CHAPTER II

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REVIEW OF LITERATURE

2.1 INTRODUCTION

The first chapter explained the conceptual framework, theories related to variables included in the present study. This chapter provides a review of research carried out on the major concepts and their interrelationships.

2.2 PERSONALITY

There is today a “new look” to the field of personality, one that has attracted the attention of many researchers and writers as a conceptual scheme for uniting a field that at times has appeared to be chaotic (Cronbach, 1970). This is the five-factor model (FFM), or “Big Five,” which emerged from obscurity in the 1980’s.

In 1949 Donald Fiske first proposed the idea that the structure of personality is best conceptualized as consisting of five major types, rather than Eysenck’s three types. Since then, many theorists have favored the so-called “Big-5” solution (Digman 1990; Goldberg, 1981, 1993; John, 1990; Norman, 1963).

Considerable research evidence supports McCrae and Costa’s contention that rating people as high or low can adequately describe personality on each of five factors or domains. This theory is in constant flux. It has been worked upon and developed by over a dozen theorists, but most people agree that Costa and McCrae’s version is the most complete. Some theories have managed to shorten the list to the Big 3, but most contend that five is the minimum number needed to accurately describe a personality. Costa and McCrae produced studies that offered convincing evidence of the presence of some or all of the Big Five in many well-known inventories, such as the Personality Research Form (Jackson, 1984), the California Q-set (Block, 1961), and the Myers-Briggs Type Indicator (Myers & McCauley, 1985). Costa and McCrae’s theory consists of five personality factors that everyone possesses in some amount; different personalities emerge when one looks at the degree of
each that an individual possesses. The five factors are: extroversion, agreeableness, conscientiousness, neuroticism and openness.

With the Big Five we have a model which shows robustness across cultures (e.g., Church & Katibak, 1989), across media (e.g., Costa & McCrae, 1988b), across age groups (e.g., Digman & Takemoto-Chock, 1981), and which offers a model for unifying the field of personality attributes (Goldberg, 1993). This model has also suggested its use in fields as diverse as evolutionary psychology (Buss, 1991), clinical psychology (Costa & Widiger, 1994), and personnel selection (Barrick & Mount, 1991).

Research has shown that these domains show stability over very long time spans (McCrae & Costa 1990). Longitudinal research has shown that personality remains consistent across adulthood. Conley (1984) found evidence for the stability of both neuroticism and extroversion, when these traits were assessed on three occasions, when the subjects were about 24, 42 and 68 years old; a later study Conley (1985) found correlation coefficients of around 0.34 over a 45-year span. A 50 year longitudinal study by Haan et al. (1986) found correlations averaging approximately 0.25. A six-year longitudinal study by Costa and McCrae (1988) found correlations between personality traits of 0.88. The variability of people's behavior may still threaten the validity of personality measures. However, research has found that personality measures have predictive ability over spans as long as 25 years (Caspi et al., 1989; Dudek & Hall, 1991; Robert, 1994).

Two studies explored the possibility that the Big Five dimensions, which extensive research has shown underlie most human traits, also provide a structure for transitory states. A confirmatory factor analysis showed an acceptable fit between responses on measures of transitory states and the Big Five dimensions. Further, the state measures of the Big Five dimensions had good internal consistency. As one would expect, each Big Five state was more related to the corresponding Big Five trait than to other traits. As expected on the basis of previous research, higher levels of state surgency were associated with higher levels of state positive mood, and higher levels of state emotional stability were associated with lower levels of state negative mood. Unexpectedly, state conscientiousness was also highly associated with state positive mood. Because one would expect states to be changeable, the second study used an experimental manipulation to attempt to change levels of the Big Five
states. All states changed in the expected direction; however, only the changes in state surgency, agreeableness, and openness were statistically significant (Schutte et al., 2003).

2.3 SELF-ESTEEM

It is reasonable to assume that self-esteem does not exist in a vacuum, but is the product of evaluating oneself against one or more criteria and reaching expected standards on these criteria. Self-esteem is an extremely popular construct within psychology, and has been related to virtually every other psychological concept or domain, including personality (e.g., shyness), behavioral (e.g., task performance), cognitive (e.g., attributional bias), and clinical concepts (e.g., anxiety and depression).

It is likely that these criteria vary not only between cultures and subcultures, but also within them. The criteria may also vary along gender. Furthermore, the standards within a family, subculture, or culture that have to be met on these criteria may also vary by gender. For example, higher standards on a criterion of assertiveness may be required for self-esteem in males than in females. In addition, the criteria against which the worth and acceptability of an individual are estimated may carry different weights across cultures, subcultures, and families, and for the sexes.

Criteria for self-esteem frequently employed in American self-concept research includes physical appearance, physical ability, achievement, peer acceptance, and a variety of personal traits (Harter, 1983). Western and Eastern cultures vary in how the self is defined and the criteria against which the self is estimated. The matter of what constitute appropriate criteria of self-esteem cannot be settled empirically by research or even theory. These criteria are deeply imbedded within a culture, promoted and safeguarded by the culture's religious, moral, and philosophical institutions.

