



Coping strategies within a personality space



Miguel Gárriz^{a,b}, Fernando Gutiérrez^{c,d,*}, Josep M. Peri^e, Eva Baillés^f, Rafael Torrubia^a

^a Unitat de Psicologia Mèdica, Departament de Psiquiatria i Medicina Legal & Institut de Neurociències, Universitat Autònoma de Barcelona, Campus de Bellaterra, s/n, 08193 Bellaterra, Cerdanyola del Valles, Barcelona, Spain

^b INAD (Institute of Neuropsychiatry and Addiction), Parc de Salut Mar, Passeig Marítim 25-29, 08003 Barcelona, Spain

^c Personality Disorder Unit, Institute of Neuroscience, Hospital Clínic de Barcelona, C/Villarroel, 170, 08036 Barcelona, Spain

^d IDIBAPS (Institut d'Investigacions Biomediques August Pi Sunyer), C/Roselló, 149, 08036 Barcelona, Spain

^e Institute of Neuroscience, Hospital Clínic de Barcelona, C/Villarroel, 170, 08036 Barcelona, Spain

^f Departament de Ciències Experimentals i de la Salut, Universitat Pompeu Fabra, Plaça de la Mercè, 10-12, 08002 Barcelona, Spain

ARTICLE INFO

Article history:

Received 4 November 2014

Received in revised form 5 February 2015

Accepted 14 February 2015

Keywords:

Personality

Temperament

Character

Coping strategies

Factor structure

ABSTRACT

Most taxonomies of coping have been built as if coping strategies were unrelated to all other aspects of personality. However, the evidence suggests some overlaps, and it may be that basic personality axes such as constraint, fearfulness or affiliation constitute a meaningful organizing principle for coping. In a sample of 499 outpatients, we examined the ability of the Temperament and Character Inventory to predict the fifteen coping strategies measured by the COPE. We also studied the joint structure of personality dimensions and coping. Engagement strategies were mainly enacted by subjects with low fear, high self-efficacy and high persistence, whereas roughly the opposite was true for Disengagement. Help-seeking strategies were exclusively aligned with affiliation dimensions. Our results clarify the empirical structure of coping strategies, and locate them within the broader and better-known space of personality axes.

© 2015 Elsevier Ltd. All rights reserved.

1. Introduction

Coping refers to the range of cognitive and behavioral strategies humans enact to manage threats and losses, protect their goals and, ultimately, adapt to their changing environments. It is known that these strategies are not independent from one another but covary, forming broader dimensions. However, little agreement has been attained on their overarching structure (Skinner, Edge, Altman, & Sherwood, 2003).

This may be partly due to the wide use of rationally-based classifications, such as problem- and emotion-focused, primary and secondary control, or voluntary and involuntary coping. These taxonomies have obvious heuristic value but lack convincing empirical support and do not seem to reflect the true covariation between strategies (Duhachek & Oakley, 2007). For example, pooling acceptance and seeking support as emotion-focused coping, or reevaluation and self-blame as self-directed coping (Skinner et al., 2003), probably does not carve nature at its joints, and may obfuscate meaningful structural relationships between strategies. Furthermore, most of these taxonomies have been built

as if coping was unrelated to all other aspects of personality: basic needs, goals, emotional predispositions, beliefs, talents, or habits. In fact, though, personality structure reflects the broadest organizing axes of our behavioral adaptation systems (DeYoung, 2010; MacDonald, 2012), so it may well subsume coping, which deals with the narrower domain of our responses to threats and losses. Hence, personality may be an obvious organizing principle for coping (Carver & Connor-Smith, 2010; Derryberry, Reed, & Pilkenton-Taylor, 2003).

Personality and coping have shown close empirical relationships that support this view. On the one hand, personality partly determines key aspects of coping such as the rate of exposure to stressful encounters, the level of dangerousness assigned to events, the kind of strategies that are enacted, and the likelihood that such strategies will be successful (Ball, Smolin, & Shekhar, 2002; Bolger & Zuckerman, 1995; Derryberry et al., 2003; Hundt, Williams, Mendelson, & Nelson-Gray, 2013; Shoji, Harrigan, Woll, & Miller, 2010; Williams, Hundt, & Nelson-Gray, 2014). For example, extraverts use more cognitive restructuring, problem solving, and support seeking, whereas neurotic subjects resort more often to denial, distraction and drug use and less to problem-solving and acceptance (Connor-Smith & Flachsbart, 2007). However, this knowledge has not yet led to a mutual fertilization or integration between the two fields.

* Corresponding author at: Personality Disorder Unit, Institute of Neuroscience, Hospital Clínic de Barcelona, Villarroel 170, 08036 Barcelona, Spain. Tel.: +34 93 227 54 00x2407.

E-mail address: fguti@clinic.ub.es (F. Gutiérrez).

On the other hand, the search for the empirical organization of coping has resulted in structures that are closer to personality dimensions than to rationally-based taxonomies. Thus, whereas the problem- and emotion-focused classification has not received convincing support, the finding of an approach–avoidance axis is ubiquitous in the field of coping, and is frequently accompanied by an independent dimension of help-seeking (Duhachek & Oakley, 2007; Skinner et al., 2003). Interestingly, this organization transcends the domain of coping and seems to overlap with the basic mechanisms that regulate human behavior, such as constraint/control, fear-avoidance or affiliative bonding (Corr, DeYoung, & McNaughton, 2013; Depue & Fu, 2011; Derryberry et al., 2003; Gutiérrez, Peri, Torres, Caseras, & Valdés, 2007; Keay & Bandler, 2001). In view of the above, the examination of coping strategies against the broader, multidimensional space formed by these personality axes may produce valuable insights into the organization of coping itself.

