Research Paper Psycology

Assessment of the Impact of Gender, Age and Culture on Adaptive Coping Skill of Higher Secondary School Adolescents

MamataNayak

Department of Psychology, Mangalpur Women's College, Mangalpur, Jajpur, Odisha, India.

ABSTRACT

The impact of different demographic variables such as gender, age and cultural settings (urban and rural) onadaptive coping skill were examined among higher secondary school adolescents during the most crucial and turning period of life. The participants in the study were 240 students randomly selected from ten higher secondary schools of Odisha, a South–Eastern region of India. The age of the first year and second year students ranges from 15 to 18 years. In the study, adaptive coping skillQuestionnaires were used to measure adaptive copingof the participants. Data were analysed by using descriptive statistics, multifactorial analysis of variance, post- hoc tests, correlational analysis and factor analysis. The results revealed that female adolescents have scored higher averagein adaptive coping testthan male of the same age group and within the same cultural environment. The overall adaptive coping average of girls (M=27.03) was found to be higher thanthat of boys (M=23.42). Moreover, 32.50% of adolescent girls have high level of adaptive coping skill, while 22.50% of adolescent boyshave high level of adaptive coping.Younger adolescents of first year class were found to have scored lower mean (M=24.37) than older adolescents(M=26.08)of second year class in adaptive coping test, when mean scores of both urban and rural-base school adolescentswere taken into consideration. 26.67%of younger adolescents have shown high level of adaptive coping, while 28.33% of older adolescents have shown high level of adaptive coping.Irrespective of gender and age, a significant difference was found between the adolescents of urban and rural secondary schools in adaptive coping test.Urban school adolescents scored overall higher mean (M=26.33) than their ruralcounterparts (M=24.07) in adaptive coping test. 29.17% urbanschool adolescents exhibited high level of adaptive coping, while 25.83% of ruralschool adolescents exhibited high level adaptive coping skill. The observed significant variation was attributed to the difference in cultural values, cultural beliefs and other related facilities.

KEYWORDS Adaptive coping, Adolescents, Higher Secondary School, Gender, Age, Urban, Rural.

INTRODUCTION

In the context of comparative study on adaptive coping of adolescents of different sex, age and culture, school is identified as an ideal place, where students get ample opportunities to develop their adaptive coping skills through learning of development of other correlated skills.The higher secondary school students aged 15-18 years pass through a crucial period of adolescence, which is a unique time in human development. It is a transitional period from childhood to adulthood, where children tend to get physical, emotional and social maturity (Mussen at al., 1990). Adolescence is clearly a time during which much changes occur and thus, it is regarded as a significant intervention point for behavioral change (O' Dunohue& Tolle, 2009). These changes occur in multiple dimensional levels. Adolescents begin to adjust and adapt to remarkable physical, emotional and social changes. Hence, adolescence is accepted as a challenging time, because during this period adolescents face with task of dealing with biological and psychosocial changes, such as shifts in relationship with family, friends, peer group, communities and the wider world (Coleman & Hagel, 2007; Seiffge-Knenke, 2009).

Regarding the shifts in relationship it is observed that while passing from the childhood to adolescence the peer relationship become gradually important as compared to the parental relationship that is developed in childhood. If the previous close parental relationship is not sufficiently compensated by the peer group relationship, the feelings of loneliness, emptiness, boredom and unreality develop in adolescents. This may result in various social, emotional and behavioral problems in them. Consequently, they may be involved in various unusual and antisocial activities, such as interpersonal conflict and aggressive behavior (Dinkas, Kemp & Baum, 2009), drug addiction (Ellickson et al., 1992; Vega & Gil, 2005)), smoking and taking alcohol (Hoffman et al., 2001; Orlando et al., 2005), early sexual involvement (Buhi& Goodson, 2007; Armour &Haynie, 2007; Luder et al., 2011). As a result, academic achievement and perceptions of academic competence are adversely affected (Fredricks&Eccles, 2002; Ryan & Patrick, 2001).

A large number of research studies explored various protective factors or skills that can reduce the probability of adolescent risk behavior. Adaptive coping, emotional intelligence and social competence are some of the most useful experimentally established skills needed to overcome the adverse effect of adolescent risk behavior.

In particular, it appears that the ability to regulate responses linked to negative emotions is predictive of good social competence and of adaptive coping (Eisenberg et al. 2000; Belsky, Fiedman and Hsieh 2001; Lengua and Long 2002; Eisenberg, Valiente and Sulik 2009; Goodman and Southam-Gerow 2010). Negative emotions like anger and aggression require a greater adaptive coping ability and have more impact on adjustment and general well-being and seem difficult to process and manage for both children and adults (Renati and Zanetti 2009; Hughes 2010). Thus, emotional regulation serves as a protective factor against maladaptive development (Frick and Ellis 1999); and aids peer group acceptance (Eisenberg et al. 1994).Moreover, emotion regulatory capacity has been regarded as an important construct of adaptive coping (Compas et al., 2001; Eisenberg Valiente&Sulik, 2009; Eisenberg, Fabes& Guthrie, 1997).These studies clearly establish that for this age group focus on preventive interventions for proper emotion regulation(i.e., an important construct of emotional intelligence) leading to better adaptive coping is highly essentialfor having a successful life (Blair 2004; Eisenberg 2010; Eisenberg et al., 2003; Hessler& Katz 2007; Izard et al., 2008).

Further, Campbell (2007) added that Coping with stressful situations has been identified as an important protective factor at a personal level. A panel of researchers have also reported that high levels of adaptive coping appeared to act as a protective factor in the presence of maladaptive coping such

as rumination (Thompson, Mata, Jaeggi,Buschkuehl, Jonides&Gotlib, 2010).Thus, the role of adaptive coping is found to be very important in this context to reduce the enforced stress.

ADAPTIVE COPING AND SUCCESS IN LIFE

Coping: Numerous coping definitions are available in the literature. Some researchers include automatic or involuntary aspects of coping (e.g. physiological defensive reactions) in their definitions (Eisenberg, Fabes& Guthrie, 1997); while others focus directly on intentional or purposeful efforts by the individual to reduce threat, harm or loss (Carver & Connor-Smith, 2010). In a simple sense, coping is the way people deal with and overcome difficulties. A most widely accepted and adopted definition of coping is suggested to be that of Lazarus and Folkman (1984), which defines it as continually changing behavioral and cognitive efforts to manage external and/ or internal demands that are appraised as tasking or exceeding the individual's resources. According to Skinner & Zimmer-Gembeck, (2007), coping is 'action regulation under stress', which refers to 'how people mobilize, guide, manage, energize, and direct behavior, emotion and orientation, or how they fail to do so under stressful conditions'.

