

**THE ROLE OF PERSONALITY AND SITUATION FACTORS IN  
THREE MODES OF COPING:  
EMOTION-FOCUSED, PROBLEM-FOCUSED, AND RELATIONSHIP-FOCUSED**

by

**TERESA BYRD O'BRIEN**

**B.A., University of California, Santa Barbara, 1977**

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF  
THE REQUIREMENTS FOR THE DEGREE OF  
MASTER OF ARTS**

in

**THE FACULTY OF GRADUATE STUDIES  
Clinical Psychology**

We accept this thesis as conforming  
to the required standard.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE UNIVERSITY OF BRITISH COLUMBIA**

March, 1992

© Teresa Byrd O'Brien, 1992

In presenting this thesis in partial fulfilment of the requirements for an advanced degree at the University of British Columbia, I agree that the Library shall make it freely available for reference and study. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by the head of my department or by his or her representatives. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

(Sig

Department of Psychology

The University of British Columbia  
Vancouver, Canada

Date March 31, 1992

### ABSTRACT

This study provides preliminary work in elucidating and measuring interpersonal dimensions of coping. It has been assumed that a two-function model of coping adequately describes the structure of coping (i.e., problem-focused and emotion-focused coping). However, this study suggests a third function of coping, "relationship-focused," which is aimed at the maintenance of relationships. Factor analysis of data obtained on 270 undergraduates supports a three-function model. One of the major contributions of this study is the development of a relationship-focused coping scale, which has sound psychometric properties and high internal reliability.

As well, the influences of personality and situation factors on coping were examined. In general, both personality and situation factors contributed to the prediction of coping, thereby supporting a process-oriented approach to the study of coping. Personality dimensions were most potently related to the emotion-focused coping modes of positive reappraisal, accepting responsibility, and escape-avoidance; whereas, situation factors were more strongly related to the use of relationship-focused coping and planful problem-solving. In support of a transactional model of the stress process, when the situational context of the stressor was considered, personality was an important

predictor of relationship-focused coping, confrontative coping, and planful problem-solving. Collectively, these results suggest that a more sophisticated model of coping which includes interpersonal dimensions of coping and considers personality and situation factors in tandem is needed to increase the predictive ability of current models.

## ACKNOWLEDGEMENTS

I wish to gratefully acknowledge my supervisor, Anita DeLongis, as one of my most articulate and compassionate mentors. The enthusiastic collaboration that we have enjoyed has greatly furthered both my academic and personal evolution. I also wish to acknowledge Del Paulhus and Dimitri Papageorgis for their most helpful suggestions and assistance with this study. As well, I wish to acknowledge Janet Werker, whose exuberant fascination with her work initially inspired me to pursue an academic career.

Moreover, I wish to acknowledge my husband, Ron Pound, whose constant nurturance and affection carried me throughout this endeavor, and my family and friends, who have been a steadfast source of support and inspiration.

This research was made possible by grants from the Medical Research Council of Canada and the Social Sciences and Humanities Research Council of Canada.

## TABLE OF CONTENTS

Abstract.....	ii
Acknowledgements.....	iii
Overview.....	1
<b>Background, Significance, and Theoretical Perspective.....</b>	<b>5</b>
Cognitive-Transactional Perspective.....	5
Issues in the Measurement of Coping.....	8
Methods of Coping Measurement.....	8
Conceptualizations of Coping:	
Trait or Process?.....	13
The Role of Personality and Situation Factors	
in Coping.....	16
The Role of Personality in Coping.....	16
The Role of Situation Factors in Coping.....	23
The Interpersonal Context.....	25
Relationship-Focused Coping.....	35
<b>Hypotheses.....</b>	<b>47</b>
Structure of Coping.....	47
The Role of Personality and Situation Factors	
in Coping.....	48
The Influence of Situation Factors in Coping...	49
The Influence of Personality Dimensions	
in Coping.....	52
Person-Situation Interactions in Coping.....	54
<b>Methods.....</b>	<b>57</b>

<b>Results.....</b>	<b>62</b>
The Structure of Coping.....	62
Scoring Method for Coping Measure.....	65
The Role of Personality and Situation Factors in Coping.....	67
Descriptive Findings.....	67
Correlational Analyses.....	69
t-Test Analyses.....	75
Multiple Regression Analyses.....	77
<b>Discussion.....</b>	<b>89</b>
<b>Conclusions.....</b>	<b>112</b>
<b>Footnotes.....</b>	<b>118</b>
<b>References.....</b>	<b>119</b>
<b>Tables.....</b>	<b>131</b>

Index of Tables.....	131
1. Situational Contexts of Stressors.....	133
2. Factor Loadings of Relationship-Coping Items.....	134
3. Intercorrelations: Raw Score Coping Scales.....	135
4. Mean Proportions of Total Coping.....	136
5. Mean Personality Scores.....	137
6. Intercorrelations: Personality Dimensions.....	138
7. Correlations between Coping and Personality Dimensions.....	139
8. Correlations between Coping and Situation Factors.....	140
9. Correlations between Situation Factors and Personality Dimensions.....	141
10. Correlations between Relationship-Focused Coping and Social Desirability.....	142
11. <u>t</u> -Tests.....	143
12. Hierarchical Regression Analyses: Unique Variance Accounted for by Situation Factors.....	144
13. Hierarchical Regression Analyses: Unique Variance Accounted for by Personality.....	147
14. Hierarchical Regression Analyses: Unique Variance Accounted for by Person-Situation Interactions.....	150



15.	Separate Multiple Regression Analyses:	
	Relationship-Focused Coping.....	153
16.	Separate Multiple Regression Analyses:	
	Confrontative Coping.....	154
17.	Separate Multiple Regression Analyses:	
	Planful Problem-Solving.....	155
18.	Multiple Regression Analyses: Specific Hypotheses about Interactions of Personality and Situation	
	Relationship-Focused Coping.....	156
19.	Multiple Regression Analyses: Specific Hypotheses about Interactions of Personality and Situation	
	Confrontative Coping.....	157

## OVERVIEW

The current zeitgeist has focused primarily on the cognitive aspects of stress and coping and has given little attention to the role of interpersonal factors in the stress and coping process. With the notable exception of the literature on social support, relatively little is known about interpersonal dimensions of stress and coping. The foremost objective of this study is to increase understanding of interpersonal dimensions of stress and coping, and thereby extend the predictive ability of current cognitive models of stress and coping. This research addresses two central issues.

First, the structure of coping is examined. It has been assumed that a two-function model of coping adequately describes the structure of coping (c.f. Lazarus & Folkman, 1984): active management of the situation (problem-focused coping) and emotion regulation (emotion-focused coping). However, a third function of coping has been posited by DeLongis and O'Brien (1990), relationship-focused coping, which is aimed at maintaining social relationships in the face of stress. DeLongis and O'Brien have argued that successful coping involves not only solving the problem (problem-focused coping) and managing negative emotions generated by the stressor (emotion-focused coping), but also involves maintaining one's interpersonal relationships

(relationship-focused coping) during stressful periods, particularly when stressors impact the family or some other social unit.

For this study, two scales were developed to assess the cognitive and behavioral dimensions of this relationship maintaining function (empathic coping and support provision). These scales were added to the Ways of Coping scale (WOC) (Lazarus & Folkman, 1984), which assesses problem-focused and emotion-focused modes of coping. A principal components analysis was done to determine whether relationship-focused coping dimensions are indeed separable from problem-focused and emotion-focused dimensions of coping.

The second issue addressed in this research is the extent to which particular person and situation factors influence coping. Hypotheses were derived from Lazarus's transactional model of the stress process (e.g., Lazarus & DeLongis, 1983; Lazarus & Folkman, 1984), which suggests that coping behavior in a given situation should be predictable from a consideration of both person and situation factors.

A growing body of evidence indicates that the interpersonal context may be one of the most important situational determinants of coping (see DeLongis & O'Brien, 1990, for a review). Nevertheless, few studies have explicitly contrasted interpersonal and noninterpersonal contexts to examine their situational influence on coping

(Rook, 1990). Therefore, one goal of this research is to develop a better understanding of the distinctive role of the interpersonal situation in coping. To do this, interpersonal and noninterpersonal contexts have been compared to determine whether and to what extent the interpersonal context differentially influences coping.

As well, the influence of personality on coping over and above that of situation factors has been evaluated. In light of the recent studies providing evidence for the role of personality in coping (e.g., Bolger, 1990; Endler & Parker, 1990), it was expected that personality would be a significant predictor of coping. However, consistent with a transactional model of the stress process (Lazarus & Folkman, 1984) and with an interactional model of personality (Endler, 1983; Endler & Edwards, 1986), it was also expected that the effects of personality will, in part, depend upon situation factors. To address this possibility, interactions between personality and situation factors have been analyzed via hierarchical regression analyses to determine if they contribute unique variance to the prediction of coping over and above that accounted for by personality and situation factors considered separately.

This research utilizes undergraduate respondents in a cross-sectional correlational design, in which respondents were asked to complete a series of questionnaires assessing personality, stressful situations, and coping. It is recognized that the design of this study does not permit

causal inference, but this research is seen as an exploratory first step in testing my formulations and in examining the psychometric properties of the new relationship-focused coping scales. It is hoped that this preliminary work will identify promising relations between variables that can be programmatically investigated in future, more costly, longitudinal studies which will permit causal inference.

## **BACKGROUND, SIGNIFICANCE, AND THEORETICAL PERSPECTIVE**

### **Cognitive-Transactional Perspective**

The past few decades have witnessed a burgeoning interest in coping and its role in adaptation (c.f. Moos, 1986) that extends across numerous disciplines, including health psychology, social psychology, developmental psychology, personality psychology, clinical psychology, community psychology, medical sociology, and social epidemiology. The current zeitgeist in the field of stress and coping is primarily working within and building upon the cognitive-transactional model of stress and coping put forth by Lazarus and his colleagues (c.f. Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986b; Folkman, Lazarus, Gruen, & DeLongis, 1986a; Lazarus & Folkman, 1984). The cognitive-transactional perspective depicts the person and the environment as "being in a dynamic, mutually reciprocal, bidirectional relationship" (Folkman et al., 1986a, p. 572). This framework specifies two dominant constructs, cognitive appraisal and coping (Lazarus & Folkman, 1984), as being critical mediators in the stress process and crucial determinants of both immediate and long-term adaptation.

The first construct--cognitive appraisal--refers to the way that the individual evaluates the situation and assesses its personal significance. According to the transactional

model, when assessing a situation, the individual initially makes a primary appraisal, asking what is at stake in this situation. The answer to this question is thought to influence the intensity and quality of emotions felt about the situation (Folkman & Lazarus, 1988). Evaluating the implications of the situation, the individual perceives it as stressful if harm has been experienced or is anticipated, or if obstacles must be overcome to ensure a positive outcome and failing to do so could result in harm. Next, a secondary appraisal is made as the individual evaluates the options and resources available to deal with the situation.

The second construct--coping--refers to cognitive and behavioral efforts to manage demands that are appraised as exceeding or taxing personal resources and as having relevance to the individual's well-being. Two primary coping functions have been identified in previous research (Folkman et al., 1986a; Folkman et al., 1986b; Folkman & Lazarus, 1980; Lazarus & Folkman, 1984): active management of the situation (problem-focused coping) and emotion regulation (emotion-focused coping). In terms of problem-focused coping, seeking information, direct action, planful problem-solving, and interpersonal confrontation have been identified as ways of coping which are directed at altering the stressful situation itself. In terms of emotion-focused coping, avoidance, denial, wishful thinking, and positive reappraisal have been delineated as modes of coping which are directed at regulating negative emotions engendered by

the stressful situation. Research suggests that most stressors elicit both functions of coping (c.f. Folkman & Lazarus, 1980; 1985); however, problem-focused forms of coping tend to be used more often when the stressful situation is appraised as being amenable to change, and emotion-focused forms of coping tend to be used more often when the situation is perceived to be unalterable (Folkman & Lazarus, 1980).

To assess problem-focused and emotion-focused modes of coping, Lazarus and his colleagues have developed a self-report measure, The Ways of Coping Scale (WOC), which has become the most widely used coping measure. In its current version, it contains 67 items that describe a broad array of cognitive and behavioral strategies that people use to manage stressful situations. Previous factor analyses have yielded eight factors or modes of coping that the scale taps: confrontative coping, distancing, self-control, seeking social support, accepting responsibility, planful problem solving, and positive reappraisal (Folkman et al., 1986b). One limitation of this measure is that it contains very few items that tap coping strategies used to deal with interpersonal aspects of stress. For example, the use of empathy has been identified as being an important dimension of coping with interpersonal conflicts (Beach, Sandeen, & O'Leary, 1990). However, this dimension is not tapped by the WOC or other existent standard measures of coping.



## **Issues in the Measurement of Coping**

### **Methods of Coping Measurement**

Driven by an intensifying interest in the role of coping in adaptation, a proliferation of research aimed at identifying important dimensions of coping has ensued. Pursuant to these efforts, a wide variety of coping measures have been put forth (e.g., Carver, Scheier, & Weintraub, 1989; Endler & Parker, 1990; Jalowiec, Murphy, & Powers, 1984; Lazarus & Folkman, 1984; McCrae, 1984; Moos, Cronkite, Billings, & Finney, 1983; Stone & Neale, 1984).

Spawned by these increasing attempts to characterize coping dimensions, numerous issues in the measurement of coping have surfaced. For example, controversy concerning the efficacy of differing methods for the assessment of coping has sparked discussion in the literature. Three primary self-report methods have been used to assess coping: 1) asking the respondent to describe what was done to cope in a completely open-ended fashion (e.g., Shinn, Rosario, Morsh, & Chestnut, 1984), 2) asking the respondent to choose from a short list of broad abstract categories the type of coping that was employed (e.g., Stone & Neale, 1984), and 3) asking the respondent to endorse the strategies used in dealing with a particular stressful encounter from a checklist containing a wide array of specific cognitive and behavioral coping strategies (e.g.,.

Carver et al., 1989; Lazarus & Folkman, 1984). There are advantages and disadvantages connected with the use of each of these self-report methods.

Although capable of gleaning rich phenomenological accounts of coping processes, the open-ended method carries clear disadvantages, which include individual differences in verbal fluency, recency effects which could lead respondents to preclude strategies employed in the beginning and middle phases of the stressful encounter, and the daunting and labor intensive challenge of converting qualitative data into quantitative form. With this method, extensive time is required initially in the training of raters and subsequently in having them make multiple ratings. In addition, the open-ended method may suggest to the respondent that the researcher is looking for a consistent style of coping (Tennen & Herzberger, 1985) and thereby limit the range of strategies articulated.

The broad category method possesses the advantage of brevity and allows respondents to essentially code their own data by permitting them to choose the category to which they think their strategies belong (Tennen & Herzberger, 1985). However, this method does not allow for the generation of empirically determined dimensions of coping. Therefore, with the broad category method, researchers may be limiting their findings to those modes of coping that are of particular theoretical interest to them. It is also

plausible that this method may tap the subjects' own theories about how they cope more than their actual coping.

The most widely used broad category coping measure (Stone & Neale, 1984) employs the categories of distraction, direct action, situation redefinition, catharsis, acceptance, seeking social support, relaxation, religion, and a miscellaneous "other" category in which respondents are asked to report any strategies that do not fit into the other eight categories. There are a number of potential problems with using this method of measuring coping. Most importantly, there may be immense individual differences in the ability to think abstractly about coping responses (spurred in part by varying levels of education and verbal fluency). Indeed, a great deal of evidence suggests that "there may be little or no direct introspective access to higher order cognitive processes" (Nisbett & Wilson, 1977, p. 231), and hence subjects may be "telling us more than we can know" (p. 231). By asking subjects to report on prescribed higher order abstract categories of coping, researchers are inviting subjects to interpret what they do in a manner that fits within the framework of the proposed categories. As well, respondents may perceive that the researchers are primarily interested in the eight prescribed modes of coping and therefore limit their responses to conform with this perception. Moreover, the Stone and Neale measure employs a yes-no format to indicate use of a particular coping mode. This response format does not offer

information as to the extent of usage available in other measures which employ a Likert scale (e.g., Lazarus & Folkman, 1984) for respondents to indicate the extent of usage for each item (e.g., a response scale ranging from not at all to a great deal).

In contrast, the checklist method permits respondents to choose from a wide array of cognitive and behavioral coping strategies, thereby increasing the likelihood that they will be able to recall and endorse many differing strategies used to cope with the stressor. This method enables underlying dimensions of coping to be derived empirically. As well, the factor structure of a particular scale can be investigated across many different populations to ascertain the stability of the coping dimensions across diverse populations. Further, this method allows for standardization and thereby permits investigators to compare across samples specific coping thoughts and acts utilized and to assess their effectiveness within particular populations facing varying stressful encounters.

One disadvantage to this method is that, even though respondents are given a number of coping strategies to choose from, important dimensions of coping may be missed if items are not included that tap them. Another disadvantage, mostly felt by researchers using repeated measure designs such as the daily diary methodology (DeLongis, Hemphill, & Lehman, in press; DeLongis & O'Brien, 1989), is that these checklists tend to be too lengthy for use in these studies.

Despite these disadvantages, the checklist method of measuring coping is the most extensively used method for collecting data on coping.

Whether open-ended, broad category, or checklist, all of these methods share the methodological problems inherent in self-report data, including problems of memory, retrospective falsification, possible response contamination engendered by a desire to appear socially desirable or other response sets, and language ambiguity (Lazarus & Folkman, 1984). Further, all these methods may be prone to problems of method variance because the method of measurement may have a marked effect on the contents of the findings and the variance observed. These findings may not extend to other methods of measuring the same concepts (Lazarus & Folkman, 1984).

Despite these shortcomings, there are clear benefits to using self-report measures and concomitant costs involved in using other types of data. Lazarus and Folkman (1984) argue that "people are extraordinarily capable of revealing rich patterns of thought and feeling through language" (p. 322). They note that all other sources of data, including physiological indices, face the same dilemmas regarding the validity of making inferences about psychological processes from the data obtained. Lazarus and Folkman also point out that collecting observational data concerning coping (either carried out by the investigator or gained from a significant other) is virtually impossible. It is usually not

logistically feasible to follow around an entire population through the course of a stressful circumstance. Even if it were possible to collect such data, it is exceedingly difficult (if not impossible) to infer covert cognitive coping strategies from mere observation. Consequently, despite the shortcomings of self-report data, the vast majority of researchers in the stress and coping field employ self-report measures because of their demonstrated capacity to tap a wide array of cognitive and behavioral coping strategies employed by individuals to deal with a particular stressful situation.

#### Conceptualization of Coping: Trait or Process?

Another issue that has implications for how coping is measured concerns the conceptualization of coping. A great deal of debate in the coping literature has focused upon whether coping is to be considered in primarily trait-oriented terms or, alternatively, in more process-oriented terms. Traditional trait-oriented views of coping tend to characterize coping as a style, and assume that people are fairly stable across time and situations in the ways that they cope (e.g., Haan, 1977; Vaillant, 1977; for a review, see Paulhus, Fridhandler, & Hayes, in press). In this perspective, individuals are seen as possessing "coping traits" or "coping styles" which dispose them to react in a certain way. Earlier studies of coping often used their

measurement of personality traits as a proxy to infer coping patterns, without any separate measurement of actual coping behaviors (see Lazarus & Folkman, 1984, for a fuller discussion).

In contrast, Lazarus and his colleagues have argued that coping is best considered in process-terms because coping is expected to vary greatly by situation (e.g., Lazarus, Averill, & Opton, 1974; Lazarus & Folkman, 1984). The process-oriented approach also acknowledges that personality may play a role in coping, but proposes that coping is best predicted by a consideration of both person and situation factors. Consistent with current interactional models of personality (e.g., Endler & Edwards, 1986), this approach suggests that the effect of personality on coping will vary by situation. However, it has been hypothesized that some stability in coping should be derived from the influence of personality and from the individual being in analogous types of situations or contexts (c.f. Folkman et al., 1986a).

Therefore, one of the primary theoretical differences between the two approaches is the weight that each gives to situation factors in the prediction of coping. Process-oriented approaches consider situation factors to be critical determinants of coping because "coping is assessed as a response to the psychological and environmental demands of a specific stressor" (Folkman et al., 1986b, p. 992). Strict trait-oriented perspectives view coping as being

primarily a function of personality, and situation factors are given little weight.

In addition to theoretical differences, the two approaches differ in their approach to measurement. Whereas trait-oriented researchers are concerned with measuring what a person usually does or would do, process-oriented researchers are concerned with assessing what a person actually does and thinks in response to a particular stressful situation. Lazarus and Folkman (1984) have argued that "the unidimensional quality of most trait measures does not adequately reflect the multidimensional quality of coping processes used to deal with real-life situations" (p. 129).

Several researchers have asserted that a distinction between conceptualizations of coping and of personality is warranted and necessary to properly address the role that personality plays in coping. A distinction offered by Menaghan (1983) maintains that coping efforts are best understood as specific behaviors, rather than as enduring dispositions. McCrae and Costa (1986) have contended that "assessing or defining personality in terms of typical styles of coping not only reduces the question of whether personality influences coping to a tautology: it also begs the question of whether specific coping behaviors actually cohere to form a consistent style" (p. 386). Thus, they have concurred with Lazarus' recommendation that these



questions can only be addressed by obtaining independent assessments of personality dimensions and coping strategies.

