Coping, Attachment, and Mother-Child Narratives of Stressful Events

Robyn Fivush and Jessica McDermott Sales, Emory University

Based on attachment theory and recent findings with adults on relations between narrative coherence and well-being, we hypothesized that mothers who are more securely attached and who cope more effectively would be more engaged and more emotionally expressive in mother-child co-constructed narratives about stressful events. Twenty-seven mostly white mixed-SES mothers and their 9- to 12-year-old children with asthma were asked to discuss two asthma-specific stressful events together: a chronic parent-child conflict and an acute asthma attack. Few relations emerged for the asthma attack event, although, against predictions, mothers who were more anxiously attached were more engaged and more explanatory in these narratives than mothers who were less anxiously attached. For the conflict event, mothers who were more anxiously attached talked more about other people’s emotions than did mothers who were less anxiously attached, and mothers who cope more effectively were more engaged, more emotionally expressive, and more explanatory, and, in turn, their children showed more flexible coping.

How we remember the stressful events of our lives has an impact on our ability to cope. As Lazarus and Folkman (1984) have argued, it is the perception of whether and to what extent an event is stressful that is critical

Robyn Fivush, Department of Psychology; Jessica McDermott Sales, Department of Psychology.

We would like to thank Jean Mennuti-Washburn, Megan Crawford, Derek Turesky and Debbie Yunker for their help in data collection, transcription, and coding. This article was written while the first author was a senior fellow in the Center for the Interdisciplinary Study of Religion at Emory University, sponsored by a grant from The Pew Charitable Trusts. The opinions expressed here are those of the authors and do not necessarily reflect the views of The Pew Charitable Trusts.

Correspondence should be addressed to the first author at Department of Psychology, Emory University, Atlanta, GA 30322. E-mail: psyrf@emory.edu

for coping and well-being. For an event that has already occurred, how it is remembered will not only reflect back upon prior coping and influence future coping with that specific stressful event (Fivush, Edwards, & Men- nuti-Washbrun, 2003) but also provide a template for coping with similar stressful events in the future. Yet we know very little about the way in which stressful events are recalled either by adults or by children. Whereas there is a large literature examining the effects of stress on the accuracy and completeness of memory (see Christianson, 1992, Christianson & Lindholm, 1998, and Pezdek & Taylor, 2001, for reviews), much less research has focused on how individuals create meaningful accounts of stressful events and how meaning-making is related to coping and well-being (see Fivush & Sales, 2003, for related arguments).

A small but growing body of research with adults has demonstrated that creating coherent narratives about stressful experiences is related to better psychological and physical health (see Pennebaker, 1997, and Smyth, 1998, for overviews). More specifically, individuals whose narratives include more causal explanatory language (words such as because, thus, and understand) and more emotional language (the inclusion of both positive and negative emotion words) subsequently show lower anxiety, lower depression, higher sense of well-being, and higher immune system functioning than individuals who use less of this kind of language. Intriguingly, these kinds of words seem related to Lazarus and Folkman’s (1984) model, which describes two broad categories of coping: problem-based coping, which involves active planning and cognitively restructuring a stressful event in order to change the meaning of an experience; and emotion-focused coping, which involves disclosing emotions to others and seeking emotional regulation and resolution. By including causal-explanatory and emotional language in narratives of stressful events, individuals may be engaging in proactive coping.

But why might some individuals be better able to engage in this “language of coping” when narrating stressful events? We propose three interrelated factors: general coping skills, attachment status, and narrative skill. Moreover, from a developmental perspective, we further propose that children are learning to create more explanatory and more emotionally expressive narratives in the context of parent-guided reminiscing and that the structure and content of parent-child reminiscing will be a function, at least partly, of the parent’s coping skills and attachment status. Further, parents who are better able to help their children to create more coherent, explanatory, and emotionally expressive narratives of stressful events will have children who show higher levels of well-being.

In terms of learning narrative skill, a substantial body of research demonstrates that children are learning to construct personal narratives
through participating in shared reminiscing with their parents (see Nelson & Fivush, 2004, and Pratt & Fiese, 2004, for overviews). Importantly, there are stable individual differences in parental reminiscing style. Highly elaborative parents talk a great deal about the past, talk about the past in rich and embellished detail, and invite their children’s co-construction through commenting and evaluating on their children’s contributions. In contrast, less elaborative parents speak less about the past overall, recall the past in sparse detail, and do not actively elicit or evaluate their children’s co-construction of these conversations (Fivush & Fromhoff, 1988; Hudson, 1990). Thus high elaboration and evaluation indicate a high level of engagement in reminiscing, with highly elaborative and evaluative mothers both participating in the narrative themselves and encouraging their child to co-construct the narrative with them. Longitudinal research has established that children of highly elaborative and evaluative parents learn to tell more detailed, more coherent, and more evaluative narratives of their personal experiences than do children of less elaborative parents (Farrant & Reese, 2000; Fivush, 1991; Peterson & McCabe, 1992; Reese, Haden, & Fivush, 1993; see Nelson & Fivush, 2004, and Reese, 2002, for reviews).

In addition to level of engagement, research has also focused on aspects of the content of parent-child reminiscing. Specifically, several studies have demonstrated that parents who talk more about emotion during reminiscing have children who talk more about emotion both concurrently and longitudinally (see Fivush & Sales, 2003, for a review). Less research has focused on explanations in parent-child reminiscing. As already discussed, the use of explanations may be particularly critical when discussing stressful events. It may be especially difficult to construct a coherent narrative of a stressful event, both because the event is emotionally disruptive and because a causal-explanatory framework may be difficult to ascertain. Adults experiencing highly stressful events do seem to have some difficulty recalling these events coherently (Bohanek, Fivush, & Walker, 2005; Foa, Molnar, & Cashman, 1995). Children may have even more difficulty, as they have fewer emotional and cognitive resources for coping with stressful events than adults (Compas, 1987; Davies, 1999). Therefore, children may be particularly dependent on adults to help them understand and recall stressful events in a coherent way (Fivush, 1998).