In connection with stress, researchers have defined and operationalized coping in various ways. Studies have identified different categories, types, dimensions, functions and structure of coping (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001; Lazarus, 2000; Skinner, Edge, Altman, & Sherwood, 2003;Zeidner&Endler, 1996). A number of these studies on coping with stress have specifically focused on children and adolescents (Boekaerts, 1996; Causey &Dubow, 1992; Compas at al., 2001; Connor-Smith, Compas, Wadsworth, Thomsen, & Saltzman, 2000; Fields &Prinz, 1997; Frydenberg, 1999; Horn, Pössel , and Hautzinger, 2011; .Ryan-Wenger, 1992; Skinner, and Zimmer-Gembeck, 2007), since childhood and adolescence are crucial periodsfor shaping life to achieve success by reducing the harmful effect of stress.

There is a long history of theory and research concerning the nature of coping (Endler&Parker, 1990; Fabes& Eisenberg, 1997; Lazarus &Folkman, 1984). Investigators differ in how they categorize various forms of coping. Widely recognized classifications of coping include problem-focused versus emotion-focused coping, primary-control versus secondary-control coping, engagement versus disengagement coping, approach versus avoidance coping, active versus passive coping, and cognitive versus behavioral coping. To integrate the vast literature and understand the structure of coping, Skinner et al. (2003) proposed a hierarchical classification system in which situation-specific observations of coping (i.e., coping instances) are organized into "lower order" categories (i.e., strategies or ways of coping), which, in turn, are organized into "higher order" categories (i.e., families of strategies). Skinner et al. (2003) argue that it is useful to distinguish among different forms of coping based on whether they are harmful or helpful. However, on the basis of the effectiveness or success of the process, coping can be classified as adaptive coping and maladaptive coping. It is observed that people do respond to stressful experiences in both adaptive and maladaptive ways. In fact, people utilize a variety of strategies in responding to stress., However, it is not clear how adaptive and maladaptive ways of coping interact to predict negative outcomes (i.e., harmful effects) associated with stress, such as depression (e.g., Brown & Harris, 1989; Monroe, Slavich, &Georgiades, 2009).

Coping Resources

According to the "transactional theory of stress coping" of Lazarus and Folkman, (1984, 1987), stress results from an imbalance between perceived demands and perceived resources. Thus, in the present context it is necessary to identify some common coping resources, which refer to factors upon which individuals can draw in the face of stressful events and are present before stressors occur (Pearlin&Schooler, 1978). In fact, coping resources act as buffers for disorders such as anxiety and depression (Bisschop, Kriegsman, Beekman, &Deeg, 2004; McCarthy, Fouladi, Juncker, & Matheny, 2006). Typical coping resources include self-confidence, social support, self-efficacy, emotional support , spiritual or religious belief, tension reducting potential, stress monitoring abilities, physical health, a sense of mastery over stress management, and an ability to engage in problem-solving and structuring. When stressful situations arise, those who perceive themselves as more highly resourced are more likely to believe that they will be able to cope with demands, and generally experience less stress. Therefore, perceptions of high resourcefulness are an integral part of stress management.

Adaptivity of Coping

In order to conceptualize the term "adaptive" , it is useful to note several ways the term adaptive has been used in the general coping literature referring to either effectiveness of a strategy(i.e., whether using the strategy has a successful outcome) or purpose of a strategy (i.e., function, or the individual's goal in using the strategy; Compas et al., 2001; Lazarus, 1991, 2000; Skinner et al., 2003; Zeidner&Saklofske, 1996). In the present study, the term "adaptive"is used in the sense *"effective" or "successful"*. For example, adaptive help seeking is an action, namely, requesting for information or emotional support or social support, that maximizes the likelihood of two consequences: short-term, situation-specific stress reduction and long-term development of "healthy" intrapersonal and interpersonalself-system resources (i.e., competence, self-reliance, self-efficacy, perceived control, and interpersonal trust) that are important particular resources for coping with future stressors (Connell & Wellborn, 1991; Skinner & Wellborn, 1994; White, 1974). By seeking information, individuals can resolve their immediate problem; in the process, they may learn about causes of stressful situations and possible strategies for resolving future problems on their own. Similarly, by seeking emotional support, individuals can reduce anxiety, anger, or fear; furthermore, they may gain insight, competence, and a sense of self-efficacy regarding regulation of emotion. Further, it is an established fact that when children restrict help seeking to situations with which they are unable to cope independently, their action is expected to maximize the adverse effect of the stress (Holahan, Moos, & Schaefer, 1996). Thus, requests for help by seeking information, or seeking emotional support or seeking social support are likely to be adaptive or effective in the process of coping for a successful life with minimum stress.

Further, in the context of relative adaptivity of coping process, many research studies suggested that problem-focused coping or task-focused coping is generally more adaptive than emotion-focused coping or avoidant coping (Cosway, Endler, Sadler, &Deary, 2000; Endler& Parker, 1990; Pearlin&Schooler, 1978).

Difference betweenadaptive and maladaptive coping

According to Mavroveli1, Petrides, Rieffe and Bakker, (2007), adaptive coping process includes confrontional coping, seeking social support and optimistic coping, while maladaptive coping includes avoidant coping, palliative coping and depressive coving. Mavrovelil et al., (2007) also reported that adaptive coping is positively associated with emotional intelligence while maladaptive coping is negatively associated with emotional intelligence.

From the study of literature it is revealed that maladaptive or non-adaptive ways of coping fails to promote long-term development of healthy resources; in addition, it may (or may not) lead to short-term stress reduction (Compas et al., 2001; Holahan, Moos, & Schaefer, 1996; Lazarus, 1991, 2000; Skinner et al., 2003; Zeidner&Saklofske, 1996). For example, with regard to help seeking, two particular strategies are non-adaptive (i.e., dependent help seeking and avoidance of help seeking). Dependent help seeking involves individuals requesting assistance unnecessarily, without having put sufficient effort into resolving the problem on their own. This

strategy corresponds to a category of coping identified by Ayers et al. (1996), Connor-Smith et al. (2000), Ryan-Wenger (1992), Skinner et al. (2003), and Skinner and Wellborn (1994) as delegation (i.e., surrender to others of one's own responsibility). Avoidance of help seeking involves individuals failing to ask for assistance that is necessary and instead either passively doing nothing, actively avoiding potential help, or continuing to use another strategy that is ineffective. This corresponds to several coping categories: helplessness (i.e., passivity, relinquishment of control), escape (i.e., avoidance, flight, denial), and rigid perseveration (i.e., rumination, intrusive thoughts; Ayers et al., 1996; Connor-Smith et al., 2000; Ryan-Wenger, 1992; Skinner et al., 2003; Skinner & Wellborn, 1994). One can envision that certain instances of non-adaptive help seeking (i.e., both dependent help seeking and avoidance of help seeking) have consequences more adverse than failing to promote healthy resources and failing to reduce stress; they may actually promote long-term development of "unhealthy" resources, or coping vulnerabilities (e.g., low self-efficacy, interpersonal hostility, losing sight of one's sense of control) and exacerbate stress (Skinner et al., 2003). One can reason that non-adaptive help seeking that has especially adverse consequences is likely to be characterized by especially poor calibration (i.e., requesting assistance that clearly is unnecessary or failing to request assistance that clearly is necessary).