The past decade has witnessed a resurgence of interest in the role of personality in coping. Not only are researchers examining relationships between personality and coping (e.g., McCrae & Costa, 1986), they are also investigating the extent to which particular forms of coping display stability or specificity across situations (e.g., Compas, Forsythe, & Wagner, 1988). By obtaining separate measurements of coping and personality, investigators are beginning to delineate whether personality and situation factors exert a direct effect in the prediction of particular forms coping. However, relatively little work has addressed the possibility that the effect of personality on coping may vary by situation.

### **The Role of Personality and Situation Factors in Coping**

#### **The Role of Personality in Coping**

A number of recent studies have supplied evidence that personality influences coping. For example, several studies have documented a relationship between self-esteem and coping, which indicates that persons with high levels of self-esteem are more likely to engage in active coping strategies (Holahan & Moos, 1987) and in support-seeking strategies (Folkman et al., 1986a), and less likely to rely

upon avoidance coping strategies (i.e., strategies aimed at tension reduction such as increased use of alcohol, cigarettes, or tranquilizers) (Holahan & Moos, 1987).

Additional evidence indicates that individuals with an easy-going disposition are more likely to use active coping strategies and less likely to rely on avoidance coping strategies (Holahan & Moos, 1985). Also conveying a role of personality in the prediction of coping, findings across a number of studies conducted by Lazarus and his colleagues reveal that certain modes of emotion-focused coping (positive reappraisal and self-controlling) tend to be more stable than variable across diverse sources of stress (for a review, see Lazarus & Folkman (1987). Lazarus and Folkman (1987) conclude that these forms of emotion-focused coping "appear to be more heavily influenced by person factors" (p. 154). However, the particular person factors that might be influencing coping were not specified in their research and remain to be identified in future research.

Further, recent research also suggests a number of personality traits that may influence coping responses. For example, Carver et al. (1989) found that the traits of optimism, internal locus of control, and self-esteem were positively associated with the use of active coping, planning, and positive reinterpretation; as well, these traits were negatively associated with the use of denial and behavioral disengagement. In addition, trait anxiety was positively related to the use of focus upon and ventilation

of emotions, denial, behavioral disengagement, and mental disengagement, and negatively related to the use of active coping, restraint coping, and positive reinterpretation. However, Carver et al. noted that the correlations between personality and coping dimensions "were not overly strong" and argued that "this implies that the personality variables and the coping styles are not identical" (p. 276).

Even so, the findings of Carver et. al warrant cautious interpretation because Carver et al. did not assess coping in an actual situation for these analyses. Rather they asked subjects to "indicate what you usually do and feel, when you experience stressful events. . .think about what you usually do when you are under a lot of stress" (p. 271). Because the type of stressor is not specified, it is unclear whether respondents were basing their responses on their experiences with major traumatic events or more ordinary mundane stressors. As well, it seems likely that subjects may have been biased by the experimenter demand characteristics of these instructions to present a picture of being more stable in coping than they actually are because their responses were not tied to any particular stressor. It appears that Carver et al. assumed stability in coping, but just because respondents replied in a manner consistent with their expectations does not actually demonstrate that personality influences their coping responses. It could be possible that individuals are repeatedly experiencing the same or similar stressful

situations (Stone & Neale, 1984) and that their coping responses are situationally influenced. This methodology infers that subjects are reporting their coping style, but this inference remains to be tested by obtaining repeated measures of actual coping behavior across situations.

Further delineating the influence of personality on coping, several studies have examined relations between coping and the "Big 5" personality traits: neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness (c.f. McCrae & Costa, 1985). For example, Endler and Parker (1990) documented that in females the trait of neuroticism is associated with less task-focused coping (such as problem-solving) and greater emotion-focused coping (such as self-blame and daydreaming). In a study of students who were in the process of preparing for medical school entrance examinations (MCAT), Bolger (1990) found that those high on neuroticism were more likely to employ distancing, wishful thinking, and self-blame than were those low on neuroticism at two time points, five weeks and ten days prior to the examination. Further, two and a half weeks after the examination, those high in neuroticism were still more likely to engage in distancing but their use of wishful thinking and self-blame had diminished. These findings lead Bolger to conclude that the effects of neuroticism on coping are greater during high stress periods, thereby conforming to an interactional perspective of personality which suggests that the effects of

personality will be seen only at particular times in the coping process.

In addition, McCrae and Costa (1986) found that neuroticism was associated with the use of the following coping behaviors: hostile reaction, escapist fantasy, self-blame, sedation, withdrawal, wishful thinking, passivity, and indecisiveness. In contrast, extraversion was associated with the use of rational action, positive thinking, substitution, and restraint. Individuals high in openness to experience were more likely to employ humor in the face of stress; whereas, closed individuals were more likely to rely upon faith to cope with stress.

However, it must be noted that McCrae and Costa's findings may suffer from problems with retrospective contamination because the stressful event that each subject reported occurred up to 21 months prior to assessment. Previous research has suggested that the more time that elapses between the event and the assessment, the more likely subjects will become biased toward giving dispositional reports of their behavior (Moore, Sherrod, Liv, & Underwood, 1979; Peterson, 1980).

Collectively, these studies provide preliminary evidence that personality plays an influential role in coping. Nonetheless, the role of personality dimensions in the larger stress process has not been fully addressed. For example, does the consideration of person and situation factors in tandem allow for a better prediction of coping?

The expectation that the effect of personality on coping may vary by situation is consistent with an interactional model of personality (Endler, 1983; Endler & Edwards, 1986) and the transactional model of the coping process (c.f. Lazarus & Folkman, 1984). Although personality may not be a significant predictor of coping in a given situation by itself, this might be because particular personality types behave differently in various situations. For example, the effects of personality may depend upon whether someone close to the respondent was involved in the stressful situation. Despite the theoretical importance of person-situation interactions in the prediction of coping, the extent to which the role of personality in coping varies by situation remains relatively unexamined in the coping literature.

Moreover, the role-theoretical perspective suggests that "personality traits assume meaning only when they have important interpersonal consequences" (Hansson & Carpenter, 1990, p. 144). This view implies that different personality traits may elicit varying coping responses in the interpersonal context. The role-theoretical approach may help to explain individual differences in coping with interpersonal stressors and warrants further investigation.

Another issue that remains unexamined is the role of personality in determining the extent to which individuals are flexible in coping with diverse sources of stress. Across various conceptualizations of coping, it has been hypothesized that coping flexibility (the ability to employ

different coping strategies to meet various demands of diverse stressors) characterizes effective adaptation, and that coping rigidity (the tendency to employ a constricted set of coping strategies across diverse sources of stress) characterizes maladaptive adaptation (see Compas et al., 1988, for a review). Although it is generally thought by traditional trait theorists that personality traits promote a certain degree of cross-situational and temporal consistency in behavior, it is also plausible that various personality traits could account, in part, for individual differences in coping consistency. Thus, it is possible that particular personality traits may generate more flexible or more rigid coping patterns.

For example, the personality trait of openness to experience, which is associated with a preference for variety and an elevated capacity for divergent thinking (McCrae & Costa, 1987), may engender a greater ability to consider and utilize differing coping strategies to manage various kinds of stressful situations. In other words, those high in the personality trait of openness to experience may be disposed to be more flexible copers; thus, they would be more likely to vary their coping responses to meet the particular demands of differing situations.

In contrast, it is also possible that persons high on the trait of neuroticism, which is associated with worrying, insecurity, and self-consciousness (McCrae & Costa, 1987), may be disposed to rely upon a more rigid set of emotion-

focused coping strategies (such as escape-avoidance, wishful thinking, and distancing) in an effort to manage their personal distress surrounding stressful circumstances and may be thereby less likely to engage in planful problem-solving strategies. Costa and McCrae (1987) propose that those high in neuroticism "may more frequently use inappropriate coping responses like hostile reactions and wishful thinking because they must deal more often with disruptive emotions" (p. 87).

It is also plausible that different personality traits play a role in determining the types of stressors that individuals experience, the appraisals that are made, and in turn, the coping responses which generate varying adaptational outcomes. A process-oriented approach may prove useful in explicating the manner in which personality influences coping and adaptational outcomes.

### Situation Factors in Coping

Although much of the recent work on personality has assumed that individuals possess consistent coping styles across diverse situations, a number of studies suggest specificity in coping behaviors across types of stressors. These studies provide within-subject evidence which indicates that similar situations tend to elicit similar patterns of coping and that diverse sources of stress elicit



diverse patterns of coping. For example, Stone and Neale (1984) found that people showed moderate levels of within-subject consistency when they were coping with the same problem over time; however, Stone and Neale did not examine coping consistency across diverse sources of stress. In a study of undergraduates assessed once a week for four weeks, Compas et al. (1988) found that individuals show a consistent pattern of coping when dealing with the same stressor over a period of time. However, when individual coping was evaluated across different stressors, levels of consistency were low. For example, Compas et al. (1988) reported that the use of support seeking was greater in response to interpersonal stressors than to academic stressors.

Further attesting to the important role of situation factors in coping, several researchers have noted that coping varies as a function of the situational context of the stressor. To illustrate, Hart (1991) found that the coping of adolescents varied across academic and interpersonal contexts, noting that the use of detachment was significantly greater in the interpersonal context than the academic context. As well, Folkman et al. (1986b) found that, in response to work demands, individuals were more likely to use the coping strategies of planful problem-solving and self-control than other coping strategies.

Other examples of specificity in coping include Pearlin and Schooler (1978) who noted that negotiation and

substitution of rewards were used primarily to cope with work and marital stressors, but were not frequently used to cope with parenting and financial stressors. Also, Holahan and Moos (1987) found that current circumstances accounted for a greater amount of variance in coping than did more stable socioeconomic and educational factors. Further, the findings of McCrae (1984) led him to conclude that "the type of stressor systematically influences the selection of coping mechanisms" (p. 927).

Taken together, these findings indicate that situation factors act as important determinants of coping. Moreover, increasing evidence suggests that the interpersonal context, in particular, may be one of the most powerful situational determinants of both coping and well-being.

### The Interpersonal Context

Although current theory and research in stress and coping have primarily focused on the cognitive aspects of the stress and coping process, a growing body of work points to the central role that interpersonal context plays in determining virtually every aspect of this process, including the occurrence and appraisal of stressful events; the selection, sustainment and efficacy of coping strategies; as well as the impact of stressors on physical and psychological well-being (see DeLongis & O'Brien, 1990, for a review). It is becoming increasingly evident that a great deal of coping activity takes place in the

interpersonal context (Hansson & Carpenter, 1990) and that comprehensive models of stress and coping must address the critical role that interpersonal factors play in adaptation.

Much evidence substantiates the personal significance of close relationships in the lives of individuals (see Perlman & Fehr, 1987; Snyder & Simpson, 1987; for reviews). In response to the question, "What it is that makes your life meaningful?", Klinger (1977) found that 89% of respondents mentioned close relationships as giving meaning to their lives, and for many respondents close relationships were the only source of meaning reported. Given the importance of close relationships to most people, it is not surprising that much research has documented a striking impact of close relationships and of the quality of the social environment on individual coping and adaptation.

The few studies that have explicitly contrasted interpersonal and noninterpersonal stressors (see Rook, 1990, for a review) illustrate the special role that interpersonal factors play in determining well-being and "testify to the uniquely upsetting effects of interpersonal stressors" (Rook, 1990, p. 177; see also Thoits, 1982). For example, the type of stressor experienced (e.g., interpersonal vs. time-pressure) has been found to impact differentially on mood, with stress or tension occurring in social relationships accounting for more than 80% of the explained variance in daily mood (Bolger, DeLongis, Kessler, & Schilling, 1989). As well, Bolger et al. found that

negative effects of interpersonal stressors tended to persist over several days, whereas emotional habituation typically ensued much more rapidly in response to noninterpersonal stressors. They suggested that mood may be more strongly affected by interpersonal stressors because the very people who could have positively influenced the individual's appraisals and coping may now have become a source of stress. These findings are consistent with the larger literature indicating that problems in a relationship with a family member (e.g., Gotlib & Whiffen, 1989; House, Umberson, & Landis, 1988) are quite serious in their implications for well-being.

Additional findings suggest that the presence of upsetting interpersonal events in one's social network may play a critical role in the etiology and maintenance of emotional problems. For example, the presence of upsetting interactions in the support network has been found to be a significant predictor of both depression and general pathology (Fiore, Becker, & Coppel, 1983; Fiore, Coppel, Becker, & Cox, 1986). Further, changes in upset over time predicted changes in levels of depression (Pagel, Erdly, & Becker, 1987). On the other hand, levels of perceived support were found to be unrelated to depression.

A great deal of evidence corroborates the deleterious effects of negative social exchanges on well-being (see Rook & Pietromonaco, 1987, for a review). For example, Vaughn and Leff (1976) found that depression relapse was better

predicted by the number of critical comments made by the patient's spouse during hospital admission than by the patient's symptomatic status. Further, it has been found that depressed patients with marital problems derive less benefit from antidepressant medication (Rounsaville, Weissman, Prusoff, & Herceg-Baron, 1979) and from individual psychotherapy (Courney, 1984) and are more vulnerable to subsequent problems and depression (Coyne, 1989) than those patients with supportive marital relationships.

These findings are consistent with other findings which suggest that adaptation is affected by the presence of criticism or hostility from members of the social network. Several studies have shown that the relapse rate of psychiatric disorders, such as schizophrenia and depression, is significantly higher when the family environment is characterized by criticism, hostility, and overinvolvement (for reviews, see Hooley, 1985; Kuipers & Bebbington, 1988). Further, it has been shown that interventions with the patient's family members aimed at reducing levels of criticism, hostility, and overinvolvement significantly decreased relapse rates (Leff, Kuipers, Berkowitz, Eberlein-Vries, & Sturgeon, 1982).

Moreover, there is evidence suggesting that the negative effects of criticism and overinvolvement on well-being are not limited to the domains of depression and schizophrenia (see Coyne et al., 1988, for a review). The findings of a study examining the role of spousal criticism

and support in women coping with rheumatoid arthritis (Manne & Zautra, 1989) indicate that the presence of spousal criticism is associated with the use of coping strategies that appear to be more maladaptive. That is, women with a highly critical spouse were more likely to engage in wishful thinking, and the use of wishful thinking was associated with poor psychological adjustment. Conversely, women with a supportive spouse were more likely to engage in information seeking and cognitive restructuring, and the use of these coping strategies was associated with better psychological adjustment.

Taken together, these findings signal the need for future research to attend to the interpersonal dimensions of stressors. Although a great deal of evidence testifies to the harmful impact of interpersonal stressors, more research is needed to ascertain if this impact is derived via appraisal and coping. Further, the potent effects of negative social exchanges found in the studies described above suggest that it would be advantageous for individuals to cope with interpersonal stressors in a manner that readily resolves or soothes interpersonal tension, thereby diminishing the chances that the relationship will be damaged or become a source of chronic strain. Additional investigation is required to distinguish modes of coping with interpersonal stressors that are relationship damaging from those that are relationship enhancing. Moreover,

little is known about the influence of personality in coping with interpersonal stressors.

In contrast to the health-damaging effects of negative social exchanges, there is mounting evidence that the availability of a close, confiding relationship reduces an individual's risk for various physical and psychological disorders (Brown & Harris, 1978; Cohen & Wills, 1985) and is associated with greater individual well-being (see Fehr & Perlman, 1985; Reis, 1984; for reviews). Recent research indicates that the protective effects of close relations are, in part, due to the social support of close others that is extended to the individual during stressful periods (Cobb, 1976; Krause, Liang, & Yatom, 1989; Lehman, Ellard, & Wortman, 1986; see also Perlman & Fehr, 1987, for a review).

Attesting to the protective function of close relationships, the findings of Hobfoll and Lieberman (1987) suggest that the effects of relationship quality on individual adaptation to stressful situations are both additive and interactive. In a study examining the role that personality and social resources play in adaptation to childbirth, they found that women high in self-esteem were less depressed than those with low self-esteem, and that women high on spousal intimacy were less depressed than those who were low on spousal intimacy. Interestingly, women who were low on self-esteem but high on spousal intimacy fared nearly as well as those who were high on

self-esteem. Further, a growing body of evidence indicates that the ameliorative effects of support from a close relationship outweigh those from other sources of support, and when support is lacking in a close relationship, other sources of support generally fail to sufficiently compensate for this deficit (e.g., Brown & Harris, 1978; Coyne & DeLongis, 1986; Coyne, Wortman, & Lehman, 1988).

Supportive relationships have been found to exert a positive influence on well-being and coping in a number of ways, which include providing opportunities to disclose one's feelings (Lehman et al., 1986), furnishing reassurance through empathic understanding (Thoits, 1986), engendering a sense of emotional relatedness and of being loved (Sarason, Shearin, Pierce, & Sarason, 1987), offering companionship (Rook, 1987), enhancing self-esteem (Heller, Swindle, & Dusenbury, 1986), bolstering feelings of control (Blaney, 1985) and self-efficacy (Bandura, 1986), affecting appraisals of the stressful situation (DeLongis & O'Brien, 1990), extending coping assistance (Thoits, 1986), providing comfort during stressful times (Burleson, 1985), encouraging the use of social comparison (see Wood, 1989, for a review), supplying tangible assistance and material resources (Cohen & McKay, 1984), and inducing positive affect (c.f. Beach & Tesser, 1987; Weiss, 1974). Interestingly, Thoits (1986) argues that social support may function like coping in that it helps individuals to alter the situation, to change their



appraisals of the situation, and to modify their emotional responses to the situation.

Moreover, levels of support have been shown to influence the use of particular modes of coping. For example, Cronkite and Moos (1984) found that women who lack family support were more likely to use avoidance coping. Similarly, Billings and Moos (1982) reported that levels of family support predicted modes of coping. Specifically, individuals with supportive families relied more upon problem-focused modes of coping and less upon avoidance modes of coping than did those with less supportive families. Likewise, Fondacaro and Moos (1987) found that severely depressed women who report receiving less support from family and friends were less likely to engage in problem-solving and emotion regulation coping strategies, and more likely to engage in emotional discharge coping. Information-seeking was found to be positively associated with family support in depressed women and to the quantity of close friends reported by depressed men and women. Of related interest, Scott, Roberto, and Hutton (1986) found that, among caregivers of family members with Alzheimer's disease, emotional support from family members was positively associated with the use of more effective coping strategies. Given the findings that show important linkages between coping and support, Holahan and Moos (1987) recommend that future research should examine more specific

coping behaviors that aid in the formation and maintenance of social relationships (Holahan & Moos, 1987).

Further elucidating the role of close others in the coping process, recent evidence suggests that the sustainment of coping efforts and the efficacy of a given coping strategy depends heavily upon the response of involved others to the strategy (c.f. Coyne & DeLongis, 1986; DeLongis & O'Brien, 1990; Kahn, Coyne, & Margolin, 1985). In a longitudinal study examining the coping behaviors of recently bereaved respondents (DeLongis, Lehman, Silver, & Wortman, 1991), the receipt of a negative response from members of the social network predicted a reduced desire to cope over time, reduced effort put into coping over time, and reduced effectiveness of the coping strategy when it was used. Even after controlling for their desire to cope, their coping efforts, and their prior levels of depression, individuals who received a negative response from others to their coping efforts in the first three weeks following the traumatic stressor were more depressed at 18 months post-event than were those who had received a positive response from others.

Collectively, these findings point to the importance of the interpersonal context in determining the occurrence of stressful encounters, the manner in which people cope, and the effects those coping strategies will have if used. Indeed, this evidence suggests that the interpersonal context is perhaps one of the most critical situational

determinants of coping and adaptation. However, currently available coping measures contain few items which tap ways of coping with the interpersonal dimensions of stressors.

Confrontative coping and seeking social support are among the only interpersonally oriented modes of coping typically found on standard measures of coping. The use of confrontative coping has been consistently linked with negative psychological outcomes (Folkman et al., 1986a; Folkman & Lazarus, 1988). DeLongis and O'Brien (1990) contend that the negative effects of engaging in confrontative coping are most likely due to the potentially damaging repercussions on the relationship. They note that individuals who use confrontative coping may be able to coerce involved others into acquiescing to their position or to doing what is needed to solve the immediate problem. Nonetheless, the gains of using confrontational strategies may be terribly outweighed by the injurious interpersonal consequences. For example, others may become antagonized or hostile, have their sense of adequacy impaired, or respond in a way that perpetuates a coercive pattern of communication. Thus, with its potential to harm the relationship and to diminish the self-esteem of those involved, a reliance on confrontative coping strategies may contribute to both long and short-term problems of adaptation (c.f. Coyne, Wortman, Lehman, & Turnbull, 1985). Modes of coping that damage social relationships diminish the social support available in both ongoing and future

stressful circumstances. In light of the negative consequences connected with the use of confrontative coping in their community sample, Folkman & Lazarus (1988) concluded that "interpersonal strategies that have a less aggressive tone should be evaluated" (p. 474).

### Relationship-Focused Coping

Given the importance of social relationships in stress and coping, the ability to maintain positive social relationships may be a critical determinant of coping efficacy and outcomes. DeLongis and O'Brien (1990) refer to coping efforts that are primarily aimed at maintaining social relationships as "relationship-focused coping." Most stressful episodes impact on more than one person, such as the marital dyad or the family (DeLongis & O'Brien, 1990), and the ability to sustain one's relationships is expected to be important to the successful resolution of these stressors. Particularly during a stressful interpersonal encounter, successful coping may depend not only on keeping emotions under control and solving the problem per se, but also on maintaining relationships with involved others. Given that well-being is strongly affected by social relationships, it may be critical for individuals to cope in ways that solve problems without alienating or upsetting involved others or without creating problems for them.

