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**PERSONALITY STYLES AND COPING STRATEGIES:  
THE RELATIONSHIPS BETWEEN SOCIOTROPY/AUTONOMY,  
COPING, AND MOOD**

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of the requirements for the degree of  
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## ABSTRACT

Beck's (1983) personality-event congruence hypothesis proposes that individuals high in the personality constructs of sociotropy and autonomy are vulnerable to the development of depression when facing stressful life events that are congruent with their personality dimension. The present study investigated if the stronger empirical support for Beck's hypothesis for sociotropy, than for autonomy, is due to differences in coping strategies used by sociotropic and autonomous people. Using a cross-sectional retrospective research design, with a non-clinical student sample, the present study tested the hypotheses that people with different levels of sociotropy/autonomy use different coping strategies, and that coping mediates the relationship between sociotropy/autonomy and mood in the face of stressful events. The roles of gender and social support in that relationship were also explored. While sociotropy/autonomy levels did not affect coping patterns found between interpersonal and achievement events, sociotropy/autonomy was found to influence coping in general. Participants with low levels of sociotropy and autonomy showed decreased use of self-control, accepting responsibility, and escape-avoidance coping. The coping strategies of self-control and escape-avoidance mediated the relationship between sociotropy/autonomy and positive affect, while escape-avoidance mediated the relationship between sociotropy/autonomy and negative affect. Women had higher sociotropy scores than men, and although participants low in both sociotropy and autonomy reported higher levels of social support, no gender differences in social support were found. Social support had a positive influence on positive affect and a negative influence on negative affect. Men used more planful problem-solving than women, but the gender differences in coping were unrelated to coping differences found between the different sociotropy and autonomy levels. These findings are discussed within the framework of the personality-event congruence hypothesis.

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## CONTENTS

ABSTRACT.....	ii
ACKNOWLEDGEMENTS.....	iii
CONTENTS.....	iv
LIST OF TABLES .....	vii
LIST OF FIGURES.....	vii
CHAPTER 1. INTRODUCTION.....	1
1.1 Overview.....	1
CHAPTER 2. DEPRESSION.....	4
2.1 Epidemiology and Symptoms of Major Depressive Disorder.....	4
2.2 The Role of Positive Affect and Negative Affect in Depression.....	5
2.3 The Role of Stressful Events in the Etiology of Depression.....	8
2.4 The Role of Gender in the Incidence of Depression.....	10
2.5 The Role of Social Support in the Relationship Between Stressful Events and Depression.....	11
CHAPTER 3. SOCIOTROPY AND AUTONOMY.....	13
3.1 Beck's Theory of Depression.....	13
3.2 Sociotropy and Autonomy Defined.....	16
3.3 Gender as a Factor Affecting Sociotropy and Autonomy.....	19
3.4 The Personality-Event Congruence Hypothesis.....	20
CHAPTER 4. COPING.....	25
4.1 Coping Defined.....	25
4.2 Dispositional and Contextual Approaches to Coping.....	26

4.3	The Role of Appraisal.....	28
4.4	Emotion-focused and Problem-focused Coping.....	30
4.5	Demographic Factors Affecting Coping.....	33
4.6	The Role of Gender in Coping.....	34
CHAPTER 5. THE PRESENT RESEARCH.....		37
5.1	Aims.....	37
5.2	Hypotheses.....	38
CHAPTER 6. METHOD.....		43
6.1	Variables Under Investigation.....	43
6.2	Research Design.....	44
6.3	Sample.....	44
6.4	Procedure.....	45
6.5	Measures.....	46
6.6	Statistical Analyses.....	51
CHAPTER 7. RESULTS.....		52
7.1	Missing Data and Data Management.....	52
7.2	Hypothesis 1.....	54
7.3	Hypothesis 2.....	54
7.4	Hypothesis 3.....	55
7.5	Hypothesis 4.....	56
7.6	Hypothesis 5.....	58
7.7	Hypothesis 6.....	63
7.8	Hypothesis 7.....	64
7.9	Hypothesis 8.....	64

CHAPTER 8. DISCUSSION.....	71
8.1    The Present Research Findings.....	71
8.1.1    Hypothesis 1.....	71
8.1.2    Hypothesis 2.....	72
8.1.3    Hypothesis 3.....	72
8.1.4    Hypothesis 4.....	74
8.1.5    Hypothesis 5.....	76
8.1.6    Hypothesis 6.....	78
8.1.7    Hypothesis 7.....	79
8.1.8    Hypothesis 8.....	80
8.1.9    Summary of the Findings.....	82
8.2    Limitations of the Present Study.....	84
8.3    Implications for Future Research and Social Skills Programmes.....	89
REFERENCES.....	91
APPENDICES.....	109
Appendix A.....	109
Appendix B.....	110
Appendix C.....	131

## LIST OF TABLES

Table 1: Means and Standard Deviations of Social Support Scores in the Sociotropy/Autonomy Groups .....	55
Table 2: Harm/loss Appraisals and Challenge Appraisals Made by the Sociotropy/Autonomy Groups .....	57
Table 3: Means and Standard Errors of Sociotropy/Autonomy Groups' Coping by Event .....	59
Table 4: Means and Standard Errors of Coping by Event Averaged over the Sociotropy/Autonomy Groups .....	60
Table 5: Correlations Between Coping and Mood in the Interpersonal Event .....	66
Table 6: Correlations Between Coping and Mood in the Achievement Event .....	67
Table 7: Hierarchical Regression Analysis of the Effects of Sociotropy/Autonomy and Coping on Positive Affect .....	68
Table 8: Hierarchical Regression Analysis of the Effects of Sociotropy/Autonomy and Coping on Negative Affect .....	70

## LIST OF FIGURES

Figure 1: Coping strategies used by sociotropy/autonomy groups over both events .....	62
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## CHAPTER 1

### INTRODUCTION

#### 1.1 Overview

In 1983 Beck proposed that individuals high in the personality constructs of sociotropy and autonomy are vulnerable to the development of unipolar depression when facing stressful life events that are congruent with their personality – the personality-event congruence hypothesis. He suggested that an individual high in sociotropy is especially responsive to negative events in the interpersonal realm because he or she derives a sense of well-being and worth from receiving support, nurturance and connection from others. The primary orientation of sociotropic individuals is seeking closeness with other people. Therefore, they feel threatened by perceived loss, rejection, or abandonment in their interpersonal domain. In contrast an individual high in autonomy derives a sense of worth and satisfaction through the accomplishment of goals in the achievement domain. Therefore, such people can feel threatened by perceived failure or goal frustration.

According to the personality-event congruence hypothesis, each of the two personality dimensions creates vulnerability only to a particular matching class of events. However, it must be noted that the cognitive model does not claim that the mere occurrence of a congruent negative life event will invariably lead to depression, but rather that individuals' perceptions or appraisals of the event are crucial determinants in the development of depression (Beck, 1983). Within the concepts of sociotropy and autonomy, vulnerable individuals are likely to

interpret events in their most salient domains in distorted ways, leading to depression (Hammen, 1985).

Studies of the personality-event congruence hypothesis have produced mixed results. The majority of studies have supported the hypothesis for only one of the proposed personality dimensions; sociotropy, when faced by negative interpersonal events (Clark, Beck, & Brown, 1992; Moore & Blackburn, 1993; Robins, 1990), or have found one or both of the proposed vulnerability factors to be non-specifically associated with increased depression in the context of both interpersonal and achievement negative events (Allen, Horne, & Trinder, 1995; Robins, Hayes, Block, Kramer, & Villena, 1995). Most of the evidence suggests that high levels of sociotropy create a general vulnerability to stressful events.

The conclusion appears that, so far, the construct of sociotropy, as it is stated in Beck's model, has received considerable support as a vulnerability factor, whereas the same conclusion cannot be drawn for the construct of autonomy. While Coyne and Whiffen (1995) note that many of the methodologies used in the research have been problematic, Robins et al. (1995) note that these differences in findings do not appear to be systematically related to the use of clinical or non-clinical samples, to the use of cross-sectional or prospective designs, or to the use of any of the different measures of the proposed vulnerability factors.

Nietzel and Harris (1990) have argued that the stronger relationship between sociotropy and depression may be due to differences in coping strategies. Sociotropic individuals may exhibit more self-defeating coping strategies in response to stressful life events and therefore experience longer and more intense depressive reactions. On the other hand, autonomous

individuals may deal with their setbacks more effectively, leading to a more positive emotional response to negative events.

Coping strategies play a significant role in a person's adaptation to stressful life events. Coping refers to the thoughts and acts used by an individual to manage the internal or external demands that tax or exceed his or her psychological resources (Folkman & Lazarus, 1991). Particular coping strategies can either facilitate or impede mental health (Endler & Parker, 1994). As such, the coping construct has become a key component in a number of models linking personality with mental health variables.

Only a few researchers (e.g. Bolger, 1990; Reynolds & Gilbert, 1991) have considered the possibility that stressful life events are coped with, and that the negative impact of the stressor is reduced differentially as a function of the personality mode that the individual is operating within. To date, there has been little research undertaken investigating coping as a mediating factor in the personality-event congruence hypothesis. Indeed, the only piece of such research I was able to trace indicated that autonomous unemployed men may have a more accessible range of coping strategies than sociotropic unemployed men (Reynolds & Gilbert, 1991). These findings suggest that ongoing stressful events have a negative effect on psychological well-being if the environment of the person does not provide protective, and coping, opportunities that match the needs of the autonomous or sociotropic individual.

The present research seeks to address this shortfall in the empirical literature and investigates coping strategies as a mediating factor in the personality-event congruence hypothesis. Nietzel and Harris's (1990) suggestion that the stronger relation between sociotropy and depression may be due to differences in coping strategies is explored.

## CHAPTER 2

### DEPRESSION

#### 2.1 Epidemiology and Symptoms of Major Depressive Disorder

Major depressive disorder, also known as unipolar depression, (here-after referred to as “depression”) is a common disorder, with a lifetime prevalence of about 15 %. The disorder is nearly twice as common among women than men (Koerner, Prince, & Jacobsen, 1994), and prevalence may be as high as 25 % for women (Kaplan & Sadock, 1998).

The clinical symptoms of depression include depressed mood, loss of interest or pleasure in activities (anhedonia), a change in weight or eating habits, disturbances in sleeping habits (either insomnia or hyposomnia), psychomotor agitation or retardation, fatigue or loss of energy, feelings of worthlessness or inappropriate guilt, diminished ability to think or concentrate, indecisiveness, and recurrent thoughts of death or suicide (American Psychiatric Association, 1994). The symptoms of depression can vary over the lifespan. Depression in children sometimes results in them being overly active and aggressive; adolescents may display negativism, antisocial behaviour, and a feeling of being misunderstood; and in the elderly, depression is often characterised by distractibility and memory loss.

The mean age of onset for depression is about 40 years, with 50 % of all patients having an onset between the ages of 20 and 50 (Kaplan & Sadock, 1998). However, even though it is less common, the disorder can also develop in childhood and old age. Most community studies of pre-retirement age adults have found an inverse relationship between age and

depression, the highest levels of depression are found in the youngest group of adults, (e.g. Turner, Wheaten, & Lloyd, 1995).

It is estimated that over 50 % of people who have one episode of depression will eventually have another episode. They usually recover fully between episodes, but in 20-30 % of cases there is only partial remission, with persistent residual symptoms, and social and occupational impairment. If untreated, unrelieved depression is associated with an increased risk of suicide and other violent acts (Black, Winokur, & Nasrallah, 1988). However, Kaplan and Sadock (1998) note that only about half of those with depression ever receive specific treatment, and their symptoms are often dismissed as understandable reactions to stress, evidence of a weakness of will, or merely a conscious attempt to achieve a secondary gain.

## **2.2 The Role of Positive Affect and Negative Affect in Depression**

Research has indicated that two broad independent factors, positive affect and negative affect, represent the major dimensions of mood (Watson, 1988; Watson & Tellegen, 1985). While Watson and Tellegen did not suggest that all emotional experience could be reduced to only two variables, they have found their affective structure to be robust and characteristic of affect at the most general level. The two dimensions can either be used to assess affect as a stable personality trait (Positive affectivity and Negative affectivity), or mood (Positive affect and Negative affect), which can fluctuate greatly over time.

Positive affect (PA) represents a person's level of active and pleasurable engagement with the environment. High PA is a state of enthusiasm, energy, mental alertness, interest, joy, and determination, whereas low PA is characterized by sadness, lethargy, and fatigue. States of sadness and loneliness have relatively strong loadings on the low end of this factor (Watson & Tellegen, 1985). In contrast, negative affect (NA) reflects a person's subjective distress and unpleasurable engagement. High NA is characterised by feelings of anger, guilt, fear, tension, sadness, scorn, and disgust, with low NA being a state of calmness and serenity.

These mood factors are related to different types of events. PA has consistently shown a significant positive relationship with social activity, both in within-subject, and between-subject research designs. In contrast, NA has not indicated a clear or consistent association with social activity (McIntyre, Watson, & Cunningham, 1990; Watson, Clark, McIntyre, & Hamaker, 1992). McIntyre et al. found that social interaction and exercise led to increases in PA, but was not related to NA, whereas the stress of an imminent test raised NA, but was not related to PA. Furthermore, they claimed that a reciprocal relationship exists between social events and activity, and PA, with PA also acting as a proactive motivating force for active, pleasure-seeking behaviour. In contrast, Watson and Clark (1984) found that NA levels were not affected by the occurrence or non-occurrence of active, pleasurable experiences. Instead, NA was related to reactions to major crises and stressful events involving health problems, evaluation (e.g. exams), embarrassment, or failure. Clark and Watson (1988) also added short-term hassles to the list of events related to NA. Their data suggested that PA is linked to the experiencing of "rewards" (e.g. social activities or being on holiday), whereas NA is linked to "punishments" (e.g. health problems and hassles).

The distributions of PA and NA are also distinctive (Watson, Clark, & Tellegan, 1984). PA shows a broad range of variation, whereas NA remains generally stable except for occasional reactions to stressful conditions, after which it returns to baseline. Clark and Watson (1988) claimed that PA fluctuates with the daily occurrence of events, whereas NA crashes upon people in times of trouble only to disappear just as quickly when the problem is over.

Costa and McCrae (1980) proposed a model of subjective well-being in which the personality traits of neuroticism and extraversion influence affect. They argued that components of extraversion influence PA or satisfaction, whereas components of neuroticism influence NA or dissatisfaction. At a trait level, negative affectivity has been found to be associated with neuroticism (Clark, Watson, & Mineka, 1994; Watson & Clark, 1984).

Watson, Clark, and Carey (1988) noted that there has been a trend for measures of anxiety and depression to show a substantial amount of overlap, both in normal and clinical samples of a range of ages. They claimed that PA and NA are two general mood-based personality factors that are related to the symptoms and diagnoses of anxiety and depression, and furthermore that PA, but not NA can be clinically useful in distinguishing the two disorders. Mood data in both normal (Watson & Tellegen, 1985), and clinical samples (Clark, Beck, & Stewart, 1990; Lonigan, Cary, & Finch, Jr., 1994; Watson, Clark, & Carey, 1988) have suggested that anxiety is essentially a state of high NA, and has no significant relation with PA but that depression is a mixed state of high NA and low PA. Thus, PA appears to be the differentiating factor between anxiety and depression, with low scores in the factor being related primarily to symptoms and diagnosis of depression.

### 2.3 The Role of Stressful Events in the Etiology of Depression

Research has found that most instances of depression have a severe event or major difficulty occurring before onset (Brown, Ahmed, Gary, & Milburn, 1995; Lu, 1995; Shrout et al., 1989; Turner et al., 1995; Van Servellen, Sarna, Padilla, & Brecht, 1996; Warren, 1997; Woods & Mitchell, 1997). These findings hold for both men and women across their adult years, and across different ethnic cultures. Kaplan and Sadock (1998) have noted that this is particularly so for first episodes. They explained that one theory proposed to explain this observation is that the stress accompanying the first stressful event triggers off long-lasting changes in the brain's biology. These changes may alter the way various neurotransmitters function. As a result, a person initially affected by a stressful event, has a high risk of experiencing subsequent episodes of a mood disorder, even in the absence of an external stressor.

There is a considerable amount of disagreement in the literature regarding the nature of the stressors, which affect the development of depression. Eckenrode (1984) was one of the few researchers to compare daily hassles, life events, and chronic stressors. In his study of women in the general population, he found minor daily stressors to be the most important environmental determinants of depressed mood. Life events and chronic stressors had indirect effects on mood through daily stressors, physical symptoms, and previous levels of psychological well-being. DeLongis, Folkman, and Lazarus (1988) found a more complex relationship of everyday hassles to mood disturbances. In their study of married couples, they found that the negative effects of everyday stress were limited to a single day, with a better than usual mood being experienced the following day. Individual differences were found in the extent to which daily stress related to health and mood across time; participants with low

levels of social support and low self-esteem were more likely to experience an increase in psychological and somatic problems both on, and following, stressful days than were participants who were high in self-esteem and social support.

Other research, though, has concentrated more on the role of stressful life events, rather than daily hassles, in the development of depressed mood (Woods & Mitchell, 1997), and depression (Brown, Bifulco, & Harris, 1987; Warren, 1997). In their study of midlife women, Woods and Mitchell found stressful life events to be more influential than menopausal transition and health status, in accounting for depressed mood. Brown et al. found that long-term threatening life events have a major importance in the etiology of depression for working-class women with children living at home, but they found that only one out of five women experiencing a long-term severe threatening life event went on to develop depression at a case level.

A study done by Clark and Oates (1995) suggested that more severe life events, rather than daily hassles might be more relevant when investigating cognitive diathesis-stress interactions in dysphoria. Dysphoria is a condition characterised by chronic, unremitting depressed mood. The particular personality diathesis they investigated in their study was that of autonomy, a personality dimension proposed by Beck (1983). They found that a threshold of stressor severity exists for autonomy, when facing stressful events that threaten their personality domain. Thus, while daily hassles related to their personality dimension do not lead to the onset of dysphoria, more severe life events congruent with their personality domain render them vulnerable to the disorder. Beck's (1983) construct of autonomy, and his personality-event congruence hypothesis are discussed more fully in Chapter 3.