A few studies have begun to examine parent-child conversations about stressful events. Findings indicate that when reminiscing about both everyday stressors (e.g., a lost toy or a sibling conflict) and more traumatic events (e.g., an injury requiring emergency room treatment or a devastating tornado), parents focus on causal explanations and negative emotions to a greater extent than when reminiscing about a positive experience (Ackil,
Van Abbema, & Bauer, 2003; Fivush, Berlin, Sales, Mennuti-Washburn, & Cassidy, 2003; Sales, Fivush, & Peterson, 2003). This pattern suggests that parents may be concerned with helping their children understand how and why negative experiences and emotions occurred, perhaps in the service of helping them cope with both this past event and related stressful events in the future (Fivush, Berlin, et al., 2003). Some preliminary evidence suggests that mothers who use more causal and emotional talk when reminiscing about everyday stressors have children who show fewer internalizing and externalizing behavior problems (Sales & Fivush, 2005), indicating that the co-construction of explanatory emotional narratives is beneficial.

But, again, we need to ask: why might some parents be better able to discuss emotionally difficult experiences in a more causal-explanatory and emotionally expressive way? Given the similarity between models of coping and the language of coping expressed in narratives discussed earlier, we propose that parents who have better coping skills will be better able to help their children construct more explanatory and more emotionally rich narratives of stressful events. In turn, the co-construction of more explanatory and emotionally rich narratives will help children learn more effective coping strategies, which will also be related to higher levels of well-being. Developmentally, by middle childhood several components of self-regulation and coping come together. When school-age children are confronted with stressful situations, they are more likely to take an active coping approach, such as drawing on self-regulatory strategies or seeking out help from others (Davies, 1999), than to passively accept the discomfort (Band & Weisz, 1988). Further, the representational capacities that develop during the preadolescent period allow children to mentally organize and make sense of stressful experiences. This increased representational competence aids interpersonal communication about stressors, such that children can now tell the story of the stressful experience with clarity, which facilitates the adult’s ability to help the child in times of need (Davies, 1999).

Several theorists have postulated that children learn effective coping strategies from their parents (Compas & Epping, 1993; Sandler, Wolchik, MacKinnon, Ayers, & Roosa, 1997), but the way in which coping skills are socialized remains largely unknown. Kliewer and her colleagues (Kliewer, 1997; Miller, Kliewer, Hepworth, & Sandler, 1994) have argued that coping is learned through modeling; parents who cope more effectively model appropriate coping behaviors for their children. Support for this position comes from findings of relations between maternal self-reported coping strategies and children’s self-reported coping strategies (Kliewer, Fearnov, & Miller, 1996). From the perspective outlined here, we argue that mother-child co-constructed narratives of stressful events
may also be a critical site for the socialization of coping skills. Mothers who help their children understand how and why stressful events occur and who are able to openly and clearly discuss aversive emotions—as well as ways to regulate these emotions—may facilitate the development of positive coping in their children.

In thinking about why some mothers may be better able to cope with aversive events and to discuss them in more coherent ways, we further propose that the mother’s attachment status will play a role. Bowlby (1988) discussed attachment as an organized behavioral system that is activated when the organism is threatened and functions to increase proximity to a caregiver in order to alleviate experienced stress. For humans, these behaviors include internal representations of self, other, and the world, and these internal working models may function in ways similar to actual physical proximity to soothe and regulate aversive emotions. That is, infants who experience sensitive and responsive caregiving early in life develop internal working models of the caregiver as available and competent, the self as worthy of care, and the world as safe and secure. This internal working model then provides, in times of stress, a cognitive context that allows the individual to regulate emotion, engage in active coping, and self-soothe. Indeed, there is good evidence that securely attached children show better emotional understanding and better emotional regulation than insecurely attached children (Koren-Karie, Oppenheim, Haimovich, & Etzion-Carasso, 2003; Laible & Thompson, 1998).

Main and her colleagues (Main, Kaplan, & Cassidy, 1985; Hesse, 1999) have extended the attachment construct into adulthood. They have argued that a secure internal working model developed in childhood will evolve into a secure internal working model in adulthood and that this will be displayed in the way in which the individual approaches all emotionally important relationships. Using the Adult Attachment Interview, they have found that securely attached adults are able to provide coherent and emotionally integrated narratives of their own personal experiences in close relationships. In contrast, insecure adults, both those who are insecure-avoidant and insecure-anxious, provide general, emotionally flat, and/or incoherent narratives of relationship events (Crowell, Fraley, & Shaver, 1999; Main et al., 1985; Pillemer, 1998).

Shaver and his colleagues (Brennan, Clark, & Shaver, 1998; Fraley & Shaver, 2000; see Shaver & Mikulincer, 2002, for a review) have developed a questionnaire method, the Experiences in Close Relationships Inventory (ECRI), of ascertaining an individual’s attachment style within romantic relationships. This attachment style, they argue, emerges from earlier attachment relationships: securely attached children will subsequently develop secure attachments to romantic partners, and insecurely
attached children will subsequently develop insecure attachments to romantic partners that vary along the dimensions of anxiety and avoidance. Importantly, the ECRI shows good correlations with the Adult Attachment Interview (Shaver & Mikulincer, 2002). Given differences in securely and insecurely attached adults’ ability to provide coherent narratives in the Adult Attachment Interview, it seems quite likely that adults scoring low in attachment anxiety and attachment avoidance on the ECRI would be better able to construct coherent narratives of relationships and personal experiences as well. Thus we propose that mothers who show lower levels of anxious and avoidant attachment in their close emotional relationships would be better able to help their children construct more coherent narratives of stressful experiences.

