Proactive Coping Inventory – Test-Retest Data on Macedonian Population

Psychology

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Abstract

The presented analysis concerning the Proactive Coping Inventory test-retest data on Macedonian population was conducted in two time frames, first in 2003/2004 and consequently in 2013 in order to determine whether there are differences in the use of proactive coping as a healthy way of coping with stressful experiences having on mind the constant changes in everyday life and environment. The analysis was done for the purpose of initiating further research in the field of coping styles and promoting proactive coping.

Introduction

In times when stress is inevitable part of humans' life, finding a way to prevent its negative effects on the physical and psychological health and well-being is from crucial meaning. In the literature there are a number of theories trying to explain how people can cope with stress and a number of questionnaires and inventories trying to reveal the most appropriate mechanism of coping that people use.

In the past years researchers viewed coping not as something people do to cope with stressors and preserve the health, but as an adaptive reaction to stressful experiences. This means that coping strategies were used once stress had been experienced (Greenglass, 2009). Folkman and Lazarus define coping as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984). They make a distinction between emotion-focused coping, used for regulating emotional responses to a stressor and problem-focused coping used for managing the cause for distress. Coping was evaluated according of its effectiveness in regulating distress and reducing its negative effects. Connected with the fact that coping was viewed from a perspective of a way of dealing with stress when one is experienced, we wanted to make an analysis of the use of another way of coping, proactive coping, as a healthy future-oriented way of coping with stress. We wanted to analyze the changes of using proactive coping in a period of 10 years, after a lot of environmental and social changes were done.

Proactive coping

Today, the accent is put on one new way of viewing coping, the proactive coping. Proactive coping is viewed as something that someone can do before stress occurs, this way putting accent on its multiple positive functions. Proactive coping it is not just a response to a stressful experience, but in the same time it is a way the person views the world. According to Schwarzer (Greenglass & Schwarzer, 1999) the proactive individual is resourceful, responsible and principled. Proactive coping means using and incorporating social and nonsocial resources, positive emotional strategies a compared with other forms of coping it employs visions of success (Greenglass, 1999). The proactive coping tries to explain how people are motivated for ambitious achievements and personal fulfillment. The proactive person is not focused on the past or the possible future, but it is focused on herself in this present time striving for personal realization and mastering.

Greenglass, Schwarzer and Taubert (1999) discuss that proactive coping is a multidimensional, forward-looking strategy, integrating processes of personal quality-of-life management with those of self-regulatory goal attainment (Greenglass & Fiksenbaum, 2009). The difference between proactive coping and traditional views of coping is that proactive coping is future oriented, risks, demands and opportunities are not seen as threats and the motivation is more positive.

The different major theories explaining the process of coping resulted with developing several measures of the construct of coping (Greenglass and Fiksenbaum, 2009). One of the widely used measures for proactive coping is the Proactive Coping Inventory discussed further in the text.

Methodology

For the purpose of this research we analyzed two consequent researches. One was done in the period of 2003/2004 on a population of 100 subjects (50 males and 50 females) with psychosomatic disease (having diabetes mellitus, asthma, hypertension etc) and again in 2013 on a population of 50 subjects (males) also with psychosomatic disease. All included subjects were Macedonians with finished high school in order to ensure understanding of all items. The instrument used was Proactive Coping Inventory (PCI). This is a multidimensional coping inventory developed by Greenglass. It allows assessment of different aspects of coping used by individuals when they experience stress, as well as in anticipation of stress. The PCI incorporates strategies for planning and prevention with proactive self-regulatory goal attainment (Greenglass, 2002). The Proactive Coping Inventory was first used in Macedonia in the period of 2003/2004 as part of a doctoral dissertation thesis (Stoimenova, 2005).

The PCI consists of 55 items, divided in 7 subscales measuring different aspects of proactive coping. The Proactive Coping Scale is 14 items scale which combines autonomous goal setting with self-regulatory fulfillment. The Reflective Coping Scale contains 11 items and it describes simulation for different possible behavioral alternatives. The Strategic Planning Scale is a 4 item scale. This scale focuses on the process of generating a goal-oriented schedule of action. The Preventive Coping Scale contains 10 items focused on anticipation of potential stressors and the initiation of preparation before these stressors develop fully. The Instrumental Support Seeking Scale is consisted of 8 items and it is focused on seeking information and feedback from others when dealing with stressors. The Emotional Support Seeking Scale is 5 items scale which measures the managing of the emotional distress through evoking empathy and disclosing feelings to others. The last scale is Avoidance Coping Scale consisted of 3 items which gives information for the inappropriate time of action in situation when it is needed. The psychometric characteristics were tested on Canadian and Polish-Canadian samples (Greenglass, Schwarzer, Eaton, 2006). Different studies have shown that each of these scales has good construct external validity, homogeneity and reliabilities (Greenglass, 2002).

After completing the inventory by every subject included in the study, we conducted statistical analysis using descriptive statistics. In order to compare the means of the two groups we conducted independent sample t-test. The obtained results are as followed.

Results

The results from the descriptive analysis of the measures obtained in the two consequent researches are presented below.