Considering the potent linkages between interpersonal stressors and well-being, examination of the modes of coping that help to sustain relationships during stressful periods is warranted. Whereas emotion-focused modes of coping involve intrapsychic regulation processes, relationship-focused modes of coping involve interpersonal regulation processes. Interpersonal regulation comprises processes aimed at establishing, maintaining, or enhancing social relationships (c.f. Campos, Campos, & Barnett, 1989). Strategies which may be relationship-maintaining or relationship-enhancing include cognitive/affective efforts aimed at being empathic and understanding, and behavioral efforts aimed at providing support or comfort to involved others (DeLongis & O'Brien, 1990).

The quality of relationship that the individual is able to sustain with others involved in the stressful circumstance may be largely determined by the extent to which the individual engages in relationship-focused modes of coping. It has been suggested that being an empathic responder "creates a foundation for the continuation of a satisfying and meaningful relationship" (Tune, Lucas-Blaustein, & Rovner, 1988, p. 128). Both empirical and clinical observations suggest that a lack of empathic responding may contribute to the etiology and maintenance of problematic interpersonal relationships (e.g., Beach et. al, 1990; Dix, 1991; Safran & Segal, 1990). Dix (1991) argues that "relationships characterized by high negative emotion

and low positive emotion may reflect the inability of dyads, because of complex individual and contextual factors, to feel empathic emotions and to coordinate interactions in ways that are satisfactory to both" (p. 9). Because the quality of close relationships has been shown to be an important predictor of coping and coping outcomes, it seems likely that modes of coping which maintain or enhance relationship quality would be most efficacious when close others are affected by or directly involved in ongoing stressors.

Further, for those managing stressors that involve close others, the use of coping strategies which maintain or enhance relationships may deter the dyadic partner from using strategies that could damage the relationship, thereby facilitating a more positive social environment. Recent evidence suggests that a symmetric pattern of coping often operates in interpersonal situations. DeLongis, Bolger, and Kessler (1987) have found that in coping with marital conflict, the use of a particular strategy by one spouse seems to elicit a similar strategy in the other. For example, they found that compromise tends to elicit compromise, withdrawal elicits withdrawal, and confrontation elicits confrontation. The findings of Kahn et al. (1985) suggest that the symmetric coping patterns of depressed persons and their spouses may contribute to the intractability of depression in persons with troubled relationships. They found that in problem-solving

interactions these troubled couples employ similar patterns of coping. In general, the dyadic pairs were high in hostile reactions, avoidance, and withdrawal, and were low in constructive problem-solving. Further, many studies (for reviews see Orford, 1986; Wiggins & Pincus, 1992) have demonstrated that expressions of nurturance elicit corresponding expressions of nurturance in the individual's dyadic partner. In contrast, expressions of hostility beget expressions of hostility in the dyadic partner.

In light of these findings, it seems likely that the use of relationship-focused coping by the individual may elicit a corresponding use of relationship-focused coping strategies in involved others. To the extent that this happens, the use of relationship-focused coping may also serve to create and sustain mutually empathic and supportive relationships. These findings also imply that the use of relationship-focused coping may inhibit the dyadic partner's use of other coping strategies, such as confrontation, distancing, and escape-avoidance, which have been shown to be damaging to both individual well-being and social relationships in the context of interpersonal stressors (e.g., Folkman & Lazarus, 1988; Beach et al., 1990). Given the findings which depict the heavy toll on well-being exacted by hostility and criticism within the social environment (e.g., Coyne et al., 1988; Hooley, 1985; Leff et al., 1982; Manne & Zautra, 1989), it appears likely that the use of relationship-focused coping with interpersonal

stressors may discourage the creation or maintenance of a hostile or problematic social environment.

### Dimensions of Relationship-Focused Coping

The use of empathic coping strategies may be of particular importance in managing many interpersonal stressors (DeLongis & O'Brien, 1990). Although rarely brought into the stress literature, empathy has long been considered a mediator or contributor to positive social interaction and is thought to play a role in the development of affective bonds, understanding, and caring actions between people (see Eisenberg & Miller, 1987; Eisenberg & Strayer, 1987, for reviews). As well, the clinical literature suggests that the use of empathy by therapists is important in establishing and maintaining positive therapeutic alliances, which have been consistently related to treatment outcomes (see Orlinsky & Howard, 1986, for a comprehensive review of the relations between psychotherapy process variables and psychotherapy outcomes). Further, the use of empathy has been identified as being a key component in the maintenance and enhancement of social relationships in general (Hansson & Carpenter, 1990).

Maintaining a sense of emotional relatedness with others may be one of the major factors which influences the ability to sustain individual coping efforts and well-being. Failure to do so often results in depression (Brown & Harris, 1976; Lin, Dean, & Ensel, 1986) and withdrawal of



efforts (DeLongis et al., 1991; Kuiper & Olinger, 1989) as well as guilt about being unable to cope with others involved in a stressful situation (c.f. Coyne, 1989). Success in being emotionally responsive and in having others in their lives who are emotionally responsive may critically influence individual coping efficacy (DeLongis et al., 1991; Thoits, 1986).

Because empathic processes mediate the individual's response to the situation (Buck, 1989; Dix, 1991; Thoits, 1986), the use of empathy may be viewed as part of the coping process (DeLongis & O'Brien, 1990). Drawn from previous research regarding empathic processes (see, Hoffman, 1984; Strayer, 1987; for reviews), empathic coping can be seen as involving the following dimensions: 1) cognitive efforts to engage in perspective taking or to take the role of the other by attempting to view the world as the other sees it; and (2) vicariously experiencing the involved other's feelings and subsequent efforts to be considerate and responsive to the other's feelings.

There are undoubtedly individual differences in tendencies and abilities to engage in empathic processes (Davis & Oathout, 1987; Strayer, 1987). For example, Marcia (1987) asserts that "empathy essentially requires an attitude or stance of openness to another's experience" (p. 83). Nonetheless, many have noted that empathy may be also viewed in more process-oriented terms. To illustrate, Lazarus (1991) argues that empathy is best thought of "a

capacity and a process" (p. 821). As well, Buck (1989) contends that "empathy operates in a transactional context" (p. 159), noting that empathic processes are often situationally determined (for reviews, see also Hoffman, 1984; Strayer, 1987).

Several features of the interpersonal situation have been shown to influence the occurrence of empathic processes: they include the other person's overt behavioral cues (postural, facial, tonal) (Goldstein & Michaels, 1985), another person's expression of emotion or distress (Buck, 1989), concern for the welfare of the particular involved other (Davido, Allen, & Schroeder, 1990), and the presence of close others in the situation (Burleson, 1985; Cramer, 1985, 1987; Ritter, 1979; Zahn-Waxler, Iannotti, & Chapman, 1982). Particularly when close others are involved in the situation, the use of empathy has been shown to foster higher levels of self-esteem in the involved other (see Cramer, 1988, for a review), to be positively associated with relationship satisfaction (Davis & Oathout, 1987; Franzoi, Davis & Young, 1985), and to maintain and enhance relationship quality (Long & Andrews, 1990).

It has been hypothesized that the use of empathic strategies enhances relationship quality through a number of routes, including facilitating effective dyadic problem-solving and successful problem resolution (Beach et al., 1990), fostering in the dyadic partner the perception that the individual is concerned about the partner's needs and

desires (Long & Andrews, 1990), promoting affection and prosocial behavior (Davis & Oathout, 1987), improving and enriching interpersonal communication (Beach et al., 1990; Safran & Segal, 1990), encouraging involved others to seek and accept support provision (Thoits, 1986), and increasing the likelihood that support offered to the dyadic partner will be appropriate to the partner's needs (DeLongis & O'Brien, 1990; Strayer, 1987). Given the potential social benefits of the use of empathic strategies, DeLongis and O'Brien (1990) argue that engaging in empathic coping may be a highly adaptive way of dealing with the stress arising within families and other social units, suggesting that this type of coping may influence one's ability to reduce or tolerate the negative realities of stressful life circumstances, one's ability to maintain emotional equilibrium, one's ability to continue satisfying relationships with others, and one's sense of coping efficacy. However, a particularly important function of empathic coping might be that it facilitates positive interactions between individuals and others involved in a stressful circumstance (c.f. Dix, 1991). This may occur through a shift in the individual's responses away from an excessive blame-imposing orientation to a more accepting orientation that enables the individual and others involved to enjoy a better sense of emotional relatedness (see DeLongis & O'Brien, 1990, for a fuller discussion).

Empathic coping may also promote better affective synchrony between those involved in a stressful encounter.

There are some factors, however, that may inhibit the use of empathic coping strategies. For example, high levels of personal distress and high intensities of anxiety or alarm have been found to inhibit empathic processes (see Batson, Fultz, & Schoenrade, 1987, for a review).

Individuals who experience high levels of personal distress when interacting with others may be more inclined to the exclusive use of emotion-focused forms of coping to regulate their feelings of alarm and anxiety. These findings suggest that those high on neuroticism, which is associated with tendencies to experience personal distress (McCrae & Costa, 1987), may be less likely to use empathic coping to manage interpersonal stressors and more likely to use emotion-focused modes of coping to regulate personal distress.

As well, individuals who engage primarily in coping processes such as denial or avoidance may be unable or unlikely to engage in empathic coping. Given that emotion regulation inhibits the experiencing of emotions, the ability to comprehend and emphatically respond to another person's emotions might be thwarted. One reason that avoidance strategies are more effective with short-term stressors and relate to poor psychosocial adjustment when used on a long-term basis (Folkman et al., 1986b; Roth & Cohen, 1986) may be that the use of denial-like strategies seriously impedes the use of empathic coping.

Another aspect of relationship-focused coping is support provision. By offering support and comfort to involved others in a stressful encounter, individuals may be coping in a fashion that preserves or enhances important social relationships with involved others. Whereas empathic coping involves cognitive/affective attempts to understand another person, support provision coping involves behavioral attempts to provide support or comfort to involved others in an attempt to nurture the relationship and reduce the distress of the dyadic partner. Drawing from important dimensions identified in the support literature, DeLongis and O'Brien (1990) suggest that support provision coping strategies may include listening to the involved other, expressing positive feelings for the involved other, and doing something to help the involved other. Given the previously cited evidence in the support literature indicating that recipients of positive support are better able to manage stressful situations and to do so with fewer negative outcomes, it seems likely that support provision coping would not only enhance the likelihood that involved others will manage the stressful encounter more efficaciously, but also that the relationship will be strengthened by the support provided.

Recent evidence also suggests that in addition to the maintenance of a positive relationship the use of support provision coping may benefit the individual in other ways.

For example, it has been found that individuals who use sensitive comforting strategies to provide support to others, experience less upset when providing support than those who use less sensitive comforting strategies (Burleson, 1985; Notarius & Hendrick, 1984). Those who used less sensitive comforting strategies were found to be significantly more anxious and depressed following the interaction than were those who used more sensitive comforting strategies. Sensitive comforting strategies included listening and allowing others to disclose their feelings, acknowledging and accepting the feelings of involved others, and expressing positive feelings for the involved others. Less sensitive comforting strategies included denying the feelings and perspective of another, condemning or challenging the legitimacy of the other's feeling, and telling the other person what to do or how to feel (Burleson, 1985).

As well, the users of sensitive strategies were perceived more positively by others than those using less sensitive strategies (Burleson & Samter, 1985). Further, recent research suggests that the use of sensitive strategies in coping with the distress of another are generally more efficacious in alleviating the other's distress (e.g., Burleson, 1985; Lehman et al., 1986). Thus, it seems likely that those who use more sensitive comforting strategies to manage interpersonal stressors would experience a greater sense of coping efficacy when the goals

of their efforts include ameliorating the distress of others.

In summary, the ways that individuals regulate their social relationships could critically influence the occurrence of stressful events as well as how they are able to manage stressful circumstances. Research aimed at delineating processes of interpersonal regulation and other interpersonal dimensions of stress and coping could greatly expand the explanatory power of our models.

## **HYPOTHESES**

### **Structure of Coping**

#### Rationale

As previously noted, a two-function model of coping has dominated work in this area (c.f. Lazarus & Folkman, 1984): active management of the situation (problem-focused coping) and emotion regulation (emotion-focused coping). It has been presumed that this two-function model adequately explains the structure of coping. However, a third function of coping aimed at maintaining social relationships in the face of stress, relationship-focused coping, has been posited by DeLongis and O'Brien (1990). DeLongis and O'Brien argue that successful coping encompasses not only solving the problem (problem-focused coping) and managing negative emotions generated by the stressor (emotion-focused coping), but also incorporates maintaining one's relationships during stressful periods, particularly when stressors impact the family or some other social unit. To investigate the structure of coping and the viability of a third function of coping, the following hypothesis was put forth.

Hypothesis #1. Relationship-focused coping is a third function of coping, separable from problem- and emotion-focused functions of coping. It is expected that items designed to tap relationship-focused coping when combined



with those items traditionally used to tap emotion-focused coping and problem-focused coping will fall out separately in factor analyses.

### Rationale

Some may argue that the items assessing relationship-focused coping may be more likely to pull a socially desirable response set; however, the endorsement of relationship-focused modes of coping could be motivated by a desire to maintain relationships, not by a desire to appear socially desirable. Hence, the measure of social desirability serves as a control variable to rule out the explanation that the endorsement of relationship-focused coping strategies is due to a socially desirable response set. Therefore, the following hypothesis was advanced.

Hypothesis #2. Social desirability will be uncorrelated with the endorsement of relationship-focused coping modes of coping.

### **The Role of Personality and Situation Factors in Coping**

In using the term "predict", I intend it in the statistical sense. Although variables were all assessed at a single point in time, for the purposes of the present study and consistent with the conceptual framework, coping is treated as a dependent variable. Presumably personality

precedes the onset of the stressor, and personality scores are not particularly affected by the stressor or by the person's coping with that particular event (see Costa & McCrae, 1988, for longitudinal findings demonstrating the stability of personality as assessed by the NEO).

Similarly, the stressful situation is presumed to precede the respondent's coping with it, and coping is presumed to follow from a stressful event.

### The Influence of Situation Factors on Coping

#### Rationale

Given the findings in the coping literature which suggest that situation factors play an important role in coping (e.g., Compas et al., 1988; Folkman et al., 1986b; Hart, 1990; Holahan & Moos, 1987), it was expected that the situation factors would be significant predictors of coping in this study. The studies that have explicitly contrasted the effects of interpersonal and noninterpersonal stressors indicate a differential impact on well-being, suggesting that interpersonal stressors tend to be most damaging to health and well-being ((e.g., Bolger et al., 1989; Rook, 1990).

Given that well-being is strongly affected by social relationships, it may be critical for individuals to cope in ways that solve problems without alienating or upsetting involved others, or without creating problems for them.

Also, considering the findings indicating the personal significance of social relationships to most individuals (e.g., Klinger, 1977; Snyder & Simpson, 1987), it seems likely, when faced with interpersonal stressors, that most individuals will have a greater desire to maintain social relationships and thereby would be more likely to employ coping strategies aimed at maintaining social relationships. This is expected to be particularly the case when a close other is involved in the stressful event. As well, there is likely an intimacy between close others that may engender a willingness to engage in empathic processes and to provide support to the close other who shares the stressful situation (Burleson, 1985; Perlman & Fehr, 1987). With these considerations in mind, the following hypotheses were put forth.

Hypothesis #3. In regression analyses, situation factors will contribute unique variance in the prediction of coping over and above that accounted for by personality factors.

Hypothesis #4. In regression analyses, interpersonal situations involving someone close to the respondent will independently and significantly predict a proportionately greater use of relationship-focused coping than other situations that do not involve a close other.

### Rationale

Based on the findings of Folkman et al. (1986b), which indicate that respondents are less likely to use escape-avoidance, distancing, and planful problem-solving when they are concerned about a loved one's well-being and are more likely to engage in planful problem-solving when concerned with meeting work-related goals, the following set of hypotheses were put forth to be tested in t-test analyses.

Hypothesis #5. It is expected that respondents coping with a stressful situation that involves someone close to them will report using a significantly greater proportion of relationship-focused coping than respondents coping with an interpersonal stressor that does not involve a close other.

Hypothesis #6.

A. It is expected that respondents coping with a stressful interpersonal situation that involves a close other will report using a significantly lower proportion of some forms of emotion-focused coping, namely, escape-avoidance and distancing, than those respondents coping with a stressful interpersonal situation that does not involve a close other and than those respondents coping with a stressful work situation.

B. It is expected that respondents coping with a stressful interpersonal situation that involves a close other will report using a significantly lower proportion of planful problem-solving than those respondents coping with

an stressful interpersonal situation that does not involve a close other.

Hypothesis #7. Respondents coping with work-related stressful situation will report using a significantly greater proportion of planful problem-solving strategies than respondents coping with an interpersonal stressful situation that involves someone close to them and than respondents coping with an interpersonal stressful situation that does not involve someone close to them.

### The Influence of Personality on Coping

#### Rationale

Given the recent findings which indicate that personality is an important predictor of coping (e.g, Bolger, 1990; Carver et al, 1989; Endler & Parker, 1990; McCrae & Costa, 1986), it is expected that personality, when considered as a group of dimensions, would be a significant predictor of coping. Therefore, the following hypothesis was advanced.

Hypothesis #8. In regression analyses, personality variables, when considered as a group, will contribute unique variance in the prediction of coping over and above that accounted for by situation factors.

### Rationale

The literature also suggests that particular personality traits will independently predict certain forms of coping. For example, based on descriptions of agreeableness as being the opposite pole of antagonism (McCrae & Costa, 1987), it is expected that those high in agreeableness would be more likely to avoid conflict and less likely to respond in an aggressive manner that would have the potential to antagonize others. This conclusion is also consistent with Buss's findings (in preparation) that agreeableness is negatively associated with the use of coercive strategies to influence others.

As well, neuroticism is often characterized by a tendency to experience negative emotions (c.f. McCrae & Costa, 1987); therefore, it seems likely that those high on neuroticism would gear a greater proportion of their coping efforts towards emotion-regulation and consequently employ proportionately less planful problem-solving. These considerations led to the following set of hypotheses.

Hypothesis #9. Agreeableness will be significantly and negatively related to the use of confrontative coping.

#### Hypothesis #10

A. Neuroticism will be significantly and negatively related to the use of planful problem-solving.

B. Neuroticism will be significantly and positively related to the use of escape avoidance.

C. Neuroticism will be significantly and positively related to the use of distancing.

### Rationale

Because there was no compelling basis in the literature, no specific predictions were made regarding the main effects of extraversion, conscientiousness, or openness to experience on coping.

### Person-Situation Interactions in Coping

#### Rationale

Consistent with a transactional model of the stress process (Lazarus & Folkman, 1984) and an interactional model of personality (Endler, 1983; Endler & Edwards, 1986), it was expected that the effects of personality will, in part, depend upon situation factors. Although personality may not be a significant predictor of coping in a given situation by itself, this might be because particular personality types behave differently in various situations. For example, the effects of personality may depend upon whether someone close to the respondent was involved in the stressful situation. Thus, the following hypothesis was advanced.

Hypothesis #11. In regression analyses, person-situation interactions will account for unique variance in

coping over and above that of personality and situation factors considered separately.

### Rationale

Previous research has indicated that individuals who experience high degrees of personal distress in response to the plight of others are less likely to engage in empathic processes; in other words, personal distress inhibits the use of empathy (see Batson et al., 1987, for a review). Further, the findings of Buss (in preparation) indicate that those low in emotional stability tend to engage in more coercive tactics when trying to influence close others. These findings were the basis for the following specific hypotheses.

Hypothesis #12. Neuroticism will be significantly and negatively related to the use of relationship-focused coping strategies when the stressful situation involves a close other.

Hypothesis #13. Neuroticism will be significantly and positively related to the use of confrontative coping strategies when the stressful situation involves a close other.

### Rationale

The suggestion that empathic processes involve the ability to be open to the emotional experiences of others (Marcia, 1987) may imply that those high on openness to



experience, which is characterized by an ability to be open to feelings (McCrae & Costa, 1987), will be better able to accept the emotional expression of others and not become personally distressed by it. Premised on this suggestion, the following hypothesis was put forth.

Hypothesis #14. Openness to experience will be positively related to the use of relationship-focused coping strategies when the stressful situation involves a close other.

## METHODS

### Sample

The sample was drawn from undergraduates in the subject pool of the Psychology Department at the University of British Columbia. Subjects were given extra credit in one of their psychology courses in return for their involvement. 270 subjects participated in the study. The sample was comprised of 36% males ( $n = 97$ ) and 62% females ( $n = 166$ ); specification of gender was missing on 7 cases. The subjects' ages ranged from 18 to 50; the average age was 21 years ( $SD = 4.56$ ).

### Procedure

Subjects were asked to complete a series of self-report questionnaires, assessing personality, source of stress, coping, and social desirability.

