Personality and coping. What traits predict adaptive strategies?

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Abstract: Coping strategies play an essential role in the adaptation to changes in older adults, and personality traits are important predictors of these strategies. The aim of this study is to analyse what traits predict different coping strategies in older adults. Participants were 226 older adults (60 to 88 years old). Data on personality and coping strategies were obtained through the NEO-FFI and the Coping Strategies Questionnaire. Multiple linear regression models were conducted. Neuroticism positively predicted emotion-oriented strategies: negative self-focused, overt-emotional expression, avoidance, and religious. Openness to experience, agreeableness and conscientiousness positively predicted problem-oriented coping strategies: openness to experience (problem-solving focused), agreeableness (positive reappraisal), and conscientiousness (problem-solving focused and positive reappraisal). In addition, agreeableness and conscientiousness negatively predicted emotion-oriented strategies: overt-emotional expression and negative self-focused. Extraversion did not predict any coping strategy. These findings show that neuroticism is a maladaptive trait during aging, whereas openness to experience, agreeableness, and conscientiousness are adaptive traits in older adults.

Keywords: Gerontology; Personality; Coping; Adaptation; Older Adults.

Introduction

From the life cycle perspective, the development of older adults is based on strengthening their adaptive resources and on their capacity to recover from or compensate for losses. These skills are grounded in the coping strategies that individuals apply in order to effectively adapt to diverse situations. Aging involves changes in the physical and psychological dimensions (Melendez, Tomas, and Navarro, 2011), and personality traits are variables that can condition the adaptive responses that older adults apply to deal with changes they face during this process. Knowing whether coping strategies are predicted by personality traits would offer information about which traits can facilitate more effective adaptation during the aging process and, therefore, promote optimal aging.

Personality is a highly relevant construct in the study of coping, given that it can determine the types of strategies applied (Bryant et al., 2016; Segerstrom and Smith, 2019). By personality we refer to the relatively enduring styles of thinking, feeling, and acting that characterize an individual (Wagner, Lüdtke and Robitzsch, 2019). In contrast to specific learned behaviors, personality traits are general tendencies that should be reflected in many aspects of a person's life (McCrae and Costa, 1986). The Big-Five factor model emerged from decades of research and has been celebrated for its ability to simplify an otherwise overwhelming number of traits (McCrae and Costa, 1986), their cross-cultural applicability, and their ability to predict health-related and other outcomes (McCrae and Costa, 1997). The Big-Five factor model defines the personality based on five large factors: Extraversion, characterized by being talkative, assertive, and energetic; Agreeableness, characterized by being good-natured, trusting, and cooperative; Conscientiousness, characterized by being responsible, orderly, and dependable; Neuroticism, characterized by being easily upset and emotionally unstable; and Openness to experience, characterized by being intellectual, polished, and an independent thinker.

Haan (1977) defines personality in terms of coping and defending as the basic and persistent organizational strategies people use to inter-regulate various aspects of themselves. However, a distinction must be made between dispositional and episodic variables: whereas personality traits are enduring dispositions, coping efforts are better understood as specific behaviors applied in particular situations. Coping is defined as cognitive and behavioral efforts that constantly change and are developed to deal with specific external or internal demands that can exceed the individual's resources (Lazarus and Folkman, 1986). In an effort to resolve, toler-
ate, or escape from stressful demands, individuals purposefully engage in various coping behaviors that can either mitigate or aggravate the adverse effects of stress on the body (Keefer, Parker, and Saklofske, 2009).

Lazarus and Folkman (1986) differentiate between two types of coping, problem-focused and emotion-focused coping. Both can be structured in different behavioral and cognitive responses, considered coping strategies. Problem-focused coping consists of combating the situation that produces the stress in a rational way, considering both the variables that influence the problematic situation and one’s capacity to solve it. This coping style is directed toward modifying the situation that produces the stress (Sandín and Chorot, 2003). Emotion-focused coping consists of trying to alleviate the psychological stress produced by the problematic situation by focusing the attention on one’s feelings about the situation (Afshar et al., 2015), without using resources to modify this situation in a practical way (Mayordomo-Rodríguez, Meléndez-Moral, Viguér-Seguí and Sales-Galán, 2015). This absence of seeking solutions for the problem stems from the person’s feeling that s/he is incapable of modifying the conflictive situation, so that efforts are directed toward the emotions that lead to his/her thoughts and behaviors. The individual has the ability to intensify or repress the emotional state, but makes no attempt to modify the stress-producing situation. Currently, this concept is applied to a broad range of response that people use to deal with difficulties in everyday life. Its study is useful for understanding how individuals handle these difficulties and the stress associated with them.