Specific to the emotional content of these narratives, Bretherton (1990, 1996) and Thompson (2000) have extended the relation between adult attachment status and narrative coherence to include the way in which mother-child dyads are able to discuss uncomfortable and stressful experiences together. This communication perspective on attachment proposes that mothers and children who are securely attached are able to discuss aversive emotions in more open and integrated ways because the social-emotional relationship provides a safe space for exploring and resolving difficult emotional experiences. Sensitive and responsive caregiving expressed nonverbally during infancy develops into sensitive and responsive verbal communication as the child becomes more verbally competent.

From this perspective, attachment is theoretically related to the construct of scaffolding (Meins, 1997; Vygotsky, 1978). As used in the literature on reminiscing, mothers who are highly elaborative and evaluative when reminiscing about past events with their young children, and who discuss more emotions and explanations, are thought to be providing a scaffold that guides their children to construct more coherent personal narratives (Fivush, 1991; Reese et al., 1993). In an attachment framework, mothers who are securely attached will be better able to discuss stressful events with their children in more coherent and emotionally open ways, thus providing a scaffold for emotional understanding. A few studies have begun to establish that securely attached children and their mothers do engage in more open and more fluent conversations than insecurely attached children and their mothers (Etzion-Carasso & Oppenheim, 2000; Koren-Karie et al., 2003; Laible & Thompson, 2000).

Specific to reminiscing, Fivush and Vasudeva (2002) found that mothers of more securely attached preschool children discuss past experiences in more elaborative and more evaluative ways. Extending this finding longitudinally, Newcombe and Reese (2004) found that mothers of securely attached 19-month-olds engaged in higher levels of evaluation during
reminiscing than mothers of insecurely attached 19-month-olds. Further, mothers of securely attached children were more consistent in their level of evaluative reminiscing across the preschool years, and securely attached children came to tell more detailed and evaluative narratives of their past than did insecurely attached children. Higher levels of elaborations and evaluations suggest that more securely attached dyads are more engaged in co-constructing narratives of the past. However, this research has measured the child’s attachment status. Other research has found that children of less securely attached mothers recall less information overall about stressful events and are more prone to errors and suggestibility in recall (see Alexander, Quas, & Goodman, 2002, for a review). To date, no study has examined whether the mother’s attachment status will influence her ability to provide an appropriate scaffold for recalling stressful events.

In summary, we propose relations among maternal coping, maternal attachment, and mother-child co-constructed narratives of stressful events and child well-being. More specifically, we predict that mothers who are more securely attached will be more elaborative and evaluative in co-constructed narratives, in that these dimensions are an indication of emotional engagement in the task and are related to the coherence of the co-constructed narrative. Securely attached mothers should also be able to discuss emotions in more open and expressive ways in these narratives. Both engagement and emotional expression in the co-constructed narratives should be related to higher child well-being. More specifically, children of more securely attached mothers will display fewer behaviors indicative of internalizing (e.g., anxiety, depression, withdrawal) and externalizing (e.g., acting out, aggression) problems.

In terms of coping skills, mothers who cope more effectively will be more explanatory and more emotionally expressive in co-constructed narratives than mothers who cope less effectively. Further, children may be learning how to cope through participating in co-constructed narratives of stressful events, such that mothers who use the language of coping, talking about explanations and emotions, will have children who cope more effectively and also show higher levels of well-being. Most importantly, although we assume there will be direct relations between maternal attachment and coping and child coping and well-being, we further predict that the structure and content of the co-constructed narratives will predict unique variability in the child outcome measures. That is, we hypothesize that the co-constructed narratives are one process by which maternal characteristics influence child outcome.

In order to address these hypotheses, we examined mothers and their preadolescent children with asthma. We chose to examine children with asthma because coping with a chronic illness is a recurrent stressor in both
the mothers’ and children’s lives. Unfortunately, chronic childhood illness affects 19% of children living in the United States. Among these children living with chronic illness, asthma is the most prevalent illness, affecting 6.2 million children under the age of 18 (American Lung Association, 2005). Thus the stress of having asthma and events associated with coping with asthma affects a great many families. Moreover, stressful events associated with asthma are both acute and chronic. Parents and children have frequent conflicts about what children can and cannot do in order to manage the disease. For example, children with asthma often cannot play sports, visit houses of friends who have pets, or go on sleepovers. In addition to recurrent conflict, children with asthma also experience acute, often life-threatening asthma attacks; 4 million children with asthma experienced an asthma attack within the previous year (American Lung Association, 2004). Thus, in this study we were able to assess mother-child conversations about both a chronic stressor and an acute stressful experience resulting from the child’s asthma. We should note that we previously reported analyses of these conversations, in which we found that mothers who used more explanations and emotions when discussing these events with their children (especially the conflict event) had children who showed fewer internalizing and externalizing behavior symptoms (Sales & Fivush, 2005). In this report we include individual measures of attachment and coping and expand the coding of the structure and content of the narratives.

We chose to focus on preadolescent children for several reasons. First, preadolescence is the point in development when children are beginning to understand and use multiple coping strategies (Arnold, 1990; Compas, 1987). For children with asthma, this is also the point in development where many families begin to transfer control of medication and disease management to the child. Most importantly, by this age families have been coping with chronic asthma for several years, and thus we could examine relations between mothers and children’s coping styles at a point where we could be confident that much socialization of coping has already occurred.