Adaptive coping in School

School is an ideal and privileged place for learning adaptive process that are useful in coping with emotional situations in that both formal and informal occasions (Raver and Zigler, 1997; Raver, 2002; Raver and Knitzer, 2002). At school, the biggest challenge that teachers and young workers have to deal with is helping students to learn how to recognize and manage positively expressions of anger, above all in children who display aggressive behaviours in resolving conflicts (Cummings, 1987; Hennessy et al., 1994). Consequently, the role of the adults in school becomes fundamental, who have supporting role in the development of adaptive responses to stress like angerand improving their ability to recognize and understand emotions (Davis 2010). Various studies have highlighted that an adequate expression of anger through socially constructive behaviors is associated with better classroom adjustment in school (Lewis et al., 1992, Horn, Pössel and Hautzinger, 2011). The most popular student tend to be those with the highest levels of emotion regulation, particularly in management of stress like anger (Hubbard and Coie 1994). Denham et al., 2002) have also discussed the importance of learning of adapting coping with anger and aggression in class room.

In addition to the above survey of literature in the context of adaptive coping as one of the most essentialprotective skills, a large number of research studies help to explore that the term "adaptive emotion regulation" refers to the "adaptive coping process" associated with emotional activation, which forms the fundamental mechanistic basis of adaptive coping, and consequently, the "emotion regulatory competence" can be regarded as an important construct of adaptive coping skill (Compas et al. 2001; Eisenberg, Valiente, and Sulik, 2009; Eisenberg, Fabes and Guthrie, 1997). Thus, coping resources like adaptive emotion regulation as well as adaptive support seeking can form a protective sheath through adaptive coping to effectively counteract the enforced stress and can serve as key to lead a safe and successful life.

ADAPTIVE COPING AND DEMOGRAPHIC VARIBLES

The impact of certain demographic variables such as gender, age and culture on adaptive coping has also been critically reviewed in the literature.

Impact of genderon adaptive coping

Hampel and Petermann (2005),have studied the effect of gender and age on coping and compared levels of adaptive coping in children and adolescents, and the work was extended by Thompson et al., (2010), who reported that adaptive coping is important for non-depressed adolescent girls, independent of familial risk for depression. Across a wide age range (i.e., preschool through high school), girls and boys tend to approach peer conflict differently. Girls are more likely than boys to have goals and use coping strategies that are considered prosocial, constructive, and sometimes avoidant. Boys, on the other hand, are more likely to have goals and use strategies that are controlling, coercive, and sometimes hostile and vengeful (Miller, Danaher, & Forbes, 1986; Murphy & Eisenberg, 1996; Seiffge-Krenke, 1995; Shantz&Hartup, 1992). Girls and boys tend to have different experiences and concerns regarding risks and, accordingly, have different views about help seeking at school. If harassed, boys generally encounter direct, verbal, physical, and non-relational aggression, whereas girls encounter indirect and relational aggression (Crick et al., 2001; Underwood, 2002). Boys seem to take name calling more in stride than girls; it is less a violation or threat to friendship (Whitesell& Harter, 1996). Girls are more concerned than boys of being harassed when they are alone; boys are more concerned than girls that help seeking can lead to hassles from the teacher and reprisals from the perpetrator (Newman et al., 2001; Astor et al., 1999). If they are harassed, boys are more likely than girls to try to protect themselves by being assertive or aggressive (Kochenderfer-Ladd & Skinner, 2002), whereas, starting in the upper elementary grades, girls are more likely than boys to ask their teacher for assistance (Newman et al., 2001).

Impact of age on adaptive coping

The adoptive coping process gradually would become more complex (Skinner and Zimmer-Gembeck, 2007), varied and flexible as the children got older while passing from childhood to adolescence (Compas et al. 2001).With the development, children generally have improved social-cognitive competencies that can help them cope with stress. Given developmental findings regarding cognitive monitoring (Flavell, 1979; Paris & Newman, 1990), one can expect that as children become better at recognizing danger in their surroundings, it is easier for them to know when help is necessary and when it is not. Older children are better able to cope independently with many interpersonal hassles without relying on adults for either informational or emotional support. They have an increasingly large repertoire of strategies—both problem focused (e.g., verbal assertiveness, discussion and negotiation, sharing, compromise) and emotion focused (e.g., distancing oneself from conflict; Eisenberg, 2006; Putallaz& Sheppard, 1992; Sullivan, 2000). With increase of age, children become better able to distinguish controllable and uncontrollable stressors and to match particular coping strategies to particular stressors (Altshuler&Ruble, 1989; Brenner &Salovey, 1997; Fields &Prinz, 1997). Gradually, they become more realistic about their own limitations and needs (Harter, 2006), more cognizant of who can be counted on to help (Furman &Burmester, 1992), and better at making social decisions (Jacobs & Potenza, 1991; Spivack& Shure, 1982). Further, it is reported that children begin a gradual development in their ability to regulate emotions linking to adaptive coping from pre-school age onwards, (Blair et al. 2004; Eisenberg 2010).

Impact of cultureon adaptive coping

Culture has been defined as a dynamic phenomenon that surrounds us at all times, being constantly enacted or created by our interactions (Schein, 2004, p 1). In the context of cultural difference, Sternberg (2004) bluntly stated, "Behaviour that in one cultural context is smart may be, in another cultural context, stupid" (p. 325). Thus, it is a matter of debate whether adaptive coping is universal or culture-bound. In this direction, Elfenbein&Ambady (2002) have discussed regarding the universality and culture specificity of emotion regulation andMatsumoto et al. (2008) correlated cultural difference with emotion regulation and adjustment, which are in turn closely linked with adaptive coping process.Moreover,Tang (2001) explored the relationship between emotional intelligence and cross-cultural adaptability. She defined emotional intelligence as empathy, communications of emotions and regulation of mood, and found that these abilities correlated with cross-cultural adaptability. Cherbosque, Gardenswartz, and Rowe (2005) expanded the

definition of emotional intelligence by incorporating the capacity for cultural adaptation into their construct.