Considering the important role that stressful events play in the development of depressed mood, the lower rate of depression in older people may be due to a lower rate of stressful events in their lives. Folkman, Lazarus, Pimley, and Novacek (1987) have noted that, compared to younger people, older people experience fewer life events overall, although they experience more loss events, including those associated with declining health, loss of the work role, and loss of friends and loved ones.

Lu (1995) has noted that while research on life events has consistently demonstrated a reliable and meaningful, if modest, connection between life stress and psychological distress, the variability can be explained by the vulnerability model, which states that the relationship varies with both personal and social characteristics, with personal dispositions and social situational variables influencing the stressors' pathogenic effects.

#### **2.4 The Role of Gender in the Incidence of Depression**

Several socio-behavioural explanations have been put forward to explain the higher incidence of depression found in women than in men. These range from women's higher rates of maladaptive coping strategies, particularly rumination (a form of coping characterised by inaction and focusing attention back on the mood and the self), which maintain the source of stress, reinforce negative affect, and increase women's feelings of helplessness (Nolen-Hoeksema, 1987), to the feminist view that women's powerlessness on individual and societal levels places them at risk for depression (Wethington, McLeod, & Kessler, 1987). Wethington et al. argued that women are socialised to care for others, and to feel a sense of responsibility

for events that happen to others in their social networks, thus women are more emotionally responsive to, and affected by network events. This added stress may increase women's vulnerability to depression.

## **2.5 The Role of Social Support in the Relationship Between Stressful Events and Depression**

Social support can have a moderating effect on the relationship between stressful events and depression (Lu, 1995; Warren, 1997). Social support refers to "the various resources provided by one's interpersonal ties" (Cohen & Hoberman, 1983, p.100). The buffering hypothesis suggests that high levels of social support protect an individual from stress-induced pathology, but that social support level is relatively unimportant for those experiencing low levels of stress. Cohen and McKay (1984) have suggested that the buffering effect of social support is primarily cognitively mediated. They claimed that social support operates by influencing an individual's appraisal of the stressfulness of a situation. Potentially stressful events may be appraised as less stressful if social support affects interpretation of the situation, influences perceived ability to cope, or inflates self-concept.

The effects of social support appear to be due to the feeling that one has support available from significant others. However, DeLongis et al. (1988) found the size of an individual's support network had no independent effect on event-mood relationships, but that the individual variation in the relationship was explained by the individual's perception of how available support was from significant people within their network.

Four aspects of social support have been proposed as potential buffers against the negative impact of stressful events: (i) tangible support concerns the availability of material aid, (ii) appraisal support relates to the availability of someone to talk to about one's problems, (iii) self-esteem support is the availability of a positive comparison when comparing oneself with others, and (iv) feelings of belonging are determined by the availability of people one can do things with (Cohen & McKay, 1984; Cohen, Mermelstein, Karmack, & Hoberman, 1985).

An important factor regarding social support is how helpful the advice given to the help-seeker is. Cohen and McKay (1984) have argued that interpersonal relationships function as stress buffers only when the types of support resources that are offered by the social network match the coping requirements of the stressor. For example, although females report greater perceived social support, and greater satisfaction with the support available than males (Sarason, Sarason, Hacker, & Basham, 1985), they are less likely to receive advice that is helpful to them in dealing with the stressor. Ali and Toner (1996) found that females are more likely than males to receive ruminative advice from both same-sex and opposite sex friends, regardless of the nature of their stress. Nolen-Hoeksema (1987) has noted that rumination can increase the incidence of, and maintain, depressed mood when dealing with short-term stressors.

## CHAPTER 3

### SOCIOTROPY AND AUTONOMY

#### 3.1 Beck's Theory of Depression

Beck (1983, 1987) initially argued that depression is primarily a disorder of thinking, rather than affect. He assigned primacy to cognition and considered the affective, motivational, and behavioural symptoms of depression to follow from the negativistic thinking of depressed people. The individual's cognitions are based on attitudes or assumptions (schemas), developed from previous experiences (particularly those from childhood).

Central to Beck's theory is the cognitive triad. This cognitive triad consists of three major cognitive patterns that cause the person to regard themselves, their situation, and their future in a negative manner (Beck, 1983). Through negative thoughts about the self, the person views oneself as defective, inadequate, or deprived, and often attributes his or her unpleasant experiences to a defect in himself or herself. This can lead to self-criticism and underestimating oneself. The second component of the triad consists of a tendency to interpret experiences in a negative way. The individual views the world as making excessive demands on himself or herself, and presenting unbeatable obstacles to reaching his or her goals. Situations are construed in a negative way when more plausible, positive interpretations are available. The third aspect of the triad consists of a negative view of the future. The individual expects that the current difficulties and suffering will continue indefinitely. The future is seen to consist of continuing hardship, frustration, and deprivation, and tasks undertaken in the immediate future are expected to result in failure.

Beck (1983) also claimed that his cognitive model could also explain the physical symptoms of depression. The apathy and low energy, characteristic of depression, may be the consequence of the depressed person's belief that he or she is doomed to failure in all experiences.

Research has supported the central nature of negative thinking in depression. Dohr, Rush, and Bernstein (1989) found that clinically depressed patients were more hopeless and reported more negative automatic thoughts than a normal control group. Also, Lewinsohn, Mischel, Chaplin, and Barton (1980) found that depressed people do evaluate themselves and their performance less positively than non-depressed people, although they suggest that the self-perceptions of depressed persons may be more realistic than those of non-depressed persons. Depressed people have been found to have lower levels of self-efficacy (the perception that one is able to carry out courses of action effectively) than non-depressed individuals (Kanfer & Zeiss, 1983). Ironically, while people with negative self-views do desire praise, their strivings for self-verification override this desire when they recognize that praise disconfirms their self-concept. Swann, Wenzlaff, and Tafarodi (1992) found that people suffering from dysphoria chose social interactions and feedback that verified their own negative self-views. Furthermore, depressed people have been found to show differential recall of negative and positive information, and access more negative than positive memories (Denney & Reed Hunt, 1992; Hammen, 1985). This greater negativity of depressed patients' cognitions has been found to decrease after clinical remission (Hammen, 1985), supporting the state-dependent nature of the negative cognitions.

However, Haaga, Dyck and Ernst (1991) claimed that there is little convincing support for the causal hypothesis of negative dysfunctional cognitions in cognitive theory. But, as he

developed his cognitive theory of depression further, Beck considered that, rather than being causal factors of depression, cognitive processes have a concomitant role in depression.

“The primacy hypothesis simply assigns a note to the various components of the disorder after the depression has developed. ... I view deviant cognitive processes as intrinsic to the depressive disorder, not a cause or consequence.” (Beck, 1987, p. 10).

While the affective response is determined by the way a person structures his or her experience, Beck also noted a circular feedback of affective sets on cognitive behaviour (Kanfer & Hagerman, 1981). As Hammen (1991) has noted, Beck’s model of depression implies a stress-diathesis formulation of the activation of depressive cognitive processes. An occurrence is interpreted by the depressive person in terms of schema-based dysfunctional attitudes, which activate the depressive cognitive triad of negative thoughts about the self, the situation, and the future, which leads to the symptoms of the depressive syndrome. The natures of the events that activate such processes have some personal significance to the person, owing to early childhood experience.

### 3.2 Sociotropy and Autonomy Defined

Beck (1983) proposed two major personality dimensions or modes relevant to the precipitation, clinical presentation, and treatment of depression: sociality (Sociotropy) and individuality (Autonomy).

Sociotropy refers to an individual's investment in positive interchange with other people. The primary orientation is toward seeking closeness with other people, and the individual derives a sense of well-being and worth from receiving support, nurturance and connection from others. As such, a sociotropic person is dependent on these social inputs for gratification, motivation, direction, and modification of ideas and behaviour. Similar to the Blatt's concept of Dependency (Blatt, D'Afflitti, & Quinlan, 1976), the specific characteristics of the sociotropic individuals are their need for people, in order to ensure their own safety, help, and gratification. Thus, they depend on stable, predictable relationships that provide them with nurturance, and continual reassurance that other people are there for them. For such people, rejection is worse than aloneness, and leads to loss of confidence and diminished self-esteem, so they do not take any risks that might endanger their relationships. This can affect their ability to assert themselves within their interpersonal relationships. They obtain pleasure from receiving from others (Beck, 1983).

Autonomy refers to an individual's investment in preserving and increasing his or her independence, mobility, and personal rights. In order to maintain a sense of well being, autonomous individuals need to be able to preserve the integrity and autonomy of their own domain, direct their own activities, keep their freedom of choice without external constraint or interference, and attain meaningful goals. Similar to Blatt's concept of Self-criticism (Blatt et

al., 1976), the specific characteristics of the autonomous personality type are the holding of internalised standards and goals for achievement, which are often higher than the conventionally accepted norms. In attempts to reach, and maintain, these standards and goals, autonomous individuals may be self-critical in their expectations of themselves. These people are less susceptible to external feedback, either criticism or praise, and are less sensitive to other people's needs and wishes. Being action-oriented, autonomous individuals are less reflective than sociotropic individuals, but are more focused on getting positive results, and tend to be direct and decisive. In the non-depressed state, their self-confidence and self-esteem is high. They strongly prefer their options to remain open, and hold dearly their freedom to initiate self-directed actions without being impeded by external directives or demands. Their self-esteem is based on attributes that enable independence, action, and versatility, and obtain pleasure from "doing" and reaching goals (Beck, 1983).

The two personality dimensions of sociotropy and autonomy are orthogonal concepts, and while some people may have a heavy predominance of attributes relevant to one or other of the modes, an even mixture of both of the concepts may be present in some individuals. Beck (1983) notes that, while the two dimensions provide a general trend towards the way that a person views and acts on experiences, an individual may shift from one mode to another depending on the context of the situation. For example, if a situation threatens either the interpersonal or the individuality and goal-achievement domain, the attributes relevant to the particular domain may be stimulated.

Beck (1983) explained how the depressive symptoms could differ between the two dimensions of sociotropy (characterised by reactive depression) and autonomy (characterised by autonomous depression). The autonomous types suffer from apparently refractory

anhedonia, are self-critical and withdrawn, but are unlikely to cry. Their depressed mood is unremitting and hostile, and they are more likely to use active forms of suicide. They do not voluntarily seek help, and are inclined to reject it when it is offered to them. They attribute their difficulties to their own internal personal deficiencies or personal failures, and are more concerned about their personal effectiveness and inability to function. In sociotropic types mood is characterised by feelings of sadness and loneliness. However it is more labile, than in autonomous types. Sociotropic individuals often request help and respond optimistically (but temporarily) to reassurance and support. They are more likely to have anxious depression and they are more likely to use passive forms of suicide. They are more concerned about personal attractiveness and other social attributes.

Beck (1983) also claimed that the different forms of depression found between people high in sociotropy or autonomy have implications for cognitive therapy in the treatment of such patients. Therapeutic strategies are aimed at correcting the patients' unrealistically negative view of themselves, their experiences, and their future. For autonomous depression, mastery techniques (such as graded task assignments) aimed at correcting the feelings of helplessness and incompetence may be useful for reversing the psychological paralysis and apathy experienced by autonomous patients. Interpersonal strategies aimed at relieving feelings of abandonment and deprivation of gratification may be effective in alleviating the suffering of the reactive depression. It is beyond the scope of the present review to cover this area of Beck's theory in any depth, but Beck (1983), and Zettle and Herring (1995) have provided a detailed account of it. Furthermore, responsiveness to drug treatment has been found to differ between the sociotropic and autonomous dimensions. Peselow, Robins, Sanfilipo, Block, & Fieve (1992) found that patients who were high in autonomy responded better to drug treatment, than patients who were high in sociotropy.

### 3.3 Gender as a Factor Affecting Sociotropy and Autonomy

Research has found sociotropy to be a stronger vulnerability factor than autonomy, in the face of stressful events (e.g. Allen et al., 1996; Robins & Block, 1988). These findings are discussed more fully in Section 3.4. As such, the greater incidence of depression in women may be explained by the different paths of social development between men and women. Through differential development of self-identity, women develop a self-schema of sociality and relational interdependence with others (suggestive of sociotropy), while men develop a self-schema of independence and self-reliance (suggestive of autonomy).

According to Gilligan (1982) and Chodorow (1998), male identity is defined through separation and a need for distinctive achievement, while female development is an ongoing process of attachment involving a fusion of identity and intimacy. As a female child develops, she identifies with the mother figure, thus her identity is steeped in her relationship with her mother throughout her development. However, a male child must develop his identity separately from an identification with the mother figure. Therefore, the sense of development via relationships is not as innately ingrained for boys as it is for girls. Rather than being considered as separate or separated individuals, females consider people as being interdependent within web-like contexts of multiple human relationships. As Zilbergeld (1995) has noted, the focus for girls is their connection with others through relationship, whereas boys focus on themselves as self-reliant individuals involved in autonomous action. Also, many non-Western cultures, in contrast to the individualism found in Western societies, tend to view individuals as interdependent and connected rather than as independent, and as such, self-schemas are contextual and relational.

Rude and Burnham (1995) argued that cultural norms are so involved in how we construct our experiences and in what we value, that they incorporate conceptualisations of what is healthy and unhealthy behaviour, and influence the development of diagnostic categories and assessment instruments. They suggested that theories and their related measures, developed in our highly individualistic Western culture, might be biased against societies (and subgroups, such as women), which view themselves as interdependent and interconnected. For example, they found that the Dependency scales of the Depressive Experiences Questionnaire [DEQ] (Blatt et al., 1976) and the Sociotropy-Autonomy Scale [SAS] (Beck, Epstein, Harrison, & Emery, 1983, cited in Rude & Burnham, 1995) confound the psychological dimension of connectedness, on which there are gender differences but does not have negative consequences for adjustment, with the dimension of neediness, which is associated with depressive symptoms but not with gender.

### **3.4 The Personality-Event Congruence Hypothesis**

The personality-event congruence hypothesis, proposed by Beck (1983) suggests that individuals high in the personality constructs of sociotropy and autonomy have a vulnerability to the development of depression when facing congruent stressful life events. According to the personality-event congruence hypothesis, each of the two dimensions creates vulnerability only to a particular matching class of events. Because the primary orientation of people high in sociotropy is toward seeking closeness with other people, they feel threatened by perceived loss, rejection, or abandonment in their interpersonal domain. An individual high in autonomy derives a sense of worth and satisfaction through the independent accomplishment of goals in

the achievement domain, thus such people can feel threatened by perceived failure or goal frustration, especially if an external obstacle is involved.

According to this personality-event congruence hypothesis, each of the two dimensions creates vulnerability only to a particular matching class of events. Within the concepts of sociotropy and autonomy, individuals are likely to interpret events congruent with their dominant personality dimensions in distorted ways, leading to depression (Beck, 1983; Hammen, 1985). In a development from the personality-event congruence hypothesis, Bolger and Zuckerman's (1995) differential exposure-reactivity model proposed that personality affects both the exposure and reactions during the stress process. They proposed that people seek situations that match their personal inclinations, but conversely people are more affected by those situations. This model can further explain how greater exposure to congruent stressful situations, and greater reactivity within those situations, can lead to the increased incidence of depressive mood within the personality-event congruency hypothesis.

Although it has been claimed that social support acts as a buffer against the negative affects of stressful life events (DeLongis et al., 1988; Lu, 1995; Nelson, 1990; Warren, 1997), in their study of the psychological impact of unemployment on men, Reynolds and Gilbert (1991) found social support to be detrimental to the psychological well-being of autonomous men, while activity was detrimental to the well-being of sociotropic men. Their findings suggest that ongoing stressful events have a negative effect on psychological well being if the environment of the person does not provide opportunities that match the needs of the autonomous or sociotropic individual.

Using cross-sectional and prospective designs with students (Allen et al., 1996; Clark, Beck, & Brown, 1992; Clark & Oates, 1995; Hammen, Marks, Mayol, & DeMayo, 1985; Robins & Block, 1988; Robins et al., 1995) and clinical samples (Hammen, Ellicott, Gitlin, & Jamison, 1989; Moore & Blackburn, 1993; Robins, 1990), studies of the personality-event congruence hypothesis have produced mixed results. Robins et al. claimed that the differences do not appear to be systematically related to the use of clinical or non-clinical samples, to the use of a cross-sectional or prospective design, or to the use of any of the several measures of the proposed vulnerability factors.

Few studies have found the personality-event congruence hypothesis to hold true for both sociotropy in conjunction with negative interpersonal events, and autonomy with negative achievement events (Hammen et al., 1985; Hammen et al., 1989), although Robins et al. (1995) found that the two personality dimensions were vulnerable to negative events in both domains. The majority of studies have supported the personality-event congruence hypothesis for only one of the proposed vulnerability relationships. Individuals high in sociotropy appear vulnerable to negative interpersonal events (Clark et al., 1992; Moore & Blackburn, 1993; Reynolds & Gilbert, 1991; Robins, 1990). Other research has found sociotropy to be linked with a vulnerability to depressive reactions in the face of both interpersonal and achievement events (Allen et al., 1996; Robins & Block, 1988). In contrast, a study by Clark and Oates (1995) indicated an interaction between autonomy and negative achievement events, with sociotropy showing no interaction with either type of event. However, this interaction was found for only one of the autonomy factors measured in the Revised Sociotropy-Autonomy Scale [SAS-Rev.] (Clark, Steer, Beck, & Ross, 1995) – solitude. Solitude is concerned with the autonomous person's need to protect his or her privacy. The other autonomy factor in the SAS is Independence, which is characterised by a person's need for self-determination. Most

of the evidence of research into the personality-event congruence hypothesis suggests that high levels of sociotropy create a general vulnerability to stressful events.

Krohne (1996) suggested that one reason for the lack of consistent findings supporting the personality-event congruence hypothesis is the implicit assumption that the specific environmental stress experienced by the vulnerable individual is assumed to exert its full distressing impact on the individual. Only a few authors (e.g. Bolger, 1990; Reynolds & Gilbert, 1991) have considered the possibility that the stressor is coped with, and that the negative impact of the stressor is reduced differentially as a function of the personality mode that the individual is operating within.

