



## The interplay of emotional instability, empathy, and coping on prosocial and aggressive behaviors

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### ABSTRACT

Mediating and moderating effects of socioemotive traits and coping styles on aggression and prosocial behaviors were examined. A sample of 1557 students from Spain (53% male,  $M$  age = 13.12) completed self-report instruments of coping, empathy, emotional instability, physical aggression, and prosocial behaviors. Structural equation analysis showed support for two mediation models but little support for moderation. Emotional instability positively predicted emotion-focused coping, which in turn, positively predicted aggression. In contrast, empathy positively predicted problem-focused coping, which in turn, positively predicted prosocial behaviors. Moreover, problem-focused coping positively predicted trait empathy, which in turn positively predicted prosocial behaviors, and negatively predicted aggression. Emotion-focused coping was positively related to emotional instability, which in turn, was positively related to aggression. Discussion focuses on the interplay of self regulation and socioemotive traits in predicting aggressive and prosocial behaviors.

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### 1. Introduction

Aggression (i.e., acts that harm others) and prosocial behaviors (i.e., acts that benefit others) are commonly observed social behaviors that have important health and societal implications (Carlo, 2006; Coie & Dodge, 1998). Researchers have demonstrated increases in aggressive, and decreases in prosocial, behaviors during adolescence (Carlo, 2006; Pulkinen & Pitkanen, 1993). In recent years, research aimed at understanding the mechanisms underlying these social behaviors has increased, though often such research focuses on either aggression or prosocial behaviors, but not both simultaneously. Such investigations have identified a number of antecedent emotion-related variables such as coping (i.e., regulation of emotions and behaviors), emotional instability (i.e., impulsivity), and empathy (i.e., feeling the same as another). However, research has not examined the interplay of coping styles, emotional instability, and empathy in predicting aggressive and prosocial behaviors in adolescents. The present study was designed to address this gap.

There is relative consensus that coping is a multidimensional construct that pertains to cognitive, affective, and behavioral

responses to demands and challenges on the individual (Cole, Michel, & Teti, 1994; Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001; Lazarus & Folkman, 1984). The cognitive component includes aspects of attentional, encoding, and recall processes, such as attention shifting, attention focusing, and selective recall (Derryberry & Rothbart, 1988). Affective and physiological arousal processes are also relevant components of coping and reflect individual differences in reactivity to stimuli. Behavioral regulation addresses the gap between cognitive and affective responding and reflects control of behavioral manifestations. According to scholars, individuals display wide but stable, individual differences in coping to stressors that may be temperamentally based (Compas et al., 2001; Derryberry & Rothbart, 1988; Lazarus & Folkman, 1984).

One common approach is to categorize coping into two broad types, problem-focused and emotion-focused (Carver & Scheier, 1994; Compas et al., 2001; Frydenberg & Lewis, 1996; Pastorelli, Barbaranelli, Cermak, Rozsa, & Caprara, 1997). Problem-focused or productive coping refers to responses aimed at reducing or eliminating the source of the stress, and includes problem solving, planfulness, and instrumental support-seeking. In contrast, emotion-focused or nonproductive coping (including venting, distraction, avoidance) is defined as responses aimed at improving one's psychological or emotional state. Interestingly, direct research on the relations between these forms of coping and

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prosocial and aggressive behaviors is virtually nonexistent, especially in adolescence. However, research exists on the links between different forms of coping and aggressive and prosocial behaviors, especially in childhood (e.g., Eisenberg, Fabes, & Spinrad, 2006; Rothbart, Ahadi, & Hershey, 1994; see Coie & Dodge, 1998). Such research generally demonstrates that more effective coping (such as problem focused) is positively associated with prosocial behaviors and negatively related to aggression, whereas less effective coping (such as emotion focused) is positively related to aggression and negatively related to prosocial outcomes (see Compas et al., 2001; Eisenberg et al., 2006). However, these relations can differ depending upon situational factors (such as the controllability in the situation) and one form of coping does not preclude the use of other forms (Cheng, 2001).

Socioemotive traits such as emotional instability and empathy, have also been closely tied to social behavioral outcomes. Emotional instability is usually characterized as a tendency to exhibit rapid, unexpected, and intense affective reactions. The presence of emotion dysregulation and intense emotional responding that are cardinal features of emotional instability likely leads to proneness for aggressive tendencies and difficulties in prosocial behaviors. In general, emotional instability (similar to impulsivity; Buss & Plomin, 1975) has been associated with high levels of aggression, conduct disorder problems and borderline personality (Caprara & Pastorelli, 1993; Cole, Llera, & Pemberton, 2009; Cooper, Wood, Orcutt, & Albino, 2003; Koenigsberg, 2010; Leech, Day, Richardson, & Goldschmidt, 2003; Martino, Ellickson, Klein, McCaffrey, & Edelen, 2008; Pastorelli et al., 1997). However, to our knowledge, the direct relations between impulsivity and prosocial behaviors have not been studied.