### Measures

Personality. Personality was assessed by the NEO-FFI Personality Inventory (Costa & McCrae, 1989), which is a shortened 60-item version of the 181-item NEO-PI (Costa & McCrae, 1985). The NEO-FFI assesses five personality dimensions: neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness. Neuroticism is characterized as an inclination to be impulsive and to experience negative affects, such as

anxiety, depression, hostility, and self-consciousness (McCrae & Costa, 1987). Extraversion reflects a propensity to be warm, gregarious, assertive, and excitement seeking, and to experience positive emotions (McCrae & Costa, 1987). Openness to experience denotes a tendency to be imaginative, artistic, and open to feelings, and to have broad interests, a preference for variety, and untraditional values (McCrae & Costa, 1987). Agreeableness has been identified as being the opposite pole of antagonism. Agreeableness reflects a proclivity to be good-natured, acquiescent, courteous, helpful, and trusting (McCrae & Costa, 1987). Conscientiousness has been identified as being the opposite pole of undirectedness. Conscientious indicates a tendency to be habitually careful, reliable, hard-working, well-organized, and purposeful (McCrae & Costa, 1987).

The choice of the personality scale was not only based on its general wide use, but also on the basis that it been the most widely used personality scale in recent coping studies. As well, in previous research, this scale has been used in conjunction with the Ways of Coping (WOC) scale, which is being employed in this study, thereby permitting comparisons to previous research.

Social Desirability. Social desirability was assessed by the Balanced Inventory of Desirable Responding (BIDR) (Paulhus, 1991). This 40-item measure contains two subscales, which tap two constructs of socially desirable

responding: Self-Deceptive Enhancement (SDE) and Impression Management (IM). The SDE scale assesses self-deceptive positivity (the tendency for individuals to give honest, but positively biased, self-reports). The IM scale assesses impression management (the tendency for individuals to overreport positive behaviors and to underreport negative behaviors in a deliberate attempt to positively influence other people's impressions of them). The measure has evinced good internal and test-retest reliability, and its validity has been demonstrated by being highly correlated to other standard measures of socially desirable responding (see Paulhus, 1990, for details).

Coping. Coping was assessed by The Ways of Coping (WOC) scale (Lazarus & Folkman, 1984) to ascertain the usage of problem- and emotion-focused modes of coping. The WOC contains 67 items assessing a wide array of cognitive and behavioral coping strategies and is currently the most widely used coping measure in the field. Respondents were asked to indicate the extent of their usage of each strategy on a Likert scale which ranged from not at all to a great deal. Previous factor analyses have demonstrated that the WOC taps eight forms of coping (Folkman et al, 1986b): confrontative coping, distancing, self-controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem-solving, and positive reappraisal.

Because existent measures of coping do not tap relationship-focused coping, the development of new items that would tap this dimension was needed. Two sets of relationship-focused coping items were generated with both cognitive and behavioral dimensions in mind. The first set included items designed to tap empathic coping to assess the cognitive and affective dimensions of relationship-focused coping. These items were drawn from the empathy literature. The second set was designed to tap support provision to assess the behavioral dimension of relationship-focused coping. These items were drawn from the social support literature.

Cognitive and affective strategies of relationship-focused coping include trying to understand the other person's perspective and imagining oneself in the other person's shoes. Behavioral strategies of relationship-focused coping include attempts to do something helpful for others involved in the stressful situation and attempts to express affection for the others involved, thereby validating their senses of self-esteem. These two sets of relationship-focused items were added to the WOC.

Consistent with the usage of the WOC suggested by Lazarus and his colleagues (e.g., Folkman et al., 1986b; Lazarus & Folkman, 1984), subjects were asked to describe briefly the most stressful event of the past week in an open-ended fashion. Then, they were asked to describe the ways in which they coped with this specific stressful

experience by rating their usage of the WOC items and the newly developed relationship-focused coping items.

Situational Contexts of Stress. The open-ended portion of the coping questionnaire were read and grouped by two independent coders (92% overall agreement) according to the situational context of the stressor described by the subject into the following categories: work situations (e.g., school and job), interpersonal situations involving a close other (e.g., romantic partner, close friend or relative), interpersonal situations involving others who are not close friends or relatives (e.g., acquaintances, classmates, strangers), and a miscellaneous "other" category to include all mentions that are not subsumed by the above categories (e.g., difficulties filling out income tax forms, car breaking down, finding it hard to stick to a diet).

In describing the situational context of stress, 43.7% of the sample noted academic or job-related situations, 21.1% reported an interpersonal problem involving a close other, 11.9% mentioned an interpersonal problem involving someone not seen as being a close other, and 23.3% indicated other sources of stress (apart from those listed above) and were grouped into the miscellaneous other category (see Table 1).

## RESULTS

### Overview

In general, the analyses for this study included a number of steps: 1) data reduction and scale development primarily by empirical means (e.g., factor analysis); 2) examination of scale psychometric properties (e.g., internal reliabilities, intercorrelations among the scales); 3) examination of descriptive statistics for all variables; 4) bivariate relationships (e.g., correlations and  $t$ -tests); 5) hierarchical regression analyses using coping as the criterion variable and situation and person factors as the predictor variables; and 6) follow-up tests to ascertain the differences accounting for the significant person-situation interactions.

### Structure of Coping

Tennen and Herzberger (1985) estimate that at least 200 subjects or data points are required to complete a reliable factor analysis on the 67-item WOC checklist. Therefore, the sample size of this study ( $N = 270$ ) should permit reliable factor analyses.

A principal components analysis using oblique rotation with the items from the original WOC scale (Lazarus & Folkman, 1984), and with the newly developed relationship-focused items was conducted. Oblique rotation was chosen

because previous work has indicated that individuals generally choose a wide variety of coping strategies, rather than one particular set of strategies to the exclusion of others (e.g., Folkman et al. 1986b; Folkman & Lazarus, 1980). Therefore, it was expected that the coping variables would be intercorrelated, and when this is the case, principal components analysis with oblique rotation is considered to be an appropriate method of extracting factors (Norusis, 1990; Wilkinson, 1989).

The analyses indicated that factor structure of the problem- and emotion-focused items from the WOC scale resembled that previously reported in the literature (e.g., Folkman et al, 1986b).<sup>1</sup> As expected, with the addition of the relationship-focused items, another factor fell out. All of the relationship-focused coping items loaded together separately from the original WOC items, thereby providing initial support for a three-function model of coping. The variance accounted for by the original WOC items and the relationship-focused items was 51.7%. Further, the relationship-focused coping factor was the first factor extracted, accounting for 14.5% of the coping variance. The loadings for the relationship-focused items are displayed in Table 2. The factors from the original WOC combined with the relationship-focused factor accounted for 51.7% of the variance in coping. The finding that all the relationship-focused coping items loaded as one factor indicates that the two relationship-focused coping dimensions, empathic coping



and support provision, are best considered as two facets of relationship-focused coping rather than as separate dimensions. Correlational analyses also indicated that these two sets of relationship-focused items were highly intercorrelated ( $r = .68$ ,  $p < .000$ ). Therefore, accommodating the evidence provided by the factor analysis and to avoid multicollinearity problems, these two scales were combined into one scale, termed relationship-focused coping, for the remainder of the statistical analyses. The internal reliability of the relationship-focused coping scale was high ( $\alpha = .93$ ).

The intercorrelations amongst the various raw score coping scales are shown in Table 3. Consistent with previous findings (Folkman et al., 1986b), the results indicate low to moderate intercorrelations among different modes of coping. In addition, the intercorrelations indicate significant relations between relationship-focused coping and six forms of coping: confrontative coping ( $r = .36$ ,  $p < .001$ ), positive reappraisal ( $r = .41$ ,  $p < .001$ ), self-control ( $r = .40$ ,  $p < .001$ ), seeking support ( $r = .24$ ,  $p < .001$ ), escape-avoidance ( $r = .11$ ,  $p < .05$ ), and distancing ( $r = .21$ ,  $p < .001$ ).

The intercorrelations for the relative score coping scales are not presented because the scores on a particular coping dimension are dependent upon the scores of the other coping dimensions when subscales are scored proportionally. Below is a detailed rationale for using proportional scoring

to compute coping scores and a description of the mechanics involved in computing proportional coping scores.

#### Scoring Method for Coping Measure

Recent findings in the coping literature suggest that the use of proportional scores (also termed "relative scores") for coping provide superior coping indices than the more traditional raw score method (e.g., Vitaliano, Maiuro, Russo, & Becker, 1987). Vitaliano et al. argue that raw scores (i.e., the sum of item scores in each scale) are confounded with the amount of effort that a respondent employs. For example, a more distressed respondent may endorse many more coping items than a respondent who is less distressed. Thus, some populations (e.g., clinical vs. normal) may exhibit differential base rates. Because the raw score method ignores relations between the specific subscale and the overall measure, the raw score method does not permit the researcher to consider differential base rates or, in other words, to take into account individual differences in coping effort (i.e., total efforts across all scales).

The relative scores were obtained by the following procedure. First, the mean item score for each subscale was calculated. Second, the mean effort score (ME) was derived by dividing each subscale's mean item score by the number of items contained in each respective subscale. (i.e., The mean item score of the accepting responsibility subscale

would be divided by 4, because the subscale contains 4 items.) Third, the relative score for each subscale was obtained by dividing the mean effort score of each subscale by the sum of the ME's of all the subscales.

$$\text{Relative Score} = \frac{\text{ME of particular subscale}}{\text{Sum of all ME's in entire measure}}$$

Vitaliano et al. demonstrated that the relative scoring method allows researchers to more clearly discern if particular types of respondents (e.g., psychiatric outpatients) use different coping modes to a greater or lesser extent than do other types (e.g., medical students, Alzheimer caregivers). For example, they found that psychiatric outpatients reported more emotion-focused coping and less problem-focused coping than nonclinical samples. Therefore, in this research, it is expected that the relative scoring method will more clearly indicate whether and to what extent there are significant coping differences among respondents coping with interpersonal stressors vs. those coping with noninterpersonal stressors.

Vitaliano et al. note that by taking into account the magnitude of each raw score relative to the individual's total coping efforts, the relative scoring method permits researchers to "differentiate individuals with identical raw scores" (p. 16). They suggest that the relative scoring method is also advantageous because it employs "both

idiographic/individual norms (by making the subject his or her own standard of reference) and nomothetic/group norms (by comparing relative efforts across subjects" (p. 16)). They conclude that the relative scoring method "may be better suited for empirically evaluating the dynamic interplay of coping and distress" (p. 16) and is therefore particularly useful for examining the transactional model of stress and coping.

### **The Role of Personality and Situation Factors in Coping**

#### **Descriptive Findings**

##### **Coping**

The mean proportions of the various modes of coping for the entire sample and across situations are shown in Table 4. The mean proportion of coping across the nine forms of coping was .113, with scores ranging from .098 (positive reappraisal) to .134 (planful problem-solving) across the entire sample. Below is a summary of the mean proportion coping scores for the entire sample and the range of coping scores across the different situational contexts. For relationship focused coping, the sample mean proportion was .106, with situation means ranging from .088 (work) to .141 (close interpersonal). For confrontative coping, the sample mean proportion was .100, with situation means ranging from .096 (work) to .106 (other interpersonal). For planful problem-solving, the sample mean proportion was .134, with

situation means ranging from .112 (other interpersonal) to .150 (work). For support seeking, the sample mean proportion was .113, with situation means ranging from .109 (work) to .121 (other interpersonal). For positive reappraisal, the sample mean proportion was .098, with situation means ranging from .095 (other interpersonal and other miscellaneous) to .102 (close interpersonal). For self-control, the sample mean proportion was .117, with situation means ranging from .114 (work) to .120 (close interpersonal). For accepting responsibility, the sample mean proportion was .117, with situation means ranging from .107 (close interpersonal and other miscellaneous) to .126 (work). For escape-avoidance, the sample mean proportion was .105, with situation means ranging from .096 (other interpersonal) to .109 (work). For distancing, the sample mean proportion was .110, with situation means ranging from .103 (other interpersonal) to .120 (other interpersonal).

### Personality

The means of the personality indices for the entire sample and across situations are displayed in Table 5. A 7-point response scale was used for this study.

A maximum score of 84 was possible for each scale. The mean score across the five indices of personality was 55.46.

Below is a summary of the sample mean scores and the ranges across situations for each personality dimension. For neuroticism, the sample mean was 47.29, with situation means

ranging from 45.25 (other miscellaneous) to 52.94 (other interpersonal). For extraversion, the sample mean was 55.60, with situation means ranging from 54.28 (other interpersonal) to 57.50 (close interpersonal). For openness to experience, the sample mean was 56.44, with situation means ranging from 54.22 (other interpersonal) to 58.66 (close interpersonal). For agreeableness, the sample mean was 59.09, with situation means ranging from 56.69 (other interpersonal) to 61.19 (other miscellaneous). For conscientiousness, the sample mean was 58.88, with the situation means ranging from 57.98 (work) to 60.12 (other miscellaneous).

### Correlational Analyses

Correlational analyses were conducted to assess the following relations among and between variables: (1) intercorrelations among the personality dimensions; (2) personality dimensions and coping; (3) situation factors and coping; (4) personality dimensions and situation factors; and (5) social desirability dimensions and relationship-focused coping.

### Relations between Personality Dimensions

The intercorrelations among the personality dimensions are shown in Table 6. The results indicate low to moderate intercorrelations and suggest that these personality dimensions are not entirely independent. These findings are not surprising, given that the NEO-FFI was constructed on the basis of factor analyses (Costa & McCrae, 1989).

Neuroticism was significantly and negatively related to the other four personality dimensions: extraversion ( $r = -.35, p < .001$ ), openness to experience ( $r = -.14, p < .05$ ), agreeableness ( $r = -.13, p < .05$ ), and conscientiousness ( $r = -.34, p < .001$ ). Extraversion was significantly and positively related to agreeableness ( $r = .26, p < .001$ ), and conscientiousness ( $r = .23, p < .001$ ). No other significant relations between personality indices were observed.

#### Relations between Personality and Coping

The correlations between coping and personality dimensions are presented in Table 7. All of the expected differential relations between personality dimensions and coping were significant, except no significant relation between neuroticism and distancing was found. However, the significant relations found between personality and coping were generally low in magnitude (ranging from .11 to .32). This may be due to the design of the study which measured coping in only one stressful situation. Relations between

coping and personality may be of greater magnitude when coping is aggregated across multiple stressful situations.

The term relative use is used throughout to indicate that coping scale scores are proportional to total coping efforts reported.

Neuroticism. As expected, neuroticism was significantly and positively related to the relative use of confrontative coping ( $r = .14$ ,  $p < .01$ ) and escape-avoidance ( $r = .24$ ,  $p < .001$ ), and was significantly and negatively related to the relative use of planful problem-solving ( $r = -.16$ ,  $p < .01$ ). In addition, neuroticism was significantly and positively related to the relative use of accepting responsibility, ( $r = .17$ ,  $p < .01$ ). These results indicate that those high in neuroticism reported significantly more confrontative coping, escape-avoidance, and accepting responsibility, and reported significantly less planful problem-solving than those low on neuroticism.

Extraversion. Extraversion was significantly and negatively related to the relative use of accepting responsibility ( $r = -.13$ ,  $p < .05$ ) and escape-avoidance ( $r = -.13$ ,  $p < .05$ ), indicating that those high on extraversion reported significantly less accepting responsibility and less escape-avoidance than those low on extraversion.

Openness to experience. Openness to experience was significantly and positively related to the relative use of positive reappraisal ( $r = .21$ ,  $p < .001$ ). Openness to experience was significantly and negatively related to the



relative use of escape-avoidance ( $r = -.17$ ,  $p < .01$ ). These results indicate that those high on openness to experience reported significantly more positive reappraisal and significantly less escape-avoidance than those low in neuroticism.

Agreeableness. As expected, agreeableness was significantly and negatively related to the relative use of confrontative coping ( $r = -.15$ ,  $p < .01$ ). In addition, agreeableness was significantly and negatively related to the relative use of distancing ( $r = -.11$ ,  $p < .05$ ) and positively related to the relative use of support seeking ( $r = .19$ ,  $p < .01$ ). These results indicate that those high on agreeableness reported significantly more support seeking and reported significantly less confrontative coping and distancing than those low on agreeableness.

Conscientiousness. Conscientiousness was significantly and positively related to the relative use of relationship-focused coping ( $r = .16$ ,  $p < .01$ ) and negatively related to the relative use of accepting responsibility ( $r = -.32$ ,  $p < .001$ ) and escape-avoidance ( $r = -.21$ ,  $p < .001$ ). These results indicate that those high on conscientiousness reported significantly more relationship-focused coping and reported significantly less accepting responsibility and escape-avoidance than those low in conscientiousness.

### Relations between Situational Contexts of Stress And Coping

The correlations between coping and situation factors are shown in Table 8. The relations between coping and situation factors are summarized below. All the expected differential relations between situational contexts and coping were significant. However, the significant relations were generally low in magnitude.

Work. As expected, stressful work situations were significantly and positively associated with the relative use of planful problem-solving ( $r = .37, p < .001$ ). In addition, stressful work situations were significantly and positively related to the relative use of accepting responsibility ( $r = .22, p < .001$ ), and escape-avoidance ( $r = .15, p < .05$ ). Moreover, the work situation was significantly and negatively related to the relative use of relationship-focused coping ( $r = -.29, p < .001$ ), confrontative coping ( $r = -.18, p < .001$ ), support seeking ( $r = -.16, p < .01$ ), and distancing ( $r = -.12, p < .05$ ).

These results indicate that those coping with a stressful work situation (academic or job-related) reported significantly more planful problem-solving, accepting responsibility, and escape-avoidance than those not coping within a work context. In contrast, this group reported significantly less relationship-focused coping, confrontative coping, seeking support, and distancing than those not coping within a work context.

Close Interpersonal. Stressful interpersonal situations involving someone close to respondents were significantly and positively related to the relative use of relationship-focused coping ( $r = .26, p < .001$ ) and positive reappraisal ( $r = .13, p < .05$ ), and negatively related to the relative use of support seeking ( $r = -.12, p < .05$ ) and distancing ( $r = -.19, p < .01$ ). These results indicate that those coping with a stressful interpersonal situation that involved someone close to them reported significantly more relationship-focused coping and positive reappraisal, and reported significantly less support seeking and distancing than those coping with a situation that did not involve someone close to the respondent.

Other Interpersonal. Stressful interpersonal situations that did not involve someone close to respondents were significantly and positively related to the relative use of accepting responsibility ( $r = .13, p < .05$ ). This result indicates that when a close relationship is not involved, those coping with a stressful interpersonal situation reported significantly more accepting responsibility than those coping within other situations.

#### Relations between Personality and Situation Factors

The correlations between personality and situation factors are shown in Table 9. Only one significant finding emerged in these analyses: neuroticism was positively

related to interpersonal situations which did **not** involve someone close to the respondent ( $r = .16$ ,  $p < .01$ ). This set of analyses indicates that there are basically no associations between personality and the type of situation described.

#### Relations between Social Desirability and Relationship-Focused Coping

The correlations between relationship-focused coping and social desirability dimensions are displayed in Table 10. As expected, no significant correlations were found between the two social desirability dimensions and the endorsement of relationship-focused coping (using both raw score and relative score methods to compute coping scores). These findings support the contention that the endorsement of relationship-focused coping is not simply a function of a socially desirable response set.

#### t-Test Analyses

The results for the planned  $t$ -tests between situational groups for coping are displayed in Table 11. Expected significant differences were obtained for 7 out of 9 tests. Even under stringent Bonferroni protection (Dunn, 1961) to control the familywise error rate, all of the  $p$  values of

the significant tests were below the modified critical alpha ( $p < .007$ ). The results are summarized below.

Close Interpersonal vs. Other Interpersonal. Those respondents in a stressful interpersonal situation that involved a close other reported significantly more relationship-focused coping than those respondents involved in a stressful interpersonal situation that did not involve a close other ( $t(87) = 4.37, p = .000$ ). As well, those respondents in the close interpersonal group reported significantly less distancing than those respondents in the other interpersonal group ( $t(87) = -2.82, p = .003$ ). No significant differences were found between the close interpersonal and other interpersonal groups in respondent's reports of escape-avoidance and planful problem-solving.

Work vs. Close Interpersonal. Those involved in a stressful work situation reported significantly more planful problem-solving ( $t(173) = 7.29, p = .000$ ) and reported significantly less relationship-focused coping than those involved in a stressful interpersonal situation with a close other ( $t(173) = -12.73, p = .000$ ).

Work vs. Other Interpersonal. Those involved in a work situation reported significantly more planful problem-solving than those involved in an interpersonal situation that did not involve a close other ( $t(148) = 6.61, p = .000$ ).

### Multiple Regression Analyses

A MANOVA was not conducted for the following reasons. First, given that personality is most often considered a continuous variable, dichotomizing or trichotomizing personality would lower the power to predict coping from personality (c.f. Pedhazur, 1982). Second, when coping is scored proportionally, all the coping scales cannot be entered into a MANOVA because the scores are linearly dependent. Third, it has been recommended that multiple univariate tests (using a single outcome variable) are appropriate and preferable to a multivariate analysis followed up by multiple univariate tests in the following cases (Huberty & Morris, 1989): 1) when the researcher is interested in examining "with respect to which outcome variable do the groups differ" (p. 303); 2) when the research is exploratory; and 3) "when some or all the outcome variables under current study have been previously studied in univariate contexts" (p. 303). The present study clearly comes under this umbrella.

Consequently, multiple regression analyses were carried out. Two sets of hierarchical regression analyses were conducted in the following manner. (In each analysis, coping was the dependent variable.) 1) In the first set of regression analyses, personality variables were entered as a block on the first step, followed by the situation factors on the second step, followed by interactions between

personality and situation factors on the third step. 2) In the second set of regression analyses, the situation factors were entered on the first step, followed by the personality variables entered as a block on the second step, followed by interactions between personality and situation factors on the third step.

