

## **Social Skills in Late Childhood and Their Influence on Coping with Stress**

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The present study aims to describe social skills in the late childhood and to analyze the ways in which they influence the ability to cope with stress. Social skills are defined as specific and necessary social dexterities to adequately perform an interpersonal task. They allow the expression of feelings, desires, attitudes, opinions and rights in an appropriate way.

Therefore, they are of great value when it comes to strengthening relationships, adjusting to environmental demands and selecting adaptive strategies to cope with stress. An empirical, quantitative, ex post facto study was conducted with a sample of 223 children of both sexes, between 9 and 12 years old ( $M = 10.61$ ;  $SD = 1.10$ ), from the provinces of Chaco and Misiones, Argentina. The measuring instruments used in this research were the Argentine Coping Questionnaire for Children and the Appropriate Social Skills Subscale, validated in Argentina. The results showed the presence of a moderately high level of social skills in children, without differences due to gender or age. Through multivariate analysis of variance

, a significant influence of social skills on coping with stress was observed. Children who obtained high scores in measurements of social skills showed also high scores in logical analysis, cognitive restructuring, proactive problem-solving, a propensity to seek advice and support, and lower values of emotional release.

social skills, coping, childhood

The human being has the need to relate to others, which demands the development of certain social skills in order to enable such interaction (Carretero, Solcoff, & Valdéz, 2004). Social skills can be defined as specific social capacities needed to properly handle an interpersonal issue (Monjas Casares & González Moreno, 1998). They enable individuals to express their feelings, desires, attitudes, opinions and rights according to the situation (Caballo, 2007). Thus their importance when consolidating relationships, while adequately adjusting to environmental demands (Carrillo Guerrero, 2015; Del Prette & Del Prette, 2001; Mestre, Samper, Tur-Porcar, Richaud de Minzi, & Mesurado, 2012; Walker, Ramsey, & Gresham, 2004).

According to Michelson, Sugai, Wood, and Kazdin (1987), these skills are characterized by: 1) being learned, 2) being verbal and nonverbal, 3) implying effective and appropriate initiatives and responses, 4) increasing social reinforcement, 5) being reciprocal and supposing an adequate social correspondence, 6) being influenced by environmental characteristics, and 7) being identifiable in its deficits and excesses for eventual intervention.

Both the verbal and the non-verbal nature of social skills show the great variability of their manifestations and the complexity of their approach. The verbal component becomes essential for it enables individuals to communicate through the spoken language in order to share their ideas and feelings, ask questions, and contribute feedback. The non-verbal

component provides visual contact with the interlocutor, involving facial expression, body posture, gestures and distance/proximity to the other. The paralinguistic component includes the latency time between the communication of two people, the volume, the voice pitch, etc. (Carrillo Guerrero, 2015). Caballo (2007) points out that socially skilled people tend to have greater eye contact, stronger accent and variation in tone of voice. They also show more smiles when required, longer speaking time, less response latency, larger number of words and greater gesturing and variation of body posture, among others.

There are several interaction skills. Among the ones most frequently referred in bibliography are: 1) giving and receiving compliments, 2) expressing complaints, 3) saying no, 4) asking for favors, 5) thanking, 6) asking for permission, 7) apologizing, 8) starting a conversation, 9) maintaining eye contact with the interlocutor, 10) upholding own's rights, 11) helping others, 12) sharing something, 13) criticizing, accepting and rejecting criticism, 14) expressing opinions, desires and preferences, and 15) giving support (Del Prette & Del Prette, 2018; Goldstein, Sprfkin, Gershaw, & Klein, 1989; Marinho-Casanova & Leiner, 2017; Michelson et al., 1987). According to their purpose and context, these social skills can be grouped into different analysis clusters. In a Latin-American child population, the following skills could be recognized: communication skills, self-control skills, cooperation skills, assertive skills, civilized or well-mannered skills, etc. (Del Prette & Del Prette, 2001; Marinho-Casanova & Leiner, 2017).

Each life stage proposes a specific relationship with the external world, which requires the development of more or less complex social skills according to the subject's age. Thus, the first 6 years of life are essential for learning basic social skills. At this stage, children learn and recognize the feelings of the people around them and acquire the concept of family and friendship (López Sánchez, Etxebarria, Fuentes, & Ortiz, 2008). The interactions that take place in the daily routines of family life and in their relationship with

peers allow children to increasingly acquire a number of specific social skills and competences to regulate their behavior when relating to others (Del Prette & Del Prette, 2013).