Highly autonomous people may be less likely to perceive personality congruent stressors as relevant. An achievement failure may be experienced, but not judged to be important because other sources of achievement satisfaction remain intact, whereas highly sociotropic types may be rendered more reliably vulnerable to each social rejection event, due to their concern in maintaining all social contacts, regardless of their overall level of such connection (Allen et al., 1996).

Nietzel and Harris (1990) have argued that the stronger relation between sociotropy and depression may be due to differences in coping strategies. They suggested that sociotropic individuals exhibit less adaptive coping strategies in response to congruent life events and therefore experience longer and more intense depressive reactions. On the other hand, autonomous individuals may handle their autonomous-related setbacks more effectively, leading to a more positive emotional response to negative events. In their study of autonomous coping, Knee and Zuckerman (1998) found that individuals high in autonomy

used less defensive coping (particularly denial of the event's negative impact on them) in general, and exhibited less self-handicapping than less autonomous individuals. Reynolds and Gilbert (1991) have suggested that autonomous individuals may have a more accessible range of coping strategies.

The strategies that people use to cope with stressful events can affect the impact that the events have on them. Therefore, an examination of the effect of coping might further elucidate the relationships between stressful events, sociotropy/autonomy and mood.

## CHAPTER 4

### COPING

#### 4.1 Coping Defined

Coping strategies play a significant role in a person's adaptation to stressful life events, and have been conceptualised as a response to external stressful or negative events (Lazarus & Folkman, 1984). Coping refers to the thoughts and acts used by an individual to manage the internal or external demands that put stress on his or her psychological resources. "Coping consists of cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Folkman & Lazarus, 1991, p. 210). These responses are usually conscious strategies or styles on the part of the individual. The definition of coping provided by Folkman and Lazarus is used for the present report, and refers to attempts to manage both the problem itself, and the emotions experienced while doing so. It is important to note that this definition does not refer in any way to the effectiveness of the coping strategies in managing either the problem or the emotions, but rather solely to the strategies that are used.

Particular coping strategies can either facilitate or impede mental health (Endler & Parker, 1994). As such, the coping construct has become a key component in a number of models linking personality with mental health variables.

## 4.2 Dispositional and Contextual Approaches to Coping

There are two main approaches to coping: (i) the dispositional approach, and (ii) the contextual approach. The dispositional approach attempts to identify basic coping styles and habitual coping strategies used by particular individuals across different types of situations. Within this approach, coping behaviour is viewed as a stable personality disposition. The contextual approach attempts to identify basic coping behaviours or strategies used by individuals in particular types of stress or upsetting situations. This approach believes that people have a choice of coping options available to them, and they actively and consciously select the strategies that they believe to be the most effective, depending on the nature of the situation.

Although contextual conceptualisations of coping (e.g., Folkman & Lazarus, 1980,1985; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; Lazarus & Folkman, 1984; Schuldberg, Karwacki, & Burns, 1996) suggest that individuals differentially select particular coping behaviours across problematic events (i.e. that coping is situation-specific), Heppner, Cook, Wright, and Johnson (1995) have claimed that there is some evidence for the existence of stable or dispositional coping styles that tap general coping strategies. It would appear that an individual frequently has coping preferences, and engages in similar behaviours across different situations (Bolger, 1990; Endler & Parker, 1989; Krohne, 1996). However, Fleishman (1984) found that coping is a product of both personal and situational factors, that complex interrelationships exist among coping strategies, and that situational factors appear to be more influential than personality factors in influencing coping. As further evidence of the complexity of the person/situation coping relationship, in their analysis of the relative contributions to psychological well-being, made by the personality characteristics of mastery,

self-esteem, and self-denigration, and coping responses, Pearlin and Schooler (1978) found that although personality characteristics and coping responses were related to each other, they exerted different effects, depending on the nature of the stressors. Personality characteristics were more helpful to the stressed person in situations in which they had little control, whereas coping responses were helpful in situations in which those responses could make a difference.

Two researchers who have had a major influence in the coping area are Lazarus and Folkman (Folkman & Lazarus, 1980, 1985, 1986, 1991; Lazarus, 1966; Lazarus & Folkman, 1984, 1991). They have suggested that coping has two major functions: (i) the regulation of distressing emotions (emotion-focused coping) and (ii) addressing the problem in an attempt to change it for the better (problem-focused coping). Both types of coping may use both cognitive and behavioural modes of dealing with the problem. They view coping as responses to the different stages of specific stressful situations rather than as a stable feature of personality. Conscious cognitive appraisals of potential threat function as a mediating link between life stressors and the individual's coping responses. They have proposed a process-oriented approach in which coping is viewed as a dynamic process over time in response to the changing demands, and changing appraisals of the situation. Their approach refers to the changing character of what the person thinks and does during the unfolding of specific person-environment encounters, and across encounters.

Lazarus and Folkman (1991) have claimed that trait approaches to coping are overly simplistic, and that they underestimate the complexity and variability of actual coping efforts. They argue 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." (Lazarus & Folkman, 1991, p. 196). However they recognise that there is both stability and

change in coping. “We are ... not arguing that there are no stabilities in coping or that people do not have preferred modes of coping with the same or similar sources of psychological stress over time” (Lazarus & Folkman, 1991, p. 196). But they claimed that in seeking to understand coping, there is no substitute for direct assessment of coping acts, and how they change with the changing demands of the situation as the person appraises them. The seemingly opposing concepts of coping as dispositional, versus coping as a dynamic process, are not necessarily mutually exclusive (Endler, 1982; Endler & Magnusson, 1976). Krohne (1996) has argued that change and stability do not exclude each other because stable is not the same as static. Static means no change. Changes can be stable or unstable, and stability of change implies that a process is replicable. Thus, an individual may change their coping modes as the demands between, and within, situations alter but a preferred way of thinking and acting, according to personality factors, can appear in response to particular demands (Lazarus & Folkman, 1984).

### **4.3 The Role of Appraisal**

Cognitive appraisal is an evaluative process that the individual goes through in order to determine why, and to what extent, a particular transaction or series of transactions between the person and the environment is stressful. Although coping efforts are made in response to stress appraisals, appraisal and coping are reciprocal influences. The individual’s coping efforts may alter either the situation or the way the individual thinks and feels about it. Such changes lead to reappraisals, which engender new coping efforts. In this way, coping is seen as a series of transactions involving appraisal and reappraisal (Coyne, Aldwin, & Lazarus,

1981). How a person appraises a situation depends on their values, commitments and goals, and their beliefs about themselves. The worth and recognition of personal resources for coping, such as financial means, social and problem-solving skills, and health and energy, are also taken into account.

Lazarus and Folkman (1984) identified two forms of appraisal in the coping process: (i) primary appraisal, and (ii) secondary appraisal. Through primary appraisal an individual evaluates what the situation means to him or her, and how stressful it is. Stress appraisals include: (a) harm or loss (some physical or emotional damage to the person has already occurred); (b) threat (concerns harms or losses that have not yet occurred, but are anticipated); and (c) challenge (while calling for mobilisation of coping efforts, the focus is on the potential for gain or growth inherent in an encounter). Challenge appraisals are more likely to occur when the person feels a sense of control over the troubled person-environment relationship. The three different forms of primary appraisal are not mutually exclusive, and often occur simultaneously.

Secondary appraisal involves the assessment of what might and can be done to manage the situation. It is a complex process that evaluates and takes into account which coping options are available, the likelihood that a given coping option will accomplish what it is intended to, and the expectation that one can apply a particular coping strategy or set of strategies effectively.

#### 4.4 Emotion-focused and Problem-focused Coping

Two major conceptual issues have arisen in the coping literature. First, there is the distinction between emotion-focused and problem-focused coping (Lazarus & Folkman, 1984). Problem-focused activities are directed at managing or altering the problem or stressor, whereas emotion-focused coping activities are directed at regulating emotional responses to the problem. A second major conceptual approach in the literature has been to divide coping into approach versus avoidant activities (Maddi, 1980, cited in Heppner et al., 1995; Roth & Cohen, 1986; Suls & Fletcher, 1985, cited in Heppner et al., 1995). Approach activities consist of attending to the problem through both cognitions and behaviour, while avoidant activities consist of such activities as distraction or blunting. Avoidance coping may include either person-oriented or task-oriented behaviours or strategies. Endler and Parker (1994) noted that an individual can use avoidance by seeking out other people (social diversion) or by engaging in a substitute task (distraction).

Folkman, Lazarus, Dunkel-Schetter, et al (1986) have identified eight forms of coping strategies that come under the headings of emotion-focused and problem-focused coping styles. Emotion-focused coping includes distancing (i.e. efforts to detach oneself), self-control (i.e. efforts to regulate one's own feelings), seeking social support (i.e. efforts to seek informational and emotional support), accepting responsibility (i.e. acknowledging one's own role in the problem), escape-avoidance (i.e. wishful thinking and behavioural efforts to escape or avoid the situation), and positive reappraisal (i.e. creating positive meaning of the situation by focusing on personal growth). Problem-focused coping consists of planful problem-solving (i.e. deliberate problem-focused efforts to alter the situation), and confrontive coping (i.e. aggressive efforts to alter the situation).

There are several different taxonomies used in the literature when discussing the various coping styles and strategies. Different terms are used depending on the theoretical background of the research and the assessment measures used. However, most of them refer to facets of problem-focused coping, emotion-focused coping, or avoidance. In this review, I will use these terms where possible. However, some coping terms cannot be mapped fully onto the constructs of problem-focused coping, emotion-focused coping, or avoidance coping. In these instances, I will briefly describe the terms used.

Research has found strong positive associations between the use of passive or emotion-focused coping behaviours and psychopathology and psychological distress (Endler & Parker, 1993; Endler, Parker, & Butcher, 1993). The specific emotion-focused strategies of escape-avoidance, accepting responsibility, and self-control, have been associated with negative emotions (Chan & Hui, 1995; Endler & Parker, 1993; Siegel, Gluhoski & Karus, 1997). In contrast, problem-focused coping has been found to be either not linked to psychopathology or psychological distress, or negatively related to it (Endler & Parker, 1993, 1994). Bowman and Stern (1995) have noted that emotion-focused strategies vary widely in their potential to reduce psychological distress. Positive-reappraisal types of emotion-focused coping are associated with lower symptom levels and positive adjustment, while wishful thinking and escape-avoidance types of emotion-focused coping strategies are related to negative psychological adjustment.

While the above research addresses the overall effectiveness of coping strategies, interactions between the nature of the stressors, and the effectiveness of the coping styles have also been found. Weidner and Collins (1993) have noted that avoidance strategies are more effective for

short-term stressors (less than one week), but attentional strategies are more effective for long-term stressors (more than one week).

Schuldberg et al. (1996) found that people in general used more confrontation coping, self-controlling, and seeking social support, and less accepting responsibility and planful problem-solving in interpersonal situations than achievement events. Also, Knee and Zuckerman (1998) found that individuals high in autonomy used less defensive coping strategies, (particularly denial, i.e. denying the existence of a problem or its negative impact, by such means as escape-avoidance) in general, and exhibited less self-handicapping than less autonomous individuals.

The amount of control an individual has over stressors also affects the usefulness of the coping strategies used. Siegel et al. (1997) have noted that problem-focused coping is associated with lower levels of psychological distress in situations that are perceived as controllable. Conversely, it is related to higher distress in situations viewed as uncontrollable. Emotion-focused coping is associated with lower scores of distress in uncontrollable situations but higher scores in controllable events. As mentioned previously in Section 4.2, the personality characteristics of mastery, self-esteem, and self-denigration have been found to be more helpful in situations in which a person had little control, while reliance on coping strategies was found to be more helpful in situations in which those responses could make a difference (Pearlin & Schooler, 1978).

#### 4.5 Demographic Factors Affecting Coping

Lazarus and Folkman (1984) note that relationships have been found among economic status, stress, and coping, possibly related to how controllable situations are perceived to be. People with money have more control over their environment, and an increased range of coping options is available to them (Pearlin & Schooler, 1978). According to Kohn (1969, 1976, cited in Lazarus & Folkman, 1984), the most important factor about social class is its relationship to the expectation that one's decisions and actions have consequences. Individuals in higher-class positions have an expectation that their actions can make a difference and are more likely to use active problem-solving strategies. However, an expectation of people of lower class status is that they have less control over their environment; therefore they are more likely to use avoidant and emotion-focused ways of handling their stressors.

Culture has been shown to have a major impact on how individuals appraise and manage situations, as well as the coping strategies they adopt. The shaping of an emotional reaction, and how it is expressed or managed, depends on the meaning and significance the culture gives to human transactions with the environment. Culturally determined judgements about what is important, desirable, damaging, and ennobling play a large role in determining the conditions under which particular emotions will occur, and the strategies deemed appropriate to manage the emotions. Mead (1935, cited in Strack & Feifel, 1996) claimed that some cultures encourage confrontive coping strategies, while other cultures disapprove of them. Benedict's study of Japanese life (1946, cited in Lazarus, 1966), noted that Japanese people are particularly sensitive to the shame of failure, and react poorly to competition. Also, as with many societies which value the collective group over the individual, Japanese people

have a strong motivation to be approved and accepted by other members of their group, and he observed a characteristic mutual dependency in all relationships. It seems to be more acceptable to be dependent in Japanese society than in Western individualistic societies. He suggested that Japanese people are more willing than Westerners to deal with threats by openly seeking social support and approval, and they are more likely to admit distress over social disapproval or rejection.

Consistent age differences have been observed when coping is examined across several types of encounters involving family matters, health matters, different levels of changeability, threats to self-esteem, and threats to a loved one's wellbeing. Folkman et al. (1987) found that younger people used more active, interpersonal, problem-focused forms of coping (confrontive coping, seeking of social support, and planful problem solving), while older people used more passive, intrapersonal emotion-focused forms of coping (distancing, acceptance of responsibility, and positive reappraisal).

#### **4.6 The Role of Gender in Coping**

Research has indicated that there are some gender differences in the use of coping styles. Endler and Parker (1990) found that women reported significantly more emotion-focused and avoidance-focused coping than men did, but no male-female differences were indicated on problem-focused coping. Problem-focused coping has been reported as being negatively related to distress, but only for males (Higgins & Endler, 1995). They found that emotion-focused coping was significantly positively predictive of distress for both males and females.

Eagan and Walsh (1995) found a number of gender differences. Overall, women students reported using the coping strategies of escape avoidance and seeking social support more than the male students, and were found to be more flexible and productive in adapting to environmental demands, than were the males. They suggested that society communicates different messages to men and women regarding behaviour that is acceptable and encouraged. In general women tend to be more flexible and productive in their interactions with the environment. For example, women tend to be more flexible in shifting or changing already formulated plans and ideas. Women are also encouraged to seek help and assistance when dealing with their problems, whereas men are not encouraged to ask for help. Moreover, Schuldberg et al. (1996) found that women were found to have higher levels of social support, and across both interpersonal and achievement situations, women reported a greater use of seeking social support. Although Holahan and Moos (1987) reported that individuals with higher levels of social support were more likely to rely on active problem-focused coping and less likely to use avoidance coping, their findings contrast with those of Eagan and Walsh (1995) discussed above.

However, Folkman et al. (1987) found that gender differences in coping strategies were not pronounced. The only consistent differences they found were in positive reappraisal, which women used more than men, and in self-control, which men used more than women. Self-control involves keeping one's feelings to oneself, and is consistent with western societal values, which encourage men not to express their emotions.

The research suggests that, overall, coping styles and strategies that address a problem are more effective in reducing psychological distress than avoidant strategies. However, situation-specific factors (such as the controllability and time frame of the stressor), and person-specific

factors (such as personality, gender and culture, age, socio-economic status, and the level of social support), interact with the use and effectiveness of coping styles and strategies.

## CHAPTER 5

### THE PRESENT RESEARCH

#### 5.1 Aims

The main aims of the present study were to investigate if sociotropic and autonomous individuals use different coping strategies to handle stressful life events, as Nietzel and Harris (1990) suggest, and whether the strategies used influence mood. The use of different coping strategies between interpersonal and achievement oriented situations were also considered. In studying the association between the personality constructs of sociotropy/autonomy, coping strategies, and mood, the model of coping as a mediating factor in the relationship between sociotropy/autonomy and mood was used. It was hoped that the findings might help to explain the stronger relationship found between sociotropy and depression, than for autonomy and depression.

It was also hoped, that by looking at appraisals, gender, and social support, as other factors that influence coping, differences in those areas might also help to explain the stronger indications of depression in people with high levels of sociotropy than for people high in autonomy.

While Beck's personality-event congruence hypothesis stems from his theory of unipolar depression, and the majority of the research into the hypothesis examines the impact of stressors on depressive symptoms and mood in sociotropic and autonomous individuals, the present investigation looked at positive affect (PA) and negative affect (NA) as the dependent

variables, rather than depression. As a non-clinical sample of university students was used in the study, affect, rather than depression was considered more suitable as the dependent variable. Furthermore, as mentioned in Section 2.2, research has indicated that PA and NA represent the major dimensions of mood (Watson, 1988; Watson & Tellegen, 1985), and can differentiate between depression and anxiety more clearly than many measures of depression (Watson, Clark, & Carey, 1988).

## 5.2 Hypotheses

Eight hypotheses were tested:

### 1. That women are more likely to be sociotropic than men.

The literature has proposed that through their psychosocial development, men and women form different types of self-identity. While men develop a self-schema of independence and self-reliance, women develop a self-schema of sociality and relational interdependence with others. Therefore, it was expected that women would have higher sociotropy scores than men.

**2. That level of social support influences mood.**

Social support has been found to act as a buffer against the negative impact of stressful events, through the provision of material aid, someone to talk to, the bolstering of self-esteem, and feelings of belonging. The feeling of having support available from significant others can protect an individual from stress-induced depression. Therefore, it was expected that people with higher levels of social support would have higher levels of positive affect, and lower levels of negative affect.

**3. That the level of social support differs between the sociotropy/autonomy groups.**

Sociotropy is characterised by an orientation towards sociality and a dependence on others for one's well-being, therefore it was expected that people high in sociotropy would report higher levels of social support than people low in the dimension. Furthermore, people high in autonomy value their independence and self-reliance, so it was expected that they would report lower levels of social support than those who rate lower on the autonomous dimension.