Performing both sets of analyses enables the determination of unique coping variance accounted for by personality and situation factors. The extent to which situation factors account for variance over and above that accounted for by personality is examined in the first set. The second set examines the extent to which personality accounts for variance over and above that accounted for by situation factors.

Outliers were determined by examining standardized residual scores. All cases with a standardized residual score above 3.00 or below -3.00 were omitted when it was determined that data entry errors could not account for the outlier. This resulted in omitting one case each from the analyses for relationship-focused coping, confrontative coping, accepting responsibility, positive reappraisal, and distancing.

The results of the hierarchical regression analyses are presented in Tables 12, 13, and 14. The number of Type I errors expected by chance in this set of analyses is 1.35. Corrections for shrinkage, adjusted  $R^2$  values, are reported in the tables.

### The Unique Contribution of Situation Factors in the Prediction of Coping

The "other interpersonal" category comprised only 11.9% of the sample ( $n = 32$ ). Consequently, this category was dropped from the regression analyses because the number of predictors needed to include this category too closely approached the number of subjects in this category (i.e., 23 predictors would have been needed to test all possible main effects and interactions). Thus, the work situation and the close interpersonal situation were entered as the situational variables by using effect coding (in which one of the groups is assigned -1 in all vectors).

Pedhazur (1982) has argued that "effect coding is generally the preferred method of coding categorical variables" (p. 329). He explains that the use of dummy coding for categorical variables (in which one group is assigned 0 in all vectors) is primarily indicated when one group serves as a control group. He notes that the variance explained by the groups is the same whether one uses effect or dummy coding; however, effect coding allows a direct interpretation of the betas because the intercept is equal to the grand mean of the dependent variable (in this case, coping) and each beta is equal to the deviation of the group from the grand mean.



The results for the analyses assessing the unique contribution of situation factors in the prediction of coping are presented in Table 12. These results are summarized below. In hierarchical regression analyses, situation factors contributed unique variance over and above that of personality in seven of nine forms of coping: relationship-focused coping ( $R^2$  change = .35,  $F$  change (7, 261) = 73.05,  $p < .0001$ ), confrontative coping ( $R^2$  change = .03,  $F$  change (7, 261) = 3.90,  $p < .05$ ), planful problem solving ( $R^2$  change = .21,  $F$  change (7, 262) = 36.38,  $p < .0001$ ), seeking support ( $R^2$  change = .03,  $F$  change (7, 262) = 3.51,  $p < .05$ ), accepting responsibility ( $R^2$  change = .06,  $F$  change (7, 261) = 10.09,  $p < .0001$ ), escape-avoidance ( $R^2$  change = .04,  $F$  change (7, 262) = 6.17,  $p < .01$ ), and distancing ( $R^2$  change = .04,  $F$  change (7, 261) = 5.05,  $p < .01$ ). That is, when taken together, situation factors were significant predictors of these seven forms of coping when entered on the second step, after partialling out the effects of personality on the first step. The unique coping variance explained by situation ranged from 3% (confrontative coping and support seeking) to 35% (relationship-focused coping). The group of situation factors did not contribute unique variance to the prediction of positive reappraisal and self-control.

An examination of the significant betas for particular situations elucidates the independent role of particular situation factors in the prediction of coping. These

results are summarized below. The significant betas for the work situation indicate that those respondents coping with a stressor that involved a work situation reported significantly more planful problem-solving ( $b = .56, p < .0001$ ), accepting responsibility ( $b = .33, p < .0001$ ), and escape-avoidance ( $b = .27, p < .001$ ) than those coping with stressors in other situational contexts. In contrast, those coping with a stressor that involved a work situation reported significantly less relationship-focused coping ( $b = -.64, p < .0001$ ) and confrontative coping ( $b = -.18, p < .05$ ) than those coping with stressors in other situational contexts.

The significant betas for the close interpersonal situation indicated that those respondents coping with a stressor that involved a close other reported employing significantly more relationship-focused coping ( $b = .63, p < .0001$ ) than those coping with stressors in other situations. In contrast, those coping with a stressor that involved a close other reported using significantly less planful problem-solving ( $b = -.33, p < .0001$ ), accepting responsibility ( $b = -.15, p < .05$ ), escape-avoidance ( $b = -.17, p < .05$ ), and distancing ( $b = -.16, p = .05$ ) than those coping with stressors in other situations.

#### The Unique Contribution of Personality in the Prediction of Coping

The results of the analyses examining the unique contribution of personality to the prediction of coping are displayed in Table 13. These results are summarized below. In hierarchical regression analyses, personality contributed unique variance to the prediction to six of the nine forms of coping: confrontative coping ( $R^2$  change = .06,  $F$  change (7,261) = 3.13,  $p < .01$ ), planful problem-solving ( $R^2$  change = .04,  $F$  change (7, 262) = 2.40,  $p < .05$ ), seeking support ( $R^2$  change = .04,  $F$  change (7, 262) = 2.56,  $p < .05$ ), positive reappraisal ( $R^2$  change = .05,  $F$  change (7, 261) = 2.70),  $p < .05$ ), accepting responsibility ( $R^2$  change = .10,  $F$  change (7, 261) = 6.44,  $p < .0001$ ), and escape-avoidance ( $R^2$  change = .09,  $F$  change (7, 262) = 5.56,  $p < .0001$ ). That is, the five personality scales when taken together were a significant predictor of these six forms of coping when entered on the second step, after partialling out the effect of situation factors on the first step. The unique coping variance explained by personality ranged from 3% (planful problem-solving) to 10% (accepting responsibility). As a group, the five personality scales, did not contribute unique variance to the prediction of relationship-focused coping, self-control, and distancing.

Now turning to an examination of the independent role of each personality dimension in the prediction of coping, a significant beta on this step (when the  $R^2$  change is significant) indicates that the particular personality trait predicts coping independently of the other traits. The

significant betas for the trait of neuroticism indicated that those high in neuroticism reported significantly more confrontative coping ( $b = .17, p < .05$ ) and escape-avoidance ( $b = .16, p < .05$ ) than those low in neuroticism.

Therefore, support was found for the hypothesis that neuroticism would be associated with higher use of escape-avoidance. However, no support was found for the hypothesis that neuroticism would be negatively associated with the relative use of distancing.

Although no specific hypotheses were put forth regarding independent effects of openness to experience, the significant betas for the trait of openness to experience indicated that those high in openness to experience reported significantly more positive reappraisal ( $b = .18, p < .01$ ) and significantly less escape-avoidance ( $b = -.13, p < .05$ ) than those low in openness to experience.

The significant betas for the trait of agreeableness indicated that those high in agreeableness reported significantly more support seeking ( $b = .16, p < .01$ ) and significantly less confrontative coping ( $b = -.16, p = .01$ ) than those low in agreeableness. Thus, support was found for the hypothesis that agreeableness would be negatively related to the relative use of confrontative coping.

Although no specific hypotheses were advanced concerning the independent effects of conscientiousness, the significant betas for the trait of conscientiousness indicated that those high in conscientiousness reported

significantly less accepting responsibility ( $b = -.28$ ,  $p < .0001$ ) and escape-avoidance ( $b = -.13$ ,  $p < .05$ ) than those low in conscientiousness. It should be noted that the items on the accepting responsibility denote self-blaming strategies (e.g., criticized or lectured myself). No significant betas were found for the trait of extraversion.

#### The Joint Contribution of Personality and Situation Factors in the Prediction of Coping

The results of the analyses assessing the joint contribution of person and situation factors in the prediction of coping are displayed in Table 14. These results are summarized below. In hierarchical regression analyses, when all possible person-situation interaction terms were entered as a block after controlling for the main effects of situation and personality, the person-situation interactions contributed unique variance in coping over and above person and situation factors considered separately in three forms of coping: relationship-focused coping ( $R^2$  change = .05,  $F$  change (7, 261) = 2.06,  $p < .05$ ), confrontative coping ( $R^2$  change = .08,  $F$  change (7, 261) = 2.36,  $p < .05$ ), and planful problem-solving ( $R^2$  change = .05,  $F$  change (7, 262) = 1.91,  $p < .05$ ). The unique coping variance explained by person-situation interactions ranged from 5% to 8%. Person-situation interactions did not contribute unique variance to the prediction of any of the

emotion-focused forms of coping: support seeking, positive reappraisal, self-control, accepting responsibility, escape-avoidance, and distancing.

As expected, the significant betas in these analyses indicated that when a close other was involved in the stressful encounter, those high on neuroticism reported significantly less relationship-focused coping ( $b = -.82$ ,  $p < .01$ ) than those low in neuroticism in the same situational context. In addition, when a close other was involved in the stressful situation, those high on openness to experience reported significantly less confrontative coping ( $b = -1.00$ ,  $p < .05$ ) than those low in openness in the same situational context. As well, in coping with stressors in work situations, those high in conscientiousness reported significantly more planful problem-solving ( $b = 1.21$ ,  $p < .01$ ) than those low in conscientiousness in the same situational context.

To further specify the specific personality dimensions accounting for the variance in the interaction effects, additional regression analyses were conducted separately for those situations in which a close other was involved versus those in which one was not, and for those situations in which work was involved vs. those in which it was not. The results are presented in Tables 15, 16, and 17. The additional information gleaned from these analyses is summarized below.

Relationship-focused coping. The difference in the beta weights for neuroticism in the two regression equations indicates that respondents who were high on neuroticism reported significantly less relationship-focused coping when a close other was involved ( $b = -.29, p < .05$ ) and, in contrast, reported significantly more relationship-focused coping when a close other was not involved ( $b = .17, p < .05$ ), than those low on neuroticism in the same situation. No other significant differences for personality dimensions were found across situations for relationship-focused coping.

Confrontative Coping. The betas for conscientiousness indicate that those high in conscientiousness reported significantly more confrontative coping when a work situation is involved ( $b = .26, p < .01$ ) than those low in conscientiousness in the same situation. However, those high in conscientiousness did not report more confrontative coping when a close other was involved in the situation.

Planful problem-solving. The difference in beta weights for conscientiousness indicated that those high in conscientiousness reported significantly more planful problem-solving when a work situation was involved ( $b = .31, p < .01$ ) than those low in conscientiousness in the same situation. However, those high in conscientiousness did not report more planful problem-solving when other situations were involved.

### Tests of Specific Hypotheses--Person-Situation Interactions

Additional hierarchical regression analyses were performed to test the specific hypotheses regarding person-situation interactions in relationship coping and in confrontative coping and to follow up the significant findings in previous analyses. These analyses entailed entering simultaneously the specific personality variable and the specific situation variable on the first step, followed by entering the specific interaction term on the second step. These results are displayed in Tables 18 and 19.

As expected, those high in neuroticism reported significantly less relationship-focused coping when dealing with a situation that involved a close other ( $R^2$  change = .03,  $F$  change (3, 265) = 9.69,  $p < .01$ ) than those low in neuroticism in the same situational context. There was a nonsignificant trend ( $p = .067$ ) for those high on openness report more relationship-focused coping when the situation involved a close other than those low in openness in the same situational context, thus, indicating weak support for this specific hypothesis.

Also, as expected, those high in neuroticism reported significantly more confrontative coping when a close other was involved in the situation ( $R^2$  change = .02,  $F$  change (3, 265) = 5.31,  $p < .05$ ) than those low in neuroticism in the same situational context. In contrast, those high in



openness to experience reported significantly less confrontative coping when a close other was involved in the situation ( $R^2$  change = .03,  $F$  change (3, 265) = 7.07,  $p < .01$ ) than those low in openness in the same situational context.

## DISCUSSION

This research is spurred by two primary goals: 1) to contribute to current knowledge about the structure of coping by providing evidence for the viability of a third function of coping, relationship-focused coping; and 2) to further specify the role of personality and situation factors in the prediction of coping.

### The Structure of Coping

Although the eight subscales of the Ways of Coping (WOC) scale tap a number of aspects of emotion-focused and problem-focused coping, the WOC scale (along with other available standard coping measures) does not tap modes of coping geared toward the maintenance of relationships during stressful encounters (i.e., relationship-focused coping). A scale was developed to tap two dimensions of relationship-focused coping, empathic coping and providing support, to assess respectively the cognitive and behavioral dimensions of relationship-focused coping. Factor analysis indicates that relationship-focused coping is, indeed, separable from emotion-focused and problem-focused modes of coping, thereby providing support for a three-function model of coping. However, the factor analysis suggests that empathic coping and support provision may be best viewed as facets of

relationship-focused coping rather than as separate dimensions. Nonetheless, the results of the factor analysis indicate that a comprehensive model of coping requires not only a consideration of efforts aimed at regulating emotional distress and at altering the situation, but also a recognition of efforts directed towards maintaining social relationships during stressful periods. The variance accounted for by the relationship-focused factor suggests that incorporating the relationship-focused coping subscale into standard measures of coping will likely increase the predictive power of current cognitive models of coping by providing researchers a means to tap an important interpersonal dimension of coping.

The subscale intercorrelations indicate the relations between relationship-focused coping and confrontative coping, positive reappraisal, and self-control are higher in magnitude than other subscale relations. These findings are not surprising when the content of the various subscales is considered. Confrontative coping is clearly an interpersonal mode of coping and likely to be related to relationship-focused coping, another interpersonal dimension of coping. Positive reappraisal contains a few items that may be more likely to be endorsed when close others are involved in the situation, such as: rediscovered what was important in life, and changed or grew as a person in a good way. Further, when others are involved in the situation, respondents may be more likely to conceal their feelings so

as not to alert others of their distress or to not distress others with troublesome feelings. For example, the self-control subscale includes the following items: kept others from knowing how bad things were; tried not to burn my bridges, but leave things open somewhat.

Although these findings may cause some to question the separability of relationship-focused coping as a unique dimension, previous research has reported relations of similar magnitudes between coping subscales of the WOC (e.g., Folkman et al., 1986b; i.e., planful problem-solving and positive reappraisal, accepting responsibility and escape-avoidance, self-control and escape-avoidance, self-control and planful problem-solving, self-control and positive reappraisal). Indeed, the significant intercorrelations between subscales are consistent with the transactional theoretical perspective and with previous research which indicates that individuals tend to endorse a vast array of coping strategies rather than one particular form of coping (Folkman & Lazarus, 1980; Folkman et al. 1986b).

It should also be noted that coping was averaged over five situations for the intercorrelation analyses reported by Folkman et al. It is likely that aggregating across multiple stressful situations gives a more reliable estimate of coping. In the present study coping was measured in only one situation. Thus, future research which employs repeated measures of coping over numerous stressful situations is

needed to more adequately characterize the relations between relationship-focused coping and other forms of coping.

One potential confound in assessing relationship-focused modes of coping is that scores on the relationship-focused scales might reflect social desirability. For this reason, the relation of scores on the relationship-focused coping scale to scores on a standard measure of social desirability was examined. All relations between relationship-focused coping and social desirability dimensions were nonsignificant. These findings suggest that the endorsement of relationship-focused coping items is not due to a socially desirable response set.

### The Role of Personality and Situation Factors in Coping

The second issue that this study addresses is whether there are certain types of people or certain types of stressful situations that are related to various types of coping. This study examined the extent to which the person and situation factors would predict the proportion of relationship-focused, emotion-focused, and problem-focused coping used by respondents. Hypotheses were derived from the cognitive-transactional model of the stress process (e.g., Lazarus & DeLongis, 1983), which suggests that coping

behavior in a given situation should be predictable from a consideration of both person and situation factors.

### The Role of Situation Factors in Coping

Hierarchical regression analyses revealed that situation factors accounted for significant increases in variance beyond that accounted for by personality in seven forms of coping: relationship-focused coping, confrontative coping, planful problem-solving, accepting responsibility, escape-avoidance, and distancing. These analyses also indicated that particular situations play an independent role in the prediction of coping.

Consistent with previous findings, those coping with a stressor in the work situation employed significantly more planful problem-solving (Folkman et al. (1986b; Folkman & Lazarus, 1980) than those coping with stressors in other situational contexts. As well, individuals coping with a stressful work situation used significantly more accepting responsibility and escape-avoidance coping strategies than those coping with stressors in other situational contexts. The tendency to plan ways to directly alter the situation as well as to acknowledge their role in creating or exacerbating the stressful situation (e.g., procrastination or disorganization) may indicate that individuals feel a greater sense of personal responsibility when faced with the demands of a stressful work or academic situation. The

greater use of planful problem-solving and accepting responsibility may also signify that stressful work situations are often appraised as being more amenable to change (Folkman et al., 1986b).

The greater use of escape-avoidance may indicate it is easier to use avoidant strategies in a work situation as opposed to interpersonal contexts where those involved cannot be readily avoided. Alternatively, those who engage in escape-avoidance when dealing with a stressful work situation may do so because they have perceive little control over the particular work situation (Folkman et al., 1986b; Pearlin & Schooler, 1978). Further, engaging in escape-avoidance may be a palliative tactic to cope with elevated levels of stress, chronic strain, or burnout in the work place (Shinn et al., 1984).

Moreover, individuals who employ this trio of coping strategies may be able to cope more adaptively with stressors in the work situation. To illustrate, engaging in planful problem-solving has the obvious benefits of actively working to alter the situation or to meet work-related goals or deadlines. Accepting responsibility also allows individuals to feel a sense of control over the situation by acknowledging that they have played a part in creating the situation. Allowing a break from work activities, the use of escape-avoidance strategies may help to relieve the emotional strain of the stressful situation. Individuals who rely solely on problem-focused strategies and fail to

use emotion-focused strategies when under pressure in a work situation may experience more stress-related health problems or may be more emotionally distressed in the face of stress, especially if their problem-focused efforts prove unsuccessful. As many have argued (c.f. Compas, 1987; Lazarus & Folkman, 1984), coping flexibility may prove to be more effective and beneficial to well-being than dogged persistence with one strategy.

In addition, those coping in a work context used significantly less relationship coping and confrontative coping than those coping in interpersonal contexts. These results may reflect that other people were not involved in the majority of stressful work situations; hence, these interpersonal forms of coping may have been largely inapplicable. Alternately, these findings may also suggest either that important relationships were not endangered by the stressful situation or that the demands of the work situation took precedence over the maintenance of relationships.

Those coping with stressful interpersonal situations that involved a close other engaged in significantly more relationship-focused coping and employed significantly less planful problem-solving, accepting responsibility, escape-avoidance, and distancing strategies than those coping with stressors in other situational contexts. These findings are consistent with those of Folkman et al. (1986b) which suggest that when a loved one's well-being was at stake,



respondents employ less planful problem-solving and distancing.

These findings also indicate that when a close other is involved coping effort tends to be expended in maintaining the relationship--perhaps at the expense of being able to distance oneself from the stressor. It is also plausible that, when important others are involved in stressful situations, individuals choose to respond cooperatively to work through the problem in an effort to sustain the relationship rather than create more friction by actively engaging in distancing strategies. Further, the distancing scale, which is largely comprised of emotional suppression strategies (e.g., went on as if nothing happened, tried to forget the whole thing, made light of the situation; refused to get too serious about it), may be more troublesome to utilize or less appealing when an important relationship is threatened or when an important other is suffering. Indeed, it may be much more difficult to jettison negative emotions when a close other is involved and affected by the stressful situation. Perhaps, the use of distancing strategies carries too many potentially damaging repercussions to the relationship to be considered useful in a stressful situation that involves an important other.

The lower use of planful problem-solving when close others are involved may reflect that the presence of a loved one impedes the respondent's ability to take direct action to solve the problem at hand. However, previous research

suggests that the use of empathy is associated with greater levels of one particular type of problem-solving--that is, attempting to reach a compromise during a period of relationship conflict (DeLongis et al., 1987). As well, these findings may also suggest that interpersonal stressful situations simply do not demand the kind of structured task focus that is required when meeting a work-related deadline or goal (c.f. Folkman et al., 1986b).

The lower use of escape-avoidance strategies when a close other is involved in the stressful situation may indicate that respondents are unable to realistically avoid the close other that was involved in the situation (e.g, the other person involved either shared the respondent's living space or was seen on a regular basis) or that individuals prefer not to avoid important others. Important others may also discourage individuals from engaging in health-risk behaviors (captured by the escape-avoidance subscale), such as smoking or excessive sleeping, eating, drinking, or drug use.

The lower use of accepting responsibility strategies (i.e., self-blaming strategies) may indicate that when close others are involved in stressful situations, individuals are more likely to blame the situation on the others involved or may find it difficult to see themselves as primarily responsible for the stressful situation. Perhaps, as the marital literature on distressed couples suggests, it is more common for individuals to blame their partner and to

believe that their partner's behavior is in need of alteration (c.f. Bradbury & Fincham, 1989; Gottman, 1979). Moreover, incessant efforts geared towards changing their partner's behaviors may have played an important role in creating and in escalating interpersonal tension or conflict.

Of special importance, these set of findings provide evidence for the construct validity of relationship-focused coping because it would be expected that given the personal significance of close relationships respondents would be directing a greater proportion of their coping efforts towards maintaining important relationships when close others are involved in the situation. Supporting this interpretation and also adding to the construct validity of relationship-focused coping is the finding that respondents engaged in significantly more relationship-focused coping when someone close is involved than in other stressful interpersonal situations. Taken together, these findings indicate that when a close other is involved in a stressful situation coping is primarily directed towards maintaining the relationship, and strategies which have the potential of threatening or damaging the relationship further are less likely to be deployed.

