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Psychology of Personality: Real and Virtual Context

PERSONAL AND SITUATIONAL FACTORS OF PROACTIVE COPING IN ADOLESCENCE

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Abstract

The article analyzes the patterns of proactive coping with difficult life situations in adolescents. In the modern transitive world coping with future difficulties require very high individual's resources. From our point of view, in relation to adolescence, these resources are reflected in the laws of proactive coping. In an empirical study on a sample of 523 adolescents, personality and situational factors of preference for proactive coping strategies in difficult life situations were analyzed. As personal factors, was, as usual in studies of reactive coping, were analyzed the locus of control, self-efficacy and tolerance to ambiguity. As situational a representation of past emotional experiences of stressful situations (experiencing symptoms of post-traumatic disorder - PTSD) was examined. Preventive, reflective and proactive coping strategies turned out to be associated with a high level of self-efficacy and pronounced tolerance to ambiguity, but not related to strategic planning in predicting future life difficulties. An internal locus of control has been linked to this proactive coping strategy. Such a proactivity strategy as the search for social support did not have interconnections with the studied personality characteristics. The most pronounced association with PTSD symptoms was found with a low level of strategic planning and proactive coping skills. The greatest risks of PTSD in a traumatic situation were for people with a low level of proactive coping, strategic planning and the search for instrumental support. Thus, the results show the presence of ambiguous interdependencies, which is a consequence of the complexity of the proactivity phenomenon itself.

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1. Introduction

A large number of coping studies are focused on studying the patterns of reactive copying - cognitive and behavioral reactions of a person in response to arising objectively and subjectively difficult life situations (Bityutskaya, 2011; Carver & Connor-Smith, 2010; Frydenberg, 2014). In particular, this concerns the study of personal and situational factors in the choice of coping strategies (Brissette et al., 2002; Hardie et al., 2006; Lvova et al., 2015). The question of what personality traits and what kind of past life experience make a person stare intently into the future, foreseeing and assessing future risks, thereby turning overcoming life's difficulties into a kind of goal-setting, remains relevant. It is no accident that researchers are increasingly turning to the study of proactive copying (Erzin & Epanchintseva, 2013; Greenglass, 2002). One of the interesting questions at the same time is the question of the possible "continuity" of personal and situational resources in the case of reactive and proactive coping, as well as clarification of the specifics of proactive coping in adolescence, when the development of the coping repertoire occurs. We emphasize that this task of age coping is actualized in difficult conditions - the modern world of multiplicity and uncertainty is variable and unpredictable in its dynamics, and therefore imposes increased requirements on the internal resources of the individual, which in youth has its own limitations (Martsinkovskaya, 2019; Martsinkovskaya & Yurchenko, 2016)

2. Problem Statement

A modern understanding of coping emphasizes the main psychological significance of the process of overcoming a person's objective and subjective life difficulties, namely, reducing stress and ensuring psychological well-being (Frydenberg, 2014). However, the issue of predictors of the effectiveness / inefficiency of specific coping strategies is still open. Empirical data is contradictory, and some researchers have noted that there is no direct correlation between personality characteristics and coping efficiency (Bityutskaya, 2011; Carver & Connor-Smith, 2010), as well as the ambiguity influence on the coping process of situational parameters (Brissette et al., 2002; Hardie et al., 2006; Lvova et al., 2015). This leads to the assumption that there is a parameter mediating this influence: the features of reactive coping can be associated with anticipation of difficult situations.

Interesting in this regard is the increasing introduction into the theoretical development and practice of empirical research of the concept of proactive coping - as those cognitive, affective and behavioral efforts that a person makes before the appearance of stress effects. It seems that the increasing emphasis in modern research on the idea of proactive coping had its own reasons. So, with the methodological development and the deepening of the subject field, studies of coping with difficulties have become increasingly focused on studying the laws of cognitive assessment of a difficult situation (Frydenberg, 2014; Schwarzer & Taubert, 2002). With such a focus of research interest, the fact that each particular act of coping relies on a person's previous emotional experience of certain difficulties has become more obvious, and this can significantly affect the assessment of the situation.