From the study of literature it is revealed that research studies to explore the impact of gender, age and culture in the specific sense of urban and rural culture on adaptive copingof school going adolescents is not far less developed but historically neglected. In view of these considerations, the present study explored the impact of culture linked gender and age differences on adaptive coping of higher secondary school adolescents.

HYPOTHESES

H1. Significant gender differences exist in terms of adaptive coping.
H2. Significant difference exist between junior (1st year) and senior (2nd year) higher secondary students in terms of adaptive coping.
H3. Significant difference exists between students of Urban and Rural settings in terms of adaptive coping skill.

METHOD OFSTUDY

Participants:

Participants were 240 higher secondary School students 120 from each of the gender groups equally drawn from Urban and rural settings. The age of participants ranges from 15 to 18 years. Participants were randomly selected from ten higher secondary schools of Odisha, a south-eastern region of India.

Instruments

Standardized questionnaires were used for collecting data from the participants to measure their emotional intelligence.

Procedure

Heads of the institutions were informed sufficiently earlier seeking permission, to conduct the tests/study. After obtaining permission the Participants (both 1st year and 2nd year students) were invited to a hall instructions were printed on the booklets containing the questionnaires: Booklets were provided to the students and instructions were read out by the investigator and doubts were cleared before the start of test. The size of the group varied from 15 to35 participants. The test administration took about 2 hours duration.

RESULTS

Culture linked significant gender difference in adaptive coping score are presented in Table 1. Levels of overall adaptive coping of adolescent boys and girls are computed in Table 2.The relationship between adaptive copingand age difference linked to both urban and rural culture has been presented in Table 3, and levels of overall adaptive coping of younger and older adolescents are presented in Table 4. Table 5 predicts the correlation between adaptive coping and cultural settings (urban and rural).Levels of overall adaptive copingof urban and rural adolescentsare presented in Table 6.

Table 1.Culture linkedgender differences in adaptive coping average

Variables	Gender	Number (N)	Mean (M)	Standard Deviation(SD)
Adaptive coping	Male	120	23.42	7.14
	Females	120	27.03	7.21

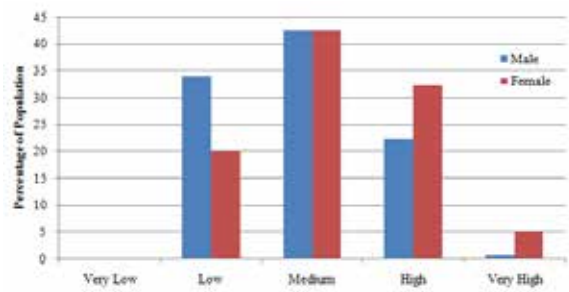
Results presented in Table 1 were computed from scores of 8 sets of group participants consisting of 30 each. Mean scores in adaptive coping (M=27.03, SD=7.21) for 120 female participants were computed from mean adaptive coping scores of 30 rural 1st year girls(M=25.77, SD=7.44), 30 rural 2nd year girls (M=26.40, SD=7.53), 30 urban 1st year girls (M=26.70, SD=7.22), and 30 urban 2nd year girls (M=29.23, SD=7.43).

Further, mean scores in adaptive coping(M=23.42, SD=7.14) for 120 male participants were computed from mean adaptive coping scores of 30 rural 1st year boys(M=21.40, SD=6.82), 30 rural 2nd year boys(M=22.87, SD=6.63), 30 urban 1st year boys(M=23.60, SD=7.54), and 30 urban 2nd year boys (M=25.80, SD=7.56).

Table 2. Levels of overall adaptive coping of adolescent boys and girls

Gender	Very Low(Below 20%score)	Low (20%- 39% score)	Medium (40%-59% score)	High(60%-79% score)	Very High (80%-100% score)
Male	0.00%	34.17%	42.50%	22.50%	0.83%
Female	0.00%	20.00%	42.50%	32.50%	5.00%

Levels of overall adaptive coping of adolescent boys and girls as computed in Table 2 are depicted in bar graph 1.



Bar graph 1. Levels of overalladaptive coping of adolescent boys and girls

Table 3.Culture linked age differences in adaptive coping average

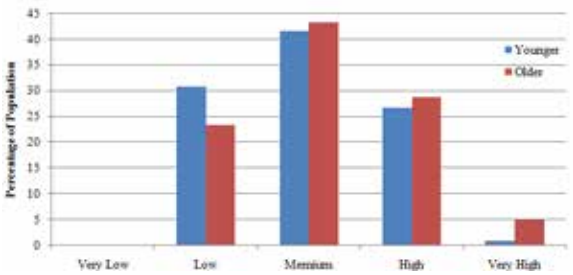
Variables	Age	Number (N)	Mean (M)	Standard Deviation(SD)
Adaptive coping	Younger (1st year)	120	24.37	7.26
	Older(2nd year)	120	26.08	7.29

Similarly,results presented in Table 3 were computed from scores of 8 sets of groupparticipants consisting of 30each. Mean scores in adaptive coping (M=24.37, SD=7.26) for 120 younger adolescents were computed from mean adaptive coping scores of 30 rural 1st year girls (M=25.77, SD=7.44), 30 rural 1st year boys (M=21.40, SD=6.82), 30 urban 1st year girls (M=26.70, SD=7.22), and 30 urban 1st year boys (M=23.60, SD=7.50). Further, mean scores in adaptive coping (M=26.08, SD=7.29) for 120 older adolescents were computed from mean adaptive coping scores of 30 rural 2nd year girls (M=26.40, SD=7.53), 30 rural 2nd year boys (M= 22.87, SD=6.63),30 urban 2nd year girls (M=29.23, SD=7.43) and 30 urban 2nd year boys (M=25.80, SD=7.56).

Table 4. Levels of overall adaptive coping of younger and older adolescents

Age Group	Very Low(Below 20%score)	Low(20%-39% score)	Medium(40%-59% score)	High(60%-79% score)	Very High (80%-100% score)
Younger	0.00%	30.83%	41.67%	26.67%	0.83%
Older	0.00%	23.33%	43.33%	28.33%	5.00%

Levels of overall adaptive copingof younger and older adolescents as computed in Table 4 are depicted in bar graph 2.