Some demographic variables, such as sex and age have shown some impact on the development and implementation of certain social skills. However, inconsistencies in the results of numerous studies do highlight the need to continue working on this issue. For example, Carrillo Guerrero (2015), when working with a Spanish children sample aged 9 to 12 years, noticed differences in favor of girls when adequate social skills (assertiveness) were evaluated by teachers, but not when using a self-report method. In turn, differences were found in favor of boys as regards aggressiveness. Cohen Imach, Esterkind de Chein, Lacunza, Caballero, and Martinenghi (2011) and Coronel, Levin, and Mejail (2011) also found no distinctions by sex in adequate social skills (consideration for others, self-control, leadership) in argentine children between 11 and 12 years old. Instead, they found differences in both anxiety and shyness dimensions (in favor of girls and adolescent women) and in social withdrawal (in favor of boys). Other studies with samples of brazilian and argentine children with an average age of 8–10 years have concluded that women get higher values in expressing adequate social skills (Amaral, 2018; Ipiña, Molina, & Reyna, 2010, 2011; Lacunza, 2012).

Regarding age, research has been scarcer and rarely focused on middle and late childhood stages, especially in Latin America. Indeed, there is some studies focusing on preschool stage, the early schooling years or adolescence (e.g., Carmona & López, 2015; Reyna & Brussino, 2009), with different results.

The lack of current information and the disparities in the results obtained from those studies analyzing social skills in light of demographic variables are probably due to the different methodological approaches used by researchers, and to the particularities of each

sample in relation to social class, family surroundings, developmental stage, etc. Hence, further studies are needed to provide more information in this regard.

However, there is indeed consensus among researchers on the protective function of adequate social skills. While the development and implementation of different social skills during childhood and adolescence would enable children and adolescents to adapt to different groups and contexts, a lack of those could put mental health at risk. It has been repeatedly observed that the deficit of social skills negatively affects the psychological health and general functioning of children and adolescents, even increasing the probability of suffering symptoms of depression -especially in women- (Campos, Pereira Del Prette, & Prette, 2018), psychopathological disorders (Lacunza & Contini de González, 2011), substance abuse (Viganó Cavalcanti, 2018), externalizing and internalizing behaviors (Amaral, 2018), among others.

In contrast, it has been observed that an adequate repertoire of social skills during this life stage reduces aggressive and negativistic behaviors (Lacunza, 2009) and the probability of experiencing bullying (e.g., harassment and threats) (Dueñas Buey & Senra Varela, 2009). It is also associated with better academic performance (Amaral, 2018; de Mendonça Fernandes, Barboza Romera Leme, dos Santos Elias, & Benevidez Soares, 2018; Marturano & Gardinal Pizano, 2015; Oyarzún Iturra, Estrada Goic, Pino Astete, & Oyarzún Jara, 2012) and the promotion of friendship, companionship (Schulz Begle, 2009), emotional intelligence (Garaigordobil & Peña, 2014), positive emotions and problems management (Schulz Begle, 2012). Regarding the latter, it was found that social skills increase sympathy, a subject's cognitive restructuring ability, gratitude, and the capacity to act correctly when facing certain problems, as well as the confidence of social support when fear or stress arises (Schulz Begle, 2012). Therefore, social skills could play a crucial role in coping with problematic and

stressful situations, helping children and adolescents to effectively manage crises and adverse circumstances (Rodríguez Díaz, Ovejero Bernal, Bringas Molleda, & Moral Jiménez, 2016).

Coping with stress involves cognitive and behavioral efforts that are implemented to minimize, and if possible, annul those demands that exceed or overflow subjects' own resources, and thus threaten their well-being (Lazarus & Folkman, 1986).

The effectiveness of coping strategies depends on the nature of the stressful event, each person's individual characteristics and his or her developmental stage. Consequently, strategies may not be equally effective for everyone, or even, it may not be useful for the same person on two different occasions (Labiano & Correché, 2002). However, in general terms, it is common to refer to adaptive and maladaptive coping strategies; the former is successful in reducing stress and promoting long-term health, while the latter may not reduce stress, perhaps just momentarily, and would deteriorate health in the long term (Martín Díaz, Jiménez Sánchez, & Fernández Abascal, 1997).