**4. That the sociotropy/autonomy groups differ in their appraisals of the interpersonal and achievement events.**

In the personality-event congruence hypothesis, Beck (1983) claimed that sociotropic individuals are more oriented to the interpersonal domain, while autonomous individuals are more oriented to the achievement domain. People would be more vigilant to the negative impact of events that are congruent with their dominant personality dimension. Therefore, it was expected that the four sociotropy/autonomy groups would appraise the interpersonal and achievement events differently.

**5. That the different sociotropy/autonomy groups use different coping strategies for dealing with stressful events.**

There has been little research into the personality-event congruence hypothesis that has considered the possibility that stressful life events are coped with in different ways between sociotropic and autonomous people. The stronger relationship found between sociotropy and depression, than between autonomy and depression, may be due to differences in coping strategies used between the sociotropy/autonomy groups, as Nietzel and Harris (1990) have suggested.

- 6. That the level of social support affects the perceived effectiveness of coping strategies.**

Potentially stressful situations may be appraised as less stressful if individuals' social networks provide them with resources, which favourably affect their interpretation of the situation, increase their ability to cope, or inflate their self-concept. Therefore, it was expected that people with higher levels of social support would perceive their coping strategies to be more effective in reducing the stressfulness of the situation.

- 7. That people high in autonomy perceive the coping strategies they use to be more effective in reducing the stressfulness of a situation, than do people high in sociotropy.**

Beck (1983) claimed that the affective response is determined by the way a person structures his or her experience. In the non-depressed state, autonomous people have higher levels of self-confidence and self-esteem than sociotropic people, and are less sensitive to feedback from others. Therefore, it is expected that they would perceive their coping efforts to be more effective. Nietzel and Harris (1990) also suggested that people high in autonomy might handle their setbacks more effectively, leading to a more positive response to negative events.

**8. That the influence of sociotropy/autonomy on mood is mediated by coping strategies.**

Research has suggested that the stronger relationship between sociotropy and negative events is due to a greater vulnerability, in general, of sociotropic people to depression in the face of stressful events. However, there is little consideration, in the literature, that negative events are coped with, and that coping may act as a mediating factor in the personality-event congruence hypothesis. In exploring the present hypothesis, it was investigated if coping strategies can explain the different affective responses found between sociotropic and autonomous people, in the face of stressful events.

## — CHAPTER 6

### METHOD

#### 6.1 Variables Under Investigation

The mood factors, positive affect and negative affect, were the dependent variables, and were measured as scores on the two scales of the Positive and Negative Affect Schedule [PANAS] (Watson, Clark, & Tellegan, 1988).

The independent variables that were investigated were: (1) the personality dimensions of sociotropy and autonomy, measured as scores on the Personal Styles Inventory [PSI] (Robins et al., 1994); (2) coping strategies in both an interpersonally oriented situation and an achievement oriented situation, measured as scores on the Revised Ways of Coping Questionnaire [WCQ] (Folkman & Lazarus, 1985; Lazarus & Folkman, 1984); (3) appraisal of both interpersonal and achievement events, consisted of a self-reported assessment of harm/loss, threat, challenge, and the level of control involved in each situation; (4) perceived effectiveness of coping strategies, measured as the difference in self-reported assessments of stressfulness during the event, and after the event was coped with; and (5) social support, measured as scores on the Interpersonal Support Evaluation List: Students version [ISEL] (Cohen & Hoberman, 1983).

Other potentially confounding demographic variables, which were included in the analysis were: (6) gender; (7) age; and (8) ethnicity.

## 6.2 Research Design

The correlational relationships between sociotropy/autonomy, the coping strategies used in interpersonal-oriented and achievement stressful situations, social support, and the resulting moods, were investigated using a cross-sectional, retrospective self-report method. The research used a between-subjects design, comparing the coping strategies used by sociotropy/autonomy groups, in dealing with stressful situations of an interpersonal and an achievement-oriented nature during the previous week, and their resulting levels of positive affect and negative affect.

## 6.3 Sample

A sample of 134 students, both men and women, was used in the study. Participants were recruited from the internal student body of Massey University, Palmerston North, New Zealand. Participation in the study was voluntary.

Participants were recruited from classes at either the beginning or end of lectures, at the lecturers' convenience. The students were informed about the research project, and invited to participate. Copies of the information sheet (see Appendix A), and notification of the research venue and the times, were distributed around the class for the students to read and retain. Anonymity and confidentiality of individual scores were assured, and it was emphasised that participation in the project was voluntary, and would have no effect on their course grades.

The sample was predominantly young, middle-class, New Zealand European females. The mean age of the sample was 25 years old (70 % were 25 years or younger), with a range from 17 years old to 59 years old. The majority were female (67 %), with 33 % being male. Eighty-two percent were New Zealand Europeans, with other ethnic groups being represented by Maori (4 %), Pacific Islanders (0.7 %), Asians (7.5 %), and Europeans (5 %). The largest social class represented was middle class (69 %), with 28 % of the participants identifying themselves as working class, and only 3 % from the upper class.

#### **6.4 Procedure**

Students who wished to participate in the study came to the research venue at their choice of a selection of pre-arranged times. There, they were provided with a copy of the information sheet (see Appendix A), to ensure their fully informed consent.

Research participants were asked to fill in an anonymous questionnaire (see Appendix B) that included: (1) self-report demographic information which included (a) age, (b) gender, (c) ethnicity, and (d) socio-economic status; (2) Personal Styles Inventory [PSI] (Robins et al., 1994) to measure sociotropy/autonomy; (3) Interpersonal Support Evaluation List [ISEL] (Cohen & Hoberman, 1983) measuring social support; (4) the Revised Ways of Coping Questionnaire [WCQ] (Folkman & Lazarus, 1985; Lazarus & Folkman, 1984) to measure coping strategies; (5) self-reported assessments of situation appraisals of harm/loss, threat, challenge, and control; (6) self-reported assessments of perceived levels of stressfulness during and after the event; and (7) the Positive and Negative Affect Schedule [PANAS]

(Watson et al., 1988) to measure mood. By returning the completed questionnaire, students indicated their consent to participate in the study.

Participants who wished to receive a summary of the research findings supplied their names and postal addresses on a form attached to the questionnaire. It was emphasised that the information provided on that form would not be linked with the information they provided in the questionnaire, in any way. The summary of the research findings is included as Appendix C to this report.

## 6.5 Measures

**Personal Styles Inventory II** [PSI] (Robins et al., 1994). The revised version of the Personal Styles Inventory consists of two 24-item scales assessing the personality dimensions of sociotropy and autonomy. Each item is scored on a scale of agreement ranging from 1 to 6. Total scores for each scale are the summed totals of the relevant subscales. Sociotropy consists of three subscales: concern over what others think, dependency, and pleasing others. Autonomy consists of three subscales: perfectionism/self-criticism, need for control, and defensive separation.

Robins et al. (1994), using a sample of undergraduate students, found the scales to have internal consistencies of  $\alpha = .90$  for sociotropy and  $\alpha = .86$  for autonomy, with retest stabilities of  $\alpha = .80$  for Sociotropy and  $\alpha = .70$  for Autonomy. The two scales have a low intercorrelation, and good convergent and discriminant validity with other theoretically

related measures. In the present sample the Sociotropy and Autonomy scales had internal consistencies of  $\alpha = .89$  and  $\alpha = .82$ , respectively, and correlated moderately with each other,  $r = .45$ .

**The Interpersonal Support Evaluation List Scale; College Student Version [ISEL]**

(Cohen & Hoberman, 1983) consists of 48 statements concerning the perceived availability of potential social support. Half of the statements are positive statements about social relationships (e.g. “There are people at school or in town who I regularly run with, exercise with, or play sports with”) and half are negative statements (e.g. “There isn’t anyone at school or in town with whom I would feel perfectly comfortable talking about difficulties with my social life”). Respondents were asked to indicate whether each statement is “probably true” or “probably false” about themselves. The ISEL is scored by counting the number of responses indicating support. The statements in the college student version are specifically aimed at the life-style and concerns of university students. As such, it was used in the present study, rather than the version designed for the general community. The student version of the ISEL consists of four 12-item sub-scales. The “tangible” subscale measures perceived availability of material aid; the “appraisal” subscale, the perceived availability of someone to talk to about one’s problems; the “belonging” subscale, the perceived availability of people who one can do things with; and the “self-esteem” subscale, the perceived availability of a positive comparison when comparing one’s self with others. In the present study, the “self-esteem” scale was not included because of its conceptual and empirical overlap with mood. As the interest in the present study is in overall social support, total scores were used, rather than scores of each of the three individual subscales.

Cohen and Hoberman (1983), using a student sample, found moderate correlations between the subscales, and internal reliabilities of  $\alpha = .77$  for the total scale,  $\alpha = .71$  for the tangible scale,  $\alpha = .75$  for the belonging scale, and  $\alpha = .77$  for the appraisal scale. The ISEL was moderately correlated with other validated measures of social support, and related constructs. In the present study, internal consistency of  $\alpha = .89$  was found for the total scale consisting of the tangible, belonging, and appraisal subscales.

**Ways of Coping Questionnaire; Revised** [WCQ] (Folkman & Lazarus, 1985; Lazarus & Folkman, 1984) consists of 50 items, plus 16 fill items. Following are the eight scales included in the measure with sample items:

1. Confrontive coping (6 items) “Stood my ground and fought for what I wanted”.
2. Distancing (6 items) “Went on as if nothing had happened”.
3. Self-controlling (7 items) “I tried to keep my feelings to myself”.
4. Seeking social support (6 items) “Talked to someone to find out more about the situation”.
5. Accepting responsibility (4 items) “Criticized or lectured myself”.
6. Escape-avoidance (8 items) “Hoped a miracle would happen”.
7. Planful problem solving (6 items) “I made a plan of action and followed it”.
8. Positive reappraisal (7 items) “Changed or grew as a person in a good way”.

Responses are made on a 4-point Likert rating scale (0 = not used, through to 3 = used a great deal), with reference to a real-life stressful situation experienced by the respondent. In the present study the situation was experienced during the preceding week.

Raw scores used in this study are the sum of the individual's responses to the items that compose a given scale. Vitaliano, Maiuro, Russo, and Becker (1987) have claimed that raw scores ignore the relations between specific (scale) and overall strategies, and suggested that relative scores are being better suited for empirically evaluating the dynamic interplay of coping efforts and other related variables. However, raw scores have been used in the majority of the research using the WCQ (Eagan & Walsh, 1995), and therefore allow greater comparability between the present findings and previous research.

A difficulty with the instrument is that the numbers of extracted factors have changed from sample to sample or from stressor to stressor. Also, because the questionnaire was developed to measure coping processes, rather than being a static test in the conventional sense, the authors have claimed that traditional test-retest reliability estimates are inappropriate (Conger, 1992). Internal consistency estimates fall at the low end of the acceptable range. The present research used the eight scales based on a community sample (Folkman, Lazarus, Dunkel-Schetter, et al., 1986). Estimates of internal consistencies (Cronbach's alphas) reported in their study were .70 for Confronting coping, .61 for Distancing, .70 for Self-controlling, .76 for Seeking social support, .66 for Accepting responsibility, .72 for Escape-avoidance, .68 for Planful problem solving, and .79 for Positive reappraisal. Alpha coefficients found in the present study, for the interpersonal event, were .64 for Confrontive coping, .66 for Distancing, .56 for Self-controlling, .79 for Seeking social support, .62 for Accepting responsibility, .73 for Escape-avoidance, .62 for Planful problem-solving, and .80 for Positive reappraisal. For the achievement event, alphas were .57 for Confrontive coping, .54 for Distancing, .66 for Self-controlling, .74 for Seeking social support, .70 for Accepting responsibility, .68 for Escape-avoidance, .67 for Planful problem-solving, and .80 for Positive reappraisal.

**The Positive and Negative Affect Schedule** [PANAS] (Watson, Clark, & Tellegen, 1988) contains two 10-item scales: Positive Affect (PA) and Negative Affect (NA). In the present study, the subjects rated the extent to which they experienced each mood descriptor during the past two days. The ratings were on a five-point scale, from 1 = very slightly or not at all, through to 5 = very much. Total PA and NA scores were obtained by summing the ratings for each set of 10 mood descriptors.

Watson et al., (1988) have reported extensive data demonstrating the reliability and validity of these scales. When the measure was used with university students, using the time instructions of the “past few days”, Watson et al. found low intercorrelations between the PA and NA scales,  $r = -.22$ , and high internal consistency reliabilities,  $\alpha = .88$  for the PA, and  $\alpha = .85$  for the NA scale. The present study found similar internal consistencies for the NA scale,  $\alpha = .85$ , but for the PA scale they were slightly lower,  $\alpha = .84$ . Correlations between the PA and NA scales were  $r = -.31$ ;  $p < .01$ .

The PANAS was used in the present study, rather than a measure of depression, as it was considered to be a more suitable measure of mood for a non-clinical sample of university students. As mentioned previously in Section 2.2, PA and NA represent the major dimensions of mood (Watson, 1988; Watson & Tellegen, 1985), and can differentiate between depression and anxiety more clearly than many measures of depression (Watson et al., 1988).

## 6.6 Statistical Analyses

The statistical analyses were completed using SPSS for Windows, Release 9.0.1 (1999). The alpha level used for hypothesis-testing was  $p < .05$  (except where otherwise stated), and were one-tailed. In the analyses,  $p$  levels were not adjusted for multiple comparisons.

ANOVAs and chi-square tests were used to detect differences between the groups. A model in which the effect of sociotropy/autonomy levels on mood was mediated by the coping strategies used to deal with the stressful events, was investigated using hierarchical multiple regression.

## CHAPTER 7

### RESULTS

#### 7.1 Missing Data and Data Management

Missing data was handled in the following way: questionnaires in which the respondents had failed to answer a whole section (i.e. a an entire measure of a variable, or a substantial part of a measure) were not used in the study,  $n = 15$ . When single items were left unanswered, the sample mean score for the item was used.

Age, ethnicity, and social class data were not used in the analyses. Due to the skewed nature of the sample in these variables, their contribution to the results would have been meaningless.

All variables were handled as continuous scores, except for gender, and harm/loss, threat, and challenge appraisals, which were categorical.

Scores for the Sociotropy and Autonomy scales of the PSI were analysed both as continuous, and grouped variables. Four groups were formed from the continuous scores of the two scales: (1) low in sociotropy and high in autonomy (soc-low/aut-high); (2) high in sociotropy and low in autonomy (soc-high/aut-low); (3) low in sociotropy and low in autonomy (soc-low/aut-low); and (4) high in sociotropy and high in autonomy (soc-high/aut-high). In order to create the groups, the sociotropy and autonomy scales were split at the median score. Participants who scored below the median were considered to be low in the factor, and those

who scored higher than the median were considered to be high in the factor. The sample distribution across the four sociotropy/autonomy groups can be seen in Table 1. The groups of four different sociotropy/autonomy combinations were used because sociotropy and autonomy are orthogonal dimensions, and both of the personality factors are present to some degree in any individual. The four different patterns of combinations would be likely to influence the participants' orientations and behaviour in different ways.

Each coping strategy had two scores, one for the interpersonal event and one for the achievement-oriented event. As well as being analysed by event, each coping strategy was summed over both events to make a combined total score for each coping strategy over both of the events. This combined coping score was used to test Hypothesis 3 in the multiple hierarchical regression analyses.

In order to assess the perceived effectiveness of coping strategies, a variable was computed from the differences in scores between the self-reported levels of stressfulness experienced during the event, and the self-reported levels of stressfulness after coping strategies had been used to deal with the event. The stressfulness ratings on pages 9 and 14 of the questionnaire (see Appendix B) were used to compute perceived effectiveness of coping strategies for the interpersonal event, and the stressfulness ratings on pages 15 and 20 of the questionnaire (see Appendix B) were used to compute the variable for the achievement event.

## 7.2 Hypothesis 1

**That women are more likely to be sociotropic than men.**

A oneway ANOVA was run with sociotropy scores entered as the dependent variable, and gender as the independent variable. A significant difference was found in the sociotropy scores between men and women,  $F(1,132) = 8.195$ ;  $p = .005$ . Women reported higher sociotropy score means ( $M = 96.79$ ,  $SD = 16.45$ ) than men ( $M = 87.95$ ,  $SD = 16.44$ ).

## 7.3 Hypothesis 2

**That level of social support influences mood.**

Significant correlations were found between social support and both positive affect,  $r = .276$ ;  $p = .01$ , and negative affect,  $r = -.280$ ;  $p = .01$ . While positive affect increased as social support levels rose, negative affect decreased with higher social support scores. When gender was controlled for, the relationships between social support and both positive affect,  $r = .287$ ;  $p = .001$ , and negative affect,  $r = -.275$ ;  $p = .001$ , increased significance.

#### 7.4 Hypothesis 3

**That the level of social support differs between sociotropy/autonomy groups.**

Significant negative correlations were found between social support and sociotropy scores,  $r = -.211$ ;  $p < .05$ , and social support and autonomy scores,  $r = -.357$ ;  $p < .01$ . A series of oneway ANOVAs was run with social support entered as the dependent variable, and the four sociotropy/autonomy groups entered as the independent variables. A significant difference was found in the social support scores between the sociotropy/autonomy groups,  $F(3,130) = 5.77$ ;  $p < .001$ . The means and standard deviations for these variables are shown in Table 1.

**Table 1**

Means and Standard Deviations of Social Support Scores in the Sociotropy/Autonomy Groups

Sociotropy/Autonomy Groups	<u>Social Support Scores</u>		
	<u>N</u>	<u>M</u>	<u>SD</u>
Sociotropy-low / Autonomy-high	23	15.39	13.70
Sociotropy-high / Autonomy-low	22	16.45	11.43
Sociotropy-low / Autonomy-low	45	24.98	10.43
Sociotropy-high / Autonomy-high	44	15.05	14.28
Total	134	18.67	13.20

In order to clarify which of the sociotropy/autonomy groups accounted for the significant difference found between the groups, a post-hoc Duncan test was run with social support being entered as the dependent variable, and the sociotropy/autonomy groups as the independent variable. This analysis indicated that the differences between the groups was due to the soc-low/aut-low group, which reported significantly higher social support,  $M = 24.98$ ;  $p = .001$ , than the other three groups.