Bar graph 2. Levels of overall adaptive copingof younger and older adolescents

Table 5.Cultural differences in adaptive coping average

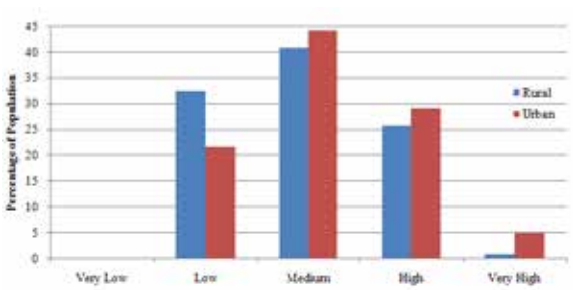
Variables	Cultural settings	Number (N)	Mean (M)	Standard Deviation(SD)
Adaptive coping	Rural	120	24.07	7.11
	Urban	120	26.33	7.44

Similarly, results presented in Table 5 were also computed from scores of 8 sets of group participants consisting of 30 each. The presented mean adaptive copingscore (M=24.07) for Rural students is the mean of the mean adaptive coping scores of 1st year rural girls (M=25.77), 1st year rural boys (M=21.40), 2nd year rural girls(M=26.40) and 2nd year rural boys (M=22.87). Further, the presented meanadaptive coping score (M=26.33) for urban students is the mean of the mean adaptive coping scores of 1st year urban girls (M=26.70), 1st year urban boys (M=23.60), 2nd year urban girls (M=29.23) and 2nd year urban boys (M=25.80).

Table 6.Levels of overall adaptive coping of rural and urban adolescents.

Cultural Setting	Very Low (Below 20%score)	Low (20%-39% score)	Medium (40%-59% score)	High (60%-79% score)	Very High (80%-100% score)
Rural	0.00%	32.50%	40.83%	25.83%	0.83%
Urban	3.33%	21.67%	44.17%	29.17%	5.00%

Levels of overall adaptive coping of ruraland urbanadolescents as presented in Table 6 are depicted in bar graph 3.



Bar graph 3. Levels of overall adaptive coping of urban and rural adolescents

DISCUSSION

Adaptive copingand gender difference

Table 1 shows that boys and girls are different in their adaptive coping average. Thus, significant gender difference exist in adaptive coping in the present study, which is in agreement with first hypothesis (H1). The findings of this study revealed that girls have more adaptive coping skillthan boys of the same age group (younger 1st year group or older 2nd year group). Further, the gender differences are comparable within the same cultural environment (urban or rural). The rural girls scored higher adaptive copingaverage (M=26.09) than rural boys (M=22.14), and urban girls also scored higher average (M=27.97) than urban boys (M=24.70) in adaptive coping test. When the above results of urban and rural students are combined together, the overall mean score in adaptive coping for female adolescents (M = 27.03) is found to be higher than their male counterparts (M = 23.42). This result of gender difference for higher secondary students is in consistent with the results of Crick et al., (2001); Kochenderfer-Ladd & Skinner, (2002); Newman et al., (2001);.Underwood, (2002). Moreover, Table 2 presents a comparative study on levels of adaptive coping of boys and girls. 32.50% of female adolescents have high level of adaptive coping, while 22.50% of male adolescents have high level of adaptive coping. In addition, 5% of girlshave also exhibited very high level of adaptive coping as compared to boys (0.83%). The complete results of levels of adaptive copingskills of adolescent boys and girls are depicted in bar graph 1.

Adaptive coping and age difference

A positive response is obtained for second hypotheses (H2). That means, a significant age difference exist in adaptive coping in the present study. When mean adaptive coping scores of boys and girls of urban and rural schools are compiled together, it observed that older 2nd year students show higher adaptive coping average (M = 26.08) than younger 1st year students (M=24.37). In the present study, adaptive coping is found to have a positive correlation with age as presented in Table 3. This result explored that adaptive coping skill increases with increase of age of higher secondary school students. This result is also supported by the earlier findings of Blair et al. (2004); Compas et al. (2001); Eisenberg (2010); Skinner and Zimmer-Gembeck (2007). In addition, Table 4 presents a comparative study on levels of adaptive coping of younger and older adolescents. 28.33% of older adolescents have high level of adaptive coping, while 26.67% younger adolescents have high level of adaptive coping.In addition, 5% of older adolescents have also exhibited very high level of adaptive coping as compared to younger adolescents (0.83%). The complete results of levels of adaptive copingof younger and older adolescents are depicted in bar graph 2. The above difference in adaptive coping may be accounted for the greater experience and more stress bearing abilityof older adolescents as compared to younger adolescents.

Adaptive coping and cultural difference

Further, another significant difference exist in adaptive coping for urban and rural students (Hypotheses, H3). Results of Table 5 predicts that urban adolescents exhibited higher scores (M = 26.33)as compared to their rural counterparts (M = 24.07) in adaptive coping test. More specifically, comparing the adaptive coping scores of rural girls (M=26.09) and rural boys (M=22.14) with adaptive coping scores of urban boys (M=27.97) and urban girls (M=24.70) respectively, it is explored that both urban boys and girls scored higher average in adaptive coping testthan their rural counterparts.Moreover, urban older adolescents are found have scored higher adaptive coping average (M=27.52) than rural older adolescents (M = 24.64) and urban younger adolescents scored higher (M=25.15) than rural younger adolescents (M = 23.59) in adaptive coping test. In addition, Table 6 presents a comparative study on levels of adaptive coping of urban and rural adolescents. 29.17% of urban adolescents have high level of adaptive coping, while 25.83% of rural adolescents have high level of adaptive coping. The complete results of levels of adaptive coping of urban and ruraladolescents are depicted in bar graph 3.This higher level of adaptive coping can be attributed to the greater of exposure of rural school adolescents to progress opposingantagonistic environments from the very outset of life as compared to urban school adolescents.The

difference in adaptive coping scores of urban and rural adolescents can be accounted for the contrasting cultural values and beliefs.

CONCLUSION AND SUGGESTIONS

Since two years of higher secondary school education is the most crucial period and turning point for adolescents in the context of academic career as well as professional career, utmost care should be taken to improve their adaptive coping skill, through special trainings or including adaptive coping and related studies in higher secondary school syllabus. More intensive research studies are needed to be carried out on emotional intelligence, social competence and adaptive coping relating to stress management and mental health among higher secondary school adolescents in both rural and urban sectors. More specifically, additional care is to be taken from Government level for students of rural base schools to improve the levels of their adaptive coping skill through development of certain related protective skills like emotional intelligence and social competence with a view to minimize the difference, which adversely affect the future life, career and perspectives of rural base students.