In general, coping strategies can be considered adaptive (they reduce stress and promote long-term adaptation) or maladaptive (they reduce short-term stress but impede long-term adaptation) (Delhom, Gutiérrez, Mayordomo, and Meléndez, 2018). However, the efficacy of the different coping strategies is thought to particularly depend on having a broad repertoire and the capacity to use them in a flexible way (Cruz, Jara, and Rivera, 2010).

The fact that similar situations are dealt with in different ways has led to the study of factors that condition this variability in the use of strategies to achieve satisfactory adaptation at advanced ages. Different authors argue that personality and coping strategies are closely linked (Bouchard, Guillemette, and Landry-Léger, 2004; Dewe, 2017; McCrae and Costa, 1986). It has been observed that personality, due to its dispositional nature, acts as a predictor of coping strategies, thus appearing to be a very important variable in the study of this construct (Bouchard et al., 2004; Lazarus and Folkman, 1986; McCrae and Costa, 1986). Some authors have shown interest in this relationship, confirming the importance of individual differences in coping, as well as certain personality traits (extraversion, openness to experience, agreeableness, conscientiousness), as predictors of adaptive coping, whereas the neuroticism trait is a predictor of less adaptive, or even maladaptive, coping (Cruz et al., 2010; John and Gross, 2004).

Personality, as lasting traits, predicts the application of strategies in the general population. However, there is little information about how it predicts strategies in older adults. Thus, it is relevant to study whether, in the older population, certain personality traits predict the strategies. Following the Lazarus and Folkman (1986) differentiation of two types of coping, problem-solving focused strategies should be positively predicted by the traits of extraversion, openness to experience, agreeableness, and conscientiousness, whereas emotion-focused strategies would be predicted by neuroticism.

Method

Participants

Participants were 226 older adults from 60 to 88 years old (M = 67.92, SD = 6.66); 65% were women and 35% men; 70.6% were married, 9% single, and 20.4% widowed; regarding the education level: 6% could only read and write, 40.8% had completed elementary school, 20.6% had completed secondary school, and 32.6% had attended university. Inclusion criteria were as follows: a) participants had to be over 60 years old; and b) they could show no evidence of dementia or mild cognitive impairment, determined by a score of 23 or higher on the Mini-Mental State Examination (Folstein, Folstein, and McHugh, 1975).

Instruments

To evaluate personality, the NEO-FFI (Costa and McCrae, 2008) was used, which evaluates five personality traits: neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness. Its Spanish version was used, which consists of 60 items rated on a 5-point Likert scale ranging from (0) strongly disagree to (4) strongly agree. The alpha values obtained (Cronbach’s alpha) were neuroticism .83, extraversion .78, openness to experience .74, agreeableness .71, and conscientiousness .77.

Coping Strategies Questionnaire. This 42-item, self-report measure (Likert scale from never [0] to almost always [4]) was developed by Sandín and Chorot (2003) and validated in the Spanish population (Tomas, Sancho, and Meléndez, 2013), with Confirmatory Factor Analysis testing a two-factor solution: problem-focused coping and emotion-focused coping. Problem-focused coping encompassed problem-solving coping, positive reappraisal, and social support seeking. Emotion-focused coping included negative self-focused coping, overt emotional expression, avoidance coping, religious coping, and social support seeking. The alpha values obtained in our study were .81 (problem-solving coping), .71 (negative self-focused coping), .73 (positive reappraisal), .73 (overt emotional expression), .76 (avoidance coping), .89 (social support seeking), and .92 (religious coping).
Procedure

The older adults were contacted through leisure and recreation groups in the city of Valencia (Spain). They were invited to participate and received information about the purpose, voluntary nature, and confidentiality of the study. Then, those who were interested in participating gave their informed consent. All the scales were administered by evaluators previously trained in their administration by the authors of this study. Participants were tested individually in one session lasting 45 minutes.