Method

Participants

As part of a larger longitudinal study examining psychological and social factors influencing medical outcome, 27 mostly white, mixed-SES mothers and their asthmatic children participated; there were 19 boys and 8 girls. All children were between 9 and 12 years of age (mean age of 10 years, 3 months), had moderate to severe asthma, and had experienced an
asthma attack necessitating an emergency room (ER) visit within the previous 2 years. Families were recruited through pediatric asthma clinics and summer camps; over 90% of families contacted who met these criteria agreed to participate. All parents signed fully informed consent and children gave assent, as approved by the university’s Institutional Review Board. Children received two movie tickets for participating.

**Procedure**

One of three trained female research assistants visited each family in their home. Mothers and children were asked to discuss two personally experienced events together: the last time they went to the ER for an asthma attack, and the last time they had a conflict related to the child’s asthma. The ER visit was an extremely stressful event for both mother and child, as going to the ER means that all attempts to control the child’s asthma attack have failed and the child’s life is in danger. Indeed, several of the children were rushed to the ER by ambulance or helicopter, and 14 of them required extended hospital stays once the attack was under control. The conflict event represented a chronic stressful event centered on controlling the child’s asthma: 17 dyads discussed a behavioral restriction such as not being able to go on a sleepover at a friend’s house or not being able to play an organized sport, 8 dyads discussed a conflict focused on medical compliance such as not monitoring one’s medication or not carrying a rescue inhaler, 1 dyad discussed not being able to get a cat, and 1 dyad discussed people not believing the child when she said she was having an asthma attack. Dyads sat in a quiet place in the house, without the researcher present, and were asked to discuss these events in as natural a way as possible. No time restrictions were placed on the dyad; conversations were approximately 7 minutes long and ranged from about 4 minutes to 10 minutes. Order of discussion of the two events was counterbalanced across families.

After the dyad completed the conversations, mothers and children were independently asked to complete a set of questionnaires. Mothers were given their questionnaires with written instructions, and while they filled these out the research assistant helped the child with the questionnaires in a separate room. For mothers, the questionnaires included the following:

*Experiences in Close Relationships Inventory (Brennan et al., 1998).* In order to address our hypotheses concerning the effects of maternal attachment on co-constructed narratives and child outcome, we used this 36-item self-report questionnaire that measures adult romantic attachment
status. We selected this measure for two reasons. First, as already discussed, attachment to romantic partners is theoretically related to attachment to other important attachment figures, and empirically this questionnaire measure is correlated with the Adult Attachment Interview (see Shaver & Mikulincer, 2002, for a complete review). Second, previous research has shown that maternal response on this questionnaire is related to amount and accuracy of children’s memory of stressful events (Alexander et al., 2002).

Participants respond to the 36 items on the inventory, which concern how the individual feels in romantic relationships, on a Likert scale from 1 to 7 (1 = “disagree strongly,” 7 = “agree strongly”). This measure produced two scores, one for avoidance of attachment relationships and one for anxiety caused by attachment relationships. Half of the 36 items assessed avoidance, and the other half assessed anxiety in close attachment relationships. The higher the score on both scales, the less secure that individual feels in close relationships with others.

COPE Scale (Carver, Scheier, & Weintraub, 1989). In order to assess our hypotheses regarding relations between maternal coping skills and co-constructed narratives and child outcome, we used this 36-question measure. Each mother was asked to rate on a 1-to-4 Likert scale (1 = “Didn’t do this at all,” 4 = “Did this a lot”) how often she engaged in a variety of different coping strategies. With a sample of divorced mothers, a five-factor structure was identified using a confirmatory factor analysis of the coping questionnaire. The five distinct coping factors were active coping (e.g., “You have usually taken additional action to try to get rid of the problem”), cognitive coping (e.g., “You’ve learned to live with it”), social support seeking (e.g., “You asked people who have had similar experiences what they did”), avoidance (e.g., “You refused to believe that it had happened”), and other/religious coping (e.g., “You sought God’s help”) (see Zautra, Sheets, & Sandler, 1996, for a detailed description of the construct validity of this scale). An average score was derived for each of the five coping dimensions.

The Child Behavior Checklist (Achenbach, 1991). In order to assess child well-being, the mother was asked to fill out the Child Behavior Checklist (CBCL), a highly reliable and valid measure of children’s psychological well-being that is commonly used by clinicians to assess possible behavioral problems. The CBCL provides an internalizing (e.g., depression, anxiety) and an externalizing (e.g., aggression, acting out) score as a measure of behavioral problems, such that the higher the score, the higher the prevalence of that particular set of behavioral problems.
For children, the questionnaire measures included the following:

*Children’s Coping Strategy Checklist (Ayers, Sandler, West, & Roosa, 1996).* This 52-question measure was given to assess children’s general coping styles. It is comparable to the maternal coping questionnaire. To facilitate the child’s comprehension and completion of the questionnaire, the research assistant read a variety of coping strategies children could possibly engage in and then asked the child to rate how often he or she engaged in each strategy by pointing to an index card that corresponded to a 1-to-4 Likert scale (1 = “never,” 4 = “most of the time”). The answers were systematically grouped into four distinct coping dimensions: active coping (e.g., “When I have a problem I think about which things are best to do to handle the problem”), distraction (e.g., “When I have a problem I go bicycle riding”), support (e.g., “When I have a problem I figure out what I can do by talking with one of my friends”), and avoidance (e.g., “When I have a problem I try to put it out of my mind”) (see Ayers et al., 1996, for a detailed description of the four dimensional structure). An average score was derived for each of the four coping dimensions.

*Peabody Picture Vocabulary Test II (PPVT II) (Dunn & Dunn, 1997).* Because we were examining narrative measures, we included this measure to control for both language skills and general intelligence. This test is a standardized vocabulary measure that is highly correlated with general language skills and IQ. The higher the child’s score, the higher the child’s verbal ability. The scoring is similar to the scoring of standardized IQ tests, such that a score of 100 represents the average score for any given age group. Thus, scores above 100 are considered above average for that age range, and scores below 100 are below average.