REFERENCES

Altshuler, J. L., &Ruble, D. N. (1989). Developmental changes in children's awareness of strategies for coping with uncontrollable stress. Child Development, 60, 1337–1349. | Armour, S., &Haynie, D. (2007).Adolescent sexual debut and later delinquency. Journal of Youth and Adolescence, 36, 141–152. | Astor, R. A., Meyer, H. A., &Behre, W. J. (1999).Unowned places and times: Maps and interviews about violence in high schools. American Educational Research Journal, 36, 3–42. | Belsky, J., Friedman, S. L., and Hsieh, K. (2001). Testing a Core Emotion-Regulation Prediction: Does Early Attentional Persistence Moderate the Effect of Infant Negative Emotionality on Later Development? Child Development, 72 (1), 123 – 133. | Bisschop, M. I., Kriegsman, D. M. W., Beekman, A. T. F., &Deeg, D. J. H. (2004). Chronic diseases and depression: The modifying role of psychosocial resources. Social Science & Medicine, 59, 721-733. | Blair, K. A., Denham, S. A., Kochanoff, A., and Whipple, B. (2004).Playing it cool: Temperament, emotion regulation, and social behavior in preschoolers. Journal of School Psychology, 42 (6), 419 – 443. | Boekaerts, M. (1996).Coping with stress in childhood and adolescence. In M. Zeidner& N. Endler (Eds.), Handbook of coping: Theory, research, and applications (pp. 452–484). New York: Wiley. | Brenner, E. M., &Salovey, P. (1997). Emotion regulation during childhood: Developmental, interpersonal, and individual considerations. In P. Salovey& D. J. Sluyter (Eds.), Emotional development and emotional intelligence: Educational implications (pp. 168–195). New York: Basic Books. | Brown, G. Q., & Harris, T. O. (1989).Life events and illness. New York, NY: Guilford-Press. | Buhi, E. R., & Goodson, P. (2007). Predictors of adolescent sexual behavior and intention: A theory-guided systematic review. The Journal of Adolescent Health, 40, 4–21. | Campbell, A., &Ntobedzi, A. (2007). Emotional Intelligence, Coping and Psychological Distress: A Partial Least Squares Approach to Developing a Predictive Model. Electronic Journal of Applied Psychology, 3(1), 39 – 54. | Causey, D. L., &Dubow, E. F. (1992).Development of a self-report cop- ing measure for elementary school children. Journal of Clinical Child Psychology, 21, 47–59. | Connor-Smith, J. K., Compas, B. E., Wadsworth, M. E., Thomsen, A. H., & Saltzman, H. (2000). Responses to stress in adolescence: Measurement of coping and involuntary stress responses. Journal of Counseling and Clinical Psychology, 68, 976–992. | Carver, C.S. & Connor-Smith, J. (2010). Personality and coping. Annual Review of Psychology, 61(1), 679–704. | Coleman, J., &Hagell, A., (2007). Adolescence, risk and resilience: Against the odds. West Sussex: Wiley. | Compas, B. E., Connor-Smith, J. K., Saltzman, H., Thomsen, A. H., and Wadsworth, M. E. (2001). Coping with stress during childhood and adolescence: Problems, progress and potential in theory and research.PsychologicalBullettin, 127, 87 -127. | Compas, B. E., Jaser, S. S., & Benson, M. A. (2009). Coping and emotion regulation: Implications for understanding depression during adolescence. In S. Nolen-Hoeksema, H. M. Lori (Eds.), Handbook of depression in adolescents (pp. 419–440). New York: Routledge/Taylor & Francis. | Cosway, R., Endler, N. S., Sadler, A. J., &Deary, I. J. (2000). The Coping Inventory for Stressful Situations: Factorial structure and associations with personality traits and psychological health. Journal of Applied Biobehavioral Research, 5, 121-143. | Crick, N. R., Nelson, D. A., Morales, J. R., Cullerton-Sen, C., Casas, J. F., & Hickman, S. E. (2001). Relational victimization in childhood and adolescence: I hurt you through the grapevine. In J. Juvonen& S. Graham (Eds.), Peer harassment in school: The plight of the vulnerable and victimized (pp. 196–214). New York: Guilford. | Cummings E. 1987. Coping with background anger in early childhood.Child Development, 58 (4), 976 –984. | Davis E. L.2010, Metacognitive emotion regulation: Children's awareness that changing thoughts and goals can alleviate negative emotions. Emotion 10, 498 - 510. | Denham, S. A., Caverly, S., Schmidt, M., Blair, K., DeMulder, E., Caal, S., Hamada, H., and Mason, T. (2002). Preschool understanding of emotions: contributions to classroom anger and aggression. Journal of Child Psychology and Psychiatry, 43 (7), 901–916. | Deroma, V. M., Leach, J. B., &Leverett, J. P. (2009).The relationship between depression and college academic performance. College Student Journal, 43, 325-334. | Dinkes, R., Kemp, J., & Baum, K. (2009). Indicators of school crime and safety: 2008 (NCES 2009–022/NCJ 226343). Washington, DC: National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education and Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. | Eisenberg, N. (2006). Prosocial development. In W. Damon & R. Lerner (Series Ed.) & N. Eisenberg (Vol. Ed.), Handbook of child psychology: Vol. 3. Social, emotional, and personality development (6th ed., pp. 646–718). New York: Wiley. | Eisenberg, N. (2010). Emotion-related self-regulation and its relation to children's maladjustment.Annual review of clinical psychology, 6, 495 - 525. | Eisenberg, N., Fabes, R., A., Nyman, M., Bernzweig, J., and Pinuelas, A. (1994).The Relations of Emotionality and Regulation to Children's Anger-related Reactions. Child Development, 65 (1), 109 – 128. | Einsenberg, N., Fabes, R.A., and Guthrie, I. (1997).Coping with stress: the roles of regulation and development. In J.N. Sandler and S.A. Wolchik (Eds.), Handbook of children's coping with common stressors: Linking theory, research and intervention (pp. 41- 70). New York: Plenum. | Eisenberg, N., Fabes, R. A., Guthrie, I. K., Murphy, B. C., Maszk, P., Holmgren, R., andSuh, K. (1996).The relations of regulation and emotionality to problem behavior in elementary school children. Development and Psychopathology, 8, 141-162. | Eisenberg, N, Fabes, R. A, Guthrie, I.K., and Reiser, M. (2000). Dispositional emotionality and regulation: their role in predicting quality of social functioning. Journal of personality and social psychology,78 (1), 136 - 57. | Eisenberg, N., and Sheffield Morris, A. (2003).Children's emotion-related regulation. Advances in Child Development and Behavior, 30, 189 – 229. | Eisenberg, N., Valiente, C., and. Sulik, M. J. (2009). How the study of regulation can inform the study of coping. In E. A. Skinner and M. J. Zimmer-Gembeck (Eds.), Coping and the development of regulation. New Directions for Child and Adolescent Development (pp. 75–86). San Francisco: Jossey-Bass. | Ellickson, P.L., Hays, R.D., & Bell, R.M. (1992).Stepping through the drug use sequence: Longitudinal scalogram analysis of initiation and regular use. Journal of Abnormal Psychology, 101, 441-451. | Endler, N. S., & Parker, J. D. A. (1990b). Multidimensional assessment of coping: A critical evaluation. Journal of Personality and Social Psychology, 58, 844-854. | Fabes R. A., and Eisenberg