Analysis

Multiple linear regression analyses were performed to study the association between the big five personality traits and each of the seven coping dimensions, using the standard method. In addition, zero-order correlations between the Big Five traits were conducted. All the analyses were carried out with the SPSS 21 program.

Results

Correlations between the Big Five traits are presented in Table 1. Significant associations were found among the five traits, although the correlations were moderate and did not indicate collinearity issues. The neuroticism dimension showed negative relationships with problem-focused coping (problem-solving coping and positive reappraisal), whereas the other personality dimensions showed positive relationships. Moreover, neuroticism was positively related to emotion-focused coping (negative self-focused, overt emotional expression, avoidance coping, and religious coping); by contrast, extraversion, agreeableness, and conscientiousness showed negative relationships. The social support seeking strategy did not obtain a significant correlation with any of the personality dimensions.

Table 1. Pearson correlations between traits from the Big Five Model and coping strategies.

|        | 1     | 2     | 3     | 4     | 5     | 6     | 7     | 8     | 9     | 10    | 11    |
|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 1. PSC | ---   |       |       |       |       |       |       |       |       |       |       |
| 2. PRE | .510**| ---   |       |       |       |       |       |       |       |       |       |
| 3. SSS | .261**| .199**| ---   |       |       |       |       |       |       |       |       |
| 4. NSC |       | .208**| ---   |       |       |       |       |       |       |       |       |
| 5. OEE |       | .342**| .395**| ---   |       |       |       |       |       |       |       |
| 6. AVC | .192**| .243**| .429**| .284**| ---   |       |       |       |       |       |       |
| 7. RGC |       | .171**| .235**| .257**| ---   |       |       |       |       |       |       |
| 8. NT  | -.257**| -.170*| .454**| .407**| .340**| .159* | ---   |       |       |       |       |
| 9. EX  | .148* | -.208**| -.206**|       |       |       |       |       |       |       |       |
| 10. OP | .205**|       |       |       |       |       |       |       |       |       |       |
| 11. AG | .149* | .281**|       |       |       |       |       |       |       |       |       |
| 12. CO | .495**| .293**| -.293**| -.240**| -.189**| .182**| .219**| .264**| .132* | ---   |       |

Note. PSC: Problem-solving coping; PRE: Positive reappraisal; SSS: Social support seeking; NSC: Negative self-focused coping; OEE: Overt emotional expression; AVC: Avoidance coping; RGC: Religious coping; NT: Neuroticism; EX: Extraversion; OP: Openness; AG: Agreeableness; CO: Conscientiousness. *p < .05, **p < .001.

Seven multiple linear regression models using the enter method were conducted to predict the components of the coping strategies from the Big Five model: problem-solving focused, positive reappraisal, social support seeking, negative self-focused, overt emotional expression, avoidance, and religious. As Table 2 reveals, apart from social support seeking, the other models were significant. The models explained the variance in coping strategies in a range from 10% to 26%. The regression analyses showed that the personality traits significantly predicted the coping strategies, except the social support seeking dimension. The neuroticism dimension positively predicts the emotion-focused coping strategies: social support seeking (β = 2.36), negative self-focused (β = 6.09), overt emotional expression (β = 5.16), avoidance (β = 5.32), and religion (β = 2.78). In the case of the openness dimension, it only showed a positive predictive value with one of the coping strategies, problem-solving coping (β = 2.61). The agreeableness dimension showed a positive and significant relationship with positive reappraisal (β = 3.10) and religion (β = 3.37); and a negative relationship with overt emotional expression (β = -3.51). Finally, responsibility showed a positive association with problem-solving (β = 7.33), and this relationship offers the greatest predictive value of all the analyses performed and with positive reappraisal (β = 3.11); however, the prediction was negative in the case of the negative self-focused strategy (β = -2.58).
Table 2. Multiple linear regression coefficients between the Big Five traits and the coping strategies.