An independent-groups  $t$  test indicated that there was no significant relationship found between gender and social support,  $t(132) = -.773$ ;  $p > .05$ .

#### 7.5 Hypothesis 4

**That the sociotropy/autonomy groups differ in their appraisals of the interpersonal and achievement events.**

A series of chi-square analyses was run in order to assess whether there were any differences between the sociotropy/autonomy groups, in appraisals of the interpersonal and achievement events. The chi-square tests revealed no significant differences between the groups, for harm/loss appraisals of the achievement event ( $\chi^2 [3, n = 134] = 2.865$ ;  $p = .413$ ); threat appraisals for either the interpersonal ( $\chi^2 [3, n = 134] = 1.490$ ;  $p = .685$ ), or the achievement event ( $\chi^2 [3, n = 134] = 3.119$ ;  $p = .374$ ); and challenge appraisals for the interpersonal event, ( $\chi^2 [3, n = 134] = 4.928$ ;  $p = .177$ ).

However, significant differences were found between the sociotropy/autonomy groups in harm/loss appraisals for the interpersonal event ( $\chi^2 [3, n = 134] = 7.745; p = .052$ ). As can be seen in Table 2, participants in the soc-low/aut-high group were more likely to appraise the interpersonal event as involving harm or loss, than were the participants from other groups, while participants in the soc-low/aut-low group were less likely to make harm/loss appraisals for the event, than other participants. Furthermore, people in the soc-low/aut-high and soc-low/aut-low groups were also significantly more likely to make challenge appraisals for the achievement event ( $\chi^2 [3, n = 134] = 7.596; p = .055$ ), than participants in the other two groups. The comparisons of the frequencies and percentages, for harm/loss and challenge appraisals between the sociotropy/autonomy groups, are shown in Table 2. The analyses suggest that the differences in harm/loss appraisals were due to differences in autonomy levels, while the differences in challenge appraisals were due to low levels of sociotropy. However, due to the borderline significance levels, no further analyses were undertaken.

**Table 2**Harm/loss Appraisals and Challenge Appraisals Made by the Sociotropy/Autonomy Groups

Soc/Aut Groups	Harm/loss Appraisals in Interpersonal Event			Challenge Appraisals in Achievement Event		
	No	Yes	Total	No	Yes	Total
Soc-low, Aut-high	8 35%	15 65%	23 100%	9 39%	14 61%	23 100%
Soc-high, Aut-low	9 41%	13 59%	22 100%	10 46%	12 54%	22 100%
Soc-low, Aut-low	30 67%	15 33%	45 100%	11 24%	34 76%	45 100%
Soc-high, Aut-high	22 50%	22 50%	44 100%	23 52%	21 48%	44 100%

(N = 134)

Control appraisals were unable to be computed through chi-square analyses. A series of oneway ANOVAs was run with control appraisals of the interpersonal and achievement events entered as the dependent variables, and the four sociotropy/autonomy groups entered as the independent variables. No significant differences between the groups were found in the control appraisals of either the interpersonal event,  $F(3,130) = 2.318$ ;  $p = .079$ , or the achievement oriented event,  $F(3,130) = .590$ ;  $p = .724$ .

## 7.6 Hypothesis 5

**That the different sociotropy/autonomy groups use different coping strategies for dealing with stressful events.**

In order to assess whether there were differences between the sociotropy/autonomy groups, in coping between the two different events, a repeated measures ANOVA was used with the eight coping scores for each of the two events entered as dependent variables with the four sociotropy/autonomy groups as independent variables. The analysis was carried out in this way to allow the 3-way interrelation that would indicate whether sociotropy/autonomy groups used different patterns of coping skills over the two events. Table 3 provides the means and standard errors for the variables.

The analysis showed no significant main effect for event,  $F(1,130) = 2.60$ ;  $p > .10$ , indicating that there were no overall differences in the coping skills used between the two events. The participants' coping responses averaged over the sociotropy/autonomy groups indicated an

**Table 3**Means and Standard Errors of Sociotropy/Autonomy Groups' Coping by Event

Soc/Aut Groups	Coping	Event 1		Event 2	
		<u>M</u>	<u>SE</u>	<u>M</u>	<u>SE</u>
Soc-low, Aut-high <u>n</u> = 23	1	5.04	.75	2.91	.62
	2	6.26	.79	5.39	.67
	3	8.73	.75	6.82	.84
	4	5.08	.93	4.52	.84
	5	3.30	.58	4.60	.63
	6	5.56	.87	4.95	.80
	7	6.73	.79	10.30	.85
	8	4.56	.98	5.13	.96
Soc-high, Aut-low <u>n</u> = 22	1	5.86	.76	3.59	.64
	2	6.45	.81	5.18	.69
	3	8.40	.77	6.04	.85
	4	6.50	.95	4.27	.85
	5	4.63	.59	4.90	.65
	6	8.40	.89	6.40	.82
	7	6.63	.81	10.31	.87
	8	6.22	1.00	5.72	.98
Soc-low, Aut-low <u>n</u> = 45	1	5.37	.53	3.13	.44
	2	6.04	.56	4.71	.48
	3	6.64	.54	5.37	.60
	4	6.73	.66	4.86	.60
	5	2.31	.41	3.20	.45
	6	2.97	.62	2.77	.57
	7	7.26	.56	9.95	.61
	8	4.80	.70	4.68	.68
Soc-high, Aut-high <u>n</u> = 44	1	4.63	.54	4.52	.45
	2	5.88	.57	5.27	.48
	3	9.06	.54	7.43	.60
	4	5.09	.67	5.45	.60
	5	3.81	.42	6.02	.46
	6	6.29	.63	6.04	.58
	7	6.40	.57	9.18	.61
	8	4.11	.71	4.61	.69

Note. 1 = confronting, 2 = distancing, 3 = self-controlling, 4 = seeking social support, 5 = accepting responsibility, 6 = escape/avoidance, 7 = planful problem-solving, 8 = positive reappraisal.

interaction effect between the different coping strategies used between the two events,  $F(7,124) = 16.56$ ;  $p < .001$ . The means and standard errors for the variables in the interaction are shown in Table 4.

**Table 4**

Means and Standard Errors of Coping by Event Averaged Over the Sociotropy/Autonomy Groups

Coping Strategies	Event 1		Event 2	
	<u>M</u>	<u>SE</u>	<u>M</u>	<u>SE</u>
Confronting	5.23	.33	3.54	.27
Distancing	6.16	.35	5.13	.30
Self-controlling	8.21	.33	6.42	.37
Seeking Social Support	5.85	.41	4.78	.37
Accepting Responsibility	3.52	.26	4.70	.28
Escape-avoidance	5.82	.39	5.05	.35
Planful Problem Solving	6.77	.35	9.94	.37
Positive Reappraisal	4.93	.43	5.04	.42

( $N = 134$ )

Note. Event 1 = Interpersonal event, Event 2 = Achievement Event

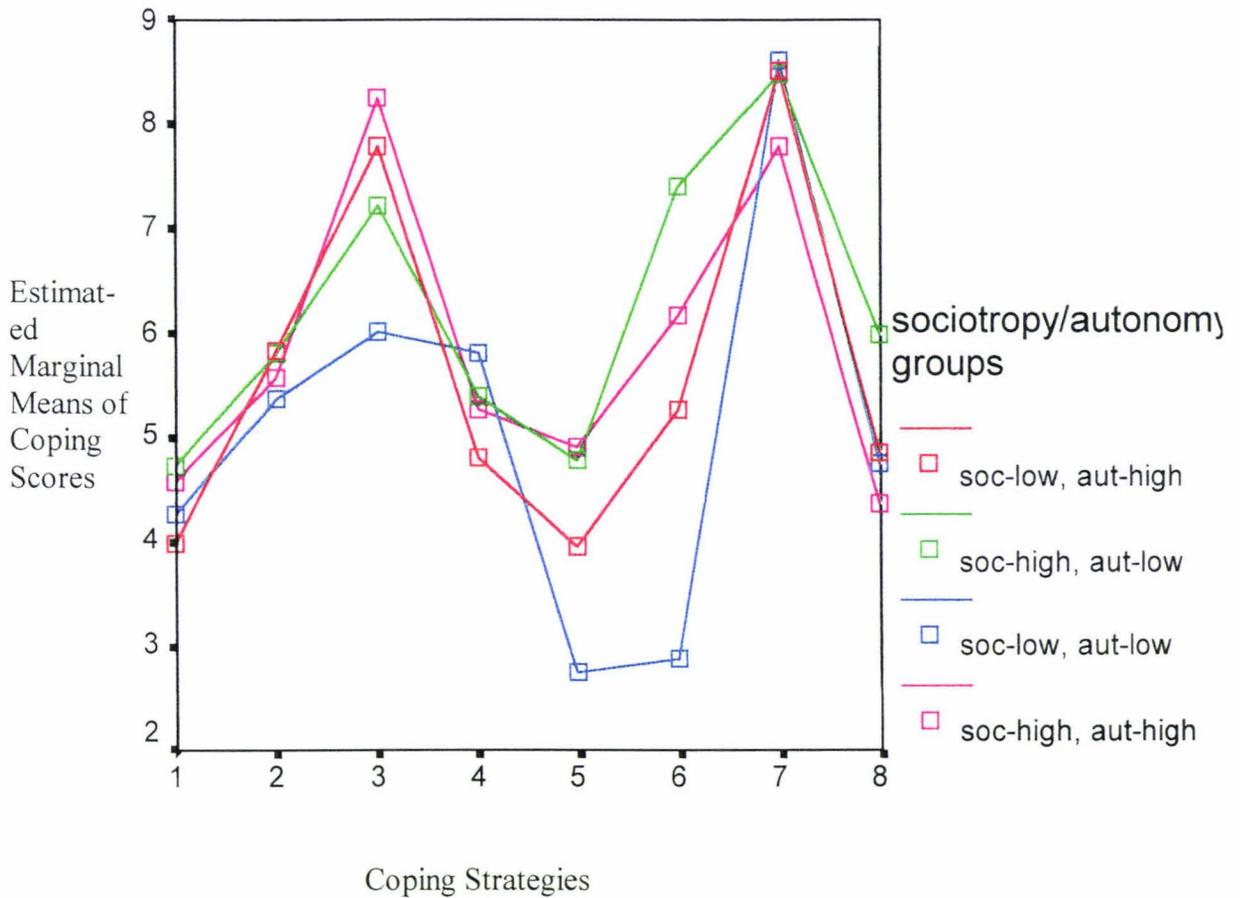
Furthermore, a significant interaction was found between the sociotropy/autonomy groups and coping,  $F(21,378) = 2.71$ ;  $p < .001$ , indicating that the four groups used different patterns of coping skills over both of the two events. However a 3-way analysis of the interaction between event, coping, and sociotropy/autonomy groups, indicated that the

sociotropy/autonomy groups did not differ in the patterns of coping between the two events,  $F(21,378) = .704; p > .05$ .

In order to clarify which of the sociotropy/autonomy groups differed in their use of coping strategies over both types of events, a series of repeated measures ANOVAs was run. These analyses indicated three significant interactions between coping and sociotropy/autonomy groups in (i) the soc-high/aut-low group and the soc-low/aut-low group,  $F(7,59) = 5.44; p < .001$ ; (ii) the soc-low/aut-low group and the soc-high/aut-high group,  $F(7,81) = 5.83; p < .001$ ; and (iii) the soc-low/aut-high group and the soc-low/aut-low group,  $F(7,60) = 3.15; p < .05$ . As shown in Figure 1, the soc-low/aut-low group used a different coping pattern from the other groups, with lower scores in the use of self-control, accepting responsibility, and escape-avoidance. These differences were significant for both events,  $p < .001$ . This pattern was particularly noticeable for the coping strategies of accepting responsibility, and escape-avoidance.

To confirm the findings apparent in Figure 1, a series of repeated ANOVAs was run. The coping strategies averaged over both events were entered as the dependent variables, and the four sociotropy/autonomy groups were entered as independent variables. The only coping strategies for which significant group effects were found were for self-control,  $F(3,130) = .54; p = .017$ , accepting responsibility,  $F(3,130) = 8.15; p < .001$ , and escape-avoidance,  $F(3,130) = 9.69; p < .001$ .

Previous research has indicated that there are some gender differences in coping (Eagen & Walsh, 1995; Endler & Parker, 1990; Folkman et al., 1987). Therefore, a brief investigation of



**Figure 1:** Coping strategies used by sociotropy/groups over both events

Note. 1 = confronting, 2 = distancing, 3 = self-controlling, 4 = seeking social support, 5 = accepting responsibility, 6 = escape/avoidance, 7 = planful problem-solving, 8 = positive reappraisal.

the present data was made, in order to determine if any gender differences also emerged in this study. Correlational analysis indicated that the only coping strategy to show significant gender differences was planful problem-solving in the interpersonal event,  $r = -.150$ ;  $p = .05$ . The significance of this relationship was confirmed by a one-way ANOVA, in which planful problem-solving in the interpersonal event was entered as the dependent variable, and gender was entered as the independent variable,  $F(1,222) = 5.133$ ;  $p = .024$ . Men used more planful problem-solving,  $M = 7.75$ ;  $SD = 3.58$ , than women,  $M = 6.32$ ;  $SD = 3.79$ . However, as noted above, planful problem-solving showed no significant group effects between the four sociotropy/autonomy groups.

## 7.7 Hypothesis 6

### **That the level of social support affects the perceived effectiveness of coping strategies**

Correlational analysis indicated weak positive, but non-significant, relationships between social support scores and subjects' perceived effectiveness of the coping strategies they had used during either the interpersonal, ( $r = .138$ ;  $p > .05$ ), or achievement events, ( $r = .113$ ;  $p > .05$ ).

Weak non-significant relationships were also found between gender and perceived effectiveness of coping strategies for both the interpersonal event, ( $r = .083$ ;  $p > .05$ ), and the achievement event, ( $r = -.036$ ;  $p > .05$ ).

### 7.8 Hypothesis 7

**That people high in autonomy perceive the coping strategies they use to be more effective in reducing the stressfulness of a situation, than do people high in sociotropy.**

Weak non-significant correlations were found between levels of autonomy and the perceived effectiveness of coping strategies for both the interpersonal event, ( $r = .001$ ;  $p > .05$ ), and the achievement event, ( $r = .028$ ;  $p > .05$ ). This was also the case for sociotropy in the interpersonal event, ( $r = .082$ ;  $p > .05$ ), and the achievement event, ( $r = -.001$ ;  $p > .05$ ). As such, no further investigation of this hypothesis was undertaken.

### 7.9 Hypothesis 8

**That the influence of sociotropy/autonomy on mood is mediated by coping strategies.**

In order to test the model of coping, in which the effect of sociotropy/autonomy on mood is mediated by the coping strategies used to deal with the stressful incident, a set of conditions must be met (Baron & Kenny, 1986): (a) the independent variable, sociotropy/autonomy, must be significantly related to the mediator, coping strategies; (b) the mediator, coping strategies, must be significantly related to the dependent variable, mood; (c) the independent variable, sociotropy/autonomy, must be significantly related to the dependent variable, mood; and (d) when both of the relationships in (a) and (b) above are controlled, the previously significant relationship in (c) is no longer significant, or is at least significantly reduced.

The analyses run to investigate Hypothesis 5 (That the different sociotropy/autonomy groups use different coping strategies for dealing with stressful events) indicated that there were significant between-group differences, averaged over both the interpersonal and achievement events, in the use of self-control, accepting responsibility, and escape-avoidance. The soc-low/aut-low group was found to use a different coping pattern from the other groups, which consisted of significantly lower scores in these strategies. Thus, condition (a) that the independent variable significantly accounts for variation in coping strategies used, has been confirmed for the three strategies self-control, accepting responsibility, and escape-avoidance. Therefore, these three coping strategies over both the interpersonal and achievement events were used in the hierarchical multiple regressions.

A combined variable for the coping strategies over both events was computed after checking for significant correlations, and running a series of oneway ANOVAs which indicated that, out of all of the eight coping strategies combined over both events, the strategies of accepting responsibility,  $F(3,130) = 8.146$ ;  $p = .000$ , escape-avoidance,  $F(3,130) = 9.688$ ;  $p = .000$ , and self-control,  $F(3,130) = 3.540$ ;  $p = .017$ , exclusively retained significant differences between the sociotropy/autonomy groups.

Condition (c) that there be a significant relationship between the independent variable and mood was confirmed by correlational analysis which indicated significant relationships between sociotropy and both negative affect,  $r = .49$ ;  $p < .01$ , and positive affect,  $r = -.32$ ;  $p < .01$ , and a significant relationship between autonomy and negative affect,  $r = .41$ ;  $p < .01$ , but not between autonomy and positive affect,  $r = -.15$ ;  $p > .05$ .

Because the independent variable is assumed to cause the mediator, these two variables should be correlated (Baron & Kenny, 1986). As shown in Table 5, correlational analysis

indicated that use of escape-avoidance, planful problem-solving, and positive reappraisal coping strategies, for the interpersonal event, were significantly related to positive affect. The coping strategies of self-controlling, accepting responsibility, and escape-avoidance, were also significantly related to negative affect.

**Table 5**

Correlations Between Coping and Mood in the Interpersonal Event

Mood	<u>Coping Strategies</u>							
	1	2	3	4	5	6	7	8
PA	.064	-.028	.056	.087	-.120	-.265**	.288**	.242**
NA	.002	.065	.376**	.132	.232**	.585**	.092	.156

( $N = 134$ )

\* $p < .05$ ; \*\* $p < .01$

Note. 1 = confronting, 2 = distancing, 3 = self-controlling, 4 = seeking social support, 5 = accepting responsibility, 6 = escape/avoidance, 7 = planful problem-solving, 8 = positive reappraisal.

As indicated in Table 6, in the achievement event, escape-avoidance, planful problem-solving, and positive reappraisal, were significantly related to positive affect. The strategies that were significantly related to negative affect were confronting, distancing, self-controlling, seeking social support, accepting responsibility, and escape-avoidance. Thus, condition (b) has been met.