**Coding**

Verbatim transcriptions of mother-child conversations were coded for narrative structure and content. All conversations were broken down into propositional units, defined as an independent clause containing a subject and a verb. Only those conversational turns pertaining to the event under discussion were coded; off-topic talk was ignored.

*Narrative structure.* The term *narrative structure* refers to the way in which the dyad co-constructs the story, including how each person contributes information and evaluates the information provided by the other. Based on previous theory and empirical research on attachment and mother-child reminiscing (Fivush & Vesudeva, 2002; Newcombe & Reese, 2004), we focused on elaborations and evaluations. In *elaboration*, the mother or child contributes new information to the ongoing narrative.
example, the mother asks, “And remember we had to wait for such a long
time in the emergency room?” and the child responds, “Yes, I was really
scared.” Each of these turns would be coded as an elaboration. Elaborations
are a metric of how detailed and richly textured the narrative is. Evaluation
includes any utterance that confirms (e.g., “Yes, that’s exactly what hap-
pened”) or negates (e.g. “No, I didn’t cry”) the other’s contribution. Be-
cause negations were rare, they were combined into a single evaluative cat-
egory. Evaluations are a metric of how involved the participants were in the
co-construction and of the extent to which each commented on the other’s
contributions. Because elaborations and evaluations are theoretically re-
tated to attachment and have been shown to be highly empirically related
in previous research, we followed Fivush and Vesudeva (2002) and com-
bined elaborations and evaluations into a single score, which we labeled
engaged reminiscing.

Narrative content. The term narrative content refers to the type of in-
formation included in the co-construction. Based on research on narratives
and coping with adults (Pennebaker, 1997), we focused on the causal-explan-
atory and emotional content of these conversations. First, we coded as an
explanation any utterance that explained the reasoning behind a course
of action, or the cause and consequences of the illness/attack (e.g., “I didn’t
let you go to Ben’s house because their dogs trigger your asthma”). Also
included in this category was talk focused on strategies and/or con-
sequences of specific actions, including coping strategies (e.g., “If you are
having trouble breathing at school, tell your teacher”). Second, we coded
as emotion any information that referred to emotion (e.g., “We were all
very scared”) or to a behavior associated with emotion (e.g., “I cried when
I couldn’t go to the sleepover”). Mention of positive emotion was rare in
these conversations, so emotion was not further divided into negative and
positive. However, inspection of the protocols indicated variability in
whose emotions were being discussed. Therefore, emotion was further
categorized as whether it focused on the child’s emotion (e.g., the child
saying, “I was really scared,” or the mother saying to the child, “You were
really scared”), the mother’s emotion (e.g., the mother saying, “I was so
upset,” or the child saying to the mother, “You were really angry”), or an-
other person’s emotions (e.g., “Your sister was crying too”).

Reliability. Two judges independently coded 30% of the narratives.
Mother and child utterances were combined within each event type for
calculation of reliability. Cohen’s κ was .84 for the ER event and .81 for
the conflict event. These represent extremely high reliabilities. The re-
mainning transcripts were coded by one of the judges.
Results

We first provide an overall description of maternal and child characteristics and narrative variables. We then describe a series of correlational analyses conducted to assess relations between maternal characteristics and child outcome, between maternal characteristics and narrative co-construction, and between narrative co-construction and child outcome. Finally, we present regression analyses to assess the relative contributions of maternal characteristics and narrative co-construction on child outcome.

Descriptive statistics. Table 1 displays the means and standard deviations for the maternal and child characteristics, and Table 2 displays the means and standard deviations for the narrative variables. Looking first at maternal characteristics assessed by the questionnaires, mothers in this sample showed levels of anxious and avoidant attachment comparable with population norms (see Brennan et al., 1998). Overall, mothers also displayed good coping skills, with a mean of over 3 on a 4-point scale for

### Table 1. Means and Standard Deviations for Maternal and Child Characteristics

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<th>SD</th>
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</table>
active coping, cognitive coping, and seeking social support, and low levels of avoidant coping. Mothers also indicated that they turned to religion for comfort a great deal when coping with stressful events.

Children also showed moderate levels of using all 4 coping strategies when dealing with stressful situations. Preliminary analyses indicated that, for children, endorsement of these four coping strategies were highly inter-correlated; the correlations ranged from .26 to .56, and 4 of the 5 correlations were statistically significant at $p < .01$. Thus we combined these scores and computed a mean coping strategy score for each child. That children this age endorsed both effective and ineffective coping strategies is not surprising, because they are just beginning to understand the efficacy of coping and have not yet learned to differentiate between effective and ineffective strategies (Compas, 1987). Thus, children who endorse all 4 coping strategies are showing flexible coping compared to children who endorse little use of any strategy. Finally, on average children showed extremely high PPVT scores given the population mean of about 100.

Mothers and children were also highly engaged in these conversations, and there was a good deal of talk about explanations and emotions, indicating that dyads were collaborating in discussing, understanding, and resolving these experiences. However, there was also a great deal of variability in these conversations, indicating individual differences as well. Maternal and child narrative categories were highly interrelated within each event type, with correlations ranging from .63 to .85, with all 6 of the correlations statistically significant at $p < .01$ for the conflict event, and correlations ranging from .39 to .97, with all 6 of the correlations significant at $p < .01$ for the ER event. However, narrative variables were unre-

Table 2. Means and Standard Deviations for the Narrative Variables

<table>
<thead>
<tr>
<th>Narrative code</th>
<th>Event Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ER</td>
</tr>
<tr>
<td>Engagement</td>
<td>39.37 (35.73)</td>
</tr>
<tr>
<td>Explanation</td>
<td>17.94 (16.17)</td>
</tr>
<tr>
<td>Emotion—Total</td>
<td>11.13 (10.08)</td>
</tr>
<tr>
<td>Emotion—Child</td>
<td>9.27 (9.15)</td>
</tr>
<tr>
<td>Emotion—Mother</td>
<td>1.53 (2.45)</td>
</tr>
<tr>
<td>Emotion—Other</td>
<td>0.37 (1.33)</td>
</tr>
</tbody>
</table>
lated between the conflict event and the ER event (correlations range from −.02 to .19, all ns). Thus we combined across maternal and child narrative variables within each event for analysis.¹

Preliminary analyses showed no relations between age, gender, or PPVT and any of the other variables of interest; thus age, gender, and PPVT scores were not included in any of the presented analyses.