This study provides some methodological advantages over previous analyses (reviews in Carver & Connor-Smith, 2010; Connor-Smith & Flachsbart, 2007). First, we assess a clinical sample with a high prevalence of personality disorders, which we expect to cover the entire range of adaptive and maladaptive variation in both personality and coping, and then highlight some relationships. Second, whereas the Big Five model has pervaded the field of personality, the Temperament and Character Inventory (TCI; Cloninger, Przybeck, Svrakic, & Wetzel, 1994) has much to contribute to the field of coping. It has proven to be slightly more comprehensive than the NEO-PI-R (De Fruyt, Van de Wiele, & Van Heeringen, 2000), shows equivalent predictive validity (Gruca & Goldberg, 2007), and fits in well with the basic dimensions of normal and pathological personality (Gutiérrez, Vall, Peri, Gárriz, & Garrido, 2014). Its four temperament dimensions adopt a spatial orientation which reflects the major motivational axes that organize our adaptive behavior, such as the approach, avoidance, affiliation and control systems (Cloninger et al., 1994; Corr et al., 2013; Mardaga & Hansenne, 2007). Furthermore, its three character dimensions include aspects of self-efficacy, social effectiveness and spirituality which are central to coping but are absent from all other personality models. Finally, the relationships between personality and coping have been mostly analyzed through bivariate approaches. However, personality dimensions overlap in complex ways; a multivariate approach may further elucidate the individual contribution of each dimension, while a joint factor analysis may clarify the overall pattern of relationships. Both approaches have been underutilized to date.

The present study aims to examine in a clinical sample (1) how seven basic personality dimensions individually contribute to dispositional coping strategies and (2) whether coping strategies can be meaningfully arranged around the basic structure of personality. We expect that the broader, better-known framework of personality will provide the foundations for achieving a closer understanding and a sounder organization of coping strategies.

2. Material and method

2.1. Subjects

The sample was composed of 499 outpatients, 58.8% male, aged 17–69 years (mean 38.1, SD 12.2), consecutively referred for personality assessment to the Psychology Department of a general hospital. About a half of the sample ($n = 253$) was assessed with the PDQ-4+ (Hyler, 1994) and 88.1% screened positive for some personality disorder, a rate that has been shown to be equivalent to final PD prevalence of about 40% (Calvo, Gutiérrez, & Casas, 2013). Furthermore, a third (32.7%) had mild to moderate depressive or anxious symptoms (phobias, panic, TOC), and 20.7% presented other clinical problems such as drug use, impulse control problems, or adaptive problems. No patients presented severe affective disorder, psychosis or

cognitive impairment. Diagnoses were made through clinical interview using the DSM-IV classification by two experienced clinical psychologists (FG, JMP). Fifty-five percent of this sample had participated in a previous study with the COPE (Gutiérrez et al., 2007). All patients gave informed consent to participate, and the Ethics Committee of the center approved the study.

2.2. Instruments

The Coping Orientation to Problems Experienced (COPE; Carver, Scheier, & Weintraub, 1989) is a 60-item self-report designed to measure 15 theoretically-based dispositional coping strategies. These strategies can be meaningfully organized into three factorially-based higher-order dimensions in which attention is respectively turned toward the stressor, away from the stressor, or toward the social network: Engagement, including Active Coping, Planning, Positive Reinterpretation, Suppression of Competing Activities, Restraint and Acceptance; Disengagement, encompassing Denial, Mental Disengagement, Behavioral Disengagement and Religion; and Help-seeking, including Instrumental Support Seeking, Emotional Support Seeking and Venting Emotions (Gutiérrez et al., 2007). Two additional strategies, Humor and Alcohol/drugs, did not align with any of the three main axes.

The Temperament and Character Inventory (TCI; Cloninger et al., 1994) is a 240-item, true/false self-report that measures four dimensions of temperament and three of character. Among the temperament dimensions, Harm Avoidance (HA) reflects the activity of the punishment system, a threat-processing device that anticipates, detects, and responds with anxiety/fear and defensive action to danger; Novelty Seeking (NS) reflects variation in the activity of the reward system and hence the strength of the behavioral drive toward exploration and in response to novelty and incentives; Reward Dependence (RD) expresses variation in social attachment, affiliation, and warmth; and Persistence (PS) reflects a tendency to persevere in long-term goals overriding immediate desires and frustrations. Among character dimensions, Self-directedness (SD) measures the extent to which a subject sees him/herself as autonomous, effective, resourceful and able to control him/herself and situations in order to achieve relevant goals; Cooperativeness (CO) reflects the incorporation of group rules and the ability for interpersonal adjustment and exchange; and Self-transcendence (ST) is related to imagination, creativity, and religious and magical thought. The Spanish version of the TCI has shown suitable psychometric properties (Gutiérrez et al., 2001).

2.3. Data analysis

Multiple regressions were conducted to examine the independent contribution of each TCI personality dimension to coping, after controlling for age and sex. No collinearity was detected between personality dimensions, with tolerance $>.90$ and VIF < 1.5 in all cases. In an additional step, the 24 TCI subscales were introduced to explore their incremental contribution. Finally, a joint factor analysis of personality dimensions and coping strategies was performed. Principal components extraction was used to replicate the original analysis (Gutiérrez et al., 2007), and 2- to 5-factor solutions were successively retained, rotated to oblimin and examined. Alternatively, principal axis factoring and maximum likelihood extractions, as well as varimax rotations, were performed and correlated with the main solutions to account for differences attributable to the method.

3. Results

3.1. Regression analyses

Personality accounted for 14.4% of the variance of coping strategies on average (Table 1). All strategies showed idiosyncratic

Download English Version:

<https://daneshyari.com/en/article/7251535>

Download Persian Version:

<https://daneshyari.com/article/7251535>

[Daneshyari.com](https://daneshyari.com)