N. (1992).Young children's coping with interpersonal anger. Child Development, 63 (1), 116 -128. | Fields, L., &Prinz, R. J. (1997). Coping and adjustment during childhood and adolescence. Clinical Psychology Review, 17, 937–976. | Flavell, J. H. (1979). Metacognition and cognitive monitoring: A new area of cognitive–developmental inquiry. American Psychologist, 34, 906–911. Forgas, J. P. (2000). Affect and information processing strategies: An inter-active relationship. In J. P. Forgas (Ed.), Feeling and thinking: The role of affect in social cognition (pp. 253–280). New York: Cambridge University Press. | Fredricks, J. A., &Eccles, J. S. (2002). Children's competence and value beliefs from childhood through adolescence. Developmental Psychology, 38, 519–533. | Frydenberg, E. (1999). Understanding coping: Towards a comprehensive theoretical framework. In E. Fydenberg(Ed.), Learning to cope: Developing as a person in complex societies (pp. 9–30). Oxford, England: Oxford University Press. | Furman, W., &Buhrmester, D. (1992).Age and sex differences in perceptions of networks of personal relationships.Child Development, 63,103–115. | Furr, S. R., Westefeld, J. S., McConnell, G. N., & Jenkins, J. M. (2001). Suicide and depression among college students: A decade later. Professional Psychology: Research and Practice, 32, 97-100. | Goodman, K. L. and Southam-Gerow, M. A. (2010). The regulating role of negative emotions in children's coping with peer rejection. Child Psychiatry and Human Development, 41 (5), 515-534. | Hampel, P., &Petermann, F. (2005).Age and gender effects on coping in children and adolescents. Journal of Youth and Adolescence, 34, 73–83. | Harter, S. (2006).The self. In W. Damon & R. Lerner (Series Ed.) & N. Eisenberg (Vol. Ed.), Handbook of child psychology: Vol. 3. Social, emotional, and personality development (6th ed., pp. 505–570). New York: Wiley. | Hennessy K. D., Rabideau G. J., Cicchetti D., and Cummings E. M. 1994.Responses of physically abused and nonabused children to different forms of inter-adult anger. Child Development, 65 (3), 815-828. | Hessler, D.M. and Katz, L.F. (2007). Children's emotion regulation: self report and physiological response to peer provocation. Developmental Psychology, 43, 27-38. | Hoffman, J.H., Welte J.W., & Barnes, G.M. (2001).Co-occurrence of alcohol and cigarette use among adolescents. Addictive Behaviors, 26, 63-78. | Horn, A. B., Pössel, P., and Hautzinger, M. (2011). Promoting adaptive emotion regulation and coping in adolescence: A school-based programme. Journal of Health Psychology, 16 (2), 258-273. | Hughes, E. K. (2010).Parent emotion socialisation practices and their associations with personality and emotion regulation. Personality and Individual Differences, 49 (7), 694 - 699. | Hubbard, J. A., and Coie, J.D. (1994). Emotional correlates of social competence in children's peer relationships. Merrill-palmer Quarterly, 40, 1-20. | Izard, C. E, King, K. A., Trentacosta, C. J., Morgan, J. K., Laurenceau, J. E.,Krauthamer-Ewing, S., and Finlon, K. J. (2008). Accelerating the development of emotion competence in Head Start children: Effects on adaptive and maladaptive behaviour. Development and Psychopathology, 20, 369 – 397. | Jacobs, J. E., & Potenza, M. (1991). The use of judgment heuristics to make social and object decisions: A developmental perspective. Child Development, 62, 166–178. | Kochenderfer-Ladd, B., & Skinner, K. (2002). Children's coping strategies: Moderators of the effects of peer victimization? Developmental Psychology, 38, 267–278. | Lazarus, R. S. (2000). Toward better research on stress and coping. American Psychologist, 55, 665-673. | Lazarus, R. S., &Folkman, S. (1984). Stress, appraisal, and coping. New York: Springer. | Lazarus, R. S., &Folkman, S. (1987). Transactional theory and research on emotions and coping. European Journal of Personality, 1, 141-169. | Lengua, L. J and Long, A. C. (2002).The role of emotionality and self-regulation in the appraisal–coping process. Journal of Applied Developmental Psychology, 23 (4), 471 - 493. | Lewis, M., Sullivan M.W., Ramsay D. and Alessandri S.M. 1992. Individual differences in anger and sad expressions during extinction: antecedents and consequences. Infant Behavior and Development, 15, 443-452. | Luder, M.T., Pittet, I., Berchtold, A., Akré, C., Michaud, P.-A., &Surís, J. C. (2011). Associations between online pornography and sexual behavior among adolescents: Myth or reality? Archives of Sexual Behavior, 40, 1027–1035. | Makhnack, A., Postylyakova, Y., Curlette, W. L., & Matheny, K. B. (1999).The assessment of coping resources for stress. Paper presented at the Institute of Psychology, Russian Academy of Sciences, Moscow, Russia. | Matheny, K. B., Ashby, J. S., &Cupp, P. (2005).Gender differences in stress, coping, and illness among college students. The Journal of Individual Psychology, 61(4), 365-379. | Matheny, K. B., &Cupp, P. (1983).Control, desirability, and anticipation as moderating variables between life change and illness. Journal of Human Stress, 9(2), 14-23. | Matheny, K. B., &Curlette, W. L. (2010).A brief measure of coping resources. The Journal of Individual Psychology, 66, 384-407. | Matheny, K. B., Curlette, W. L., Aysan, F., Herrington, A., Gfroerer, C. A., Thompson, D., et al. (2002).Coping resources, perceived stress and life satisfaction among Turkish and American university students. International Journal of Stress Management, 9, 81-97. | Matheny, K. B., Roque-Tovar, B. E., &Curlette, W. L. (2008). Perceived stress, coping resources, and life satisfaction among U. S. and Mexican college students: A cross- cultural study. Anales de Psicología, 24(1), 49-57. | Matud, M. P. (2004). Gender differences in stress and coping styles. Personality and Individual Differences, 37, 1401-1415. | Mausbach, B. T., Patterson, T. L., Von Känel, R., Mills, P. J., Dimsdale, J. E., Ancoli-Israel, S., et al. (2007). The attenuating effect of personal mastery on the relations between stress and Alzheimer caregiver health: A five-year longitudinal analysis. Aging & Mental Health, 11, 637-644. | Mavroveli, S.,Petrides, K.V., Rieffe, C., &Bakker,F.(2007). Trait emotional intelligence, psychological well-being and peer-rated social competence in adolescence. British Journal of Developmental Psychology, 25, 263-275. | McCarthy, C. J., Fouladi, R. T., Juncker, B. D., & Matheny, K. B. (2006). Psychological resources as stress buffers: Their relationship to university students' anxiety and depression. Journal of College Counseling, 9, 99. | Miller, P. M., Danaher, D. L., & Forbes, D. (1986). Sex-related strategies for coping with interpersonal conflict in children aged five and seven. Developmental Psychology, 22, 543–548. | Monroe, S. M., Slavich, G. M., &Georgiades, K. (2009). The social environment and life stress in depression. In I. H.Gotlib, & C. L. Hammen (Eds.), Handbook of depression (2nd ed.). (pp. 340–360) New York: Guilford