Relations between maternal characteristics and child outcome. The first set of correlations examines relations between maternal attachment and coping and child coping and well-being. As shown in Table 3, there were few relations overall, but mothers who were more anxiously attached had children who displayed more internalizing and more externalizing behaviors on the CBCL. In addition, mothers who endorsed more cognitive coping strategies had children with higher levels of externalizing behaviors. Somewhat surprisingly, there were no relations between maternal coping and child coping.²

Relations between maternal characteristics and narrative co-construction. Table 4 displays the correlations between maternal characteristics and narrative co-construction. As can be seen, there were almost no significant relations for the ER event; mothers who were more anxiously

<table>
<thead>
<tr>
<th>Table 3. Relations Between Maternal and Child Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Characteristics</td>
</tr>
<tr>
<td>Maternal characteristics</td>
</tr>
<tr>
<td>Anxious attachment</td>
</tr>
<tr>
<td>Avoidant attachment</td>
</tr>
<tr>
<td>Active coping</td>
</tr>
<tr>
<td>Cognitive coping</td>
</tr>
<tr>
<td>Social support coping</td>
</tr>
<tr>
<td>Avoidant coping</td>
</tr>
<tr>
<td>Religious coping</td>
</tr>
</tbody>
</table>

** * p < .01; * p < .05; + p = .10

¹ All analyses were also computed with maternal and child narrative variables independently, and the patterns of results are the same. All analyses are available from the authors upon request.

² There were no significant correlations between maternal coping and child coping using the 4 dimensions of child coping either. These correlations are available from the authors upon request.
### Table 4. Relations Between Maternal Characteristics and Narrative Co-Construction

<table>
<thead>
<tr>
<th>Maternal characteristics</th>
<th>Narrative variables</th>
<th>Engagement</th>
<th>Explanation</th>
<th>Emotion—Total</th>
<th>Emotion—Child</th>
<th>Emotion—Mother</th>
<th>Emotion—Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxious attachment</td>
<td></td>
<td>.58*</td>
<td>.57*</td>
<td>.06</td>
<td>-.01</td>
<td>.28</td>
<td>-.02</td>
</tr>
<tr>
<td>Avoidant attachment</td>
<td></td>
<td>.09</td>
<td>.03</td>
<td>.02</td>
<td>-.02</td>
<td>.30</td>
<td>-.20</td>
</tr>
<tr>
<td>Coping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td></td>
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<td>.22</td>
<td>.16</td>
<td>.19</td>
<td>.04</td>
<td>.13</td>
</tr>
<tr>
<td>Cognitive</td>
<td></td>
<td>.12</td>
<td>.17</td>
<td>.23</td>
<td>.25</td>
<td>.05</td>
<td>.02</td>
</tr>
<tr>
<td>Soc support</td>
<td></td>
<td>.09</td>
<td>-.06</td>
<td>.14</td>
<td>.17</td>
<td>.01</td>
<td>-.15</td>
</tr>
<tr>
<td>Avoidance</td>
<td></td>
<td>.23</td>
<td>.17</td>
<td>.07</td>
<td>.01</td>
<td>.28</td>
<td>-.03</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td>-.08</td>
<td>-.12</td>
<td>.03</td>
<td>.01</td>
<td>.05</td>
<td>.12</td>
</tr>
<tr>
<td><strong>Conflict</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxious attachment</td>
<td></td>
<td>.05</td>
<td>.04</td>
<td>-.14</td>
<td>-.25</td>
<td>.17</td>
<td>.49*</td>
</tr>
<tr>
<td>Avoidant attachment</td>
<td></td>
<td>-.17</td>
<td>-.16</td>
<td>-.10</td>
<td>-.09</td>
<td>-.01</td>
<td>-.03</td>
</tr>
<tr>
<td>Coping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td></td>
<td>.32*</td>
<td>.25</td>
<td>.15</td>
<td>.08</td>
<td>.17</td>
<td>.22</td>
</tr>
<tr>
<td>Cognitive</td>
<td></td>
<td>.09</td>
<td>.10</td>
<td>.27</td>
<td>.26</td>
<td>-.06</td>
<td>.14</td>
</tr>
<tr>
<td>Soc support</td>
<td></td>
<td>.33*</td>
<td>.33*</td>
<td>.33*</td>
<td>.26</td>
<td>.18</td>
<td>.28</td>
</tr>
<tr>
<td>Avoidance</td>
<td></td>
<td>-.05</td>
<td>.09</td>
<td>-.06</td>
<td>-.08</td>
<td>.04</td>
<td>.10</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td>-.08</td>
<td>-.03</td>
<td>.02</td>
<td>.12</td>
<td>-.17</td>
<td>-.40*</td>
</tr>
</tbody>
</table>

**p < .01; * p < .05; † p = .10**
attached collaborated in more engaged and more explanatory narratives than mothers who were less anxiously attached. For the conflict event, mothers who were more anxiously attached talked more about other people’s emotions than did mothers who were less anxiously attached. Mothers who endorsed more active coping strategies were more engaged in these conversations, and mothers who endorsed more support-seeking coping strategies were more engaged, more explanatory, and talked more overall about emotion than mothers who endorsed fewer support-seeking coping strategies. Finally, mothers who endorsed more religious coping talked less about other people’s emotions than mothers who endorsed less religious coping.