In summary, the situational context of the stressor wielded an emphatic influence on the selection of coping strategies that are not emotion-focused. Specifically, the

use of planful problem-solving and relationship-focused coping is most strongly influenced by the situational context. Taken together, this set of findings provide evidence for coping specificity by illustrating that coping is often powerfully elicited by particular situational demands.

### The Role of Personality in Coping

Interestingly, there were virtually no significant relations between personality and the type of stressful situation described. Of course, this may be due to procuring only one time point of data. Longitudinal studies assessing coping over multiple stressful situations may find more of a linkage between personality and situational sources of stress. Nonetheless, the results of this study suggest important linkages between coping and personality.

Hierarchical regression analyses revealed that the five personality dimensions, when taken together, accounted for significant increases in variance beyond that accounted for by situation factors in six forms of coping: confrontative coping, planful problem-solving, support seeking, positive reappraisal, accepting responsibility, and escape-avoidance. Moreover, four out of the five personality dimensions independently predicted various forms of coping.

More specifically, in responding to a stressful situation, those high on neuroticism employed significantly more confrontative coping and escape-avoidance, and used significantly less planful problem-solving than those low in neuroticism. It should be noted that the escape-avoidance subscale on the WOC is primarily a composite of wishful thinking strategies and avoidance strategies (e.g., hoped a miracle would happen, slept more than usual, avoided being with people in general). As well, the strategies contained in the confrontative coping subscale are primarily aggressive in tone (e.g., stood my ground and fought for what I wanted, expressed anger to the person(s) who caused the problem) and have been characterized as "unskillful forms of confrontation" (Folkman et. al, 1986b, p. 1001).

With these considerations in mind, these findings are consistent with those of Endler and Parker (1990) which suggest that neuroticism is associated with less task-focused coping and more emotion-focused coping. As well, these findings coincide with those of McCrae and Costa (1986), indicating that neuroticism is associated with more hostile reaction, escapist fantasy, wishful thinking, passivity, and indecisiveness.

The findings of this study suggest that those high in neuroticism, which is characterized by a propensity to experience negative emotions (McCrae & Costa, 1987), may be more likely to channel their coping efforts towards managing their disruptive emotions. The energy needed to regulate

their distressing emotions may attenuate their ability to engage planful problem-solving. When those high on neuroticism did engage in problem-focused coping, they tended to employ confrontational strategies which have been shown in several community studies to have a deleterious effect on psychological well-being (e.g., Folkman et. al, 1986b; Folkman & Lazarus, 1988), most likely due to the negative impact of confrontational strategies on the relationship (DeLongis & O'Brien, 1990).

As well, the tendency to engage in confrontational and avoidant coping strategies may in the long run perpetuate increased levels of emotional distress because these strategies generally either exacerbate the situation, elicit social disapproval, or do little to constructively alter the situation. Subsequently, to manage these increased levels of distress, those high on neuroticism may funnel even more energy into avoidant strategies. If this pattern of responding prevails, those high on neuroticism may be more inclined to view their distressing circumstances as unchangeable and become even more prone to use escape-avoidance in an effort to take their minds off of what is perceived as an unalterable situation. This interpretation is consistent with previous research, suggesting that when a stressor is perceived as unchangeable individuals are more likely to use escape-avoidance strategies (Folkman et al., 1986; Folkman and Lazarus, 1980).

In contrast, when dealing with a stressful situation, those high on openness to experience employed significantly more positive reappraisal and used significantly less escape-avoidance strategies than those low on openness. Previous research indicates that those high on openness to experience possess enhanced capacities for divergent thinking and originality (Costa & McCrae, 1989). Thus, in light of previous findings, the findings of this study suggest that those high on openness to experience may be more inclined to apply a more flexible or innovative cognitive set to their problems. This propensity may facilitate a capacity to alter their perceptions of the situation and thereby derive meaning from the situation, which may consequently diminish the desire to avoid the situation.

The use of positive reappraisal strategies has been depicted (Weitz, Rothbaum, & Blackburn, 1984) as "interpretive secondary control" which "affords the individuals some degree of control over at least the personal psychological impact of these events" (p. 956). Therefore, those high on openness may also gain a sense of psychological control over stressful events by using positive reappraisal strategies and in so doing be less compelled to avoid the situation. As well, given that one aspect of openness signifies an openness to feelings (McCrae & Costa, 1987), those high on openness to experience may be more able to tolerate their own levels of distress and

consequently feel less need to engage in escape-avoidance strategies.

Interestingly, positive reappraisal is the only emotion-focused mode of coping that has been consistently linked with better outcomes (e.g., Folkman et al., 1986b). Moreover, the research conducted by Lazarus and his colleagues (see Lazarus & Folkman, 1987, for a review) indicates that the use of positive reappraisal tends to be more stable than variable across diverse sources of stress and across different populations (see also Folkman et al., 1986a). Thus, the finding that those high in openness engage in higher levels of positive reappraisal illuminates one important person variable which could, at least in part, account for these previous findings.

In managing a stressful situation, those high on agreeableness employed significantly more support seeking and used significantly less confrontative coping than those low on agreeableness. These findings suggest those high on agreeableness may be more likely to engage in socially cooperative coping strategies which marshal social resources in times of stress and tend to shun noncooperative strategies such as confrontative coping to avoid social conflict. These findings are also consistent with those of Buss (in preparation) which indicate that those high on agreeableness are less likely to employ coercive strategies to influence others.



Perhaps, by avoiding hostile interpersonal confrontation, those high on agreeableness are able to sustain higher quality and more supportive relationships with others and thereby enhance their perceived support in times of need. Conversely, at the extreme end, those high on agreeableness may be more likely to be self-effacing, dependent, and fawning (McCrae & Costa, 1987), which could inadvertently antagonize others. As well, those high on agreeableness may be more reliant on the evaluations from others for a sense of direction and personal adequacy, which may lead to an increased desire to seek the support of others in times of stress.

In managing stressful situations, those high on conscientiousness were inclined to use significantly less accepting responsibility in their coping efforts than those low in conscientiousness. Although this finding may seem counterintuitive, it should be noted that the items on the accepting responsibility subscale consist primarily of behavioral self-blaming efforts (i.e., efforts to ascribe blame to something that the individual did or did not do). This finding suggests that conscientiousness, which is associated with a propensity to be productive, self-disciplined, and well-organized (Costa & McCrae, 1989), may negate a tendency to blame oneself for stressful circumstances. Perhaps, those high on conscientiousness may be less likely to blame themselves for stressful situations

because they are less likely to procrastinate or avoid undesirable tasks, and would subsequently be less likely to feel responsible for their stressful circumstances.

Collectively, this group of findings suggests that a consideration of personality dimensions adds to the prediction of coping. With the exception of confrontative coping, personality appears to contribute primarily to the prediction of emotion-focused forms of coping (e.g., positive reappraisal, seeking support, accepting responsibility, and escape-avoidance). In fact, distancing was the only emotion-focused mode of coping that personality (when considered as a group of dimensions) did not predict. These findings suggest that over the life course individuals may develop proclivities or preferences for particular ways of managing their emotions during periods of emotional distress. This set of findings also sheds light on particular personality dimensions that could account for a certain degree of coping stability across situations.

However, situation factors also significantly contributed to the prediction of confrontative coping, accepting responsibility, and escape-avoidance, although to a lesser extent. This underscores the need to include both person and situation variables in our models of coping. Further, the evidence discussed below suggests that personality is important in predicting problem-focused and relationship-focused coping when the situational context is

considered, highlighting the importance of a transactional perspective of the coping process.

### The Interaction of Personality and Situation in Coping

A process model of coping suggests that the effect of personality on coping might vary by situation. Consistent with this view, this study found that, when the situational context of the stressor was considered, personality was an important predictor of three forms of coping behavior: relationship-focused coping, confrontative coping, and planful problem-solving.

Specifically, when a close other was involved in the stressful situation, those high on neuroticism used significantly less relationship-focused coping than those low in neuroticism in the same situational context. Conversely, in stressful interpersonal situations that did not involve a close other, those high on neuroticism used significantly more relationship-focused coping than those low in neuroticism in the same situational context. These inverse results suggest that those high in neuroticism are not lacking in their ability to be empathic or to provide support, but find it more difficult to engage in these processes when a stressful situation involves a close other.

One possible explanation for these findings is that stressful situations involving a close other promote higher levels of personal distress, thereby spurring a greater

reliance upon emotion-focused strategies in an effort to reduce heightened levels of emotional distress. This interpretation is consistent with other findings which suggest that high levels of personal distress and high intensities of anxiety or alarm inhibit empathic processes (see Batson, Fultz, & Schoenrade, 1987, for a review). Individuals who experience high levels of personal distress when interacting with others may be more inclined to the exclusive use of emotion-focused forms of coping to regulate their feelings of alarm and anxiety.

Interestingly, the reverse pattern was shown for the use of confrontative coping. When a close other was involved in the stressful situation, those high on neuroticism engaged in significantly more confrontative coping than those low on neuroticism. This finding is consistent with Buss's findings, indicating that those low in emotional stability tend to engage in more coercive tactics when trying to influence close others (Buss, in preparation). As noted previously, past community research has suggested that the use of confrontative coping is associated with unfavorable outcomes (Folkman & Lazarus, 1988; Folkman et al., 1986b). Particularly in the case of confrontative coping, it seems likely that the negative effects of engaging in this form of coping are due to the potentially damaging repercussions on the relationship (DeLongis & O'Brien, 1990).<sup>2</sup>

This intriguing set of findings reflect a pattern of responding to close others that may fuel and perpetuate interpersonal difficulties during stressful periods. By being disinclined to employ relationship-focused coping and simultaneously more disposed to deploy higher levels of confrontation when close others are involved in the stressful encounter, those high in neuroticism appear to be less able to offer understanding and support to those involved close others and more likely to further antagonize them with their confrontational stances. Especially when the other person's perspectives and concerns are not taken into account, it seems likely that confrontational strategies would backfire and be counterproductive.

This pattern of responding repeated over many stressful encounters may contribute to the etiology and maintenance of troubled and distressing close personal relationships as well as increase the likelihood of relationship dissolution. If these findings are replicated in future research, clinical interventions for those high in neuroticism with interpersonal difficulties could be aimed towards cultivating empathic understanding and expressions of supportive behaviors towards close others. Those high in neuroticism could also be helped to practice more skillful forms of interpersonal negotiation that are less likely to antagonize their partners.

In contrast, there was a trend for those scoring high on openness to engage in more relationship-focused coping when someone close to them was involved in the stressful situation than those low in openness in the same situational context. Conversely, those high on openness to experience engaged in significantly less confrontative coping when a close other was involved in the stressful situation than those low in openness in the same situational context. It has been suggested that the use of empathy requires an openness to the feelings of others (Marcia, 1987). It may be that openness to experience, which is associated with an openness to feelings (McCrae & Costa, 1987), permits the individual to be open to the emotional expression of close others. As well, the trait of openness, which is associated with divergent thinking (McCrae & Costa, 1987), may enable the respondent to take into account the close other's perspective and enable the individual to respond to the situation in a more cooperative manner that avoids the damaging repercussions of confrontation.

Not surprisingly, those high in conscientiousness engaged in significantly more planful problem-solving when a stressor occurred in a work situation than those low in conscientiousness in the same situational context. These results conform to the typical purposeful, ambitious, and hardworking profile of conscientiousness (McCrae & Costa, 1987). More provocative are the findings that those high in

conscientiousness employed significantly more confrontative strategies when work was involved than in other situations. These findings indicate that the salience of work goals and problems for those high in conscientiousness may inhibit their ability to consider the potentially damaging repercussions of confrontative coping in a work setting. If colleagues become antagonized by a confrontational approach, they may be less likely to support or assist these highly conscientious individuals in meeting their work goals or in dealing with work-related problems. If confrontation is used regularly in an effort to meet work goals or to increase the quality of others' work, those high in conscientiousness may find themselves less distinguished and esteemed in their chosen fields if maintaining cooperative relationships with co-workers is required for success and productivity.

If this pattern of responding in the work place is replicated in future studies, clinical or organizational interventions could be constructed to help highly conscientiousness workers to utilize more interpersonally constructive ways of dealing with co-workers and clients, perhaps by helping them to employ more relationship-focused coping in their dealings with others. It is interesting to note that the popular business press and professional development business seminars are already championing the use of empathy in the business setting to promote successful business negotiations with outside clients, to foster

positive co-worker relationships, and to advance cross-cultural business liaisons (e.g., Covey, 1989).

Indeed, especially in the prediction of modes of coping that are not emotion-focused, a consideration of the situational context adds to our understanding of how the influences of personality on coping may vary as a function of the situation. Consistent with an interactional perspective of personality (Endler, 1983; Endler & Edwards, 1986), these findings elucidate some ways in which different personality dimensions may influence particular forms of coping when others are involved in the situation, whether they are close others, acquaintances, or co-workers.



## CONCLUSIONS

Support was found for a three-function model of coping, which includes emotion-focused, problem-focused and relationship-focused forms of coping. As well, a subscale with sound psychometric properties, was developed to tap relationship-focused coping. This study also suggests some important ways that personality and situation factors may influence coping.

Consistent with a process model of coping, dimensions of the stressful situation were by far the most potent predictor of relationship-focused coping and planful problem-solving. In contrast, personality was generally a more powerful predictor of the emotion-focused strategies. However, a model which considers personality in interaction with the situation added to the prediction of coping, particularly with forms of coping that are not emotion-focused, suggesting that a more sophisticated model of coping which considers both person and situation factors in tandem is called for. Further, the findings of this study suggest that the observation of interpersonal dimensions of coping may greatly strengthen the predictive ability of our current models. However, this study only measured coping in one situation; hence, these findings must be interpreted cautiously and command future investigations which measure coping over multiple time points to more adequately

delineate the role of person and situation factors in the prediction of coping.

Further, this study carries all the limitations typically ascribed to the use of self-report data as the sole method of data collection (e.g., retrospective falsification and contamination by various response sets). However, in the study of coping, it is virtually impossible to capture covert cognitive processes involved in coping without self-report data. The use of self-report data also has no recourse in distinguishing the reported use from the actual use of coping strategies. Hence, self-reports are most often considered veridical. However, it is plausible that self-report accounts of coping may not be veridical. For example, those high in neuroticism may systematically exaggerate their use of various coping strategies. Nonetheless, it is exceedingly difficult to verify this speculation with other available methods of observation (which have been also shown to be unsuccessful in capturing covert cognitive processes). Further, to adopt such a position in the absence of concrete evidence would most likely glean a less parsimonious interpretation of the data.

In addition, the sample consisted of university students which may limit its generalizability. Further, collecting data at only one time point does not allow for a thorough investigation of the stability and specificity of coping over time through intraindividual analyses. Future longitudinal investigations with repeated closely-spaced

measures are needed to more adequately address issues of stability and specificity in coping (DeLongis et al., in press). Also, the cross-sectional correlational design of this study does not permit causal inferences.

It should be noted as well that generally the coping variance accounted for by the variables included in this study was not particularly large (adjusted variances ranged from .02 to .39). These findings suggest that the narrow range of variables included in this study do not adequately represent all the important variables that contribute to the prediction of coping. There are undoubtedly important person and situation variables that were not measured in this study. As well, other pertinent variables that have been specified in the literature (e.g., DeLongis & O'Brien, 1990; Folkman et al, 1986a, 1986b; Lazarus & Folkman, 1984) as being salient to the prediction of coping were not assessed in this study (e.g., cognitive appraisal, levels of upset in the social network, dyadic partner's coping).

It is plausible that personality significantly mediates the types of appraisals that individuals make in stressful situations. For example, personality may influence, to a certain extent, whether the situation is perceived as amenable to change, especially in situations fraught with uncertainty and ambiguity. Personality may also influence the degree to which a situation is perceived as stressful. Particular kinds of stressors may be more threatening for different personality types. For instance, those high in

conscientiousness may feel more threatened by work stressors; whereas, those high in agreeableness may feel more threatened in situations that involve interpersonal conflict.

Personality may also influence the type of coping that is employed first in the coping sequence, and govern the extent to which the individual persists with a particular pattern of coping or shifts to other strategies when initial coping efforts are ineffectual. Personality may also affect coping to a greater extent during particular phases of the stressful encounter. Future longitudinal investigations are needed to address these and other more complicated questions regarding coping. For example, what happens when individuals are prevented by situational constraints from engaging in their preferred modes of coping? To what extent do various personality dimensions predict stability in emotion-focused coping over diverse sources of stress?

It is also possible that personality influences the coping process in interpersonal contexts through other avenues not assessed in this study. For example, trait empathy may influence the extent to which individuals engage in relationship-focused coping. Further, personality may influence the degree to which individuals are able to coordinate their coping efforts with others involved in stressful interpersonal situations. Personality may also determine dyadic matches and mismatches in coping responses. For instance, if one person is inclined to be

confrontational and the other is inclined to avoid confrontation, resolution of interpersonal difficulties may be more labored. The personality of one individual may constrain the coping of others involved in the stressful encounter. Research which captures the personalities of those involved in interpersonal stressful situations as well as their respective coping responses could greatly expand current knowledge about the role of personality in interpersonal contexts.

Moreover, given the findings of this study which suggest that relationship-focused coping is an important interpersonal dimension of coping especially in managing stressful situations that involve close others, future studies are needed to delineate linkages between relationship-focused coping and outcomes. As well, future investigation is required to specify the ways that relationship-focused coping may influence other aspects of the stress process. For example, does the use of relationship-focused coping encourage involved others to also use relationship-focused coping? Does relationship-focused coping influence the appraisals of involved others? Does relationship-focused coping increase the amount of support that the individual receives from involved others? Does relationship-focused coping speed the resolution of interpersonal difficulties?

As well, the findings of this study suggest that research aimed at delineating other important interpersonal

coping dimensions is warranted. These dimensions may include interpersonal negotiation strategies used to deal with interpersonal conflict (e.g., compromise, collaboration), encouragement of emotional expression, interpersonal withdrawal, recruiting other network members to provide support to close others, self-disclosure to others, and the use of criticism and praise.

Indeed, the findings of this study highlight the importance of delineating interpersonal dimensions in the stress and coping process and underscore the need to incorporate the social context of stressful situations in building explanatory models of coping. Further, this study provides a preliminary depiction of meaningful relations between coping, personality, and situation factors, which require more thorough examination in future investigations involving diverse populations with methodologies that permit causal inference.

### Footnotes

<sup>1</sup>A separate factor analysis was carried out using only the scale items from the WOC. The factor structure clearly resembled that reported in previous studies (e.g., Folkman et al., 1986b) with the exception of the self-controlling subscale which loaded partially with the distancing scale. Moreover, another analyses was conducted in which only the reported top four loading items (Folkman et al., 1986b) from each scale were factor analyzed. In this analysis, each factor fell out more cleanly, evincing the same factor structure reported by Folkman et al. Consequently, Hakstian (personal communication) asserted that these results (regarding the top loading items) provide strong evidence that the factor structures across this sample and previous ones are similar.

<sup>2</sup>Nonetheless, it should be noted that the cognitive-transaction model of the stress process asserts that the adaptive value of a particular coping strategy can only be determined within the context of the particular stressful encounter (c.f. Folkman & Lazarus, 1984). For example, the use of confrontative coping has been linked with positive outcomes among cancer patients (Rogenstine et al., 1979).

## References

- Bandura, A. (1986). Self-efficacy in physiological activation and health-promoting behavior. In J. Madden, IV, S. Matthysse, & J. Barchas (Eds.), Adaptation, learning, and affect. NY: Raven Press.
- Batson, C. D., Fultz, J., Schoenrade, J. (1987). Adults' emotional reactions to the distress of others. In N. Eisenberg & J. Strayer (Eds.), Empathy and its development (pp. 163-184). NY: Cambridge University Press.
- Beach, S. R. H., & Tesser, A. (1987). Love in marriage: A cognitive account. In R. J. Sternberg & M. J. Barnes (Eds.), The anatomy of love. New Haven, CT: Yale University Press.
- Beach, S. R. H., Sandeen, E. E., & O'Leary, K. D. (1990). Depression in marriage: A model for etiology and treatment. NY: Guilford Press.
- Billings, A. G., & Moos, R. H. (1982). Family environments and adaptation: A clinically applicable typology. American Journal of Family Therapy, 10, 26-38.
- Blaney, P. H. (1985). Stress and depression in adults: A critical review. In T. M. Field, P. M. McCabe, & N. Schniederman (Eds.), Stress and coping (pp. 263-283). Hillsdale, NJ: Erlbaum.
- Bolger, N. (1990). Coping as a personality process: A prospective study. Journal of Personality and Social Psychology, 59, 525-537.
- Bolger, N., DeLongis, A., Kessler, R. C., & Schilling, E. A. (1989). Effects of daily stress on negative mood. Journal of Personality and Social Psychology, 57, 808-818.
- Bradbury, T. N., & Fincham, F. D. (1989). Behavior and satisfaction in marriage: Prospective mediating processes. In C. Hendrick (Ed.), Close relationships: Review of Personality and Social Psychology, Vol. 10, 119-143. Newbury Park, CA: Sage Publications.
- Brown, G. W., & Harris, T. (1978). The social origins of depression. NY: Raven Press.
- Buck, R. (1989). Emotional communication in personal relationships: A developmental-interactionist view. Review of Personality and Social Psychology (Vol. 10): Close relationships. Newbury Park, CA: Sage.