| Criterion: Problem-solving coping |  |  |  |
|----------------------------------|---|---|---|
| Big Five Model $R^2_{adj} = .260$, $F(5,209) = 16.78^{***}$ | B | SEB | $\beta$ | $t$ |
| Neuroticism | -0.08 | 0.06 | -0.81 | -1.28 |
| Extraversion | -0.03 | 0.07 | -0.30 | -0.47 |
| Openness to experience | 0.17 | 0.06 | 0.156 | 2.61** |
| Agreeableness | -0.02 | 0.07 | -0.16 | -0.26 |
| Conscientiousness | 0.054 | 0.07 | 0.465 | 7.33*** |
| Criterion: Positive reappraisal |  |  |  |
| Big Five Model $R^2_{adj} = .111$, $F(5,209) = 6.59^{***}$ | B | SEB | $\beta$ | $t$ |
| Neuroticism | -0.04 | 0.05 | -0.053 | -0.769 |
| Extraversion | 0.00 | 0.006 | 0.002 | -0.025 |
| Openness to experience | -0.01 | 0.006 | -0.015 | -0.025 |
| Agreeableness | 0.020 | 0.007 | 0.209 | 3.10** |
| Conscientiousness | 0.020 | 0.006 | 0.216 | 3.11** |
| Criterion: Social support seeking |  |  |  |
| Big Five Model $R^2_{adj} = .024$, $F(5,209) = 2.11$ | B | SEB | $\beta$ | $t$ |
| Neuroticism | 0.21 | 0.09 | 0.172 | 2.36** |
| Extraversion | 0.15 | 0.11 | 0.105 | 1.45 |
| Openness to experience | 0.008 | 0.009 | 0.059 | 0.855 |
| Agreeableness | 0.018 | 0.011 | 0.116 | 1.64 |
| Conscientiousness | -0.004 | 0.011 | -0.030 | -0.411 |
| Criterion: Negative self-focused coping |  |  |  |
| Big Five Model $R^2_{adj} = .223$, $F(5,209) = 13.89^{***}$ | B | SEB | $\beta$ | $t$ |
| Neuroticism | 0.033 | 0.005 | 0.396 | 6.09*** |
| Extraversion | -0.007 | 0.006 | -0.071 | -1.09 |
| Openness to experience | -0.001 | 0.006 | -0.016 | -0.265 |
| Agreeableness | 0.011 | 0.007 | 0.107 | 1.70 |
| Conscientiousness | -0.017 | 0.006 | -0.167 | -2.58** |
| Criterion: Overt emotional expression |  |  |  |
| Big Five Model $R^2_{adj} = .211$, $F(5,209) = 13.04^{***}$ | B | SEB | $\beta$ | $t$ |
| Neuroticism | 0.026 | 0.005 | 0.338 | 5.16*** |
| Extraversion | -0.005 | 0.006 | -0.051 | -0.778 |
| Openness to experience | 0.006 | 0.005 | 0.072 | 1.17 |
| Agreeableness | -0.021 | 0.006 | -0.223 | -3.51** |
| Conscientiousness | -0.005 | 0.006 | -0.053 | -0.814 |
| Criterion: Avoidance coping |  |  |  |
| Big Five Model $R^2_{adj} = .136$, $F(5,209) = 4.40^{***}$ | B | SEB | $\beta$ | $t$ |
| Neuroticism | 0.035 | 0.007 | 0.365 | 5.32*** |
| Extraversion | 0.015 | 0.008 | 0.132 | 1.93* |
| Openness to experience | 0.005 | 0.007 | 0.047 | 0.734 |
| Agreeableness | 0.012 | 0.008 | 0.098 | 1.47 |
| Conscientiousness | -0.015 | 0.008 | -0.130 | 0.059 |
| Criterion: Religious coping |  |  |  |
| Big Five Model $R^2_{adj} = .068$, $F(5,209) = 4.29*$ | B | SEB | $\beta$ | $t$ |
| Neuroticism | 0.033 | 0.012 | 0.197 | 2.78** |
| Extraversion | 0.010 | 0.014 | 0.054 | 0.765 |
| Openness to experience | -0.021 | 0.014 | -0.121 | -1.80 |
| Agreeableness | 0.047 | 0.014 | 0.232 | 3.37** |
| Conscientiousness | -0.004 | 0.014 | -0.020 | -0.277 |