Moos and Billings (1982) suggest nine coping strategies that are generally used to cope with stress: 1) logical analysis of the situation, 2) positive restructuring of facts, 3) cognitive avoidance, 4) social support seeking, 5) concrete action to solve a problem, 6) alternative rewards seeking, 7) control of emotions, 8) paralyzation, and 9) lack of affective control. According to these authors, the first three strategies focus on evaluation, the next three on the problem, and the last three on the emotion. This model has had a great impact, being further used to describe children's coping modes from different cultures, including Argentina (e.g., Richaud de Minzi, 2006; Richaud de Minzi & Iglesias, 2013).

Logical analysis involves identifying the cause of the problem and mentally rehearsing possible actions and their consequences. Cognitive restructuring requires focusing on those positive or favorable aspects of a threatening situation. Cognitive avoidance refers to psychological withdrawal, that is, a tendency to avoid thinking about a problem or to deny its

real existence. Social support seeking involves looking for guidance, advice, counseling, and practical or emotional support from others. Solving a problem implies implementing a series of specific strategies to clarify and elucidate it. Reward seeking means pursuing alternative rewards as a source of satisfaction in order to be distracted from a problematic situation. Control of emotions indicates a measured expression of emotions; it implies a suppression of negative feelings and emotions. Paralyzation consists of a passive resignation that would not permit to act properly; it is a generalized inhibition. Finally, lack of affective control implies a failure to manage emotions; in this sense, people face a particular situation by openly expressing their emotions, even if these are not socially approved (Moos & Billings, 1982).

The operationalization of this model in Argentine children indicated that strategies of logical analysis, positive restructuration, social support seeking and action to solve a problem can be considered as part of a dimension of functional coping, while the strategies of cognitive avoidance, alternative rewards seeking, emotional control, paralysis and lack of affective control could refer to a set of maladaptive strategies (Richaud de Minzi, 2006).

The more or less functional way in which children deal with various stressors is closely related to their resources and the factors that may hinder, or not, their use (Lazarus & Folkman, 1986). The transactional model of stress proposed by Lazarus and Folkman (1986) suggests that social skills are one of the main resources for healthy coping with stress, as they “facilitate the resolution of problems in coordination with others, increase the ability to attract their cooperation or support, and generally give the individual more control over social interactions” (p. 186). Hence, it is important to study social skills and their impact on stress management strategies, especially in the Latin-American child population, where research on the issue continues to be scarce.

This paper aims at describing the social skills of boys and girls aged 9–12 years and analyzing how these skills influence their coping with stress. Based on previous studies (e.g.,

Morales Rodríguez, 2017; Schulz Begle, 2009), it is hypothesized that appropriate social skills will positively influence the use of functional coping strategies and will reduce the use of dysfunctional strategies during late childhood.

## **Method**

### **Type of Study**

An empirical, quantitative, cross-sectional, descriptive research was conducted to characterize social skills, as well as an ex post facto research for the analysis of their influence on coping with stress.

### **Sample**

The study involved 119 boys and 104 girls, ranging in age from 9 to 12 years ( $M = 10.61$ ;  $SD = 1.10$ ), attending 4th ( $n = 43$ ;  $M_{age} = 9.02$ ;  $SD = 0.15$ ), 5th ( $n = 67$ ;  $M_{age} = 10.06$ ;  $SD = 0.24$ ), 6th ( $n = 48$ ;  $M_{age} = 11.02$ ;  $SD = 0.14$ ) and 7th ( $n = 62$ ;  $M_{age} = 12.00$ ;  $SD = 0.00$ ) grades of primary school, in the provinces of Chaco and Misiones, Argentina. The sample has been selected by availability, according to the possibilities of participating schools. The children attended private, public and rural schools, which enabled, together with geographical location and the testimony of institutions authorities, to establish an indicator of different socio-economic status sampled as middle-high (22.42 %), middle (50.22 %), and low status (27.35 %). Children's participation was voluntary, and it included an informed consent from their parents or legal guardians.