- Burleson, B. R. (1985). The production of comforting messages: Social-cognitive foundations. Journal of Language and Social Psychology, 4, 253-273.
- Burleson, B. R., & Samter, W. (1985). Consistencies in theoretical and naive evaluations of comforting messages. Communication Monographs, 52, 103-123.
- Buss, D. M. (In preparation). Tactics of manipulation in close relationships: The big five personality factors in interactional context.
- Campos, J. J., Campos, R. G., & Barnett, K. C. (1989). Emergent themes in the study of emotional development and emotion regulation. Developmental Psychology, 25, 394-402.
- Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. Journal of Personality and Social Psychology, 56, 267-283.
- Cobb, S. (1976). Social support as a moderator of life stress. Psychosomatic Medicine, 38, 300-314.
- Cohen, S., & McKay, G. (1984). Social support, stress, and the buffering hypothesis. In A. Baum, J. E. Singer, & S.E. Taylor (Eds.), Handbook of psychology and health (Vol. 4, pp. 253-263). Hillsdale, NJ: Erlbaum.
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis: A theoretical analysis. Psychological Bulletin, 98, 310-357.
- Compas, B. E., Forsythe, C. J., & Wagner, B. M. (1988). Consistency and variability in causal attributions and coping with stress. Cognitive Therapy and Research, 12, 305-320.
- Costa, P. T., Jr. & McCrae, R. R. (1985). The NEO Personality Inventory Manual. Odessa, FL: Psychological Assessment Resources.
- Costa, P. T., Jr. & McCrae, R. R. (1987). Validation of the five-factor model of personality across instruments and observers. Journal of Personality and Social Psychology, 52, 81-90.
- Costa, P. T., Jr. & McCrae, R. R. (1988). Personality in Adulthood: A six-year longitudinal study of self-reports and spouse ratings on the NEO Personality Inventory. Journal of Personality and Social Psychology, 54, 853-863.

- Costa, P. T., Jr. & McCrae, R. R. (1989). The NEO-PI/NEO-FFI manual supplement. Odessa, FL: Psychological Assessment Resources.
- Courney, R. H. (1984). The effectiveness of social workers in the management of depressed female patients in general practice. Psychological Medicine, 14, (Monograph Suppl. 6).
- Covey, S. R. (1989). The seven habits of highly effective people. NY: Simon and Schuster.
- Coyne, J. C. (1989). Thinking postcognitively about depression. In A. Freeman, K. M. Simon, L. E. Beutler, & H. Arkowitz (Eds.), Comprehensive handbook of cognitive therapy (pp. 227-244). NY: Plenum.
- Coyne, J. C., & DeLongis, A. (1986). Going beyond social support: The role of social relationships in adaptation. Journal of Consulting and Clinical Psychology, 54, 454-460.
- Coyne, J. C., Wortman, C. B., Lehman, D. R., & Turnbull, J. (1985, August). Support in close relationships: When love isn't enough. Paper presented at the annual general meeting of the American Psychological Association, Los Angeles, CA.
- Coyne, J. C., Wortman, C. B., & Lehman, D. R. (1988). The other side of support-emotional overinvolvement and miscarried helping. In B. Gottlieb (Ed.), Marshaling social support (pp. 305-330). Newbury Park, CA: Sage.
- Cramer, D. (1985). Psychological adjustment and the facilitative nature of close relationships. British Journal of Medical Psychology, 58, 165-168.
- Cramer, D. (1987). Self-esteem, advice giving, and the facilitative nature of close relationships. Person-Centered Review, 2, 99-110.
- Cramer, D. (1988). Self-esteem and facilitative close relationships: A cross-lagged panel correlation analysis. British Journal of Social Psychology, 27, 115-126.
- Cronkite, R. C., & Moos, R. H. (1984). The role of predisposing and moderating factors in the stress-illness relationship. Journal of Health and Social Behavior, 25, 372-393.
- Davidson, J. F., Allen, J. L., & Schroeder, D. A. (1990). Specificity of empathy-induced helping: Evidence for

- altruistic motivation. Journal of Personality and Social Psychology, 59, 249-260.
- Davis, M. H., & Oathout, H. A. (1987). Maintenance of satisfaction in romantic relationships: Empathy and relational competence. Journal of Personality and Social Psychology, 53, 397-410.
- DeLongis, A., Bolger, N., & Kessler, R. C. (1987, August). Coping with marital conflict. Paper presented at the annual meeting of the American Psychological Association, New York, NY.
- DeLongis, A., Bolger, N., & Kessler, R. C. (1988, August). Cognitive appraisal and coping with daily interpersonal stress. Paper presented at the annual meeting of the American Psychological Association, Atlanta, GA.
- DeLongis, A., Folkman, S., & Lazarus, R. S. (1988). The impact of daily stress on health and mood: Psychological and social resources as mediators. Journal of Personality and Social Psychology, 54, 486-495.
- DeLongis, A., Hemphill, K. J., & Lehman, D. R. (in press). A structured diary methodology for the study of daily events. To appear in F. B. Bryant, J. Edwards, L. Heath, E. J. Posavac, & R. S. Tindale (Eds.), Methodological issues in applied social psychology. NY: Plenum Press.
- DeLongis, A., Lehman, D. R., Silver, R. C., & Wortman, C. B. (1991). The interpersonal implications of personal coping strategies among parents who have lost a child. Manuscript submitted for publication.
- DeLongis, A. & O'Brien, T. (1989, August). Assessing stress among older adults using a structured diary methodology. Paper presented at the annual meeting of the American Psychological Association, New Orleans, LA.
- DeLongis, A., & O'Brien, T. (1990). An interpersonal framework for stress and coping: An application to the families of Alzheimer's patients. In M. A. P. Stephens, J. H. Crowther, S. E. Hobfoll, & D. L. Tennenbaum (Eds.), Stress and coping in later life families (pp. 221-239). Washington, DC: Hemisphere Publishers.
- Dix, T. (1991). The affective organization of parenting: adaptive and maladaptive processes. Psychological Bulletin, 110, 3-25.

- Dunn, O. J. (1961). Multiple comparisons among means. Journal of the American Statistical Association, 56, 52-64.
- Eisenberg, N., & Miller, P. A. (1987). The relation of empathy to prosocial and related behaviors. Psychological Bulletin, 101, 91-119.
- Eisenberg, N., & Strayer, J. (1987). Empathy and its development. NY: Cambridge University Press.
- Endler, N. S. (1983). Interactionism: A personality model, but not yet a theory. In M. M. Page (Ed.), Nebraska Symposium on Motivation 1982: Personality--Current Theory and Research. Lincoln, NE: University of Nebraska Press.
- Endler, N. S., & Edwards, J. M. (1986). Interactionism in personality in the twentieth century. Personality and Individual Differences, 7, 379-384.
- Endler, N. S., & Parker, J. D. A. (1990). Multidimensional assessment of coping: A critical evaluation. Journal of Personality and Social Psychology, 58, 844-854.
- Fehr, B., & Perlman, D. (1985). The family as a social network and support system. In L. L'Abate (Ed.), Handbook of family psychology and therapy (Vol. 1, pp. 323-356). Homewood, IL: Dow-Jones Irwin.
- Fiore, J., Becker, J., & Coppel, D. B. (1983). Social Network: A buffer or a stress. American Journal of Community Psychology, 11, 423-439.
- Fiore, J., Coppel, D. B., Becker, J., & Cox, G. B. (1986). Social support as a multifaceted concept: Examination of important dimensions for adjustment. American Journal of Community Psychology, 14, 93-111.
- Folkman, S., & Lazarus, R. S. (1980). An analysis of coping in a middle-aged community sample. Journal of Health and Social Behavior, 21, 219-239.
- Folkman, S., & Lazarus, R. S. (1985). If it changes it must be a process: Study of emotion and coping during three stages of a college examination. Journal of Personality and Social Psychology, 48, 150-170.
- Folkman, S., & Lazarus, R. S. (1988). Coping as a mediator of emotion. Journal of Personality and Social Psychology, 54, 466-475.
- Folkman, S., Lazarus, R. S., Dunkel-Schetter, C., DeLongis, A., & Gruen, R. J. (1986b). Dynamics of a stressful

- encounter: Cognitive appraisal, coping, and encounter outcomes. Journal of Personality and Social Psychology, 50, 992-1003.
- Folkman, S., Lazarus, R. S., Gruen, R. J., & DeLongis, A. (1986a). Appraisal, coping, health status, and psychological symptoms. Journal of Personality and Social Psychology, 50, 571-579.
- Fondacaro, M. R., & Moos, R. H. (1987). Social support and coping: A longitudinal analysis. American Journal of Community Psychology, 15, 653-673.
- Franzoi, S. L., Davis, M. H., & Young, R. D. (1985). The effects of private self-consciousness and perspective taking on satisfaction in close relationships. Journal of Personality and Social Psychology, 48, 1584-1594.
- Goldstein, A. P., & Michaels, G. Y. (1985). Empathy development, training, and consequences. Hillsdale, NJ: Erlbaum.
- Gotlib, I. H. & Whiffen, V. E. (1989). Stress, coping, and marital satisfaction in couples with a depressed wife. Canadian Journal of Behavioural Science, 21, 401-418.
- Gottman, J. M. (1979). Marital interaction: Experimental investigations. NY: Academic Press.
- Haan, N. (1977). Coping and defending. NY: Academic Press.
- Hansson, R. O., & Carpenter, B. N. (1990). Relational competence and adjustment in older adults: Implications for the demands of aging. In M. A. P. Stephens, J. H. Crowther, S. E. Hobfoll, & D. L. Tennenbaum (Eds.), Stress and coping in later life families (pp. 131-151). Washington, DC: Hemisphere Publishers.
- Hart, K. E. (1991). Coping with anger-provoking situations: Adolescent coping in relation to anger reactivity. Journal of Adolescent Research, 6, 357-370.
- Heller, K., Swindle, R. W., & Dusenbury, L. (1986). Component social support processes: Comments and integration. Journal of Consulting and Clinical Psychology, 54, 466-470.
- Hobfoll, S. E., & Liberman, J. R. (1987). Personality and social resources in immediate and continued stress resistance among women. Journal of Personality and Social Psychology, 52, 18-26.
- Hoffman, M. L. (1978). Empathy, its development and prosocial implications. In H. Howe, Jr. (Ed.), Nebraska

Symposium on Motivation. Lincoln, NE: University of Nebraska Press.

- Hoffman, M. L. (1984). Interaction of affect and cognition in empathy. In C. E. Izard, J. Kagan, & R. B. Zajonc (Eds.), Emotions, cognition, and behavior. NY: Cambridge Press.
- Holahan, C. J., & Moos, R. H. (1985). Life stress and health: Personality, coping, and family support in stress resistance. Journal of Personality and Social Psychology, 49, 739-747.
- Holahan, C. J., & Moos, R. H. (1987). Personal and contextual determinants of coping strategies. Journal of Personality and Social Psychology, 52, 946-955.
- Hooley, J. M. (1985). Expressed emotion: A review of the critical literature. Clinical Psychology Review, 5, 119-139.
- House, J. S., Umberson, D., & Landis, K. (1988). Structures and processes of social support. Annual Review of Sociology, 14, 293-318.
- Jalowiec, A., Murphy, S. P., & Powers, M. J. (1984). Psychometric assessment of the Jalowiec Coping Scale. Nursing Research, 30, 157-161.
- Kahn, J., Coyne, J., & Margolin, G. (1985). Depression and marital disagreement: The social construction of despair. Journal of Social and Personal Relationships, 2, 447-461.
- Klinger, E. (1977). Meaning and void: Inner experience and incentives in people's lives. Minneapolis, MN: University of Minnesota Press.
- Krause, N., Liang, J., & Yatomi, N. (1989). Satisfaction with social support and depressive symptoms: A panel analysis. Psychology and Aging, 4, 88-97.
- Kuiper, N. A., & Olinger, L. J. (1989). Stress and cognitive vulnerability for depression: A self-worth contingency model. In R. W. J. Neufeld (Ed.), Advances in the investigation of psychological stress. NY: Wiley.
- Kuipers, L., & Bebbington, P. (1988). Expressed emotion research in schizophrenia: Theoretical and clinical implications. Psychological Medicine, 18, 893-909.
- Lazarus, R. S. (1991). Progress on a cognitive-motivational-relational theory of emotion. American Psychologist, 46, 819-834.

- Lazarus, R. S., Averill, J. R., & Opton, E. M., Jr. (1974). The psychology of coping: Issues of research and assessment. In G. V. Coelho, D. A. Hamburg, & J. F. Adams (Eds.), Coping and adaptation (pp. 249-315). NY: Basic Books.
- Lazarus, R. S., & DeLongis, A. (1983). Psychological stress and coping in aging. American Psychologist, 38, 245-254.
- Lazarus, R. S. & Folkman, S. (1984). Stress, appraisal, and coping. NY: Springer.
- Lazarus, R. S. & Folkman, S. (1987). Transactional theory and research on emotions and coping. European Journal of Personality, 1, 141-169.
- Leff, J., Kuipers, L., Berkowitz, R., Eberlein-Vries, R., & Sturgeon, D. (1982). A controlled trial of social intervention in families of schizophrenic patients. British Journal of Psychiatry, 141, 121-134.
- Lehman, D. R., Ellard, J. H., & Wortman, C. B. (1986). Social support of the bereaved: Recipients' and providers' perspectives on what is helpful. Journal of Consulting and Clinical Psychology, 54, 438-446.
- Lin, N., Dean, A., & Ensel, W. M. (1986). Social support, life events, and depression. Orlando, FL: Academic.
- Long, E. C. J., & Andrews, D. W. (1990). Perspective taking as a predictor of marital adjustment. Journal of Personality and Social Psychology, 59, 126-131.
- Manne, S. L., & Zautra, A. J. (1989). Spousal criticism and support: Their association with coping and psychological adjustment among women with rheumatoid arthritis. Journal of Personality and Social Psychology, 56, 608-617.
- Marcia, J. (1987). Empathy and psychotherapy. In N. Eisenberg & J. Strayer (Eds.), Empathy and its development (pp. 81-102). NY: Cambridge University Press.
- McCrae, R. R. (1984). Situational determinants of coping responses: Loss, threat, and challenge. Journal of Personality and Social Psychology, 46, 919-928.
- McCrae, R. R., & Costa, P. T. Jr. (1986). Personality, coping, and coping effectiveness in an adult sample. Journal of Personality, 54, 385-405.

- McCrae, R. R., & Costa, P. T. Jr. (1987). Validation of the five-factor model of personality across instruments and observers. Journal of Personality and Social Psychology, 54, 81-90.
- Menaghan, E. G. (1983). Individual coping efforts and family studies: Conceptual and methodological issues. Marriage and Family Review, 6, 113-135.
- Moore, B. S., Sherrod, D. R., Liv, T. J., & Underwood, B. (1979). The dispositional shift in attribution over time. Journal of Experimental Social Psychology, 15, 553-569.
- Moos, R. H. (Ed.) (1986). Coping with life crises: An integrated approach. NY: Plenum Press.
- Moos, R. H., Cronkite, R. C., Billings, A. G., & Finney, J. W. (1983). Health and Daily Living Form manual. (Available from Social Ecology Laboratory, Department of Psychiatry and Behavioral Sciences. Stanford University School of Medicine. Stanford, CA 94305.)
- Nisbett, R. E., & Wilson, T. D. (1977). Telling more than we can know: Verbal reports on mental processes. Psychological Review, 84, 231-259.
- Norusis, M. J. (1990). SPSS/PC + statistics 4.0. Chicago, IL: SPSS Inc.
- Notarius, C. I., & Hendrick, L. R. (1984, July). Interactional response strategies to 'depressed' individuals. Paper presented at the Second International Conference on Personal Relationships, University of Wisconsin, Madison, WI.
- Orford, J. (1986). The rules of interpersonal complementarity: Does hostility beget hostility and dominance, submission? Psychological Review, 93, 365-377.
- Orlinsky, D. E., & Howard, R. I. (1986). The relation of process to outcome in psychotherapy. In S. L. Garfield and A. E. Bergin (Eds.), Handbook of psychotherapy and behavior change, (3rd ed.). NY: Guilford Press.
- Pagel, M. D., Erdly, W. W., & Becker, J. (1987). Social networks: We get by with (and in spite of) a little help from our friends. Journal of Personality and Social Psychology, 53, 793-804.
- Paulhus, D. L. (1991). Measurement and control of response bias. In J. P. Robinson, P. Shaver, & L. S. Wrightman



- (Eds.), Measures of Personality and Social Attitudes. San Diego, CA: Academic Press.
- Paulhus, D. L., Fridhandler, B., & Hayes, S. (In press). Psychological defense: Contemporary theory and research. To appear in S. R. Briggs, R. Hogan, & W. Jones (Eds.), Handbook of Personality Psychology. NY: Academic Press.
- Pearlin, L. I., & Schooler, C. (1978). The stress process. Journal of Health and Social Behavior, 19, 2-21.
- Pedhazur, E. J. (1982). Multiple regression in behavioral research. NY: CBS College Publishing.
- Perlman, D., & Fehr, B. (1987). The development of intimate relationships. In D. Perlman & S. Duck (Eds.), Intimate relationships: Development, dynamics and deterioration (pp. 13-42). Beverly Hills, CA: Sage.
- Peterson, C. (1980). Memory and the "dispositional shift." Social Psychology Quarterly, 43, 372-380.
- Reis, H. T. (1984). Social interaction and well-being. In S. Duck (Ed.), Personal relationships 5: Repairing personal relationships (pp. 21-45). London, England: Academic Press.
- Ritter, E. M. (1979). Social perspective-taking ability, cognitive complexity, and listener-adapted communication in early and late adolescence. Communications Monographs, 46, 40-51.
- Rook, K. S. (1987). Social support vs. companionship: Effects on life stress, loneliness, and evaluations by others. Journal of Personality and Social Psychology, 52, 1132-1147.
- Rook, K. S., & Pietromonaco, P. (1987). Close relationships: Ties that heal or ties that bind? In W. H. Jones & D. Perlman (Eds.), Advances in personal relationships (Vol. 1, pp. 1-35). Greenwich, CT: JAI Press.
- Roth, S. & Cohen, L. J. (1986). Approach, avoidance, and coping with stress. American Psychologist, 41, 813-819.
- Rounsaville, B. J., Weissman, M. M., Prusoff, B. A., & Herceg-Baron, R. L. (1979). Marital disputes and treatment outcome in depressed women. Comprehensive Psychiatry, 20, 483-490.
- Safran, J. D., & Segal, Z. V. (1990). Interpersonal process in cognitive therapy. NY: Basic Books.

- Sarason, B. R., Shearin, E. N., Pierce, G. R., & Sarason, I. G. (1987). Interrelations of social support measures: Theoretical and practical implications. Journal of Personality and Social Psychology, 52, 813-832.
- Scott, J. P., Roberto, K. A., & Hutton, J. T. (1986). Families of Alzheimer's victims: Family Support to the caregivers. Journal of American Geriatrics Society, 34, 348-354.
- Shinn, M., Rosario, M., Morsh, H., & Chestnut, D. E. (1984). Coping with job stress and burnout in the human services. Journal of Personality and Social Psychology, 46, 864-876.
- Snyder, M., & Simpson, J. A. (1987). Orientations towards romantic relationships. In D. Perlman & S. Duck (Eds.), Intimate relationships: Development, dynamics and deterioration (pp. 45-62). Beverly Hills, CA: Sage.
- Stone, A. A., & Neale, J. M. (1984). New measure of daily coping: Development & preliminary results. Journal of Personality and Social Psychology, 46, 892-906.
- Strayer, J. (1987). Affective and cognitive perspective on empathy. In N. Eisenberg & J. Strayer (Eds.), Empathy and its development. NY: Cambridge University Press.
- Tennen, H., & Herzberger, S. (1985). Ways of Coping scale. In D. J. Keyser & R. C. Sweetland (Eds.), Test critiques: Vol. 3 (pp. 686-697). Kansas City, MO: Test Corporation of America.
- Thoits, P. A. (1982). Conceptual, methodological, and theoretical problems in study social support as a buffer against life stress. Journal of Health and Social Behavior, 23, 145-159.
- Thoits, P. A. (1986). Social support as coping assistance. Journal of Consulting and Clinical Psychology, 54, 416-423.
- Tune, L. E., Lucas-Blaustein, M., & Rovner, B. W. (1988). Psychosocial interventions. In L. F. Jarvik & C. H. Winograd (Eds.), Treatments for the Alzheimer patient: The long haul. NY: Springer.
- Vaillant, G. E. (1977). Adaptation to life. Boston, MA: Little Brown.
- Vaughn, C. E., & Leff, J. P. (1976). The influence of family and social factors in the course of psychiatric illness. British Journal of Psychiatry, 129, 125-137.