In order to test the model that the influence of sociotropy/autonomy on mood is mediated by

**Table 6**Correlations Between Coping and Mood in the Achievement Event

Mood	<u>Coping Strategies</u>							
	1	2	3	4	5	6	7	8
PA	.145	.109	.166	.154	-.108	-.268**	.276**	.349**
NA	.370**	.200*	.335**	.174*	.314**	.477**	-.037	.123

(N = 134)

\*p &lt; .05; \*\*p &lt; .01

Note. 1 = confronting, 2 = distancing, 3 = self-controlling, 4 = seeking social support, 5 = accepting responsibility, 6 = escape/avoidance, 7 = planful problem-solving, 8 = positive reappraisal.

coping strategies, two multiple hierarchical regressions were run; one in which positive affect was entered as the dependent variable, and one in which negative affect was entered as the dependent variable. The personality factors, autonomy and sociotropy scores were entered at Step 1, and the coping strategies of self-control, accepting responsibility, and escape-avoidance used in both the events were entered at Step 2.

With 135 respondents and 12 IVs, the cases-to-IV ratio is 11:1, meeting the minimum requirements for multiple regression analysis (Tabachnik & Fidell, 1989). Analysis of the residuals indicated that the assumptions of normality, linearity, and homoscedasticity were met. Therefore, no transformation of the variables was necessary. Durbin Watson statistics of 2.105 for the positive affect analysis and 1.941 for the negative affect analysis indicated independence of residuals. Multiple hierarchical regression was therefore considered to be an appropriate form of analysis to run on these data.

Table 7 shows the first analysis with positive affect as the dependent variable. Of the personality variables entered in the first step, only sociotropy was significantly predictive of positive affect. The Adjusted  $R^2$  shows that the personality factors in the first step accounted for 9% of the variance, which was highly significant. The addition of the three coping variables accounted for an additional 13% of the variance in positive affect.

**Table 7**

Hierarchical Regression Analysis of the Affects of Sociotropy/Autonomy and Coping on Positive Affect

Predictors	Step 1			Step 2		
	B	$\beta$	t	B	$\beta$	t
Sociotropy	-.150	-.320	-3.444**	-.115	-.245	-2.630*
Autonomy	-.001	-.003	-.032	-.036	-.064	-.702
Self-control				.427	.366	4.050**
Accept responsibility				.019	.011	.902
Escape-avoidance				-.344	-.342	-3.466**
<b>Adjusted R<sup>2</sup></b>		.090			.203	
<b>F</b>		7.564**			7.769**	
<b>R<sup>2</sup> Change</b>					.129**	
<b>F Change</b>					7.191**	

\* $p < .01$ ; \*\* $p < .001$

Together the five variables entered into the regression explained 20% of the variance in positive affect (adjusted  $R^2 = .203$ ). An examination of the  $\beta$  values in the second step of Table 7 shows that the coping strategies of self-control and escape-avoidance, and the personality variable of sociotropy were the only significant predictors of positive affect in this regression. Self-control was the strongest of these, followed by escape-avoidance, and sociotropy was the weakest predictor of the three variables.

At step 2, a significant link between sociotropy and mood remained, but it was weakened by the addition of the coping variables. Examination of the  $\beta$  values for sociotropy showed a drop of .075 in the second step, indicating a mediation effect.

The second analysis (shown in Table 8) used negative affect as the dependent variable. The Adjusted  $R^2$  shows that the personality variables entered in the first step (sociotropy and autonomy) accounted for 27% of the variance in negative affect, and were highly significant. The addition of the three coping strategies accounted for an additional 16% of the variance in negative affect.

All together, the five variables entered into the regression explained 42% of the variance in negative affect (adjusted  $R^2 = .421$ ). An examination of the  $\beta$  values in the second step of Table 8 shows that the personality variable of sociotropy, and the coping strategy of escape-avoidance were the significant predictors of negative affect in this regression, with autonomy showing a trend towards significance ( $p = .063$ ). Escape-avoidance was a stronger predictor than sociotropy.

**Table 8**Hierarchical Regression Analysis of the Effects of Sociotropy/Autonomy and Coping on Negative Affect

Predictors	Step 1			Step 2		
	B	$\beta$	t	B	$\beta$	t
Sociotropy	.157	.382	4.581**	.095	.231	2.906*
Autonomy	.116	.233	2.791*	.072	.146	1.876
Self-control				.119	.116	1.505
Accept responsibility				-.008	-.005	-.070
Escape-avoidance				.344	.389	4.629**
<b>Adjusted R<sup>2</sup></b>		.270			.421	
<b>F</b>		25.589**			20.345**	
<b>R<sup>2</sup> Change</b>					.162**	
<b>F Change</b>					12.396**	

\* $p < .01$ ; \*\* $p < .001$ 

The analysis indicated a mediation effect for coping. At step 2, the significant relationship between autonomy and negative affect disappeared. Although a significant link remained between sociotropy and negative affect, it was weakened by the addition of the coping strategies. The  $\beta$  values for sociotropy indicated a drop of .151 in the second step.

## CHAPTER 8

### DISCUSSION

#### 8.1 The Present Research Findings

In this section, the findings of each hypothesis will first be discussed separately. Then, in the summary of the findings, the findings will be discussed as an integrated whole.

##### 8.1.1 Hypothesis 1

**That women are more likely to be sociotropic than men.**

Women were found to have higher sociotropy scores than men. This finding lends support to claims that through their psycho-social development, women view themselves as interdependent on others through relational networks, while men form a self-schema of self-reliance and independence (Chodorow, 1998; Gilligan, 1982; Zilbergeld, 1995).

Research has consistently found high levels of sociotropy to be a vulnerability factor for depressed mood. Therefore, the higher sociotropy scores reported by women in this study, may help to explain the greater incidence of depression found in women (Koerner et al., 1994).

### 8.1.2 Hypothesis 2

#### **That level of social support influences mood.**

As expected, social support was found to influence mood. Positive affect increased as social support levels rose, while negative affect decreased with higher social support scores, indicating non-depressed mood. These findings support the buffering effect of social support against the negative impact of stressful events on mood, and emphasise the importance of perceived availability of social support on mental well-being.

### 8.1.3 Hypothesis 3

#### **That the level of social support differs between sociotropy/autonomy groups.**

The only group to show any significant difference in levels of social support was the group low in both sociotropy and autonomy, which reported higher levels of perceived social support. These findings only partially support the predicted direction of the relationship between social support and sociotropy/autonomy. As expected, people high in autonomy were found to have low levels of social support. Such people may be too self-reliant, and too achievement-driven to have a social network available to provide support. Furthermore, individuals who value self-actualisation, as would be expected in people with high levels of autonomy, have been found to have fewer sources of support than those who do not rate self-actualisation so highly (Dunkel-Schetter, Folkman, & Lazarus, 1987).

However the present findings do not support the expected direction of the relationship between sociotropy and social support; that people high in sociotropy would have high levels of social support. Intuitively, though, it could be considered that the neediness of highly sociotropic people may alienate them from potential sources of social support. As mentioned previously in Section 3.4, a relationship between high levels of sociotropy and vulnerability to developing depressive symptoms has been consistently found in the research. Joiner, Alfano and Metalsky (1992) found that individuals with depressive symptoms who are high in reassurance-seeking and dependency (suggestive of high levels of sociotropy) are more likely to be rejected by people they seek support from, than those low in reassurance-seeking and dependency. Furthermore, it must be noted that it was perceived social support that was measured, rather than social support per se. Brown and Bifulco (1985) have noted that there is a tendency for neurotic people to underplay the support they receive. Neuroticism is a broadly defined personality disposition that implies vulnerability to a wide range of troubling feelings, thoughts and behaviours. Zuroff (1994) found that high levels of either sociotropy or autonomy (or both dimensions) are linked with neuroticism. This inclination may work in reverse as well; people with less neurotic tendencies (and lower levels of either sociotropy or autonomy, or both dimensions), may perceive their social support as being higher than more neurotic people.

People low in both sociotropy and autonomy might be less demanding, and less critical of their social contacts, and they may be a generally more easy-going group than those consisting of people high in either (or both) sociotropy or autonomy. Therefore, it could be expected that they might have a wider network of friends available to provide social support when it is needed. Indeed, people high in social support have been found to be more likeable and more competent than those rating lower in social support (Sarason et al., 1985).

#### 8.1.4 Hypothesis 4

**That the sociotropy/autonomy groups differ in their appraisals of the interpersonal and achievement events.**

The only significant differences found in appraisals between the sociotropy/autonomy groups were in harm/loss appraisals for the interpersonal event, and challenge appraisals for the achievement event. Participants in the group low in sociotropy and high in autonomy were more likely to appraise the interpersonal as involving harm or loss than participants in other groups, while participants who were in the group low in both sociotropy and autonomy were least likely to make harm or loss appraisals for that event. Participants from both the low in sociotropy/high in autonomy and low in sociotropy/high in autonomy groups also made more challenge appraisals for the achievement event.

These were unexpected findings, as the personality-event hypothesis claims that people are more vigilant to stressful events in their own domain. Furthermore, Folkman and Lazarus (1991) have claimed that appraisals are influenced by personal factors, such as motivation, beliefs about oneself and the world; therefore people high in sociotropy would be expected to make harm/loss appraisals for the interpersonal event. However, these results do not support that expectation. They suggest that the differences in the harm/loss appraisal for the interpersonal event were due to differences in the levels of autonomy.

The differences in the challenge appraisals for the achievement event appeared to be due to low levels of sociotropy. Such people have less investment in interpersonal relationships, and may also be more open to the positive achievement outcomes. Both people high, and low, in

autonomy were included in the groups that were more likely to make challenge appraisals for the achievement event, although the group that was low in autonomy was slightly more likely to make such an appraisal, than the group that was high in autonomy. People who are low in autonomy may feel less threatened by achievement events, and also be more open to the possibility of positive achievement outcomes. However, the differences between the soc-low/aut-high and soc-low/aut-low groups were minimal.

Folkman and Lazarus (1991) claimed that recognition of the resources available to the individual also influence appraisals. Therefore, social support may play a part in the different appraisals made by the groups. The group low in sociotropy and high in autonomy was found to have higher levels of social support, as mentioned in Hypothesis 3. That group also made fewer harm/loss appraisals in the interpersonal event than other groups, and made more challenge appraisals in the achievement event. Their recognition of the social support available to them may enable them to make more positive appraisals, as they know that support is available if they need it.

The lack of any significant group differences in appraisals of control for either of the events is not altogether surprising. Folkman, Aldwin, and Lazarus (1981, cited in Folkman, Lazarus, Gruen, et al., 1986) have suggested that situational appraisals of control may be more variable than stable.

Another reason for the lack of relationship between sociotropy/autonomy and appraisals may be the form of appraisal assessment used in the present study. Participants were asked to simply indicate, in a yes/no format, what the incident meant to them – harm/loss, threat, or challenge. More than one form of appraisal could be given a positive response if applicable.

The dichotomous form of measurement of the appraisals might have reduced the variance and the reduced the possibility of differences being apparent. Participants were also asked to indicate, on a scale of 1 to 5, the amount of control they had on the event. However, in the measurement of all the appraisals, there was no way to ensure that appraisals were addressing the interpersonal aspects of the interpersonal event, or the achievement aspects of the achievement oriented event. People with high levels of sociotropy or autonomy may have appraised both the interpersonal and achievement events from the perspective of their dominant domain. It would be useful, in future research, if an assessment of how each participant interprets the events could be made, especially with regard to interpersonal and achievement themes.

#### **8.1.5 Hypothesis 5**

**That the different sociotropy/autonomy groups use different coping strategies for dealing with stressful events.**

While the overall sample used different coping strategies between the interpersonal event and the achievement events, coping between the two different types of events was not influenced by the personality factors of sociotropy and autonomy. However, the four sociotropy/autonomy groups were found to use different patterns of coping over both of the events, so sociotropy and autonomy was found to affect coping in general. Thus, these results lend support to the situational nature of coping proposed by Lazarus and colleagues (Folkman & Lazarus, 1980; 1985; Folkman Lazarus, Dunkel-Schetter, et al., 1986; Lazarus & Folkman,

1984), but also suggest that personality factors influence the choice of coping strategies overall (Bolger, 1990; Endler & Parker, 1989; Krohne, 1996). While individual differences in situational coping were found, the personality constructs of sociotropy and autonomy indicated different general coping dispositions.

However, the differences in coping patterns between sociotropic and autonomous people, do not appear to be due to higher levels of autonomy than sociotropy, as Nietzel and Harris (1990) suggest, or the stronger influence of sociotropy over autonomy. Rather, low levels of both dimensions were indicative of a more adaptive general coping pattern consisting of the decreased use self-control, accepting responsibility, and escape-avoidance. Low levels of use of these emotion-focused and avoidant styles of coping have been associated with higher levels of mental wellbeing (Chan & Hui, 1995; Endler & Parker, 1993; Siegel et al., 1997).

The personality factors of sociotropy and autonomy were found to be more influential in the choice of coping strategies than gender. While the higher use of planful problem-solving used by the men in the sample reduces the incidence of depressed mood (Endler & Parker, 1993, 1994) this gender difference has not been consistently found in previous research.

### 8.1.6 Hypothesis 6

**That the level of social support affects the perceived effectiveness of coping strategies.**

Rather unexpectedly there was no significant relationship found between social support and perceived effectiveness of coping strategies. Thoits (1985) has noted that encouragement from significant others providing emotional support can enhance a sense of mastery, and thus psychological well-being. Emotional support can bolster the self-perceptions of distressed individuals and increase their feelings of self-efficacy. However, she noted that mismatches can occur between the support that is offered and the help-seeker's perceived threats to self-image. Furthermore, social support and advice from significant others is not always helpful to the receiver. Ali and Toner (1996) found that females are more likely to receive ruminative advice from support providers, regardless of the nature of the stressor. Rumination can increase the incidence of, and maintain depressed mood when dealing with short-term stressors (Nolen-Hoeksema, 1987).

Also, Reynolds and Gilbert (1991) found that social support had a differential effect on men coping with unemployment, according to their personality dispositions. Social support was helpful to the psychological well-being of sociotropic men, but detrimental to autonomous men. They suggest that the environment of the help-seeker needs to provide opportunities and support that match the different needs of sociotropic or autonomous individuals.

This lack of association between social support and perceived effectiveness of coping may also be due to several methodological factors. People were asked to report a stressful situation that they had encountered over the last week. Then, the difference between subjective ratings

of stressfulness during the event, and after it had been coped with in some way, was computed and used to measure how effective they perceived the coping strategies to be. Depending on the nature and time frame of the problem, they could still have been dealing with the negative aspects of the problem, and an outcome may not have been reached. If the problem was resolved, perceptions of coping effectiveness may have been confounded with the outcome, particularly if the outcome was negative (Zeidner & Saklofse, 1996). Furthermore, Shrout et al. (1989) have claimed, that the inclusion of respondent's subjective assessment in the stress-measurement process confounds the event and mental health variables. They argued that there is the possibility that subjects who experience distressed mood may attribute the source of their problems to recent events even though the events may be have been simply coincidental with their mental distress.

#### **8.1.7 Hypothesis 7**

**That people high in autonomy perceive the coping strategies they use to be more effective in reducing the stressfulness of a situation, than do people high in sociotropy.**

No association was found between either sociotropy or autonomy, and people's perceptions about the effectiveness of the coping strategies they used, in reducing the stressfulness of the situation, for either the interpersonal and achievement-oriented event.

The lack of association between sociotropy/autonomy and perceptions of coping effectiveness was unexpected. Low, but often significant correlations between personality and situational

factors and ratings of stressfulness have been found in previous research (Morgan, Owen, Miller, & Watts, 1986). Furthermore the current study found that sociotropy was associated with both increased negative affect and decreased positive affect, which has been related to depression, and autonomy with only increased negative affect, which has been related to anxiety (Watson et al., 1988; Watson & Tellegan, 1985). An empirical link has also been established between sociotropy and depressed mood in the face of congruent events (Clark et al., 1992; Moore & Blackburn, 1993; Reynolds & Gilbert, 1991; Robins, 1990) and incongruent events (Allen et al., 1966; Robins & Block, 1988). It was expected that mood would reflect the perceived effectiveness of the coping strategies used to deal with the stressful events.

However, as noted in Section 8.1.6, methodological issues regarding the measurement of perceived effectiveness of coping strategies, resulting in faulty assessments or mismeasurements of the variable, may have been responsible for the unexpected results.

### **8.1.8 Hypothesis 8**

**That the influence of sociotropy/autonomy on mood is mediated by coping strategies.**

The findings supported the model of coping as a mediating factor in the personality-congruence hypothesis. Although the personality factors of sociotropy and autonomy were found to influence mood, when coping was taken into account, their influence was weakened.

Consistent with the research findings that link sociotropy with depression, sociotropy was the only personality variable that predicted positive affect. While both sociotropy and autonomy were related to negative affect, on their own, when coping was added to the analysis, the only personality factor to retain any predictive power was sociotropy. These findings support Alford and Gerrity's (1995) findings that sociotropy, was related to depression (low positive affect and high negative affect), but not anxiety (high negative affect alone), while autonomy was related to anxiety.

The coping strategies of self-control and escape-avoidance weakened the impact of the personality dimensions of sociotropy and autonomy on mood. The strongest predictors of positive affect were found to be the coping strategies of self-control (having a positive influence) and escape-avoidance (having a negative influence). The only coping strategy to predict negative affect was the increased use of escape-avoidance. The relationship between the use of escape-avoidance, and low levels of positive affect and increased negative affect, found in this study is consistent with previous research that has linked the use of escape-avoidance with higher levels of psychological distress (Chan & Hui, 1995; Endler & Parker, 1993; Siegel et al., 1997). Furthermore the present findings suggest that this coping strategy can help to explain the incidence of depressed mood when dealing with stressful events (or rather, not dealing with them). Avoiding or ignoring problems does not make them go away, or decrease their negative impact on mood.

### 8.1.6 Summary of the Findings

The present findings suggest that coping in general is affected by the personality dimensions of sociotropy and autonomy, but that while people use different coping strategies depending on the nature of the event, the differences in coping strategies are influenced by situational factors rather than dispositional inclinations. While sociotropy or autonomy did not affect coping patterns used between the interpersonal and achievement events, sociotropy/autonomy was found to influence coping in general. The group low in both sociotropy and autonomy showed a different coping pattern than the other three groups, specifically a pattern consisting of decreased use of self-control, accepting responsibility and escape-avoidance. Lower use of accepting responsibility and escape-avoidance, in particular, have been found to be linked with improved mood states in the literature. Therefore, people low in both sociotropy and autonomy were found to use a more adaptive pattern of coping than people high in either, or both, of the personality dimensions. Gender had no effect on the use of these coping strategies.