### **Instruments**

Social skills were evaluated through the Matson et al. (1983) Subscale of Appropriate Social Skills, validated by Schulz Begle (2009) for its use in Argentina. It provides a general value of appropriate social skills, including looking into the eyes, saying thank you, sharing, collaborating with others, etc. The subscale consists of 22 items (e.g., "I look at people when I talk to them"; "I cheer up a friend who is sad") and offers a response range of four points



(*Never* = 1; *Sometimes* = 2, *Often* = 3, *Always* = 4). Thus, the minimum possible value is 22 points and the maximum 88. The internal consistency value for the sample in this study was identical to the one reported by Schulz Begle (2009): Cronbach's Alpha = .87.

To assess the ability to cope with stress, The Argentinian Coping Questionnaire for Children by Richaud de Minzi (2006) was used. It consists of 27 items that evaluate nine strategies proposed by Billing and Moos. The 27 items are grouped factorially into two dimensions: Adaptive coping and Maladaptive coping. The first dimension includes the strategies of logical analysis (e.g., "I think of different ways to solve a problem"), cognitive restructuring (e.g., "I try to see the good side of a problem"), action on the problem (e.g., "I work on solving the cause of the problem"), and seeking for advice and support (e.g., "I ask a friend if he/she can help me").

Among the maladaptive strategies there can be found cognitive avoidance (e.g., "I pretend nothing happened"), seeking alternative gratification (e.g., "I leave the problem for another time and start doing something I like"), lack of emotional control (e.g., "I yell or insult"), emotional control or emotional inhibition (e.g., "I keep to myself how bad I feel"), and paralyzation (e.g., "I'm stuck, I don't know what to do"). The scale presents a Likert response style of three points (*Yes* = 3, *More or less* = 2, *No* = 1). The author reported appropriate internal consistency values for both Maladaptive ( $\alpha = .71$ ) and Adaptive Coping ( $\alpha = .74$ ). In this paper, the internal consistency for the Adaptive Coping dimension reached a Cronbach's Alpha value of .78, while for the Maladaptive Coping dimension it was .67.

## **Procedure**

Data gathering included three schools (private, public and rural), one of which is located in the province of Misiones and two in the province of Chaco. Prior to the application, a meeting was conducted with each school's principal in order to explain the characteristics of the research. Then, an informed consent was requested from parents or legal guardians for

children's participation, in which the objectives of the instruments to be administered were exposed, as well as the following ethical and confidentiality study criteria: 1) participation would be free and voluntary, 2) there would be no risks for collaborating in this research, nor loss of benefits in case of withdrawing or refraining from participating, 3) data obtained would be confidential and 4) data would be used for no other purpose out of the research. Finally, the instrumentos were administered according to a schedule agreed with the school principals and the spaces provided by the teachers of each course. The research was conducted collectively, within the classroom, and during the regular class hours.

### **Analysis**

Children's responses were processed with SPSS for Windows, version 18. The percentage of missing values for the data was less than 5%; thus, they were imputed by the subject's mode in the corresponding dimension. Score distribution was analyzed from the indicators of univariate kurtosis and asymmetry, for which those values between  $\pm 2$  are desirable (Tabachnick & Fidell, 2013). The normality of the data was analyzed with the Kolmogorov-Smirnov test; based on these results, the comparison of groups was conducted using non-parametric tests.

In order to describe social skills of boys and girls aged 9–12 years, means and standard deviations were calculated for each behavior manifested on the Subscale of Appropriate Social Skills. As response options of this instrument range from 1 to 4 points (*Never* = 1; *Sometimes* = 2; *Often* = 3; *Always* = 4), behaviors with average values lower than 3 points were considered as *low frequency of expression*, and behaviors with average values between 3 and 4 points were taken as *high frequency of expression*. The mean of social skills in general was also computed, and the Mann-Whitney U test was performed to examine possible differences based on sex. Likewise, the Kruskal-Wallis test was conducted to study

the differences by age (9, 10, 11 and 12 years average). The age groups were formed according to the children's school grade (4th, 5th, 6th and 7th grades).