Empathy usually requires good coping and self regulation skills (Eisenberg & Fabes, 1992). Hoffman (2000) noted that empathy requires moderate levels of arousal such that the individual can attend to the needs of others and is motivated to act in ways that benefit needy others. On the other hand, proneness to overarousal might result in personal distress (i.e., a self-focused, aversive affective reaction) and consequently, reduced levels of empathy and prosocial behaviors. There is substantive evidence on the positive relations between empathy and prosocial behaviors, and negative relations to aggression (Eisenberg et al., 2006).

Conceptually, scholars have proposed different models on the links among traits, coping, and outcomes. One proposal is that, because personality characteristics reflect relatively enduring, stable, biologically-based traits, socioemotive traits such as emotional instability and empathy may predict coping, which in turn, may predict behavioral outcomes, and there is substantial supportive evidence (Bolger, 1990; Bolger & Zuckerman, 1995; Vollrath, 2001). Therefore, one would expect that emotional instability might positively predict emotion-focused coping and aggressive behaviors, and negatively predict problem-focused coping and prosocial behaviors. In contrast, empathy might positively predict problem-focused coping and prosocial behaviors, and negatively predict emotion-focused coping and aggressive behaviors.

Alternatively, developmental scholars assert that trait coping are also relatively enduring and stable and reflect aspects of temperament (Derryberry & Rothbart, 1988; Eisenberg & Fabes, 1992). Because problem-focused coping is an other-oriented tendency that reflects moderate arousal tendencies, and these are defining characteristics of empathic and prosocial tendencies, one might expect such coping to facilitate prosocial tendencies. In contrast, individuals with emotion-focused coping styles might be prone to emotional instability and aggressive behaviors. Thus, an alternative model is that these emotion-related traits might mediate the relations between coping styles and social behaviors. Some researchers have found support for the notion

that socioemotive traits mediate the relations between coping and outcomes (Vollrath, Alnaes, & Torgersen, 1998; Woodward, Murrell, & Bettler, 2005). Furthermore, research shows that coping interventions predict changes in socioemotive traits (such as empathy and impulsivity; e.g., Hofmann, Grossman, & Hinton, 2011; Sever, Guttmann, & Lazar, 2007). However, direct evidence on the possible mediating roles of empathy and emotional instability is sparse.

Although mediating relations are possible, some researchers have reported and found evidence that personality and coping might interact to predict outcomes (Bolger & Schilling, 1991; Bolger & Zuckerman, 1995; Roesch, Aldridge, Vickers, & Helvig, 2009). For example, traits might be differentially related to social behaviors as a function of levels of coping. Specifically, one might expect that emotional instability might be positively related to aggressive behaviors, and negatively related to prosocial behaviors, only at high levels of emotion-focused coping or low levels of problem-focused coping. Similarly, empathy might be negatively related to aggressive behaviors, and positively related to prosocial behaviors, only at high levels of problem-focused coping or at low levels of emotion-focused coping. Thus, we also tested whether the effects of emotional instability and empathy are exacerbated only at high or low levels of the presence of coping.

## 2. Method

### 2.1. Participants and procedure

The sample was 1557 students (53% male,  $M$  age = 13.12,  $SD$  = .87; range = 12–15 years) from Valencia, Spain. The sample was recruited to include a broad distribution of students from schools that have more than 30% immigrant children in classes, between 20% and 30%, or less than 20%. Distribution in mothers' education was relatively equal (38% less than high school diploma, 27% high school diploma, 23% at least some university education). The majority of the sample self-identified from Spain (83%; 10% from Latin America and 4% from Eastern European countries). Trained experimenters administered the surveys in classrooms, which took approximately 45 min to complete.

### 2.2. Measures

Each of the measures administered have been adapted for use and validated in samples of adolescents from Spain (e.g., Del Barrio, Moreno, & Lopez, 2001; Mestre, Pérez, Frías, & Samper, 1999; Pereña & Seisdedos, 1997). However, initial results from a full structural equation model (see below) indicated that these measures may be multidimensional. Thus, exploratory factor analysis (EFA) was conducted for each of these measures (with the exception of coping, see below) in Mplus 6.1 (Muthén & Muthén, 1998–2010).

### 2.3. Empathy

The Inventory of Empathy for Children and Adolescents (Bryant, 1982; Mestre et al., 1999) was used to assess their tendency to feel sorrow or concern for others. Adolescents responded to 15 items on a yes/no scale. As the initial confirmatory factory analysis (CFA) indicated the overall model did not fit the data well, an EFA was conducted and revealed that a 4-factor model fit the data well, and one factor emerged as the factor which best adhered to our definition of empathy. A CFA suggested that this 6-item (e.g., "I get upset when I see a girl being hurt";  $\alpha$  = .70) factor fit the data well ( $\chi^2(5) = 25.37$ ,  $p < .01$ , CFI = 1.00, RMSEA = .05).

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