Press. | Murphy, B. C., & Eisenberg, N. (1996).Provoked by a peer: Children's anger-related responses and their relations to social functioning. Merrill– Palmer Quarterly, 42 , 103–124. | Mussen, P.H., Conger,J.J., Kagan,J. & Huston, A.C. (1990). Child Development and Personality, VII Edition, Harper and Row Publishers, New York. | O'Donohue, W., & Tolle, L. W. (2009). Behavioral approaches to chronic disease in adolescence: A guide to integrative care. New York: Springer. | Newman, R. S., Murray, B., &Lussier, C. (2001). Confrontation with aggressive peers at school: Students' reluctance to seek help from the teacher. Journal of Educational Psychology, 93, 398–410. | Orlando, M., Tucker, J.S., &Ellickson, P.L. (2005). Concurrent use of alcohol and cigarettes from adolescence to young adulthood: An examination of developmental trajectories and outcomes. Substance Use and Misuse, 40,1051-1069. | Paris, S. G., & Newman, R. S. (1990). Developmental aspects of self- regulated learning. Educational Psychologist, 25, 87–102. | Pearlin, L. I., &Schooler, C. (1978).The structure of coping. Journal of Health and Social Behavior, 19, 2-21. | Putallaz, M., & Sheppard, B. H. (1992).Conflict management and social competence.In C. U. Shantz& W. W. Hartup (Eds.), Conflict in child and adolescent development (pp. 330–355). Cambridge, England: Cambridge University Press. | Raver C. C. 2002. Emotions matter: Making the case for the role of young children's emotional development or early school readiness. Social policy report, 16 (3), 3 - 19. | Raver, C. and Knitzer, J. 2002. Ready to Enter: What Research Tells Policymakers About Strategies to Promote Social and Emotional School Readiness Among Three- and Four-Year-Old Children.Promoting the Emotional Well-Being of Children and Families – Policy Paper #3. National Center for Children in Poverty | Raver, C. C. and Zigler, E. F. 1997. Social competence: An untapped dimension in evaluating Head Start's success. Early Childhood Research Quarterly, 12(4), 363-385. | Renati, R. and Zanetti, M.A. (2009).CognizioniedEmozioni: costruzione del ben-essere attraverso un percorso di didatticametaemotiva a scuola. In O. Albanese and M. Peserico (a cura di), Educarealleemozioni con le Artiterapie (pp. 249 – 266). Bergamo: Edizioni Junior. | Rottinghaus, P. J., Jenkins, N., &Jantzer, A. M. (2009).Relation of depression and affectivity to career decision status and self-efficacy in college students. Journal of Career Assessment, 17, 271-285. | Ryan, A. M., & Patrick, H. (2001).The classroom social environment and changes in adolescents' motivation and engagement during middle school. American Educational Research Journal, 38, 437–460. | Ryan-Wenger, N. M. (1992). A taxonomy of children's coping strategies: A step toward theory development. American Journal of Orthopsychiatry,62, 256–263. | Shantz, C. U., &Hartup, W. W. (Eds.).(1992). Conflict in child and adoles- cent development. New York: Cambridge University Press. | Singh, R., & Joshi, H. L. (2008).Suicidal ideation in relation to depression, life stress and personality among college students. Journal of the Indian Academy of Applied Psychology, 34(2), 259-265. | Skinner, E. A., Edge, K., Altman, J., & Sherwood, H. (2003).Searching for the structure of coping: A review and critique of category systems for classifying ways of coping. Psychological Bulletin, 129, 216–269. | Skinner, E. A., and Zimmer-Gembeck, M. J. (2007).The development of coping. Annual Review of Psychology, 58, 119-144. | Spivack, G., & Shure, M. B. (1982). The cognition of social adjustment: Interpersonal cognitive problem solving thinking. In B. B. Lahey& A. E. Kazdin (Eds.), Advances in clinical child psychology (Vol. 5, pp. 323–372). New York: Plenum. | Sullivan, K. (2000). The anti-bullying handbook. Auckland, New Zealand: Oxford University Press. | Tamres, L. K., Janicki, D., &Helgeson, V. S. (2002). Sex differences in coping behavior: A meta-analytic review and an examination of relative coping. Personality and Social Psychology Review, 6, 2-30. | Taylor, S. E., Klein, L. C., Lewis, B. P., Gruenewald, T. L., Gurung, R. A. R., &Updegraff, J. A. (2000). Biobehavioral responses to stress in females: Tend-and-befriend, not fight-or-flight. Psychological Review, 107, 411-429. | Thompson, R.J., Mata, J., Jaeggi S.M., Buschkuehl, M., John Jonides, J., &Gotlib, I. H.(2010). Maladaptive coping, adaptive coping, and depressive symptoms: Variations across age and depressive state. Behaviour Research and Therapy, 48, 459–466. | Underwood, M. K. (2002). Sticks and stones and social exclusion: Aggression among boys and girls. In P. K. Smith & C. H. Hart (Eds.), Blackwell handbook of childhood social development (pp. 533–548). | Vega, W.A., & Gil, A.G. (2005).Revisiting drug progression: Long-range effects of early tobacco use. Addiction,100, 1358-1369.alden, MA: Blackwell. | Whitesell, N. R., & Harter, S. (1996). The interpersonal context of emotion: Anger with close friends and classmates. Child Development, 67, 1345–1359. | Zeidner, M., &Saklofske, D. (1996).Adaptive and maladaptive coping. In M. Zeidner& N. Endler (Eds.), Handbook of coping: Theory, research, and applications (pp. 505–531). New York: Wiley. |