and therefore want to divert their children away from secondary control engagement's indirect course. Secondary control engagement coping also requires a level of self-awareness that might be difficult for children during this age. In their review of the youth coping literature, Zimmer-Gembeck and Skinner (2011) found that cognitive distraction, cognitive restructuring, and positive thinking increased during adolescence. Children's understanding and endorsement of cognitive distraction strategies in dealing with uncontrollable stress has also been found to increase over time (Altshuler & Ruble, 1989). Another study found that children's understanding that positive cognitive reframing can improve emotions, while negative thinking can worsen them, develops significantly between the ages of 5 and 10 (Bamford & Lagattuta, 2012). Children's utilization of problem-solving coping has been found to increase around this time as well; developing in children ages 9 to 11 (Eschenbeck et al., 2018). Together, this research suggests that children in this sample have only started to develop the cognitive and emotional awareness to utilize secondary control engagement coping. If

parents are sensitive to their child's current phase of coping development, this could cause parents who use primary control engagement coping to believe that secondary control engagement coping is too intellectually difficult for their children at this age and therefore suggest is less.

Another finding that was inconsistent with my hypothesis was that parent secondary control engagement coping, in addition to predicting more secondary control engagement suggestions, also predicted more disengagement coping suggestions as well. In this sample, secondary control engagement suggestions and disengagement coping suggestions were highly positively correlated. In contrast, parent secondary control engagement coping and parent disengagement coping were negatively correlated. This indicates that although suggesting these two types of coping co-occur, this is not a result of parents being unable to distinguish one coping strategy from another, as they differentiate between the two in identifying their own coping practices. Parents who use secondary control engagement suggestions may suggest disengagement coping in situations where simply changing one's thinking about a situation is not sufficient. In situations in which a child is dealing with being bullied for example, cognitive reframing may not serve to sufficiently address the negative impact of the stressor. Because secondary control engagement coping does not directly interact with stressors, parents who use this coping method may prefer to suggest disengagement coping, which also does not directly address the stressor. Another possibility is that disengagement coping suggestions such as "taking a walk" or "taking a break" may facilitate secondary control engagement coping as well and may therefore go hand in hand for children. It may be that in order for children to appraise a stressful situation and think about how to change their perception of it, they need to be distanced from the situation. As such, it would make sense for parents to suggest disengagement coping as

well as secondary control engagement coping in order to allow their children to get enough physical and emotional distance from a situation causing stress to be able to think about it rationally.

Attachment and Socialization of Coping

Parent attachment predicted their coping suggesting for parents who used primary control engagement, but not parents who used either secondary control engagement or disengagement coping. Consistent with my hypothesis, avoidant attachment predicted fewer primary control engagement suggestions. This aligns with a wealth of research finding that secure attachment relates to a wide range of adaptive parenting styles, and insecure attachment relates to maladaptive parenting (e.g., Abaied & Rudolph, 2010a; Berry & Kingswell, 2012; Safyer et al., 2019). However, contrary to my hypotheses, avoidant attachment did not predict secondary control engagement and disengagement coping suggestions. Avoidant individuals believe that others cannot be trusted to provide support (Bowlby, 1969; Hazan & Shaver, 1987; Hazan & Shaver, 1994). Therefore, parents with avoidant attachments might suggest fewer primary control engagement suggestions to fix problems because of their distrust of other people in general. Avoidant individuals also utilize pre-emptive defensive strategies to attachment related stressors. These strategies include minimized attention to, and encoding of, stressors which cause avoidant individuals to recall less attachment related information (Chris Fraley & Brumbaugh, 2007). This may explain the null findings for both secondary control engagement and disengagement suggestions; parents may suppress information children share about stressors and therefore not be able to recall relevant information to their children's stressors to provide any consistency in their coping related suggestions. Therefore, for coping not related directly to

interactions with the environment, parents may not have encoded the information necessary to suggest ways of cognitively reframing the problem or to provide ways of avoiding the problem.

Contrary to my hypothesis, parents with anxious attachments were found to make more primary control engagement suggestions. This could be due to the increased sensitivity and vigilance that parents with anxious attachments have been found to have, with regards to their children, which can cause high parenting stress and make them overprotective and controlling (Adam et al, 2004; Goldberg & Scharf, 2020; Jones et al., 2015; Walling et al., 2007). Mothers with anxious attachment have been found to expect that their children will experience more emotional distress when dealing with stressful situations (Sher-Censor, 2020). This may mean that parents with anxious attachments perceive the situations that are causing their children stress to be more dire and therefore feel the need to fix or address it more directly. This might explain why attachment anxiety predicted more primary control engagement suggestions.