Note: $^{***}p < .001$, $^{**}p < .01$, $^*p < .05$

Discussion

In this study with older adults, evidence was found that the problem-solving focused coping strategies are positively predicted by the personality traits of openness to experience, agreeableness, and conscientiousness, whereas neuroticism positive predicts emotion-focused coping. Agreeableness and conscientiousness also negatively predict some emotion-focused strategies.

These findings coincide to a large degree with the results obtained in studies with other populations (Carver and Connor-Smith, 2010; Grant and Langan-Fox, 2006; McCrae and Costa, 1986; Roohafza et al., 2016), pointing to extraversion, agreeableness, conscientiousness, and openness as predictor traits of coping more dedicated to problem-solving; neuroticism as a predictor of more passive and avoidance coping, related to emotion-focused strategies; and conscientiousness and agreeableness as negative predictors of emotion-focused strategies.
strategies (Carver and Connor-Smith, 2010; McCrae and Costa, 1986). Although these complex associations can be nuanced by moderator, contextual, and appraisal variables, Carver and Connor-Smith (2010) mention that these associations provide an elaborated view of the way traits influence behavior, and with regard to coping, they provide a clearer view of who can be expected to engage in what type of coping. These results are also reflected in our study, except the finding related to extraversion, which does not appear to play a relevant role in our sample of older adults. Various authors have identified some of the most important moderators in the relationship between personality and coping, such as age, the type of stressor, and its seriousness (Carver and Connor-Smith, 2010; Grant and Langan-Fox, 2006). In light of our results, and taking into account the moderator role of age in the relationship between personality and coping, it would be necessary to further study extraversion during aging, as well as its relationship with coping. Extraversion may be one of the personality traits that changes the most in relation to coping resources due to age. This characteristic may be due to the modification in the social resources and demands during aging, with a reduction found in support networks, which could result in a less social coping. This, in turn, would affect the measurement of the extraversion trait, which is usually operationalized with statements focused on social relations (Meléndez, Tomás, and Navarro, 2007). However, this question should be addressed more in depth.

The personality traits show the ability to predict different variables related to successful adaptation (Carver and Connor-Smith, 2010), highlighting high scores on neuroticism as maladaptive. In the Big Five model, neuroticism is associated with negative feelings and vulnerability to experiences of anxiety and sensitivity to threat; therefore, obtaining high scores on this trait would impede successful adaptation efforts (Caspí, Roberts, and Shiner, 2005). As the results show, neuroticism positively predicts all the strategies that make up emotion-focused coping, and this is maladaptive because it is exclusively directed toward the disruptive management of the emotions arising from the source of stress, with no effort made to eliminate this source (Pocnet, Dupuis, Congard and Jopp, 2017). Moreover, neuroticism strongly predicts the negative self-focused and avoidance strategies, followed by overt emotional expression and religion. Possibly, the development of introspective and ruminate thought patterns characteristic of neuroticism (Carver and Connor-Smith, 2010), which involve the subject’s greater attention and focus on his/her own thoughts, intensifies negative emotions, resulting in the use of maladaptive coping behaviors characteristic of the strategies it predicts.

In addition, openness, conscientiousness, and agreeableness are considered indicators of successful adaptation and mental health (Evans and Rothbart, 2007), and they are positive predictors of problem-focused coping strategies.

Openness to experience involves curiosity, flexibility, imagination, and willingness to have new experiences, and it is associated with successful adaptation (Carver and Connor-Smith, 2010). Our results show a positive association with the problem-focused coping strategy. The success of coping does not lie in the application of certain strategies, but rather in the capacity to use them flexibly according to what the situation requires; thus, the success of the adaptation will largely depend on the capacity to create alternative solutions and be open to change (Cruz et al., 2010). This could be especially relevant in the aging process, due to the changes and challenges that accompany this process (Mueller, Wagner and Gerstorf, 2017).

