



A FORMATIVE APPROACH ON CHANGING COPING MECHANISMS AND PERSONALITY TRAITS FOR ADULTS

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Abstract

This article outlines the results of a formative experiment that we conducted which consists of 20 sessions of integrative psychological group intervention (May 2023 – February 2024), through which coping mechanisms as well as personality traits were trained. The formative research was carried out with the participation of 24 adults. The experimental group (GE) consisted of 12 adults (6 B and 6 F). Members of this group participated in the group psychological intervention program, and the control group (GC) – is comparable from a statistical point of view (age, gender) to the experimental group and was also made up of 12 adults (6 B and 6 F), who, however, did not participate in the psychological intervention program group. The results obtained in the control experiment, after the implementation of the developed training program, were processed by means of the Mann-Whitney U test. We note the positive, favorable impact of the integrative training sessions considering the fact that we successfully changed 4 cognitive emotional coping mechanisms and 1 behavioral mechanism, as well as 7 personality traits.

Keywords: *coping, personality traits, formative experiment, change*

1. INTRODUCTION

Resilience is the dynamic ability of the individual to adapt successfully in the face of problems, trauma, significant threats. It is complex and best conceptualized on a continuum, with the potential to change the individual's lifespan. Over the past decade, the vast majority of studies have increasingly focused on understanding the mechanisms underlying resilience and their interaction, with resilience playing an important role in traumatic experiences and in the prevention and treatment of PTSD. Important resilience factors (cognitive, reappraisal, and positive emotion) can help buffer against the damaging effects of trauma and adversity. The HPA axis is an indispensable component of the stress response system, allowing the body to react and adapt to stress (Horn & Feder, 2018).

A beneficial way of developing coping builds a bridge to regulation and resilience by organizing ways of coping according to adaptation to stress. Faced with challenge, the individual can mobilize short-term energy resources and

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increased regulation, and if interactions become threatening, autonomic stress reactions can be triggered that direct defense or escape behaviors, exiting the problematic situation. Early intervention provides a bio-behavioral opportunity for developing resilience to stress. Exposure to stress processes will result in sensitizing or strengthening the individual, the effects involving a multitude of interacting factors. The most important are the severity of early life stressors (contributes to resilience), the extent to which the individual can cope with the stress (controllable and uncontrollable stress), and the time when the stress occurs (Skinner & Zimmer-Gembeck, 2016).

Also, resilience should not be likened to just one property, attribute, or sum of character traits. An important role (in addition to personality factors) in the formation of psychological resistance is also represented by environmental factors. However strong and well-formed an individual's personality may be, it cannot survive in an unfavorable environment. In fact, resilience is part of the personality, it is even a characteristic of it, it contributes to protection, repair and regeneration (Berndt, C., 2016).

Resilience is a dynamic capacity, explains Karena Leppert (apud Berndt, C., 2016, page 65). "It helps control and modulate one's existence according to challenges and loads. Resilient people don't necessarily know how they will get through a given situation. But they have a variety of ways to respond cognitively, emotionally, and socially to be able to adapt and remain functionally capable, in other words, they've learned that they've always gotten out of trouble somehow."

Similar patterns of coping and resilience help emotionally manage responses to natural disasters such as earthquakes, hurricanes and floods, or health crises. Even in the short term, during the pandemic, individuals can exercise control measures through several means, for example: adequate sleep, precautions against misinformation, adaptation to the situation, limit or increase exposure to information, daytime schedules, anticipating potential short-term stressors, keeping a daily journal, as expressive writing and disclosure of emotional experiences confer psychological and physical benefits (Polizzi et al., 2020). It is important for an individual to realize that resistance does not only exist at the individual level, but also at the community level.

I opted for a group intervention process because it currently knows [G. Ionescu, 1990] a thorough substantiation thanks to contributions from the social and human sciences and especially from sociology, psychopedagogy and social psychology. Group psychological intervention satisfies the need for affiliation and belonging, defining social values for humans, being today a process with wide applicability. The group offers the person the chance to positively shape his behavior by observing others, the group experience can be beneficial by offering the chance to review the way man relates to the external environment. At the same time, it offers people the opportunity to test their new skills in a secure environment. These therapeutic modalities are based on the concept that the group changes the subjects that make it up.

In a broad sense, the concept of group psychological intervention can include several categories of groups, as follows:

- support groups;
- skills training groups (eg social skills training), anger management or relaxation groups;
- psychoeducational groups of the T group type, which is a training group whose purpose is education and not psychotherapy (abbreviation of the title Basic Skills Training-group, is a personal training method for group dynamics, invented in 1947 by the disciples of K. Lewin);
- activity groups - in these groups, the emphasis is on the occupational aspect.