In contrast, attachment anxiety in parents did not predict secondary control engagement or disengagement coping suggestions. One possible reason for this could be that anxious parents are perceiving their children's stress responses inaccurately. One study found that anxious parents mistake fear in their children for other negative emotions and tend to attribute infant crying to more temporary physical factors, for example hunger, or tiredness (Leerkes & Seipak, 2016). This suggests that anxious parents may respond to child stress in ways that are unhelpful due to their inaccurate appraisal of their children's emotional state, and the factors that are causing them stress. Anxious parents also experience higher levels of overall parenting stress (Nygren et al., 2012). In addition, adults with anxious attachments are more likely to use dysfunctional coping strategies which can include venting, denial, and mental disengagement (Berry & Kingswell, 2012). If parents are experiencing secondary stress from their children, their

own coping strategies may make them unable to attend to, or support, their children's emotional needs when giving them coping suggestions. This might explain the null effects for secondary control engagement and disengagement coping suggestions. Another possible explanation for the null effect could be that anxiously attached parents tend to be more self-centered and distressed in situations in which others ask them for help (Mikulincer & Shaver, 2007). Therefore, when talking to their children, they may be more focused on themselves than their children and provide less helpful coping advice in general.

Limitations and Future Research

There are several limitations of this study to note. First, all measures used were self-reports. Although coping and socialization of coping are difficult to measure in a lab setting, as it is difficult to create situations that would emulate coping in the innumerable contexts experienced in the real world, the study would have been strengthened by observational assessments. The adult attachment interview could have been used, and coding observations of parent's socialization of coping in a lab setting with parent-child dyads would strengthen the validity of the results. Another limitation of this study is that it is cross-sectional; a longitudinal design would allow us to explore whether parent's perceptions of their own coping are consistent over time and whether coping and attachment contribute to changes in coping suggestions over time.

The demographics of this study are also a limitation. The sample is relatively small, and is predominantly upper class, highly educated and White. Socioeconomic status, education, and race greatly influence the volume and types of stressors that both parents and children experience. For people who experience discrimination, for example the coping mechanisms necessary to survive may be completely different. The strategies necessary for dealing with these

varied experiences may be equally varied, and therefore the generalizability of these findings is limited.

The present study provides many directions for future research. Studies with a more representative sample could look at whether factors including income, race, education, marital status, and religious affiliation impact parents' socialization of coping, either directly or indirectly through attachment and parents coping style. Future studies could assess whether parent's perceptions about the effectiveness of their own coping strategies influence the types of suggestions they give their children. Research could also include assessments of children's perceptions of parent socialization of coping in order to ascertain whether children are receiving the type of coping socialization that parents believe they are providing. Studies following families longitudinally could serve to provide a more robust test of intergenerational transmission of coping behaviors. While this study is focused solely on parents, the findings indicate that there may be ways to create better outcomes in children through interventions that target parent's own adjustment, rather than solely focusing on their parenting style. This could be done by researching interventions that directly target attributes like parental attachment and coping, to explore the efficacy of addressing aspects of the parents in order to influence the development and implementation of adaptive parenting behavior.

Conclusion

This study contributes to the literature on socialization of coping by expanding on research looking solely at child outcomes to explore ways that parent's own functioning influences their parenting. The findings suggest that in changing the way adults cope with stressors will not only support adaptive coping for themselves but also the suggestions they make to their children about how to cope with stress. This opens up the possibility that addressing

maladaptive behaviors and cognitive frameworks within parents themselves could be an effective

strategy to influence parenting methods and produce better child outcomes in the future.

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Table 1

Descriptive Statistics and Intercorrelations at Time 1

Variable	Mean (SD)	Min	Max	1	2	3	4	5	6	7	8	9	10
1. Gross Family Income	5.21 (1.96)	1	7	--									
2. Parent Education Level	2.92 (1.34)	1	6	-.42**	--								
3. PCE Suggestions	4.28 (.47)	3	5	.08	-.10	--							
4. SCE Suggestions	3.14 (.61)	2	5	.12	-.05	.31*	--						
5. Disengagement Suggestions	2.59 (.77)	1	4	.10	-.01	.11	.69**	--					
6. PCE Coping	.29 (.07)	.11	.45	.27*	-.24	.38**	-.16	-.25	--				
7. SCE Coping	.28 (.08)	.12	.45	.21	-.30*	.20	.26*	.13	.47**	--			
8. Disengagement Coping	.08 (.05)	.00	.21	-.12	.12	-.32*	.16	.36**	-.76**	-.45**	--		
9. Anxious Attachment	1.71 (.74)	1	4.40	-.46**	.32*	.09	-.07	-.05	-.37**	-.38**	.22	--	
10. Avoidant Attachment	2.03 (.66)	1	3.63	-.47**	.32*	-.43**	-.03	.00	-.66**	-.50**	.44**	.50**	--

Note. *$p < .05$. **$p < .01$. T1 = Time 1. PCE = primary control engagement. SCE = secondary control engagement.

Table 2

Regression Analysis

	Primary Control Engagement Suggestions				Secondary Control Engagement Suggestions				Disengagement Suggestions			
	β	*p*	R^2	ΔF (*p*)	β	*p*	R^2	ΔF (*p*)	β	*p*	R^2	ΔF (*p*)
			.32	5.15 (.00)			.30	4.60 (.00)			.33	5.22 (.00)
Primary Control Engagement Coping	.09	.66			**-.42**	**.04**			-.26	.20		
Secondary Control Engagement Coping	.06	.70			**.59**	**.00**			**.45**	**.00**		
Disengagement Coping	-.03	.87			.29	.11			**.53**	**.00**		
Anxious Attachment	**.43**	**.00**			.03	.85			.02	.91		
Avoidant Attachment	**-.54**	**.00**			-.15	.36			-.18	.27		