



# Through the tunnel, to the light: Why sense of coherence covers and exceeds resilience, optimism, and self-compassion



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## ABSTRACT

Sense of coherence (SOC), resilience, dispositional optimism, and self-compassion are highly related aspects of personality that promote health and well-being. We systematically compared these constructs and explored their criterion validity when predicting psychological distress. With the help of structural equation modeling, we examined SOC's factor structure and incremental validity over resilience ( $N_1 = 208$ ) as well as over optimism and self-compassion ( $N_2 = 308$ ) in two studies. Despite strong overlap (shared variance) SOC clearly outperformed its competitors. Neither resilience, nor optimism, nor self-compassion had significant incremental validity over SOC on a latent level. A two-factor model for SOC explained most variance in psychological distress. Results highlight the importance of salutogenic factors even in a neck-to-neck comparison with other potentially health-benefitting personality variables. Meaningfulness appears to contribute to SOC's uniqueness.

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## 1. Introduction

The concept of resilience represents a shift of focus away from pathogenesis to a resource-orientation in health. Rather than explaining and predicting disease, resilience emphasizes aspects and characteristics that promote health and positive adaptation. Resilience represents characteristics that enable staying healthy in the face of adversities and stress. From the perspective of individual differences, a serious question is left unanswered: *which* resilience? On a marketplace full of distinctive constructs, several scales claim to assess personality aspects supposedly benefiting one's health. Among the prominent ones are *sense of coherence* (Antonovsky, 1987), *dispositional optimism* (Scheier & Carver, 1985), (simply) *resilience* (Wagnild & Young, 1993), and recently *self-compassion* (Neff, 2003). Despite different theoretical backgrounds, the empirical findings concerning these constructs are highly similar. This has generated considerable discussion concerning the mutual relationships and the uniqueness of these constructs.

The question of theoretical distinctiveness, however, is inseparable from measurement issues. Complex and sophisticated measurement models have been developed for these constructs, yet actual empirical research more often than not neglects advanced methods and relies on simplistic mean scores instead. Consequently, scale unreliability might obscure the true relationships between constructs and criteria, leading to a misattribution of criterion validity. There is a non-negligible potential for the confusion of constructs and the development

of inefficient or ineffective interventions (Cronbach, 1956). Our research will address this problem by examining scale differences in terms of criterion validity and conceptual uniqueness, taking measurement issues into account.

### 1.1. Sense of coherence

In a salutogenic view (Antonovsky, 1987), health is not just the absence of disease, yet resides at one end of a continuum between health and disease. Sense of coherence (SOC) helps people to move towards, or stay at, the healthy end of the continuum. Understood as an internal resistance resource, SOC promotes health when people are faced with hardships and stressful life events. It encompasses three major facets: *Comprehensibility* describes an individual's trait to perceive situations and events as clear and structured; *manageability* represents an individual's belief to hold the necessary skills for dealing with life challenges; and *meaningfulness* depicts an individual's confidence that any demands and challenges are worthy of investment and engagement. Considerable evidence links SOC to health and health-related behavior (Eriksson & Lindström, 2006), general psychological well-being (Nilsson, Leppert, Simonsson, & Starrin, 2010), depression (Haukka et al., 2013), anxiety (Moksnes, Espnes, & Haugan, 2013), as well as reduced substance use and alcohol consumption (Mattila et al., 2011). Despite Antonovsky's claim that SOC is a volatile "orientation to life" rather than a temperamental trait, stability coefficients over up to ten years ranged between .54 to .78 (Eriksson & Lindström, 2005). Additionally, longitudinal measurement invariance was recently shown for the SOC-13 scale (Grevenstein & Bluemke, 2015b). In this study

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interindividual differences on a latent level across nine years of development through adolescence (ages 15–24) amount to  $r = .59$ . The proposed two-factorial structure (meaningfulness and a joint factor for other items) remained unaltered, with hardly any changes to the measurement model.

### 1.2. Resilience

Resilience is a disposition that moderates the negative side-effects of stress and promotes adaptation to stressful situations (Wagnild & Young, 1993; Windle, Bennett, & Noyes, 2011). Though there is no gold standard, due to its favorable psychometric properties, one of the most widely used instruments is the Resilience Scale (Wagnild & Young, 1993). It encompasses five characteristics: *equanimity*, a balanced perspective of one's life and experiences; *perseverance*, the act of persistence despite adversity or discouragement; *self-reliance*, the trust in oneself and one's capabilities; *meaningfulness*, the view that life has purpose and the valuation of one's contributions; and *existential aloneness*, the realization that each person's life path is unique. A two-factor model with the interrelated factors *personal competence* and *acceptance of self and life* best accounted for item responses. The test–retest reliabilities over periods of up to one year ranged between .70 and .84 (Girtler et al., 2009; Nygren, Randström, Lejonklou, & Lundman, 2004; Wagnild & Young, 1993). Resembling SOC, resilience has shown negative associations with depression and anxiety, but positive ones with life satisfaction (Ahern, Kiehl, Lou Sole, & Byers, 2006; Wagnild, 2009).