Table N.1 Mean and standard deviations on a sample of 100 subjects in 2003/2004

N=100	PC	RCS	SPCS	PCS	ISSS	ESSS	AS	PCS
M	41,94	33,14	12,28	29,34	24,88	14,16	8,10	163,84
SD	7,70	5,17	2,89	5,46	4,39	3,35	2,86	17,81

PC-proactive coping scale; RCS-reflective coping scale; SPCS-strategic planning scale; PCS-preventive coping scale; ISSS-instrumental support seeking scale; ESSS-emotional support seeking scale; AS-avoidance coping scale; PCS-proactive coping

From the table we can see that the average achievement on the Proactive Coping Inventory is M=163,84, while the standard deviation is SD=17,81. From the same table we can see the values of the mean and standard deviation on every subscale included in the PCI. For example, we can see that the mean for proactive coping is M=41,94, while the standard deviation is SD=7,70. The mean for reflective coping is M=33,14 and the standard deviation is SD=5,17. For strategic planning the mean is M=12,28 with standard deviation SD=2,89. The mean for preventive coping is M=29,34 and the standard deviation is SD=5,46. For instrumental support seeking the mean is M=24,88 and a standard deviation of SD=4,39, while for emotional support seeking the mean is M=14,16 and the standard deviation is SD=3,35. The mean for avoidance coping is M=8,10 and a standard deviation of SD=2,86.

Table N.2 Mean and standard deviations on a sample of 50 subjects in 2013

N=50	PC	RCS	SPCS	PCS	ISSS	ESSS	AS	PCS
M	46,28	35,49	14,22	33,08	25,16	14,00	8,22	169,10
SD	5,12	6,22	2,43	4,48	4,33	3,61	2,53	16,96

PC-proactive coping scale; RCS-reflective coping scale; SPCS-strategic planning scale; PCS-preventive coping scale; ISSS-instrumental support seeking scale; ESSS-emotional support seeking scale; AS-avoidance coping scale; PCS-proactive coping

In table N.2 are shown the results from the research conducted in 2013. We can see that for this sample the average achievement on the Proactive Coping Inventory is M=169,10, while the standard deviation is SD=16,96. The mean for proactive coping is M=46,28, while the standard deviation is SD=5,12. The mean for reflective coping is M=35,59 and the standard deviation is SD=6,22. For strategic planning the mean is M=14,22 with standard deviation SD=2,43. The mean for preventive coping is M=33,08 and the standard deviation is SD=4,48. For instrumental support seeking the mean is M=25,16 and a standard deviation of SD=4,33, while for emotional support seeking the mean is M=14,00 and the standard deviation is SD=3,61. The mean for avoidance coping is M=8,22 and a standard deviation of SD=2,53.

The means and SDs of the two samples were compared in order to check whether there are statistically significant differences. All scales yielded statistically significant differences at the 95% confidence level.

Discussion

The presenting results arouse a question regarding the differences in the two samples. What is the reason laying in the back? Looking from a point of healthy coping we can discuss the obtained results in terms of adequately finishing the experience cycle. Gestalt therapy implies that this is a self-regulating experiential cycle that maintaines the internal equilibrium of each individual. When we don't manage to complete the cycle, our organism has the necessity to return in a state of equilibrium and therefore will continue to recycle till the moment of satisfaction of this need. A big role in this has the capacity for self-regulation, which also is part of proactive coping. From this point of view, the differences in proactive coping can be explained as a result of the inability to maintain this healthy experiential cycle.

From another point, in the period of ten years a lot of things have changed. The support coming from the environment has decreased. The uncertainty of employment, changes in the legal and health system, the fear of "surviving the day and waking up tomorrow", the changes in family dynamics are all reasons for experiencing stress. The difference is in that in nowadays environmental and social support are lacking and people do not receive the same attention and support as they used to in 2003/2004. Support coming from friends and family in a form of advice, empathy is significantly reduced due to the "time rush" that every one of us is experiencing.

Conclusion

Proactive coping is one of the most recently used terms in stress coping theories as a way of healthy coping with stress even before we experience one. In order to promote this way of coping with stress it is necessary to do additional researches to determine the reason for this bias in the results in this period of 10 years. That will allow us to

find an adequate way of promoting strategies for proactive coping and enabling the healthy cycle of experience not only for the future but also for the present.

References

1. Buchwald, P (2006) *Stress and Anxiety. Application to Health, Work Place, Community, and Education.*Cambridge Scholars Press
2. Contrada, J.R. & Guyll, M. (2000).On who gets sick and why: the role od personality and stress. In Baum, A., Reverson, A.T. & Singer, E.J. (Eds.). *Handbook in health psychology*. (pp.59-84). New Jersey: Lawrence Erlbaum Associates, Inc.
3. Greenglass, E. (2002). Chapter 3. Proactive coping. In E. Frydenberg. *Beyond coping: Meeting goals, vision, and challenges*. London: Oxford University Press, pp. 37-62.
4. Greenglass, E., Fiksenbaum, L. & Eaton, J. (2006) The relationship between coping, social support, functional disability and depression in the elderly. In *Anxiety, Stress, and Coping*. York University, Toronto, Canada 19(1): 15-31
5. Greenglass, E. & Fiksenbaum, L. (2009). Proactive coping, positive affect, and well-being. *European Psychologist*,14,1, 29–39.
6. Greenglass, E., Schwarzer, R., et al. (1999). The Proactive Coping Inventory (PCI): A Multidimensional Research Instrument.http://www.psych.yorku.ca/greenglass/pci.php
7. Kapsou, M. Panayiotou, G., Kokkins, C. & Demetriou, A. (2010) Dimensionality of Coping: An Empirical Contribution to the Construct Validation of the Brief-COPE with a Greek-speaking Sample. *Journal of health psychology*, Vol 15(2) 215–229
8. Lazarus, S.R. & Folkman, S.(1984). *Stress, appraisal and coping*. New York: Springer Publishing Company, Inc
9. Стоименова-Цаневска, Е. (2005). *Поврзаноста на алекситимијата со базичните димензии на личноста и стиловите на надминување кај лица со различна здравствена состојба*. Јавно одбранета. Необјавена докторска дисертација. Универзитет „Св. Кирил и Методиј".