To study the influence of social skills on coping strategies, Kruskal-Wallis tests were performed, considering social skills as an independent variable, categorized into three groups according to the scores obtained by sampled children: low ( $\leq$  Perc. 25), moderate ( $>$  Perc. 25 and  $<$  Perc. 75) and high ( $\geq$  Perc. 75). First, the two major dimensions of coping (Adaptive and Maladaptive) were included in the analysis. Then, the nine particular strategies were examined. Since Adaptive and Maladaptive Coping dimensions included a different number of items, the raw scores were weighted according to the number of items included in each factor in order to achieve comparable values. *Post-hoc* contrasts were performed using the MannWhitney U test.

## **Results**

### **Description of Social Skills and differences according to Sex and Age**

The asymmetry and kurtosis indicators were appropriate, being less than  $\pm 2$  for all variables, except for item 8 of the Social Skills instrument (I say thank you and I am happy when someone does something for me), which kurtosis was slightly higher (2.4).

Acknowledging that the general value of the social skills subscale can range from 22 and 88 points, the average obtained by the children (69.16 points;  $SD = 10.68$ ) was calculated, which would indicate a moderately high level of social skills.

Table 1 shows the social behaviors that are the most ( $M \geq 3.00$ ) and least ( $M \leq 2.99$ ) frequently observed among the children in this sample. None of the observed behaviors approached the lowest value on the scale (1 = never) showing that, in general (at least occasionally), children practiced all the social skills included in this report. In addition, 15 of the 22 behaviors included in the Subscale are frequently expressed, being the behavior of appreciation the most common one ("I say 'thank you' and I am happy when someone does

something for me”). Other behaviors that stand out are humorous and helpful responses and pro-social behaviors (e.g., “I laugh at other people's jokes and funny stories”, “I take care of other people's things, as if they were my own”, “I feel good if I help someone”, “I do nice things for people who are nice to me”, etc.). Six behaviors with a low frequency of expression are also detailed: “I show my feelings”, “I praise people I like”, “I walk up to people and start a conversation”, “I usually make others laugh”, “I ask questions when talking with others” and “I look at people when they are speaking”.

In reference to analyses by sex and age, the results revealed no significant differences ( $U = 5881.50$ ;  $p = .523$ ) in social skills scores among girls ( $M_{\text{RANK}} = 114.58$ ) and boys ( $M_{\text{RANK}} = 109.05$ ), or between the different ages (*Kruskall Wallis* = 3.21;  $p = .361$ ): 9 ( $M_{\text{RANK}} = 109.53$ ), 10 ( $M_{\text{RANK}} = 118.20$ ), 11 ( $M_{\text{RANK}} = 119.79$ ) and 12 years ( $M_{\text{RANK}} = 101.07$ ).

Table 1. Means and Standard Deviations of Appropriate Social Skills Included on Appropriate Social Skills Subscale, of Matson et al. (1983), Validated in Argentina by Schulz Begle (2009)

<b>Social Skills Subscale Items</b>	<b><i>M</i></b>	<b><i>SD</i></b>
HS1 I usually make others laugh	2.82	0.88
HS2 I look at people when I talk to them	3.06	1.02
HS3 I help a friend who is hurt	3.31	0.90
HS4 I cheer up a friend who is sad	3.16	0.95
HS5 I feel happy when someone else does well	3.30	0.93
HS6 I praise people I like	2.71	1.04
HS7 I walk up to people and start a conversation	2.76	1.00
HS8 I say "thank you" and I am happy when someone does something for me	3.57	0.78

HS9 I know how to make friends	3.25	0.87
HS10 I stick up for my friends	3.02	1.03
HS11 I look at people when they are speaking	2.98	0.95
HS12 I share what I have with others	3.17	0.92
HS13 I show my feelings	2.35	1.08
HS14 I take care of other people's things as if they were my own	3.43	0.90
HS15 I call people by their names	3.33	0.87
HS16 I ask if can be of help	3.13	0.92
HS17 I feel good if I help someone	3.40	0.88
HS18 I ask questions when talking with others	2.96	0.96
HS19 I often meet with my friends	3.24	0.91
HS20 I do nice things for people who are nice to me	3.36	0.89
HS21 I ask others how they are and what they have been doing	3.26	0.92
HS22 I laugh at other people's jokes and funny stories	3.48	0.83

*Note.* SD = Standard deviation.