Regarding the option of group psychological intervention to carry out this formative experiment, the sessions were held within the second group category, namely the skills development group, given the fact that cognitive, emotional and behavioral self-regulation mechanisms were worked on of stress.

The integrative approach of the group offers a new, broad vision, which starts from the systemic vision of the human being, from the body-mind-spirit concept. Through the integrative approach, a unitary understanding of the complexity of the human being is obtained, in the overall functionality of its manifestations, allowing unitary intervention on man on each of his cognitive, conative and attitudinal levels, while preserving the vision of the whole.

2. OBJECTIVE AND HYPOTHESES

2.1. OBJECTIVE

The purpose of the formative experiment was to change / improve the coping mechanisms and some personality traits of the adult through specific integrative interventions, as a result of participating in the psychological intervention program.

The *general objectives* of the formative experiment were:

1. Elaboration of the program of psychological interventions in order to have a positive influence on the development of some adaptive coping mechanisms and the decrease of some maladaptive coping mechanisms, as well as some personality traits;
2. Carrying out the training program with subjects from the experimental group;
3. Verification of the effectiveness of the program within the control experiment;
4. Delineation of general conclusions and elaboration of recommendations for specialists in the field.

Specific objectives of the formative research were:

- personal development through self-knowledge;
- overcoming relational resistances and developing emotional co-regulation;
- exploring the attachment style of the adult;
- the particular thing for each category of coping separately: cognitive, emotional and behavioral coping;
- creating a new functional pattern: thought – emotion – behavior – coping;
- reducing dysfunctional coping and developing functional coping;
- learning ways of emotional self-regulation and stress reduction.

2.2. HYPOTHESES

The hypothesis of the formative experiment is the assumption that by organized psychological interventions (group intervention plan) it is possible to reduce maladaptive coping mechanisms and develop adaptive coping mechanisms, as well as to significantly modify some personality traits.

3. METHOD

In order to achieve the general and specific objectives of the formative experiment, we resorted to 20 sessions of integrative psychological group intervention, held for approximately 2 hours once every two weeks (May 2023 – February 2024), through which emotional, behavioral and self-regulation mechanisms were trained, the intervention approach being integrative, eclectic, as can be seen in table no. 1.

Table no. 1 – The integrative intervention approach in working with the adult's coping mechanisms

MODALITIES	CHANGING MECHANISMS	METHODS AND INTERVENTION TECHNIQUES
COGNITIVE	Mindfulness Changing perspective Developing responsibility in decision making Psychological awareness on the consequences of coping	Cognitive restructuring Working with personality parts Mind movie - cognitive
BEHAVIOURAL	Coping style awarness Behavior mirror	Modelling Role play Body work Mind movie - behaviour
EMOTIONAL	Connecting with the sensations in the body	Breathing techniques Guided imagery Heart – brain coherence

Participants: The formative research was carried out with the participation of 24 adults: 12 male and 12 female. The average age of the subjects for both groups is 29 years, with a minimum age of 22 years and a maximum age of 44 years. The experimental group (GE) consisted of 12 adults (6 B and 6 F). Members of this group participated in the group psychological intervention program, over a period of 10 months (period May 2023 - February 2024). The control group (GC) – is comparable from a statistical point of view (age, gender) to the experimental group

and was also made up of 12 adults (6 B and 6 F), who, however, did not participate in the psychological intervention program group. The groups were formed respecting the criterion of homogeneity: results of the coping questionnaires in the ascertainment experiment. To verify the homogeneity, we compared the results obtained by the adults in the experimental group with those obtained by those in the control group in the coping and personality tests by means of the administration of the non-parametric Mann-Whitney U test. When comparing the results of all tests administered and for all their scales, no statistically significant differences were obtained at the significance threshold $p < 0.05$. The selection criteria for participating in the group were those of belonging to the adult age category (22-65 years); willingness to participate in the training program for 20 sessions; the motivation to change the way of thinking, behaving and feeling.

Data collection: participants had to fill in 2 coping questionnaires (SACS and CERQ), 1 personality questionnaires (ZKPQ) and 1 personality inventory (CPI).

Analysis: The physiological data was analyzed using SPSS to reveal and assess significant differences between the two groups regarding coping mechanisms and personality traits.

The experimental study is expected to reveal how coping mechanisms can impact psychological traits. The findings may shed light on the influence of an integrative approach of coping on changing personality traits.

Instruments

Cognitive-Emotional Coping Questionnaire (CERQ): The test measures the frequency with which the person applies strategies, in general, in negative life situations: self-blame, acceptance, rumination, positive refocus, planning refocus, positive reappraisal, putting into perspective, catastrophizing, blaming others.