The empirically established link between sociotropy, but not autonomy, and depression was supported. Sociotropy influenced PA and NA (indicative of depression), while autonomy only influenced NA (indicative of anxiety).

The model of coping strategies as a mediator of the impact of sociotropy and autonomy on mood was supported. The impact of sociotropy on PA was found to be weakened by the use of the coping strategies of self-control (which had a positive influence on positive affect), and escape-avoidance (which had a negative influence). While the personality dimensions of sociotropy and autonomy had an impact on negative affect, their influence was weakened by

the use of the escape-avoidance coping, which had a positive influence on negative affect. These findings highlight the usefulness of taking coping strategies, particularly escape-avoidance, into account when investigating the personality-event congruence hypothesis.

Differences between the sociotropy/autonomy groups in their appraisals for either the interpersonal or achievement event were found in the group that was low in sociotropy, combined with either high levels of autonomy, or low levels of autonomy. But the only differences were in harm/loss appraisals for the interpersonal event and challenge appraisals for the achievement event. The group that was low in sociotropy and high in autonomy reported more harm/loss appraisals in the interpersonal event than other groups, while the group low in both sociotropy and autonomy reported the least harm/loss appraisals in that event. Both of the groups were more likely to appraise the achievement event as a challenge, than the other two groups. At face value, these group differences do not support the claim made by the personality-event congruence hypothesis, that individuals are more vigilant to events in their own domain. Harm/loss appraisals for the interpersonal event appear to be influenced by the different autonomy levels, while challenge appraisals for the achievement event, appear to be due to low a low level of sociotropy. Considering the importance of appraisals in the coping process, the general lack of findings regarding appraisals may be due to the dichotomous nature of the measure, which might have reduced the variance and reduced the likelihood of differences becoming apparent.

Social support was found to differ between the sociotropy/autonomy groups, with the group low in both sociotropy and autonomy reporting higher levels of perceived social support. As mentioned above, this group made less harm/loss appraisals and more challenge appraisals, indicating an optimistic view of stressful situations. The group low in both sociotropy and

autonomy was also found to use a different pattern of coping, which consisted of reduced use of maladaptive strategies. These findings suggest a possible link between social support, appraisal, and coping. This link has been also reported by Folkman and Lazarus (1991) who claimed that the resources available to people influences their appraisals, and Holahan and Moos (1987) who found that people with higher levels of social support were more likely to rely on active problem-focused coping and less likely to use avoidance coping. While previous research has found that women have higher levels of social support (Sarason et al., 1985), this was not supported in the present research. Furthermore, women were found to have higher sociotropy scores, which had an inverse relationship with social support. These findings suggest that social support is an influential factor in the relationships between sociotropy/autonomy, coping and mood. However, to clarify the role of social support in the personality-event congruence hypothesis, further research is needed to study the variable in more depth.

There was no association found between either sociotropy/autonomy, or level of social support, and perceived effectiveness of the coping strategies used in reducing the stressfulness of either the interpersonal or achievement oriented event. This lack of findings may be due to methodological issues involved in the measurement of perceived effectiveness.

## **8.2 Limitations of the Present Study**

Some of the unexpected findings in the present study may be due to methodological limitations of the study. While specific limitations have been discussed with the findings there

are more general limitations that are worth noting, as they can affect interpretation of the current findings.

The current data was obtained through a retrospective, self-report research design. As with all such studies, it is affected by social desirability, memory distortions (Zeidner & Saklofske, 1966), and response bias. Even though the questionnaire was anonymous, some people may still have been inclined to present their personality and behaviour in a favourable light. This would be particularly pertinent for highly sociotropic people with their desire for social approval. Other distortions of data can involve recall of the coping strategies used to deal with stressful events. People often do not fully remember coping strategies used to deal with stressful events, indeed it has been argued that some coping behaviours (for example, denial) are often automatic and unconscious (Lazarus, Averill, & Opton, 1974). Furthermore, the eventual outcome of the event can influence participants' recall regarding appraisal of situations, and how effective their coping efforts were (Zeidner & Saklofske, 1996). There are also recall issues involved in the assessment of mood. Participants were asked to describe their feelings and emotions over "the past two days". It has been found that recall of past mood is very much influenced by an individual's current mood – a phenomenon called mood-congruent memory (Watkins, Mathews, Williamson, & Fuller, 1992). Another issue in self-report measures is the problem of response bias. Watson and Clark (1997) have noted that in mood rating scales, acquiescence response bias is reflected in a tendency for respondents to prefer certain ratings to others, regardless of their content.

A non-clinical sample of university students was used in the study; therefore generalisation to other populations is limited. Although it is questionable whether results from such a sample have any relevance for clinical disorders for depression, at the very least the present findings

do suggest factors that may be important in understanding dysphoria or general depressed mood, in the face of stressful events.

The use of median-based cut points in forming the sociotropy/autonomy groups poses a barrier to meaningful integration and comparison with other studies. As Coyne and Whiffen (1995) have claimed, participants across different studies are not necessarily classified similarly, as cut points are determined on the basis of the distribution of scores in a particular sample. They noted that sociotropy and autonomy are distributed differently in college and community samples, with college students generally scoring higher on both scales than community samples.

Furthermore, Beck (1983) proposed that the sociotropic and autonomous cognitions are activated by stressful events. Therefore, as Coyne and Whiffen (1995) have noted, the participants' sociotropy and autonomy scores in the PSI may be reflecting any difficult life circumstances that they are currently facing, as well as personality dispositions.

In the WCQ, participants were asked to report a difficult or troubling event that had occurred in the last week. The incidents reported ranged from minor everyday hassles to seriously stressful events, such as the death of a close relative. So it is questionable whether the coping strategies being measured were those used to handle daily hassles or stressful events. Even within a certain type of situation, coping strategies might be expected to differ according to the severity of the event. Indeed, 14 of the 15 respondents who did not complete the questionnaire had indicated that they had not experienced a particular type of stressful event within the last week. Also, in rating the stressfulness of the situation, some respondents had

indicated a low stress rating for either one or both of the events, suggesting that the event was only a minor hassle for them.

Several of the participants in the present study indicated that some of the coping strategies in the WCQ did not apply to some kinds of stressful situations. In their examination of the taxonomy of coping strategies in the WCQ, Stone, Greenberg, Kennedy-Moore, and Newman (1991) discussed this problem, and claimed that participants appear to respond inconsistently and inappropriately.

The eight coping scales used in the present research were based on a community study of married couples (Folkman & Lazarus, 1986; Folkman, Lazarus, Dunkel-Schetter, et al., 1986), and as such, their appropriateness for a sample of university students can be questioned. A factor analysis of the WCQ on a sample of college students (Folkman & Lazarus, 1985) indicated a factor structure of 6 coping scales. However, that study has been unable to be replicated. While a factor analysis of the eight coping scales presently used on the current sample, would have indicated how well the factor structure fitted the sample, it was felt that the sample size ( $N=134$ ) was not large enough to provide meaningful results.

In the present study, raw scores were used in the WCQ coping scales. Eagen and Walsh, (1995) have noted that raw scores have been used in the majority of the research using the WCQ, and thus use of such scoring allows comparisons with other findings. However, Vitaliano et al. (1987) claim that raw scores ignore the relations between specific (scale) and overall strategies, and that relative scores are better suited for the empirical evaluation of the dynamic interplay of coping efforts and other related variables. Also, the different subscales do not have equal score totals. Thus, subscale raw scores cannot be compared between the

different coping strategies. Lower or higher scores in a coping strategy by sociotropy/autonomy groups must be interpreted by comparison with the other groups' ratings on the same strategy, as some subscales have higher scores than others.

The WCQ was designed to assess coping over time, and to be used longitudinally at different stages of the coping process. However in the present study, being cross-sectional, the WCQ was only run once. If it was run over time, stronger relationships between sociotropy/autonomy and the coping strategies of the two types of events may have emerged. Group differences may have been more apparent, if coping was treated as a process, as the WCQ was theoretically developed and originally meant to be used.

While the WCQ has its problems, it was used in the present study for its ability to measure coping strategies used for the two different types of events; interpersonal and achievement oriented. Furthermore, it asks respondents to record what strategies were actually used to deal with the specific events, rather than asking what coping behaviour they usually use. Therefore, it is better able to differentiate coping strategies between the different types of events. Furthermore, the WCQ has been widely used in the coping research, and allows the present findings to be compared with other research.

While a more structured interview-based design run longitudinally could have got around some of the difficulties discussed above, such a research design was not practical within the time limits of the current study. Decisions regarding the design were made with the time frame of one year in mind.

In interpreting the present results, it must be borne in mind that analyses of the data did not make adjustments in *p* levels for multiple comparisons, therefore caution may be necessary in accepting some of the relationships as presented.

### **8.3 Implications for Future Research and Social Skills Programmes**

The cross-sectional design of the present study limits the drawing of definitive conclusions in regard to the causal relationships between the personality dimensions of sociotropy and autonomy, coping, and mood. However it has explored the relationships between the constructs, and while it needs replication to establish the stability of the results, the analyses have provided grounds for future research.

While the present findings do not support Nietzel & Harris's (1990) suggestion that people high in autonomy might have more effective coping strategies than those of people high in sociotropy, they do indicate that coping strategies do differ between sociotropy/autonomy levels, with people low in both dimensions using a different pattern of coping, which consists of the reduced use of maladaptive strategies. They also provide evidence that coping, particularly escape-avoidance, is a mediating factor between the impact of sociotropy and autonomy on mood. Relationships are also indicated between social support, sociotropy/autonomy, and coping, suggesting that social support may play a mediating role in the relationship between sociotropy/autonomy and coping. Further longitudinal studies could enable the development of a clearer, more extensive picture of how sociotropy/autonomy, social support, and coping strategies work together to influence mood. Such future findings

might help to explain the strength of the relationship between sociotropy and the development of depression, especially in the face of congruent stressful events, and clarify the equivocal role of autonomy in the personality-event congruence hypothesis. With continued research, our understanding of why some people suffer so much distress in the face of life's difficulties while others seem relatively unaffected by them, can be extended.

This field of research also has implications for the cognitive therapy of depression when the mediating role of coping in the relationship between personality factors and depressed mood is recognised. Furthermore, the findings that levels of sociotropy and autonomy influence the differential uses of coping patterns can enhance the effectiveness of programmes aimed at developing people's coping and problem-solving skills. Recognising that individuals high in either, or both of the sociotropy/autonomy dimensions (a) have less social support and (b) use a pattern of coping strategies consisting of higher levels of emotion-focused behaviour, specifically the use of self-control, accepting responsibility, and escape-avoidance, than do people who are low in both of the dimensions, suggests the usefulness of tailoring social skills and problem solving programmes to people's individual needs and resource levels.

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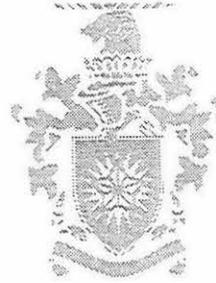
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## PERSONALITY STYLES AND COPING STRATEGIES

### INFORMATION SHEET

My name is Gillian Parkhill. I am a masterate student in the School of Psychology, and I am undertaking this research study as my thesis project. You are invited to participate in the study. Participation is voluntary, and whether you decide to participate or not, has no effect on any course assessments in any way.

The purpose of the study is to see whether or not different personality types use different ways to deal with stressful events, and how those factors influence people's mood.

If you wish to participate, you will be asked to complete a questionnaire, which is expected to take about 30 minutes. This will take place in a group setting, at the venue, and your choice of the times, noted on the attached sheet. Any information you give will be strictly confidential to the research and any publications resulting from it. Your name will not be recorded, so anonymity of any information provided is assured.

As an invited participant, you have the right:

- to decline to participate;
- to refuse to answer any particular questions;
- to withdraw from the study at any time prior to handing in the answered questionnaire;
- to ask any questions about the study at any time during participation;
- to be given access to a summary of the findings of the study when it is concluded.

If you decide to participate in this study, your handing in of the answered questionnaire will indicate your agreement to do so under the above conditions.

If you have any queries about this research project, you can leave a message for me at the Psychology Office, and I will get back to you, or you can contact my supervisor, Malcolm Johnson, whose phone number is (06) 3505799 Ext. 2060.

Thank you for your time.

## PERSONALITY STYLES AND COPING STRATEGIES

Thank you for agreeing to participate in this study. Your time and effort are much appreciated.

First, we would like you to provide some demographic information about yourself.

1. What is your age, in years? \_\_\_\_\_

2. What gender are you? Please tick the appropriate category.

Male \_\_\_\_\_

Female \_\_\_\_\_

3. Which ethnic group do you identify yourself as? Please tick the appropriate category.

Pakeha/European New Zealander \_\_\_\_\_

Maori \_\_\_\_\_

Pacific Islander \_\_\_\_\_

Asian \_\_\_\_\_

European \_\_\_\_\_

Other \_\_\_\_\_

Which group?

\_\_\_\_\_

4. Which social grouping do you consider yourself to be in? Please tick the appropriate category.

Working class \_\_\_\_\_

Middle class \_\_\_\_\_

Upper class \_\_\_\_\_

Here are a number of statements about personal characteristics. Please read each one carefully, and indicate whether you agree or disagree, and to what extent, by circling a number.

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1. I often put other people's needs before my own	1	2	3	4	5	6
2. I tend to keep other people at a distance.	1	2	3	4	5	6
3. I find it difficult to be separated from people I love.	1	2	4	4	5	6
4. I am easily bothered by other people making demands of me.	1	2	3	4	5	6
5. I am very sensitive to the effects I have on the feelings of other people.	1	2	3	4	5	6
6. I don't like relying on others for help.	1	2	3	4	5	6
7. I am very sensitive to criticism by others.	1	2	3	4	5	6
8. It bothers me when I feel that I am only average and ordinary.	1	2	3	4	5	6
9. I worry a lot about hurting or offending other people.	1	2	3	4	5	6
10. When I'm feeling blue, I don't like to be offered sympathy.	1	2	3	4	5	6
11. It is hard for me to break off a relationship even if it is making me unhappy.	1	2	3	4	5	6
12. In relationships, people are often too demanding of one another.	1	2	3	4	5	6

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
13. I am easily persuaded by others.	1	2	3	4	5	6
14. I usually view my performance as either a complete success or a complete failure.	1	2	3	4	5	6
15. I try to please other people too much.	1	2	3	4	5	6
16. I don't like people to invade my privacy.	1	2	3	4	5	6
17. I find it difficult if I have to be alone all day.	1	2	3	4	5	6
18. It is hard for me to take instructions from people who have authority over me.	1	2	3	4	5	6
19. I often feel responsible for solving other people's problems.	1	2	3	4	5	6
20. I often handle big decisions without telling anyone else about them.	1	2	3	4	5	6
21. It is very hard for me to get over the feeling of loss when a relationship has ended.	1	2	3	4	5	6
22. It is hard for me to have someone dependent on me.	1	2	3	4	5	6
23. It is very important to me to be liked or admired by others.	1	2	3	4	5	6
24. I feel badly about myself when I am not actively accomplishing things.	1	2	3	4	5	6
25. I feel I have to be nice to other people.	1	2	3	4	5	6
26. It is hard for me to express admiration or affection.	1	2	3	4	5	6

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
27. I like to be certain that there is somebody close I can contact in case something unpleasant happens to me.	1	2	3	4	5	6
28. It is difficult for me to make a long-term commitment to a relationship.	1	2	3	4	5	6
29. I am too apologetic to other people.	1	2	3	4	5	6
30. It is hard for me to open up and talk about my feelings and other personal things.	1	2	3	4	5	6
31. I am very concerned with how people react to me.	1	2	3	4	5	6
32. I have a hard time forgiving myself when I feel I haven't worked up to my potential.	1	2	3	4	5	6
33. I get very uncomfortable when I'm not sure whether or not someone likes me.	1	2	3	4	5	6
34. When making a big decision, I usually feel that advice from others is intrusive.	1	2	3	4	5	6
35. It is hard for me to say "no" to other people's requests.	1	2	3	4	5	6
36. I resent it when people try to direct my behaviour or activities.	1	2	3	4	5	6
37. I become upset when something happens to me and there's nobody around to talk to.	1	2	3	4	5	6
38. Personal questions from others usually feel like an invasion of my privacy.	1	2	3	4	5	6

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
39. I am most comfortable when I know my behaviour is what others expect of me.	1	2	3	4	5	6
40. I am very upset when other people or circumstances interfere with my plans.	1	2	3	4	5	6
41. I often let people take advantage of me.	1	2	3	4	5	6
42. I rarely trust the advice of others when making a big decision.	1	2	3	4	5	6
43. I become very upset when a friend breaks a date or forgets to call me as planned.	1	2	3	4	5	6
44. I become upset more than most people I know when limits are placed on my personal independence and freedom.	1	2	3	4	5	6
45. I judge myself based on how I think others feel about me.	1	2	3	4	5	6
46. I become upset when others try to influence my thinking on a problem.	1	2	3	4	5	6
47. It is hard for me to let people know when I am angry with them.	1	2	3	4	5	6
48. I feel controlled when others have a say in my plans.	1	2	3	4	5	6

This scale is made up of a list of statements each of which may or may not be true about you. For each statement I would like you to circle *probably TRUE* (PT) if the statement is true about you or *probably FALSE* (PF) if the statement is not true about you.

You may find that many of the statements are neither clearly true nor clearly false. In these cases, try to decide *quickly* whether probably TRUE (PT) or probably FALSE (PF) is most descriptive of you. Although some questions will be difficult to answer, it is important that you pick one alternative or the other. Remember to circle only one of the alternatives for each statement.

Please read each item quickly but carefully before responding. Remember that this is not a test and there are no right or wrong answers.