### **Social Skills and Coping with Stress**

The results indicated a significant effect of social skills on Adaptive coping with stress (*Kruskal-Wallis* = 22.90;  $p < .001$ ), without significant variations in Maladaptive Coping (*Kruskal-Wallis* = 3.65;  $p = .161$ ). *Post-hoc* contrasts indicated significant differences among all groups. Children with high social skills scores obtained higher values in Adaptive Coping than children with low and moderate values of social skills. A detail analysis revealed a significant influence of social skills on the following specific coping strategies: logical

analysis (*Kruskal-Wallis* = 10.02;  $p = .007$ ), cognitive restructuring (*Kruskal-Wallis* = 16.65;  $p < .001$ ), action on the problem (*Kruskal-Wallis* = 10.39;  $p = .006$ ), search for advice and support (*Kruskal-Wallis* = 13.04;  $p = .001$ ), and lack of emotional control (*Kruskal-Wallis* = 13.25;  $p = .001$ ). Post hoc contrasts revealed that children with high values of social skills showed significant higher punctuations in the above-mentioned coping strategies, except for lack of emotional control, which was inversely related (see Table 2).

Table 2. Mean Rankings of Coping Modes According to Social Skills Scores (*Kruskal-Wallis* test) and Significance Post Hoc Contrast According to Social Skills Scores (Mann Whitney U)

Coping strategy	Appropriate Social Skills Scores			<i>p</i> Mann Whitney Contrasts		
	Low ( $\leq$ Perc. 25)	Moderate ( $>$ Perc. 25 and $<$ Perc. 75)	High ( $\geq$ Perc. 75)	Low– Mod.	Low– High	Mod– High
Adaptative coping	79.55	114.31	137,64	.001	.000	.029
Maladaptive Coping	123.16	108.58	100.23	-	-	-
Logical analysis	89.47	114.36	125.98	.015	.002	.297
Cognitive restructuring	89.33	109.04	138.51	.041	.000	.004
Action on the problem	90.60	112.27	129.54	.034	.001	.110

Seeking for advice and support	85.49	116.28	126.15	.002	.001	.329
Cognitive avoidance	118.30	108.45	106.20	-	-	-
Alternative gratification	110.06	112.50	106.35	-	-	-
Lack of emot. control	133.60	106.29	93.43	.004	.001	.164
Emotional control	118.52	108.33	106.21	-	-	-
Paralyzation	105.36	110.77	115.85	-	-	-

### Discussion

This paper aimed at describing social skills of children aged 9–12 years and studying their possible influence on coping with stress. Results revealed moderately high values of social skills and indicated that children in this sample frequently showed appropriate behaviors which facilitated positive social interaction. Among these behaviors there were gratitude, joy in response to the other's good mood, and behaviors oriented to benefit others through instrumental or affective support. These data is encouraging given the well-known benefits of prosocial behavior during childhood (Balabanian & Lemos, 2018; Mesurado, 2020) and for other practices linked to positive emotional experience (Oros & Cuello, 2019; Oros & Richaud de Minzi, 2015). In contrast, in this age group, resarchers have noticed less use of skills oriented to self-affirmation and interactional initiative (starting a conversation, asking questions, praising someone they like, making others laugh, showing self-feelings, etc.), which, as opposed to the mentioned behaviors, may require more complex psychosocial development. Results are in line with a previous study conducted in Argentina with children

and early adolescents aged 11 and 12 years, which revealed a prevalence of consideration for others compared to other skills that involved greater interactional mastery and leadership (Cohen Imach et al., 2011).

In any case, it should be noted that the values obtained in these skills of self-assertion and conversational initiative were not even close to the minimum possible. This should not be taken as possible deficits or shortcomings, but rather as skills less frequently practiced, and which actually appear to become more significant from childhood on (i.e., over the course of adolescence). In this sense, Lacunza and Contini de González (2011) argue that the transition to adolescence implies the appropriation of social skills of greater complexity. This is possible due to the important physical and psychosocial changes that occur at this stage, and that encourages adolescents to review the perception of themselves, of others and in interaction. In this way, it is not only the approach to peers, especially those from the opposite sex that increases, but also the implementation of verbal interaction skills, praise and expression of emotions, among others.

