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Coping strategies in relation to personality disorders

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Abstract

Dysfunctional coping strategies can be expected to be among the criteria distinguishing personality disorders from normal personality functioning. In the present study the relationship between the basic coping modes problem-solving, social support seeking and avoidance was investigated in a sample of 137 psychiatric in-patients, using both a dimensional and a categorical approach. The general pattern of association found was that of a lack of social support seeking, together with an excess of avoidant coping. © 1999 Elsevier Science Ltd. All rights reserved.

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1. Introduction

The study of coping has its roots in the recognition that there are individual differences in reactions to and outcomes of stress. Some people become distressed or perform poorly, whereas others remain resilient. Coping theorists assume that stress outcomes result from people's coping responses, i.e. the cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding one's resources (Lazarus & Folkman, 1984). The purpose of coping research is twofold: (a) to understand why people differ so greatly in how they cope with stress and (b) to understand how differing responses relate to well-being (Aldwin, 1994).

Trying to account for interindividual differences in responses to stress, researchers generally agree that coping is influenced by characteristics of both the person and the situation, but they diverge greatly with respect to the emphasis they give to personal, relative to situational factors, some of them being more person- or trait-oriented, others more situation- or state-

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oriented (Compas, Worsham, & Ey, 1992). As to the trait-oriented viewpoint, there is a substantial literature on the relationship between coping and personality (for a review, see e.g. O'Brien & DeLongis, 1996; Suls, David, & Harvey, 1996). A growing body of research demonstrates that there is some consistency in coping responses and that coping styles are related to the five basic factors of personality (Costa, Somerfield, & McCrae, 1996; Hewitt & Flett, 1996). Moreover, it is widely recognized that all aspects of coping (initial appraisal of the stressor; emotional response; ability to monitor, identify and regulate stress) are influenced by personal characteristics the individual brings to the situation (Summerfield & Endler, 1996).

Another important issue in coping research is the relationship between coping and psychopathology. How a person adjusts to life stress is a major component of his ability to regulate well-being and to maintain mental health. The link between coping and DSM Axis I disorders (Diagnostic and Statistical Manual of Mental Disorders; American Psychiatric Association, 1987, 1995) has been studied extensively. Problem-focused coping shows negative associations with a lot of psychopathological symptoms, whereas emotion-focused coping has been found to be positively related to anxious and depressive disorders (Aldwin & Revenson, 1987; Bolger, 1990).

Dysfunctional coping strategies can also be expected to be among the criteria distinguishing personality disorders from normal personality functioning (Millon & Davis, 1996). However, empirical research on the relation between coping and DSM Axis II disorders is very scarce. The results of the few available studies indicate that the general pattern of coping associated with personality disorders is that of deficits in active, problem-focused coping and social support seeking, together with an excess of behavioral passivity, mental disengagement and uncontrolled discharge of emotions (Krueger, McCormick, Schulz, & Grueneich, 1993; Vitaliano et al., 1990; Vollrath, Alnaes, & Torgersen, 1994).

The assessment of personality disorders is not an easy task. Widely used self-report instruments, such as the Personality Diagnostic Questionnaire (PDQ-R; Hyler & Rieder, 1987), show a tendency towards overdiagnosis of personality disorders, because their items only tap the typicality of dysfunctional personality traits for the person under investigation. According to DSM-III, however, "... it is only when personality traits are inflexible and maladaptive and *cause either significant impairment in social or occupational functioning or subjective distress* [italics added] that they constitute personality disorders" (American Psychiatric Association, 1980, p. 305). The ADP-IV, a recently developed and very promising instrument (De Doncker, Schotte, Vertommen, & Vankerckhoven, 1997; Schotte, De Doncker, Vankerckhoven, Vertommen, & Cosyns, in press) combines ratings of the typicality of personality traits with ratings of the amount of distress or impairment these traits cause. It was because of this combination that we decided to use the instrument in our study.

For the development of instruments to measure coping, traditionally, two methodologies have been used, the one based on deduction (e.g. Beckham & Adams, 1984), the other based on induction (e.g. Salisbury, 1985). Amirkhan (1990) has combined the best of both methodologies: in the inductive tradition, he allowed naturally occurring clusters of responses to emerge from the data and, in line with deductive priorities, he isolated only those clusters common to a wide spectrum of people and events. Over the course of studies, a short self-report questionnaire (Coping Strategy Indicator, CSI) evolved that indicates the extent to which each of three coping modes (Problem-Solving, Social Support Seeking and Avoidance)

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