Accordingly, studies of coping began to develop not so much along the path of identifying possible strategies as in the direction of highlighting the procedural patterns of coping, making up the new content of the original dynamic model of Lazarus and Folkman (as cited in Lazarus, 1993). Accordingly, the

specifics of coping began to be thought of as being determined not only by the situation or personality traits, but by the stage of development of the interaction of the people with a difficult situation. It is logical that this led to an analysis of human activity, which can begin before a difficult situation arises. It is on the idea of anticipation of possible difficulties that the model of proactive, future-oriented coping is based.

The main differences between proactive coping from all its other forms are seen in the following. First, in organizing a personal time perspective: such coping is oriented toward the future - a person creates his own resources for future coping, which, according to some sources, include optimism, self-control, and the search for sense (Frydenberg, 2014). Secondly, proactive coping is a process of specific goal-setting - reflecting the possible risks, the man does not assess them as a threat to immediate existence, and therefore can assess a difficult situation positively, that is, as a challenge and an opportunity to achieve the goal. Thirdly, proactive coping is based on a specific perception of potential difficult situations - as fundamentally probabilistic events, which leads to the dynamics of the motivation for coping.

One of the most detailed models of proactive coping today is the model of Greenglass (2002). In her view, proactive coping integrates planning and proactive strategies with proactive self-regulation to achieve goals, using social resources and emotional self-regulation of activity in general (Greenglass, 2002). This model and the scale method created on its basis today dominate in the studies of proactive coping, being represented in various empirical studies (Greenglass & Fiksenbaum, 2009). However, despite the available data on the relationship of personal characteristics and proactive coping, nowadays there are practically no results showing a meaningful correlation of situational and personal predictors for choosing proactive coping strategies.

In an empirical study, we selected as personality traits which have hypothetical relationships with proactive coping strategies such traits: locus of control; level of self-efficacy and tolerance to uncertainty. The choice of these personality characteristics was determined by their frequent use in research as predictors of reactive coping. When analyzing reactive coping, as a situational factor often is considered the adequacy and differentiation of the subject's assessment of the most difficult situation. However, in the case of proactive coping, the very question of the correctness of the assessment can hardly be posed - due to its absolute relevance to the future. Therefore, it seems that as a situational factor influencing the choice of proactive coping strategies, one can consider representations of stressful situations experienced by a person in the past.

3. Research Questions

As the model of proactive coping was chosen as the theoretical framework, it led to the question about interconnection between personal and situational factors in the choice of proactive coping strategies at the adolescence.

4. Purpose of the Study

The purpose of the study is to find out the preferences of adolescents in choosing proactive coping strategies depending on personal characteristics and experience of experiencing traumatic situations.

5. Research Methods

- **5.1.** The Proactive Coping Inventory (Greenglass et al., 1999).
- **5.2.** The Multiple Stimulus Types Ambiguity Tolerance Scale-I (McLain, 1993)
- **5.3.** The Internal-External Locus of Control Scale (Rotter, 1966)
- **5.4.** The General Self-Efficacy Scale (Shwarzer et al., 1996)
- All questionnaires were modified and adapted for the Russian language (Belinskaya et al., 2018; Ksenofontova, 1999; Osin, 2010).
- **5.5.** The original questionnaire with open-ended questions about the symptoms of post-traumatic stress disorder (PTSD) using The International Classification of Diseases (ICD-11).

The following criteria were used: recurrent, distressing dreams of the event; dissociative flashback episodes; efforts to avoid thoughts, feelings, or conversations associated with the event; efforts to avoid activities, places, or people associated with the event; hypervigilance; exaggerated startle response. Respondents were asked to answer the question of whether the situation in their lives was extremely threatening or catastrophic and asked to evaluate the duration of symptoms on the Likert scale (from 0 up to 7). It was also indicated that this symptom should have appeared after the traumatic event and in the previous experience it was not. For each symptom, it was proposed to evaluate its duration.

6. Findings

We assumed that a high level of self-efficacy, an internal locus of control, and a high degree of tolerance for uncertainty are personal determinants of the choice of proactive coping strategies.