- Vitaliano, P. P., Maiuro, R. D., Russo, J., & Becker, J. Raw versus relative scores in the assessment of coping strategies. Journal of Behavioral Medicine, 10, 1-18.
- Weiss, R. S. (1974). The provision of social relationships. In Z. Rubin (Ed.), Doing unto others. Englewood Cliffs, NJ: Prentice-Hall.
- Weitz, J. R., Rothbaum, F. M., & Blackburn, T. C. (1984). Standing out and standing in. American Psychologist, 39, 955-969.
- Wiggins, J. S., & Pincus, A. L. (1992). Personality: Structure and assessment. In M. R. Rosenzweig & L. W. Porter (Eds.), Annual review of psychology: Vol. 43 (pp. 473-504). Palo Alto, CA: Annual Reviews Inc.
- Wilkinson, L. (1989). SYSTAT: The system for statistics. Evanston, IL: SYSTAT Inc.
- Wood, J. V. (1989). Theory and research concerning social comparisons and personal attributes. Psychological Bulletin, 106, 231-248.
- Zahn-Waxler, C., Iannotti, R. & Chapman, M. (1982). Peers and prosocial development. In R. H. Rubin and H. S. Ross (Eds.), Peer relationships and social skills in childhood (pp. 133-162). NY: Springer-Verlag.

# Index of Tables

1.	Situational Contexts of Stressors.....	133
2.	Factor Loadings of Relationship-Coping Items.....	134
3.	Intercorrelations: Raw Score Coping Scales.....	135
4.	Mean Proportions of Total Coping.....	136
5.	Mean Personality Scores.....	137
6.	Intercorrelations: Personality Dimensions.....	138
7.	Correlations between Coping and Personality Dimensions.....	139
8.	Correlations between Coping and Situation Factors.....	140
9.	Correlations between Situation Factors and Personality Dimensions.....	141
10.	Correlations between Relationship-Focused Coping and Social Desirability.....	142
11.	<u>t</u> -Tests.....	143
12.	Hierarchical Regression Analyses: Unique Variance Accounted for by Situation Factors.....	144
13.	Hierarchical Regression Analyses: Unique Variance Accounted for by Personality.....	147
14.	Hierarchical Regression Analyses: Unique Variance Accounted for by Person-Situation Interactions.....	150

- 15. Separate Multiple Regression Analyses:  
Relationship-Focused Coping.....153
- 16. Separate Multiple Regression Analyses:  
Confrontative Coping.....154
- 17. Separate Multiple Regression Analyses:  
Planful Problem-Solving.....155
- 18. Multiple Regression Analyses: Specific Hypotheses  
about Interactions of Personality and Situation  
Relationship-Focused Coping.....156
- 19. Multiple Regression Analyses: Specific Hypotheses  
about Interactions of Personality and Situation  
Confrontative Coping.....157

Table 1

Situational Contexts of Stressors		
Situation	Frequency N = 270	Percentage of Sample
Work	118	43.7%
Close Interpersonal	57	21.1%
Other Interpersonal	32	11.8%
Other (Miscellaneous)	63	23.3%

Table 2

---

**Factor Loadings of Relationship-focused Coping Items**

---

**Relationship-focused Coping**

(Alpha = .93)

<u>Loading</u>	<u>Item</u>
.85	Tried to understand the other person's concerns.
.85	Tried to understand how the other person felt.
.79	Tried to experience what the other person was feeling.
.79	Tried to figure out what would make the other person feel better.
.75	Tried to provide comfort to the other person(s) involved by telling them about my positive feelings for them.
.74	Tried to help the other person(s) involved by listening to them.
.73	Imagined myself in the other person's shoes.
.65	Tried to see things from the other person's point of view.
.64	Tried to help the other person(s) involved by doing something for them.
.62	Tried to accept the other person(s) as they are now.

---

Table 3

Intercorrelations: Raw Score Coping Scales					
	1	2	3	4	5
1. RF	----				
2. CF	.36***	----			
3. PPS	-.08	.14*	----		
4. SUP	.24***	.27***	.15**	----	
5. PR	.41***	.29***	.26***	.31***	----
6. SC	.40***	.30***	.19***	.15**	.06
7. AR	.01	.17**	.12*	.03	.24***
8. EA	.11*	.28***	.13*	.21***	.26***
9. DIS	.21***	.15**	.05	.15**	.15**
	6	7	8	9	
6. SC	----				
7. AR	.09	----			
8. EA	.28***	.30***	----		
9. DIS	.15**	.03	.15**	----	

Two-tailed sig.    \*p <.05    \*\*p <.01    \*\*\*p <.001

Note.

1. RF = Relationship-focused	6. SC = Self-Control
2. CF = Confrontative Coping	7. AR = Accepting Responsibility
3. PPS = Planful Problem-Solving	8. EA = Escape-Avoidance
4. SUP = Support Seeking	9. DIS = Distancing
5. PR = Positive Reappraisal	



Table 4

Mean Proportions of Total Coping					
Coping	Situational Context of Stressor				
	Total Sample	Work	Close Inter- personal	Other Inter- personal	Other
	Mean SD	Mean SD	Mean SD	Mean SD	Mean SD
Relationship- focused	.106 .034	.088 .024	.141 .030	.112 .028	.106 .032
Confront- ative	.100 .020	.096 .017	.101 .021	.106 .019	.104 .025
Planful Problem- Solving	.134 .031	.150 .029	.118 .022	.112 .025	.132 .027
Support Seeking	.113 .028	.109 .026	.111 .029	.121 .028	.118 .030
Positive Reappraisal	.098 .020	.099 .017	.102 .021	.095 .022	.095 .022
Self- Control	.117 .021	.114 .024	.120 .016	.119 .022	.119 .020
Accept Respon- sibility	.117 .033	.126 .033	.107 .028	.118 .033	.107 .031
Escape- Avoidance	.105 .020	.109 .020	.098 .019	.096 .019	.106 .019
Distancing	.110 .025	.108 .026	.103 .024	.120 .030	.114 .021

Table 5

Mean Personality Scores					
Personality Dimension	Total Sample	Situational Context of Stressor			
		Work	Close Inter-personal	Other Inter-personal	Other
	Mean SD	Mean SD	Mean SD	Mean SD	Mean SD
Neuroticism	47.29 12.78	47.34 12.98	46.28 10.67	52.94 12.68	45.25 13.64
Extraversion	55.60 9.77	55.22 10.11	57.50 9.44	54.28 9.85	55.26 9.37
Openness to Experience	56.44 9.39	56.09 9.78	58.66 8.02	54.22 10.73	56.22 8.90
Agreeableness	59.09 9.18	58.39 9.78	59.57 9.51	56.69 10.66	61.19 7.74
Conscientiousness	58.88 10.44	57.98 11.04	59.40 9.72	58.82 10.66	60.12 9.85

Note. A 7-point response scale was used for this study.  
Maximum subscale score = 84.

Table 6

Intercorrelations: Personality Dimensions					
	N	E	O	A	C
Neuroticism	----				
Extraversion	-.35***	_____			
Openness to Experience	-.14*	-.01	----		
Agreeableness	-.13*	.26***	.06	_____	
Conscientiousness	-.34***	.23***	.03	.10	----
Two-tailed sig.    *p <.05    **p <.01    ***p <.001					

Table 7

Correlations between Coping and Personality Dimensions					
Coping	Personality				
	N	E	O	A	C
R-Focus	-.01	.06	.04	.09	.16**
Confront- ative	.14**	-.04	-.05	-.15**	.05
Planful Problem- solving	-.16**	.07	.02	-.003	.10
Support Seeking	-.07	.13	-.03	.19**	.01
Positive Reap- praisal	-.08	-.01	.21***	.08	.01
Self- Control	-.07	-.02	.07	-.11	.12
Accepting Respon- sibility	.17**	-.13*	-.03	-.02	.32***
Escape- Avoidance	.24***	-.13*	-.17**	-.09	-.22***
Distan- cing	-.06	-.01	-.10	-.11*	.05
Two-tailed sig.    *p <.05    **p <.01    ***p <.001					

Table 8

Correlations between Coping and Situation Factors			
Coping	Situation		
	Work	Close Interpersonal	Other Interpersonal
Relationship-focus	-.29***	.26***	.04
Confrontative	-.18**	-.10	-.02
Planful Problem-Solving	.37***	-.01	-.12
Seek Support	-.16**	-.12*	-.01
Positive Reappraisal	.08	.13*	.04
Self-Control	-.10	-.01	-.01
Accept Responsibility	.22***	.01	.13*
Escape-Avoidance	.15*	-.06	-.12
Distancing	-.12*	-.19**	.02
Two-tailed sig.	*p <.05	**p <.01	***p <.001

Table 9

Correlations between Situation Factors and Personality Dimensions			
Personality Dimension	Situation		
	Work	Close Interpersonal	Other Interpersonal
Neuroticism	-.02	-.04	.16**
Extraversion	.01	.08	.05
Openness to Experience	.02	.11	-.09
Agreeableness	-.06	-.02	.10
Conscientiousness	-.07	-.02	-.002
Two-tailed sig.	*p <.05	**p <.01	***p <.001

Table 10

Correlations between Relationship-focused Coping and Social Desirability			
Coping	Social Desirability		
	Self-Deception Enhancement	Impression Management	
Relationship- focused			
Relative Scoring	.04	.08	
Raw Scores	.03	.06	
Two-tailed sig.	*p <.05	**p <.01	***p <.001

Table 11

<u>t-TESTS</u>		
Comparison Groups	DV: Coping	<u>t</u> value
Close Interpersonal vs. Other Interpersonal		
	Relationship- focused Coping	4.37***
	Escape- Avoidance	.34
	Distancing	- 2.82**
	Planful Problem-Solving	1.09
Close Interpersonal vs. Work		
	Relationship- focused Coping	12.73***
	Planful Problem-Solving	- 7.29***
Other Interpersonal vs. Work		
	Planful Problem-Solving	- 6.61***
One-tailed sig.	*p <.05	**p <.01      ***p <.001



Table 12

<b>Hierarchical Regression Analyses: Unique Variance Accounted for by Situation Factors</b>			
<b>Coping</b>			
	Relationship- focused Coping	Confront- ative Coping	Planful Problem- Solving
	<u>Beta</u>	<u>Beta</u>	<u>Beta</u>
<b>Step 1: Personality</b>			
Neuroticism	.08	.18*	-.17*
Extraversion	.02	.04	.01
Openness	.04	-.02	-.002
Agreeableness	.08	-.15*	-.03
Conscientious	.17*	.12	.06
$R^2$	.04	.06	.03
Adjusted $R^2$	.02	.04	.01
$F$ Change	1.99	3.10**	1.52
<b>Step 2: Situation</b>			
Work	-.64****	-.18**	.56****
Close	.63****	.03	-.33****
Interpersonal			
$R^2$ change	.35	.03	.21
Adjusted $R^2$	.37	.06	.22
$F$ Change	73.04****	3.90*	36.38****
*p < .05	**p < .01	***p < .001	****p < .0001
(continued)			

Table 12

Hierarchical Regression Analyses: Unique Variance Accounted for by Situation Factors			
Coping			
	Support Seeking	Positive Reappraisal	Self- Control
	<u>Beta</u>	<u>Beta</u>	<u>Beta</u>
<b>Step 1: Personality</b>			
Neuroticism	-.04	-.06	-.05
Extraversion	.08	-.05	-.03
Openness	-.04	.20**	.07
Agreeableness	.17**	.07	-.12
Conscientious	-.04	-.01	.12
$R^2$	.05	.05	.04
Adjusted $R^2$	.03	.04	.02
F Change	2.54*	2.94*	1.94
<b>Step 2: Situation</b>			
Work	-.12	.04	-.13
Close	-.06	.11	.06
Interpersonal			
$R^2$ change	.03	.02	.01
Adjusted $R^2$	.05	.05	.02
F Change	3.51*	2.60	.53
*p < .05	**p < .01	***p < .001	****p < .0001
(continued)			

Table 12

<b>Hierarchical Regression Analyses: Unique Variance Accounted for by Situation Factors</b>			
<b>Coping</b>			
	<b>Accept Responsibility</b>	<b>Escape- Avoidance</b>	<b>Distancing</b>
	<u>Beta</u>	<u>Beta</u>	<u>Beta</u>
<b>Step 1: Personality</b>			
Neuroticism	.06	.16*	-.08
Extraversion	-.05	-.04	-.01
Openness	-.02	-.15*	-.10
Agreeableness	.03	-.03	-.12
Conscientious	-.30****	-.14*	.04
$R^2$	.11	.10	.03
Adjusted $R^2$	.10	.10	.01
F Change	6.67****	6.03****	1.59
<b>Step 2: Situation</b>			
Work	.30****	.24***	-.05
Close	-.15*	-.17*	-.16*
Interpersonal			
$R^2$ change	.06	.04	.04
Adjusted $R^2$	.15	.12	.04
F Change	10.09****	6.17**	5.05**
*p < .05      **p < .01      ***p < .001      ****p < .0001			

Table 13

<b>Hierarchical Regression Analyses: Unique Variance Accounted for by Personality</b>			
	<b>Coping</b>		
	Relationship- focused Coping	Confront- ative Coping	Planful Problem- Solving
	<u>Beta</u>	<u>Beta</u>	<u>Beta</u>
<b>Step 1: Situation</b>			
Work	-.65****	-.18*	.54****
Close	.62****	.02	-.32****
Interpersonal			
$R^2$	.36	.03	.20
Adjusted $R^2$	.35	.02	.20
F Change	74.43****	3.82*	34.31****
<b>Step 2: Personality</b>			
Neuroticism	.06	.17*	-.12
Extraversion	-.03	.04	.03
Openness	-.02	-.02	.02
Agreeableness	.06	-.16**	-.01
Conscientious	.15**	.11	.09
$R^2$ change	.02	.06	.03
Adjusted $R^2$	.36	.06	.22
F Change	1.98	3.13**	2.40*
*p < .05	**p < .01	***p < .001	****p < .0001
(continued)			

Table 13

Hierarchical Regression Analyses: Unique Variance Accounted For By Personality			
Coping			
	Support Seeking	Positive Reappraisal	Self- Control
	<u>Beta</u>	<u>Beta</u>	<u>Beta</u>
<b>Step 1: Situation</b>			
Work	-.13	.02	-.14
Close	-.05	.14	.06
Interpersonal			
$R^2$	.03	.02	.01
Adjusted $R^2$	.02	.02	.01
F Change	3.57*	3.21*	1.76
<b>Step 2: Personality</b>			
Neuroticism	-.05	-.06	-.06
Extraversion	.09	-.06	-.03
Openness	-.03	.18**	.06
Agreeableness	.16*	.08	-.13*
Conscientious	-.05	-.01	.10
$R^2$ change	.04	.05	.04
Adjusted $R^2$	.05	.05	.02
F Change	2.53*	2.70*	1.94
*p < .05	**p < .01	***p < .001	****p < .0001
(continued)			

Table 13

<b>Hierarchical Regression Analyses: Unique Variance Accounted For By Personality</b>			
Coping			
	Accept Responsibility	Escape- Avoidance	Distancing
	<u>Beta</u>	<u>Beta</u>	<u>Beta</u>
<b>Step 1: Situation</b>			
Work	.33****	.27***	-.04
Close	-.16*	-.21**	-.17*
Interpersonal			
$R^2$	.07	.05	.04
Adjusted $R^2$	.07	.04	.03
F Change	10.70****	7.31***	5.26**
<b>Step 2: Personality</b>			
Neuroticism	.07	.16*	-.08
Extraversion	-.04	-.03	.01
Openness	-.01	-.13*	-.09
Agreeableness	.05	-.03	-.12
Conscientious	-.28****	-.13*	.03
$R^2$ change	.10	.09	.03
Adjusted $R^2$	.15	.12	.04
F Change	6.44****	5.59****	1.53
*p < .05	**p < .01	***p < .001	****p < .0001

Table 14

Hierarchical Regression Analyses:			
Unique Variance Accounted for by Person-Situation Interactions			
Coping			
	Relationship- focused Coping	Confront- ative Coping	Planful Problem- Solving
	<u>Beta</u>	<u>Beta</u>	<u>Beta</u>
<b>Step 3: Interaction</b>			
Work			
X Neuroticism	.36	.26	.25
X Extraversion	.26	-.22	-.21
X Openness	-.62	.03	.10
X Agreeable	-.03	.92	.86
X Conscient.	-.58	.70	1.21**
Close Interpersonal			
X Neuroticism	-.82**	.53	.14
X Extraversion	.24	.20	.21
X Openness	.38	-1.00*	-.57
X Agreeable	.13	-.35	-.17
X Conscien.	.15	-.57	-.37
$R^2$ change	.05	.08	.05
Adjusted $R^2$	.39	.11	.25
F Change	2.06*	2.36*	1.91*
<p>*p &lt; .05      **p &lt; .01      ***p &lt; .001      ****p &lt; .0001</p> <p>(continued)</p>			

Table 14

Hierarchical Regression Analyses:			
Unique Variance Accounted for by Person-Situation Interactions			
Coping			
	Support Seeking	Positive Reappraisal	Self- Control
	<u>Beta</u>	<u>Beta</u>	<u>Beta</u>
<u>Step 3: Interaction</u>			
Work			
X Neuroticism	-.12	-.25	.16
X Extraversion	-.05	-.63	.00
X Openness	.48	-.50	1.27**
X Agreeable	-.02	.13	-.20
X Conscien.	.39	-.26	.20
Close Interpersonal			
X Neuroticism	.40	-.45	.11
X Extraversion	.02	.19	-.03
X Openness	.53	.56	-.68
X Agreeable	.03	-.26	.30
X Conscien.	-.30	-.38	-.06
R <sup>2</sup> change	.03	.04	.03
Adjusted R <sup>2</sup>	.04	.05	.02
F Change	.78	1.02	.90
*p < .05	**p < .01	***p < .001	****p < .0001
(continued)			



Table 14

Hierarchical Regression Analyses:			
Unique Variance Accounted for by Person-Situation Interactions			
Coping			
	Accept Responsibility	Escape- Avoidance	Distancing
	<u>Beta</u>	<u>Beta</u>	<u>Beta</u>
<b>Step 3: Interaction</b>			
Work			
X Neuroticism	-.16	-.07	- .55
X Extraversion	.02	.23	.30
X Openness	-.41	-.01	.16
X Agreeable	-.12	-.27	-1.21*
X Conscien.	-.48	-.94*	- .13
Close Interpersonal			
X Neuroticism	-.21	.38	.18
X Extraversion	-.31	.02	- .49
X Openness	-.16	.77	.32
X Agreeable	.47	-.42	- .01
X Conscien.	.62	.86*	- .05
R <sup>2</sup> change	.02	.04	.05
Adjusted R <sup>2</sup>	.15	.13	.06
F Change	.79	1.36	1.42
<p>*p &lt; .05      **p &lt; .01      ***p &lt; .001      ****p &lt; .0001</p>			



Table 16

---

Separate Multiple Regression Analyses:				
Confrontative Coping				

---

Confrontative Coping				
	Close Other Involved	Not Close	Work Involved	Not Work
	<u>Beta</u>	<u>Beta</u>	<u>Beta</u>	<u>Beta</u>
Neuroticism	.31*	.14	.32**	.07
Extraversion	.08	.01	-.01	.07
Openness	-.23	.03	-.06	-.02
Agreeableness	-.27*	-.12	-.04	-.24**
Conscientious	-.05	.16*	.26**	.02
$R^2$	.28	.04	.11	.07
Adjusted $R^2$	.21	.02	.08	.03
F value	3.95**	1.81	2.91*	2.05

---

*p <.05	**p <.01	***p <.001	****p <.0001
---------	----------	------------	--------------

---

Table 17

---

Separate Multiple Regression Analyses:				
Planful Problem-solving				

---

Planful Problem-solving				
	Close Other Involved	Not Close	Work Involved	Not Work
	<u>Beta</u>	<u>Beta</u>	<u>Beta</u>	<u>Beta</u>
Neuroticism	-.08	-.15	-.05	-.20*
Extraversion	.13	.02	.003	.05
Openness	-.17	.07	.001	-.004
Agreeableness	-.08	-.02	.13	-.11
Conscientious	-.05	.08	.31**	-.09
<hr/>				
$R^2$	.05	.05	.14	.05
Adjusted $R^2$	-.04	.03	.10	.02
F value	.53	2.15	3.55**	1.51
<hr/>				
	*p <.05	**p <.01	***p <.001	****p <.0001

---

Table 18

Multiple Regression Analyses			
Specific Hypotheses: Interactions of Personality and Situation			
Relationship-focused Coping			
	<u>Beta</u>		<u>Beta</u>
<u>Step 1:</u>			
Neuroticism	.02	Openness	-.03
Close Interpersonal	.53****	Close Interpersonal	.53****
$R^2$	.28		.28
Adjusted $R^2$	.28		.27
F change	52.36****		50.64****
<u>Step 2: Interaction</u>			
Neuroticism X Close	-.71**	Openness X Close	.68
$R^2$ Change	.03		.01
Adjusted $R^2$	.30		.28
F change	9.69**		3.38
*p <.05	**p <.01	***p <.001	****p <.0001

Table 19

Multiple Regression Analyses			
Specific Hypotheses: Interactions of Personality and Situation			
Confrontative Coping			
	<u>Beta</u>		<u>Beta</u>
<u>Step 1:</u>			
Neuroticism	.15*	Openness	-.02
Close Interpersonal	.03	Close Interpersonal	.02
$R^2$	.02		.001
Adjusted $R^2$	.01		-.001
F change	2.99		.09
<u>Step 2: Interaction</u>			
Neuroticism X Close	.62*	Openness X Close	-1.14**
$R^2$ Change	.02		.03
Adjusted $R^2$	.03		.02
F change	5.31*		7.07**
*p <.05	**p <.01	***p <.001	****p <.0001