Moreover, conscientiousness involves qualities related to planning, persistence, and effort, and so it is not difficult to see its relationship with practical ways of coping (Caspí et al., 2005). In this regard, the results show that it positively predicts the problem-solving focused and positive reappraisal strategies, and it negatively predicts negative self-focusing, as observed in studies with the general population (Carver and Connor-Smith, 2010; Mueller et al., 2017). Thus, people with high conscientiousness will present characteristics that lead to problem-solving coping and the search for applied resources, with these adaptive coping methods being ways to eliminate the source of the stress. Conscientiousness involves accepting responsibilities as one’s own, taking charge of the actions and the results. Thus, it will be negatively associated with passive actions related to self-compasition, which will be replaced with active actions related to mobilizing effective resources and searching for positive aspects of the situation.

Agreeableness as a trait is associated with empathy and the inhibition of negative feelings, showing that agreeable people show few episodes of rage (Carver and Connor-Smith, 2010). Our results reveal that this trait positively predicts positive reappraisal and religion, and it negatively predicts overt emotional expression, which shows the flexible nature of this trait. Some studies suggest that agreeableness and conscientiousness share an important property: breadth of perspective (Jensen-Campbell et al., 2002). This breadth of perspective can be the reason agreeableness has been associated with reappraisal, as this strategy involves the capacity to see situations from different perspectives and open one’s mind to new solutions. With regard to the positive prediction of religion, it should be kept in mind that it is associated with the activation of beliefs and values related to the common good that help to minimize the problematic situation. Thus, the association between the agreeableness trait and this strategy is logical. Finally, agreeableness also negatively predicted overt emotional expression. Emotional explosions are counterpoised to an empathic attitude. Therefore, an agreeable person will have greater control over his/her thoughts and behaviours, and will not show bouts of anger or disorganized emotional explosions that would be typical of the maladaptive aspect of overt-emotional expression.

In conclusion, we observe that the personality traits in older adults are significant predictors of the coping strategies, with neuroticism being a positive predictor of the maladaptive strategies (emotion-focused), thus indicating that it
can be a maladaptive trait during aging. However, openness to experience, conscientiousness, and agreeableness are positive predictors of problem-solving focused strategies, and they also negatively predict emotion-focused strategies and are indicators of adaptive coping. Finally, the lack of predictive power of the extraversion trait in older adults should be highlighted.

There are reasons to believe that the coping processes continue to change and develop during aging (Cruz et al., 2010; Deimling et al., 2017; John and Gross, 2004). As people mature and acquire experience in life, they can often learn to use healthier strategies (John and Gross, 2004). Supporting this approach, Grant and Langan-Fox (2006) state that incorporating the interaction of the personality traits into coping studies, especially during aging, can provide not only a more complete view, but also the opportunity to design interventions for personality types at risk (Su, Cao, Zhou, Wang and Xing, 2018).

Finally, in future lines of research, it would be interesting to further examine the relationship between personality and coping, taking age into account as a moderator variable. It would be especially relevant to pay attention to the extraversion and neuroticism dimensions because they are especially susceptible to change during aging. (Bryant et al., 2016; Deimling et al., 2017). It would also be important to more fully analyse the social support seeking strategy because studies in the general population have found significant results (Carver and Connor-Smith, 2010; Grant and Langan-Fox, 2006), whereas this significance was not obtained in our sample of older adults. In addition, both the personality and coping measures were self-reports, which could produce a bias in some answers. Another limitation is that this is a cross-sectional study. Therefore, as future lines of research, a longitudinal study could be proposed in order to observe the changes that occur as people get older, or a comparative study could be carried out with two samples, one with younger subjects and another with older adults.

**Conclusion**

Relationship between personality traits and coping strategies used by a sample of healthy older adults showed that traits of openness to experience, conscientiousness, and agreeableness are associated with adaptive strategies and, therefore, can facilitate the processes of optimization on aging. On the contrary, the neuroticism trait arises as a maladaptive trait in aging and can hinder development processes.

**Conflict of Interest.-** The authors declare that they have no conflict of interest.

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