	Probably True	Probably False
1. I belong to a group at university or in town that meets regularly or does things together.	PT	PF
2. I can get a date who I enjoy spending time with whenever I want.	PT	PF
3. I don't know anyone at university or in town who would loan me their car for a couple of hours.	PT	PF
4. If I needed it, my family would provide me with an allowance and spending money.	PT	PF
5. There isn't anyone at university or in town with whom I would feel perfectly comfortable talking about any problems I might have getting along with my parents.	PT	PF
6. I know someone who I see or talk to often with whom I would feel perfectly comfortable discussing any sexual problems I might have.	PT	PF
7. I know someone who I see or talk to often with whom I would feel perfectly comfortable talking about any problems I might have meeting people.	PT	PF
8. I know someone who I see or talk to often with whom I would feel perfectly comfortable talking about problems I might have budgeting my time between school and my social life.	PT	PF
9. I don't often get invited to do things with other people.	PT	PF
10. There isn't anyone at university or in town with whom I would feel perfectly comfortable talking about my feelings of loneliness and depression.	PT	PF

	Probably True	Probably False
11. If I decided at dinner time to take a study break this evening and go to a movie, I could easily find someone to go with me.	PT	PF
12. I don't talk to a member of my family often (less than once a week).	PT	PF
13. There isn't anyone at university or in town with whom I would feel perfectly comfortable talking about difficulties with my social life.	PT	PF
14. I know someone who I see or talk to often with whom I would feel perfectly comfortable talking about sexually transmitted diseases.	PT	PF
15. I don't know anyone at university or in town who would help me study for an exam by spending several hours reading me questions.	PT	PF
16. I am not a member of any social groups (such as church groups, clubs, teams, etc.).	PT	PF
17. I rarely spend two evenings on the weekend doing something with others.	PT	PF
18. I know someone who would loan me \$50 so I could go away for the weekend.	PT	PF
19. Lately, when I've been troubled, I keep things to myself.	PT	PF
20. I don't know anyone who would give me some old furniture if I moved into my own flat.	PT	PF
21. I know someone who I see or talk to often with whom I would feel perfectly comfortable talking about problems I might have adjusting to university life.	PT	PF
22. I don't know anyone at university or in town who would get assignments for me from my lecturers if I was sick.	PT	PF
23. I don't have friends at university or in town who would comfort me by showing some physical affection.	PT	PF
24. I know someone who I see or talk to often with whom I would feel perfectly comfortable talking about any problems I might have with drugs.	PT	PF

	Probably True	Probably False
25. I don't know anyone at university or in town who makes my problems clearer and easier to understand.	PT	PF
26. Lately, I often feel lonely, like I don't have anyone to reach out to.	PT	PF
27. I know someone at university or in town who would bring my meals to my room or flat if I was sick.	PT	PF
28. If I wanted a date for a party next weekend, I know someone at university or in town who would fix me up.	PT	PF
29. There isn't anyone at university or in town with whom I would feel perfectly comfortable talking about any problems I might have making friends.	PT	PF
30. People hang out in my room or flat during the day or in the evening	PT	PF
31. I know someone who would loan me \$100 to help pay my tuition.	PT	PF
32. I don't know anyone who would loan me several hundred dollars to pay a doctor bill or dental bill.	PT	PF
33. Even if I needed it my family would (or could) not give me money for tuition and books.	PT	PF
34. I know someone who would give me old dishes if I moved into my own flat.	PT	PF
35. I hang out in a friend's room or flat quite a lot.	PT	PF
36. There are people at university or in town who I regularly run with, exercise with, or play sports with.	PT	PF



3. How much control did you feel that you had over the outcome of the situation?  
Tick the appropriate category.

None	—
Little	—
Some	—
A lot	—
Total	—

Please read each item below and indicate, by circling the appropriate category, to what extent you used it in the situation you have just described.

	Not used	Used some- what	Used quite a bit	Used a great deal
1. Just concentrated on what I had to do next - the next step.	0	1	2	3
2. I tried to analyse the problem in order to understand it better.	0	1	2	3
3. Turned to work or a substitute activity to take my mind off things.	0	1	2	3
4. I felt that time would make a difference - the only thing to do was to wait.	0	1	2	3
5. Bargained or compromised to get something positive from the situation	0	1	2	3
6. I did something which I didn't think would work, but at least I was doing something.	0	1	2	3
7. Tried to get the person responsible to change his or her mind.	0	1	2	3
8. Talked to someone to find out more about the situation.	0	1	2	3
9. Criticised or lectured myself.	0	1	2	3

	Not used	Used some- what	Used quite a bit	Used a great deal
10. Tried not to burn my bridges, but leave things open.	0	1	2	3
11. Hoped a miracle would happen	0	1	2	3
12. Went along with fate; sometimes I just have bad luck.	0	1	2	3
13. Went on as if nothing had happened.	0	1	2	3
14. I tried to keep my feelings to myself.	0	1	2	3
15. Looked for the silver lining, so to speak; tried to look on the bright side of things.	0	1	2	3
16. Slept more than usual.	0	1	2	3
17. I expressed anger to the person(s) who caused the problem.	0	1	2	3
18. Accepted sympathy and understanding from someone.	0	1	2	3
19. I told myself things that helped me to feel better.	0	1	2	3
20. I was inspired to do something creative.	0	1	2	3
21. Tried to forget the whole thing.	0	1	2	3
22. I got professional help.	0	1	2	3
23. Changed or grew as a person in a good way.	0	1	2	3
24. I waited to see what would happen before doing anything.	0	1	2	3
25. I apologised or did something to make up.	0	1	2	3
26. I made a plan of action and followed it.	0	1	2	3

	Not used	Used some- what	Used quite a bit	Used a great deal
27. I accepted the next best thing to what I wanted.	0	1	2	3
28. I let my feelings out somehow.	0	1	2	3
29. Realised I brought the problem on myself.	0	1	2	3
30. I came out of the experience better than when I went in.	0	1	2	3
31. Talked to someone who could do something concrete about the problem	0	1	2	3
32. Got away from it for a while; tried to take a rest or take a vacation.	0	1	2	3
33. Tried to make myself feel better by eating, drinking, smoking, using drugs or medication.	0	1	2	3
34. Took a big chance or did something very risky.	0	1	2	3
35. I tried not to act too hastily or follow my first hunch.	0	1	2	3
36. Found new faith.	0	1	2	3
37. Maintained my pride and kept a stiff upper lip.	0	1	2	3
38. Rediscovered what is important in life.	0	1	2	3
39. Changed something so things would turn out all right.	0	1	2	3
40. Avoided being with people in general	0	1	2	3
41. Didn't let it get to me; refused to think too much about it.	0	1	2	3
42. I asked a relative or friend I respected for advice.	0	1	2	3

	Not used	Used some- what	Used quite a bit	Used a great deal
43. Kept others from knowing how bad things were.	0	1	2	3
44. Made light of the situation; refused to get too serious about it.	0	1	2	3
45. Talked to someone about how I was feeling.	0	1	2	3
46. Stood my ground and fought for what I wanted.	0	1	2	3
47. Took it out on other people.	0	1	2	3
48. Drew on my past experiences; I was in a similar situation before.	0	1	2	3
49. I knew what had to be done, so I doubled my efforts to make things work.	0	1	2	3
50. Refused to believe that it had happened.	0	1	2	3
51. I made a promise to myself that things would be different next time.	0	1	2	3
52. Came up with a couple of different solutions to the problem.	0	1	2	3
53. Accepted it, since nothing could be done.	0	1	2	3
54. I tried to keep my feelings from interfering with other things too much.	0	1	2	3
55. Wished that I could change what had happened or how I felt.	0	1	2	3
56. I changed something about myself.	0	1	2	3
57. I daydreamed or imagined a better time or place than the one I was in.	0	1	2	3
58. Wished that the situation would go away or somehow be over with.	0	1	2	3

	Not used	Used some- what	Used quite a bit	Used a great deal
59. Had fantasies or wishes about how how things might turn out.	0	1	2	3
60. I prayed.	0	1	2	3
61. I prepared myself for the worst.	0	1	2	3
62. I went over in my mind what I would say or do.	0	1	2	3
63. I thought about how a person I admire would handle this situation and used that as a model.	0	1	2	3
64. I tried to see things from the other person's point of view.	0	1	2	3
65. I reminded myself how much worse things could be.	0	1	2	3
66. I jogged or exercised.	0	1	2	3
67. I tried something entirely different from any of the above. (Please describe)	0	1	2	3

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How stressed do you currently feel about the situation, now that you have dealt with it in some way? Tick the appropriate category.

- Very slightly or not at all \_\_\_\_\_
- Slightly \_\_\_\_\_
- Moderately \_\_\_\_\_
- Very \_\_\_\_\_
- Extremely \_\_\_\_\_



3. How much control did you feel that you had over the outcome of the situation?  
Tick the appropriate category.

None	—
Little	—
Some	—
A lot	—
Total	—

Please read each item below and indicate, by circling the appropriate category, to what extent you used it in the situation you have just described.

	Not used	Used somewhat	Used quite a bit	Used a great deal
1. Just concentrated on what I had to do next - the next step.	0	1	2	3
2. I tried to analyse the problem in order to understand it better.	0	1	2	3
3. Turned to work or a substitute activity to take my mind off things.	0	1	2	3
4. I felt that time would make a difference - the only thing to do was to wait.	0	1	2	3
5. Bargained or compromised to get something positive from the situation	0	1	2	3
6. I did something which I didn't think would work, but at least I was doing something.	0	1	2	3
7. Tried to get the person responsible to change his or her mind.	0	1	2	3
8. Talked to someone to find out more about the situation.	0	1	2	3
9. Criticised or lectured myself.	0	1	2	3

	Not used	Used some- what	Used quite a bit	Used a great deal
10. Tried not to burn my bridges, but leave things open.	0	1	2	3
11. Hoped a miracle would happen	0	1	2	3
12. Went along with fate; sometimes I just have bad luck.	0	1	2	3
13. Went on as if nothing had happened.	0	1	2	3
14. I tried to keep my feelings to myself.	0	1	2	3
15. Looked for the silver lining, so to speak; tried to look on the bright side of things.	0	1	2	3
16. Slept more than usual.	0	1	2	3
17. I expressed anger to the person(s) who caused the problem.	0	1	2	3
18. Accepted sympathy and understanding from someone.	0	1	2	3
19. I told myself things that helped me to feel better.	0	1	2	3
20. I was inspired to do something creative.	0	1	2	3
21. Tried to forget the whole thing.	0	1	2	3
22. I got professional help.	0	1	2	3
23. Changed or grew as a person in a good way.	0	1	2	3
24. I waited to see what would happen before doing anything.	0	1	2	3
25. I apologised or did something to make up.	0	1	2	3
26. I made a plan of action and followed it.	0	1	2	3
27. I accepted the next best thing to what I wanted.	0	1	2	3

	Not used	Used some- what	Used quite a bit	Used a great deal
28. I let my feelings out somehow.	0	1	2	3
29. Realised I brought the problem on myself.	0	1	2	3
30. I came out of the experience better than when I went in.	0	1	2	3
31. Talked to someone who could do something concrete about the problem	0	1	2	3
32. Got away from it for a while; tried to take a rest or take a vacation.	0	1	2	3
33. Tried to make myself feel better by eating, drinking, smoking, using drugs or medication.	0	1	2	3
34. Took a big chance or did something very risky.	0	1	2	3
35. I tried not to act too hastily or follow my first hunch.	0	1	2	3
36. Found new faith.	0	1	2	3
37. Maintained my pride and kept a stiff upper lip.	0	1	2	3
38. Rediscovered what is important in life.	0	1	2	3
39. Changed something so things would turn out all right.	0	1	2	3
40. Avoided being with people in general	0	1	2	3
41. Didn't let it get to me; refused to think too much about it.	0	1	2	3
42. I asked a relative or friend I respected for advice.	0	1	2	3
43. Kept others from knowing how bad things were.	0	1	2	3

	Not used	Used some- what	Used quite a bit	Used a great deal
44. Made light of the situation; refused to get too serious about it.	0	1	2	3
45. Talked to someone about how I was feeling.	0	1	2	3
46. Stood my ground and fought for what I wanted.	0	1	2	3
47. Took it out on other people.	0	1	2	3
48. Drew on my past experiences; I was in a similar situation before.	0	1	2	3
49. I knew what had to be done, so I doubled my efforts to make things work.	0	1	2	3
50. Refused to believe that it had happened.	0	1	2	3
51. I made a promise to myself that things would be different next time.	0	1	2	3
52. Came up with a couple of different solutions to the problem.	0	1	2	3
53. Accepted it, since nothing could be done.	0	1	2	3
54. I tried to keep my feelings from interfering with other things too much.	0	1	2	3
55. Wished that I could change what had happened or how I felt.	0	1	2	3
56. I changed something about myself.	0	1	2	3
57. I daydreamed or imagined a better time or place than the one I was in.	0	1	2	3
58. Wished that the situation would go away or somehow be over with.	0	1	2	3
59. Had fantasies or wishes about how things might turn out.	0	1	2	3
60. I prayed.	0	1	2	3

	Not used	Used some- what	Used quite a bit	Used a great deal
61. I prepared myself for the worst.	0	1	2	3
62. I went over in my mind what I would say or do.	0	1	2	3
63. I thought about how a person I admire would handle this situation and used that as a model.	0	1	2	3
64. I tried to see things from the other person's point of view.	0	1	2	3
65. I reminded myself how much worse things could be.	0	1	2	3
66. I jogged or exercised.	0	1	2	3
67. I tried something entirely different from any of the above. (Please describe).	0	1	2	3

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How stressed do you currently feel about the situation, now that you have dealt with it in some way? Tick the appropriate category.

- Very slightly or not at all \_\_\_\_\_
- Slightly \_\_\_\_\_
- Moderately \_\_\_\_\_
- Very \_\_\_\_\_
- Extremely \_\_\_\_\_

Lastly, we would like to ask you some questions about your current mood. This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent you have felt this way **during the past two days**. Use the following numbered scale to record your answers in the spaces next to the words.

1	2	3	4	5
very slightly or not at all	a little	moderately	quite a bit	extremely
_____	_____	_____	_____	_____
	interested		irritable	
_____	_____	_____	_____	_____
	distressed		alert	
_____	_____	_____	_____	_____
	excited		ashamed	
_____	_____	_____	_____	_____
	upset		inspired	
_____	_____	_____	_____	_____
	strong		nervous	
_____	_____	_____	_____	_____
	guilty		determined	
_____	_____	_____	_____	_____
	scared		attentive	
_____	_____	_____	_____	_____
	hostile		jittery	
_____	_____	_____	_____	_____
	enthusiastic		active	
_____	_____	_____	_____	_____
	proud		afraid	

Watson, D., Clark, L.A., & Tellegan, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology*, 54 (6), 1063-1070. Copyright (1988) by the American Psychological Association. Reprinted with permission.

Thank you. Your time and effort in completing the questionnaire is much appreciated.

If you would like a summary of the findings sent to you, please fill in the form on the next page, detach it, and put it in the box by the door.

**PERSONALITY STYLES AND COPING STRATEGIES:  
THE RELATIONSHIPS BETWEEN SOCIOTROPY/AUTONOMY,  
COPING, AND MOOD**

Dear

Thank you very much for your interest and effort in participating in my M.A. research project. Your participation is very much appreciated; without it the study could not have happened. Here is a summary of the research findings for your interest.

Gillian Parkhill,  
C/- School of Psychology,  
Massey University.

**Theoretical Background of the Research**

This study investigated the coping strategies of two personality styles:

- (i) Sociotropy (i.e. an inclination towards seeking support, nurturance, and connection from other people; and
- (ii) Autonomy (i.e. an inclination towards preserving one's own independence, self-direction, and the achievement of goals.

It has been proposed that people high in the personality concepts of sociotropy and autonomy are vulnerable to the development of depressed mood when facing stressful life events that match their personality. Sociotropic people are especially responsive to negative events that involve dealings with other people. In contrast, people high in autonomy feel threatened by perceived failure or goal frustration. Research has supported the hypothesis for sociotropy, but the evidence is considerably weaker for autonomy.

perceived failure or goal frustration. Research has supported the hypothesis for sociotropy, but the evidence is considerably weaker for autonomy.

It has been suggested that the stronger relationship between sociotropy and depressed mood, may be due to differences in the coping strategies used in dealing with stressful events. Sociotropic people may use coping strategies that lead to them experiencing longer and more intense depressed reactions. On the other hand, autonomous individuals may deal with their setbacks more effectively, leading to a more positive emotional response to negative events.

### **The Present Study**

The present study investigated the role of coping in the relationship between the personality concepts of sociotropy/autonomy and depressed mood in the face of stressful events. The main hypotheses tested were:

- (i) That people with different levels of sociotropy and autonomy use different coping strategies for stressful events involving dealings with other people, and achievement oriented events;
- (ii) That coping strategies influence the relationship between sociotropy/autonomy and mood in the face of stressful events.

The roles of gender and social support were also explored.

### **Results**

While sociotropy and autonomy levels did not affect the coping patterns found between interpersonal and achievement events, sociotropy/autonomy was found to influence coping in general. Participants with low levels of both sociotropy and autonomy showed a different coping pattern than those with higher or mixed levels of the personality dimensions; specifically a pattern consisting of decreased use of the coping strategies of self-control (i.e. efforts to regulate one's own feelings), accepting responsibility (i.e. acknowledging one's own role in the problem), and escape-avoidance (i.e. wishful thinking and behavioural efforts to escape or avoid the situation). Such a coping pattern enhances mental well-being in the face of stressful events.

Coping strategies were found to affect the relationship between sociotropy/autonomy and mood. In particular, the coping strategies of self-control and escape-avoidance influenced the relationship between sociotropy/autonomy and positive mood (the use of self-control led to increased positive mood, while the use of escape-avoidance led to decreased positive mood), while escape-avoidance influenced the relationship between sociotropy/autonomy and negative mood (the use of escape-avoidance led to increased negative mood).

Women were found to have higher sociotropy scores than men, and although participants low in both sociotropy and autonomy reported higher levels of social support, no gender differences in social support were found. Higher levels of social support were indicative of increased positive mood and decreased negative mood, while lower levels of social support were related to decreased positive mood and increased negative mood. Men used more planful problem solving than women, but the gender differences in coping were unrelated to coping differences found between the different sociotropy and autonomy levels.