### 1.3. Dispositional optimism

Dispositional optimism reflects a generalized positive attitude towards life and its challenges, including the expectation of positive outcomes (Scheier & Carver, 1985). Optimism plays an important role in self-regulation. Optimists cope better with failure. They are more persistent in the face of challenges and engage in more adaptive and active coping with stress. Unsurprisingly, dispositional optimism was related to various positive mental as well as physical health outcomes (Carver & Scheier, 2014). Test–retest correlations over periods of up to ten years ranged from .58 to .79 (Carver, Scheier, & Segerstrom, 2010).

### 1.4. Self-compassion

In recent years, Eastern philosophical thought has sparked various new ways of understanding human well-being. For instance, being of genuinely Buddhist origin, self-compassion is the newest construct thought to promote well-being. Similarly, mindfulness is a non-judgmental and receptive state of mind, which fosters a clear perception of challenging situations, one's own thoughts and emotions, ultimately leading to a better mental state (Keng, Smoski, & Robins, 2011). Entailing though extending mindfulness, self-compassion is the tendency not only to be open and moved by one's own suffering, but also to confront life challenges positively (Neff, 2003). Rather than bringing harsh judgment upon oneself, self-compassion leads to feelings of caring and kindness towards oneself. Seeing your own experiences within the frame of common human experience is thought to promote feelings of connectedness. Both mindfulness and self-compassion are considered to be flexible orientations to life acquired through practice (Neff & Germer, 2013). Test–retest reliabilities over short periods of two weeks up to three months amounted to .78–.96 (Castilho, Pinto-Gouveia, & Duarte, 2015; Deniz, Kesici, & Sümer, 2008; Neff, 2003). Like other constructs, self-compassion has shown negative associations with depression and anxiety, as well as positive correlations with life satisfaction (Neff, Rude, & Kirkpatrick, 2007).

## 1.5. Construct overlap and construct validity

There are striking similarities between the constructs; they all describe characteristics that buffer health during times of stress and hardship: high SOC, resilience, dispositional optimism, or self-compassion is related to adaptive and effective coping. Furthermore, SOC, resilience, and self-compassion cover not only (self-perceptions of) stress-management; they seem to add a philosophical touch, that life and one's own contributions to it are valuable and meaningful. SOC and resilience refer to these aspects as “meaningfulness.” Given the respective scales' theoretical relationships and item similarities, comparable criterion correlations have been found. Both SOC and resilience have shown strong associations to neuroticism (Hochwälder, 2012) and emotional stability (Friborg, Barlaug, Martinussen, Rosenvinge, & Hjemdal, 2005). Optimism has been consistently associated with neuroticism and extraversion (Sharpe, Martin, & Roth, 2011). Self-compassion has been predominantly related to neuroticism, yet also to extraversion and conscientiousness (Neff et al., 2007).

One wonders how conceptually distinct these constructs are. Despite stemming from different theoretical backgrounds, they might essentially assess the same underlying concept in disguise with some unique twists and unequal reliability. Our research addresses this issue by investigating incremental validity for psychological distress.

### 1.6. Study overview

Before analyzing the statistical predictions, we address measurement issues by examining reliability by means of confirmatory factor analysis (CFA). Assuming that previously advocated measurement models are replicated, we then use structural equation modeling (SEM) to model relationships on the latent level. As the factor structure of SOC has been debated, we will also test the most popular factor models against each other in the incremental validity analyses. This will help to determine which of these models is most appropriate, not only in terms of model fit, but also with regard to criterion validity. Study 1 examines incremental validity of SOC and resilience. Study 2 covers SOC, dispositional optimism, and self-compassion. We hypothesized that all the predictors would be highly correlated and similarly associated with the criteria. Given its favorable record, we expected SOC to outperform its competitors.

## 2. Study 1: sense of coherence versus resilience

### 2.1. Participants and procedure

The sample included 208 volunteers ( $n = 113$  females, 54.3%) with a mean age of 22.56 ( $SD = 4.24$ ). Most participants (91.8%) were German students of Psychology and Medicine. About 7.2% were employed persons and 1.0% were trainees. Students of Psychology received extra course credit. The remainder took part without compensation. Participants were recruited in university courses or approached directly in the city center by one of the experimenters in charge. In some cases, university teachers reserved time during class for volunteers to fill out the questionnaires. Completed questionnaires were handed back to the teacher or dropped into the researchers' mailbox anonymously. Participants without a connection to university were asked to mail back questionnaires anonymously.

Participants worked on a booklet of sociodemographic questions and questionnaires in a fixed order (psychological distress, SOC, resilience). There were some gender differences regarding psychological distress. Women reported slightly more somatization, depression, anxiety, hostility, and phobic anxiety than men (cf. Table 1). No other control variable was significantly related to any of the focal study variables.

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