Strategic Approach to Coping Scale (SACS): This questionnaire assesses how people react behaviorally when faced with a stressful problem/situation: assertive action, social relationship, seeking social support, cautious action, instinctive action, avoidance, indirect action, antisocial action, aggressive action.

CPI 434: the inventory includes 434 items that reveal information on the evaluated person's perspective in life, on the way in which he perceives himself and compares himself with others, regarding a series of characteristic features that are important in work and in everyday life.

ZKPQ questionnaire: The questionnaire evaluates through the 99 items a series of personality traits, focusing on temperamental characteristics: sociability, impulsive sensation seeking, activity, neuroticism - anxiety, aggression - hostility, social desirability.

4. RESULTS

The impact of the training program developed in order to improve/change some coping mechanisms and personality traits of the adult was verified in the training experiment. The samples were applied to 12 subjects from the experimental group and 12 from the control group.

The results obtained in the control experiment, after the implementation of the developed training program, were processed by means of the Mann-Whitney U test (comparison of the experimental group and the control group), the significant results are displayed below.

Table no 2 – U Mann Whitney significant comparison experimental group/ control

I.	Test	U value	Mean of ranks	Σ of ranks	P	Statistical differences
	CERQ					
1	Self - blame	U=28,5	m1 =8,88 m2=16,12	Σ 1=106,50 Σ 2=193,50	p=0,01	+
2	Rumination	U= 10	m1 = 7,33 m2=17,67	Σ 1=88,00 Σ 2=212,00	p=0,0001	+
3	Catastrophizing	U= 14	m1 = 7,67 m2=17,33	Σ 1=92,00 Σ 2=208,00	p= 0,0001	+
4	Blaming others	U= 32,5	m1 = 9,21 m2=15,79	Σ 1=110,50 Σ 2=189,50	p= 0,02	+
	SACS					
1	Looking for support	U = 27	m1 = 8,75 m2 = 16,25	Σ 1=105,00 Σ 2=195,00	p =0,008	+
	ZKPQ					
1	Activity	U= 31,5,5	m1 =15,88; m2= 9,12	Σ 1=190,5 Σ 2=109,5	p = 0,017	+
2	Social desirability	U= 19;	m1 = 16,92 m2= 8,08,	Σ 1=203 Σ 2=97	p= 0,001	+
	CPI					
1	Responsability	U= 31,5	m1 =15,88; m2= 9,12	Σ 1=190,5 Σ 2=109,5	p =0,017	+
2	Self control	U= 29,5	m1 =16,04; m2= 8,96	Σ 1=192,5 Σ 2=107,5	P=0,012	+
3	Well being	U= 37	m1 = 15,42; m2= 9,58	Σ 1=185 Σ 2=115	P = 0,045	+
4	Social presence	U= 34	m1 = 9,33; m2= 15,67	Σ 1=112 Σ 2=188	p =0,028	+
5	Empathy	U= 36,5	m1 = 9,54; m2= 15,46	Σ 1=114,50 Σ 2=185,50	p = 0,039	+

Summarizing the first step of the formative experiment, namely the comparison between GE and GC in the retest regarding cognitive emotional coping mechanisms (CERQ) and behavioral coping mechanisms (SACS), as well as personality traits, we note the positive, favorable impact of the integrative training

sessions considering the fact that we successfully changed 4 cognitive emotional coping mechanisms and 1 behavioral mechanism, as well as 7 personality traits.

5. CONCLUSIONS

We can conclude for the evaluation of the effectiveness of the training program that through integrative type interventions we were able to significantly decrease the intensity of certain emotional cognitive coping mechanisms such as the adult's tendency to blame himself, the preoccupation with the thoughts and feelings associated with a negative event, we were able to stop amplifying these thoughts to the level of catastrophizing, adults now show a lower level of blaming others and take more responsibility for what happens in their external environment. At the same time, as a behavioral coping mechanism, we managed to decrease the adult's need to request emotional support from others and therefore increase the level of confidence in one's own strength.

At the same time, through integrative interventions, by modifying the coping mechanisms, we also managed to modify certain features of the adult's personality profile. At the level of personality traits, with an emphasis on temperamental personality traits (ZKPQ), we increased the level of activity, reflected in the need to always be involved in physical, dynamic activities. It also increased the level of social desirability, in the sense that adults show the need to create a favorable image that they can present to others out of the need to be validated and accepted.

Regarding the self-management of the CPI adult, we were able to significantly increase the level of conscientiousness and responsibility in the commitment to current tasks. I have significantly improved my emotional self-control, caution and self-discipline, but also my level of satisfaction with life and my perceived level of psycho-emotional health. Also, in terms of relating to others, the level of caution and detachment has increased, as well as comfort and familiarity in familiar environments.

Received at: 07.03.2024, Accepted for publication on: 30.05.2024

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