Relations between narrative co-construction and child outcome. As shown in Table 5, which displays the correlations between narrative variables and child outcome measures, there were no relations between discussion of the ER event and child outcome. However, for the conflict event, mothers who talked more about other people’s emotions had children with higher internalizing and externalizing behaviors, and mothers who were more engaged and more explanatory had children who showed more flexible coping.

Table 5. Relations Between Narrative Co-construction and Child Outcome

<table>
<thead>
<tr>
<th>Child outcome</th>
<th>Narrative variables</th>
<th>ER</th>
<th>Conflict</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Engagement</td>
<td>Explanation</td>
<td>Emotion—Total</td>
</tr>
<tr>
<td>CBCL—Internalizing</td>
<td>.24</td>
<td>.23</td>
<td>.20</td>
</tr>
<tr>
<td>CBCL—Externalizing</td>
<td>.16</td>
<td>.17</td>
<td>.08</td>
</tr>
<tr>
<td>Coping</td>
<td>.02</td>
<td>.12</td>
<td>.12</td>
</tr>
<tr>
<td>CBCL—Internalizing</td>
<td>-.07</td>
<td>.07</td>
<td>-.18</td>
</tr>
<tr>
<td>CBCL—Externalizing</td>
<td>-.05</td>
<td>.05</td>
<td>-.16</td>
</tr>
<tr>
<td>Coping</td>
<td>.30+</td>
<td>.52**</td>
<td>.07</td>
</tr>
</tbody>
</table>

**p < .01; *p < .05; +p = .10
Regression analyses. Because so few relations emerged among maternal characteristics, narrative co-construction, and child outcome for the ER event, no further analyses were warranted. However, for the conflict event, both maternal attachment and coping were related to at least some aspects of narrative co-construction, and some aspects of the narrative were related to child outcome. To ascertain relative contributions of maternal characteristics and narrative co-construction on child outcome, three regression analyses were performed: one predicting children’s internalizing behaviors, one predicting externalizing behavior, and one predicting flexible coping. For each regression, only those variables that were significantly related to the specific outcome measure were included.

For the regression predicting internalizing behavior, maternal anxious attachment was entered as the first predictor variable, followed by the narrative variable of emotion talk about other people. The model was significant, $F(1, 25) = 5.78$, $p < .05$, accounting for 18% of the variance. Only maternal attachment anxiety was significant, $t = 2.40$, $p < .05$, $B = .22$.

For the regression predicting externalizing behavior, we again entered maternal anxious attachment as the first predictor, followed by cognitive coping and active coping, and then emotion talk about other people. The model was significant, $F(1, 25) = 13.24$, $p < .01$, accounting for 35% of the variance. Maternal attachment anxiety was significant, $t = 3.26$, $p < .01$, $B = .29$. The other predictor variables were not significant.

For the regression predicting coping flexibility, maternal social support-seeking coping was entered first, followed by the narrative variables of engaged co-construction and explanations. The model was significant, $F(1, 30) = 10.89$, $p < .01$, accounting for 17% of the variance. The only significant predictor variable was narrative explanation, $t = 17.40$, $p < .001$, $B = .10$.

Thus the regression analyses indicate that mothers who are more anxiously attached have children who display more internalizing and externalizing behaviors regardless of maternal coping strategies or narrative co-constructions. In contrast, it is the use of explanations during narrative co-construction, and not specific maternal characteristics, that predicts children’s flexible coping.

Discussion

In this study we examined relations among maternal attachment status and coping, mother-child co-constructed narratives of stressful events, and child coping and well-being. Overall, our hypotheses regarding the role of maternal attachment status on narrative co-construction and child well-being were not supported, although our hypotheses concerning maternal
Coping, narrative co-construction, and child well-being were moderately supported. Intriguingly, we found very different patterns of relations for the acutely stressful ER event and for the more chronic conflict event.

More specifically, we hypothesized that mothers who were more securely attached would be more engaged and more emotionally expressive in co-constructed narratives of stressful events than mothers who were less securely attached would be. In fact, in direct contrast to our hypotheses for the acutely stressful event, we found that mothers who were more anxiously attached were more engaged and talked more about explanations than mothers who were less anxiously attached. However, we also found that mothers who were more anxiously attached had children with higher levels of internalizing and externalizing behavior problems, and the way that mothers and children co-constructed the acutely stressful event was unrelated to child coping or well-being. Thus, at least in the context of a life-threatening event, it seems that mothers who are more anxiously attached may be better able to scaffold a more coherent and explanatory narrative than securely attached mothers, yet at the same time, these more coherent and explanatory narratives may not be effective in helping the child to cope with this aversive event.

For the more chronic conflict event, the relations were quite different. In this context, mothers who were more anxiously attached talked more about other people’s emotions than did mothers who were less anxiously attached. This seems an especially odd narrative strategy given that the focus of the event is a conflict between the mother and the child, and thus talking about the mother’s and the child’s emotions seems central. Whereas mothers who were more anxiously attached did not talk less about these emotions than mothers who were less anxiously attached, by also talking more about other people’s emotions, it is possible that mothers who were more anxiously attached were trying to dissipate the emotional intensity of the mother-child conflict. Intriguingly, mothers who did talk more about other people’s emotions when discussing a conflict had children with higher internalizing and externalizing behaviors, suggesting again that focusing on others’ emotions may be problematic in this context. However, regression analyses indicated that the mother’s attachment status uniquely predicted child well-being, whereas the narrative content did not, so this interpretation must be taken with caution.