Regarding sex and age, although girls obtained higher values than boys, and 10-year-old students got higher values than their peers, the results indicated that both boys and girls of different ages would show similar social skills. These data are consistent with previous studies in which no significant differences were found in terms of such variables (Cohen Imach et al., 2011; Coronel et al., 2011; Dueñas Buey & Senra Varela, 2009). Nevertheless, due to the fact that the present research included a low number of participants for each age group, it is recommended to continue working on the relationship between social skills and age in future studies.

In addition, and as regards coping with stress, this work's results are aligned with the initial hypothesis posed, as it could be observed that appropriate social skills significantly



influence the choice of functional strategies to manage stress, eventually decreasing children's probability of developing an inappropriate emotional discharge.

Socially skilled individuals have the ability to carefully analyze interpersonal situations and to foresee the consequences of their actions. They can also adequately handle their reactions, evaluating and choosing those behaviors that are ethically and socially acceptable (Caballo, 2007; Peres Arenas, 2008). This means that they carry out a constant process of decoding social stimuli, analyzing alternatives and making decisions. It is not surprising then, that children who have developed these skills tend to make a logical analysis of stressful situations, evaluate, select and then implement different courses of action to reduce tension and effectively solve problems. In addition, this same reflective and analytical capacity could facilitate the development of an alternative vision of the problem and the attribution of positive meanings. In fact, it has been observed that individuals with high social abilities are more likely to consider the good side of problems (expectations of more positive consequences, consideration of favorable occurrences, positive self-verbalizations, vision of the circumstances from multiple perspectives, etc.) (Caballo, 2007).

Additionally, the strategy of seeking support would also be well justified in socially capable children, as they would have no qualms about asking for help, seeking emotional comfort and asking for useful information to solve their problems (Grotberg, 1995). Furthermore, the use of appropriate social skills would attract the cooperation and interest of others (Lazarus & Folkman, 1986), increasing the possibility of having a support network to turn to for assistance in times of difficulty. The observed relationship between appropriate social skills, logical analysis, cognitive restructuring, active coping, and the search of social support in school-aged children is consistent with the findings reported by Schulz Begle (2012).

Finally, it is also reasonable to assume that social skills inhibit emotional lack of control, since this strategy is dysfunctional and characterized by the unfiltered manifestation of negative emotions and reactions, such as yelling, insulting, hitting or throwing things. These inappropriate behaviors would be more prototypical of children who are less assertive and less prosocial (Contini de González, 2009; Samper, Mestre, Tur, Santolaria, & Mestre, 2012).

In summary, the results of this study showed an appropriate repertoire of social skills in the evaluated sample, enabling us to glimpse their protective function during childhood. Still, some limitations should be taken into consideration. Firstly, since there are no standardized criteria for establishing levels or fixing the low and high expression of social skills in Argentine children, the procedure chosen in this study was based on sample frequencies and percentiles. Hence, it is recommended for future researchers to continue working on the elaboration of Argentine normative data for the MESSY (Matson Evaluation of Social Skills with Youngsters) test, and then use that information to corroborate the results described here. It was also observed that, in general, the less frequent behaviors were associated with quite high deviations, which would indicate a lower representativeness of these means. Further studies should be carried out with larger and especially randomized samples to ensure an even more accurate description of the situation.

Finally, this study did not consider the specificity of the stressors against which children manifest the different coping strategies. Thus, it could be of great relevance to study the particular contribution of social skills on coping with specific stressors (academic, family, social, etc.). Likewise, it would be promising to study the influence of social skills on controllable versus uncontrollable stressors, given that this characteristic could have a differential impact on the healthy functioning of children (Clarke, 2006).

Despite the above limitations, this study has important practical implications. Data suggest that social skills play a protective role in childhood by promoting healthy handling of stressful situations. This highlights the importance of generating psychoeducational instances to enable the development and enrichment of appropriate social interaction skills. In Argentina and other Latin American countries there are several programs to be used within the school context, generally with parents' collaboration and participation (see Canet Juric, Andrés, & Vernucci, 2018; Lacunza, 2012; López, Iglesias, & Richaud, 2012; Vargas Rubilar, Lemos, & Richaud, 2017). The latter should be implemented considering and respecting the addressees' developmental and cultural particularities, and should try to be conducted as earlier as possible, so as to be able to act before inappropriate behaviors may be consolidated and while it is easier to acquire alternative ones. This work results are expected to inspire efforts in this line of action.

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