It was found that indicators of a high level of self-efficacy have a high correlation with proactive coping and somewhat less with the choice of reflective and preventive coping strategies. However, other proactive coping strategies, namely strategic planning and the search for social support, were not related to the level of self-efficacy.

The internal locus of control also did not correlate with all possible strategies for proactive coping, but turned out to be associated only with strategies for strategic planning, reflective and preventive coping. The search for instrumental and emotional support was not related to internality, as well as in the case with self-efficacy.

A high level of tolerance for ambiguity showed a positive significant relationship with the severity of a preventive and reflective strategy to cope with future difficulties. Also, correlation analysis showed a significant relationship between tolerance for uncertainty and proactive coping. The indicators of the scale of the search for instrumental support had an inverse relationship with tolerance to uncertainty.

Thus, all three traditionally studied personality predictors of the effectiveness of reactive coping showed their connection with most proactive coping strategies. The only exceptions are strategies for seeking social support. We emphasize that this fact is not observed in the study of personality determinants of the choice of reactive coping strategies.

We considered the severity of PTSD symptoms as a situational determinant of the choice of proactive coping strategies. The hypothesis was that the traumatic events worsen the mechanisms of proactive coping. We were looking for the relationships of individual proactive coping strategies and the possibility of PTSD. The distribution of data on a scale of proactive coping is statistically significantly different from the normal (Shapiro- Wilk criterion 0,97, p<0.001), therefore, the non-parametric Mann-Whitney test was chosen to compare groups.

Between the group of respondents who had traumatic events and the group in whose experience were no traumatic events we did not reveal differences in the level of proactive coping. Significant differences were found between the groups of respondents in whose experience there was a traumatic event without PTSD symptomatology and a group with symptomatic PTSD. The difference in the level of proactive coping is small (mean in the group with trauma 3.00 and in the group with PTSD 2.89). Thus, the hypothesis that a traumatic event worsens the mechanisms of proactive coping was not confirmed.

The results can be explained by a more complex proactive coping mechanism in a traumatic situation. Thus, the transition of a traumatic situation in PTSD can be determined by the level of formation of mental mechanisms aimed to overcoming stress. To test this hypothesis, the method of regularized logistic regression was chosen. In the proposed regression model all predictors are compared with an intercept that includes low levels of proactive coping strategies. The most significant predictors of PTSD are strategic planning and reflective coping. Proactive and reflective coping are aimed at analyzing future strategies of behavior in a difficult situation and finding the necessary resources to overcome difficulties. These strategies of proactive coping are positively correlated with an active lifestyle and, according to the results of some studies, are positively linked to self-efficacy. The high level of proactive and reflective coping allows a person to analyze a difficult situation, which can prevent the emergence of such symptoms of PTSD as an exaggerated startle response, over-alertness. These strategies for proactive coping are negatively correlated with the avoidance strategy.

7. Conclusion

In the case of reflection of future life difficulties, youth respondents constructively coping in the past (including due to reliance on such personal resources as the internal locus of control, a high level of self-efficiency and tolerance to uncertainty) are not inclined to focus on their social environment as a resource support and assistance, regardless of gender. From our point of view, this can be explained by two reasons. First, the characteristics of the socialization stage experienced by the respondents: most of them were first-year students who had lost their usual social support groups at the time of the study; secondly, such results can reflect the general social situation of the development of youth at the present time, a feature of which is the dominance of the ideals of individualism.

The most pronounced relationship with PTSD symptoms was found for a low level of planning skills and proactive coping, which is indirectly confirmed by the results of clinical studies. The greatest risks of PTSD in a traumatic situation are for people with a low level of proactive coping. The study showed a possible non-linear relationship between proactive coping strategies with PTSD.

The absence of significant interrelationships of preventive coping with PTSD can be explained by the extraordinary nature of withdrawing negative symptoms. A person does not prepare for such an event in advance and cannot accept it when such a meeting will occur.

In general, the results of the study show that some proactive coping strategies (primarily planning strategies, proactive coping, instrumental support seeking) can be considered as factors of successful coping with a traumatic situation. The described groups of strategies can be used in screening studies of representatives of extreme professions, as well as in the development of prevention programs in the field of mental health and adaptation for different risk groups.

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