We also hypothesized that mothers who cope more effectively would be better able to scaffold more emotionally expressive and explanatory narratives of stressful events, and that this would be related in turn to child coping and well-being. We found no relations among these variables for the acutely stressful events. However, for the conflict event we did find moderate support for this hypothesis. More precisely, mothers who en-
dorsed more active coping were more engaged in the narrative co-construction, and mothers who endorsed support-seeking coping were more engaged and talked more about emotions and explanations in the co-constructed narratives. In turn, although there were no direct relations between maternal and child self-reports of coping, mothers who scaffolded more explanation talk in the narratives had children who showed more flexible coping. This pattern suggests that, above and beyond any direct modeling of parental behavior, it is the way in which mothers and children discuss explanations of stressful events that relates to children’s developing coping skills (e.g., Kliewer, 1997). Further, that it is specifically maternal endorsement of support-seeking coping strategies that relates to scaffolding more emotional and more explanatory narratives further suggests that mothers who rely on seeking information and emotional support from others in times of stress may be particularly effective in scaffolding emotional and explanatory narratives with their children. Thus, mothers who rely more on socially oriented coping strategies may be better able to engage in socially effective discussions of these events with their children.

Why might patterns be so different for these two different types of stressful events? Obviously, while we selected these events to vary along the dimensions of chronicity and intensity, they vary along other dimensions as well. Perhaps most importantly for our arguments, the ER event involves a situation in which both mother and child are more attuned to each other’s emotions than in the conflict event. During an acute asthma attack, both mother and child are fearful and are focused on getting the child the necessary medical attention. Clearly, fear is a prime emotion for activating the attachment system (Bowlby, 1988). When experiencing fear, anxiously attached people often use the strategy of reaching out to others to alleviate their anxiety (Shaver & Mikulincer, 2002). Thus, in recalling this situation with their child, anxiously attached mothers might be more engaged, trying to get their child to talk more about this experience in an attempt to alleviate the re-experienced fear. Related to this, anxiously attached mothers may focus on trying to understand and explain the asthma attack to alleviate their fear of a recurrence, but trying to explain an asthma attack, which is often not a controllable event, may not be an effective way of helping the child. Although children can do many things to help avert asthma attacks, the majority of asthma attacks discussed by these dyads had no clear trigger event. As Lazarus and Folkman (1984) have argued, trying to control uncontrollable events leads to ineffective coping and may lead to higher levels of stress. Indeed, we did find that mothers who were more anxiously attached had children who displayed more internalizing and externalizing problem behaviors, suggesting that maternal attachment anxiety may be related to higher levels of anxiety and
aggression in their children. This is an issue that deserves a great deal more research attention.

In contrast to the ER event, the conflict event was a type of event that occurred frequently for these families and focused on anger and frustration rather than fear. Moreover, virtually all the conflict events focused on a controllable situation (medication compliance, engaging in risky behavior, etc.). In this situation, the attachment issue is one of maintaining a relationship in the face of conflict and may activate different attachment needs than a life-threatening asthma attack. Here, mothers who were more anxiously attached may try to alleviate the attachment anxiety by talking about other people’s emotions in order to dissipate the anger between the mother and child. While these interpretations are clearly speculative and post hoc, our results point to important dimensions for future research. First, the way in which the attachment system will be activated and expressed in narrative may be a function of the type of event that is being recalled. Second, and related to this, future research should examine more closely the issue of perceived controllability in order to determine if and how this interacts with the way the event is co-constructed in narrative. While providing explanations of controllable events may be effective in alleviating negative emotion and planning for coping with future events, trying to explain uncontrollable events may be ineffective or even detrimental.

In fact, we found no relations among maternal coping, narrative co-construction, and child coping and well-being for the uncontrollable asthma attack event, but we did find support for our hypotheses for the controllable conflict event. Again, mothers who cope more effectively and are able to construct a more explanatory framework with their child about this more controllable event seem to be helping their children to learn to cope more flexibly. Thus it seems that controllability may be a critical dimension both in how stressful events are co-constructed and in whether these narrative co-constructions will be instrumental in helping children learn to cope more effectively.

Two additional unexpected findings emerged. First, mothers who endorsed more cognitive coping had children with more externalizing behaviors. Initially, this might seem strange given that cognitive coping is thought to be an effective strategy. However, examination of the individual questionnaire items that load on this factor suggests that cognitive coping may reflect simple acceptance of stressful events (e.g., “I’ve learned to live with it”), and perhaps this more passive acceptance of stressful events is related to more acting out on the part of the child. Second, mothers who endorsed more religious coping strategies (e.g., praying, turning to God)
also talked less about other people’s emotions during conflict event narratives. It is simply not clear how to interpret this finding.

Finally, we must acknowledge several limitations of this study. Because we focused on comparing an acute, life-threatening event with a more chronic conflict event, we ended up with a very small sample. Moreover, these are families that have been coping with a chronic illness for many years, and thus they may have developed different strategies for coping with these kinds of stressful events than families fortunate enough to have healthy children. Further, many of our measures relied on maternal report, and there might be some bias in how mothers answer these questions; for example, attachment status and coping skills may affect how the mother views her child’s behaviors and therefore may bias how she responds on the CBCL. Moreover, we only examined discussions of two different events. Given our findings, future research should focus on defining theoretically important dimensions along which events may vary and examining how mothers and children co-construct events varying along these dimensions as a function of attachment status and coping skills.

Still, our results are provocative in suggesting ways in which maternal attachment status and coping skills may influence how mothers scaffold co-constructed conversations about stressful events with their children as well as how these conversations might provide an important socialization process by which children are learning how to understand and cope with aversive experiences.

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