Although it is important to value an infant simply for the fact that he or she has been born, if criteria for self-esteem that are applied later in the child's life include characteristics that are present at birth—such as one's nationality, race, or gender—then the ability of all citizens to achieve self-esteem in a society of diverse groups, especially when one group is culturally or otherwise dominant, is problematic. Markus and Kitayama (1991) point out that the construal of the self varies among cultures. In Asian and other non-Western cultures, self-
esteem is related to self-restraint, modesty, and connectedness with others. Stevenson and his colleagues (Stevenson et al., 1990; Stevenson, Lee, Chen, Stigler, Hsu, & Kitamura, 1990) have noted that American children appear to have more positive conceptions of their mathematical abilities than Asian children do, even though the latter actually perform much better than the former. Such findings must be interpreted in the light of the cultural differences of the two groups. Along similar lines, Trafimow, Triandis, and Goto (1991) distinguish between private and collective aspects of the self, arguing that the private self is emphasized more in individualistic cultures such as in North America and parts of Europe and that the collective aspects of the self are emphasized more in collectivistic cultures such as those of East Asia. These contrasts suggest that, while self-esteem seems to be important in all cultures, it is achieved in diverse ways in different cultures.

The results from studies indicate that self-esteem is in accord with previous findings on the age and gender relationship (Allgood-Merten & Stockard, 1991; Pryor, 1994). Gender differences are found in self-esteem. Lower levels of self-esteem were found for females as compared with males (Bryan & Petrangelo, 1989; O'Malley & Bachman, 1979; Pryor, 1994). Four meta-analyses were conducted (Feingold 1994) to examine gender differences in personality in the literature (1958-1992) and in normative data for well-known personality inventories (1940-1992). Males were found to be more assertive and had slightly higher self-esteem than females. Females were higher than males in extroversion, anxiety, trust, and, especially, tender-mindedness (e.g., nurturance). There were no noteworthy sex differences in social anxiety, impulsiveness, activity, ideas (e.g., reflectiveness), locus of control, and orderliness. Gender differences in personality traits were generally constant across ages, years of data collection, educational levels, and nations.

In another study by Miyamoto et al. (2000) it was found that adolescent males reported significantly higher self-esteem than adolescent females. In this same study results also showed that higher the socioeconomic status, higher the self-esteem reported by the subjects.

2.4 COPING

Many researchers who have studied subjects at midterms or finals have found that coping is clearly a complex process, influenced by both personality characteristics (Bolger, 1990; Friedman et al., 1992), situational demands (Folkman & Lazarus, 1986; Heim et al.,
1993), and even the social and physical characteristics of the setting (Mechanic, 1978). Every factor from physiological, psychological, social, to cultural, both affect and are affected by the coping strategies. The effectiveness of any one coping strategy depends on (1) the type of stressful event (2) the personality of the person who is stressed, and (3) the dimensions of the outcome that are investigated (Lazarus, 1993). Gender differences in use of coping strategies have been reported in a number of studies. In general, findings suggest that females appear to favor social support, emotion-focused, and avoidant coping strategies relative to males (e.g., Billings & Moos, 1981; Pearlin & Schooler, 1978; Ptacek, Smith, & Zanas, 1992; Stein & Nyamathi, 1999; Stone & Neale, 1984), whereas, males appear to favor stress release through other activities and tend more often to turn to drugs or alcohol relative to females (e.g., Bird & Harris, 1990; Carver, Scheier, & Weintraub, 1989; Patterson & McCubbin, 1987; Stein & Nyamathi, 1999).

The profiles of coping styles adopted by professional women were drawn using the Projective Instrument for Coping Styles developed by Pareek (1983). It was found that all women most often adopted the defensive style (denial or rationalization of stress) to cope with stress. In another study by Gupta and Murthy, (1984) which studied role conflict and coping strategies among Indian women, showed that the most popular coping strategy was personal role re-definition. The qualitative results also indicated that ‘Adjustment’ and ‘Compromise’ were the most commonly used and successful methods of coping.

There are inconsistent findings regarding gender differences in the use of problem-focused or active-coping strategies. Some studies suggest that males use problem-focused strategies more often than women (e.g., Brems & Johnson, 1989; Stone & Neale, 1984); some indicate women use them more than men (e.g., Billings & Moos, 1981; Ptacek, Smith & Dodge, 1994); whereas others find no differences (e.g., Hamilton & Fagot, 1988).

Men and women show very similar coping patterns when researchers control the type of stressful encounter (Lazarus, 1993). Gender differences in coping can easily be confounded with gender differences in exposure to certain types of stressful encounters. For example, in a study of community residents aged 45 to 64 Folkman and Lazarus (1980) found that women reported more health encounters than did men, and men reported more work encounters than did women. People drew on emotion-focused coping more heavily in health encounters than they did in work encounters, and conversely they drew more heavily on problem-focused
coping in work encounters than they did in health encounters. Thus, if gender differences in sources of stress were disregarded, it would appear that there were gender differences in coping. However, gender differences in coping were minimal whenever type of encounter was controlled.

In a later study of married couples, no gender differences were found in eight kinds of coping (Folkman et al., 1986). Using the relative score technique, the authors found some evidence of gender differences in an analysis that combined two samples: community residing married couples and older persons (Folkman, Lazarus, Pimley, & Novacek, 1987). Within similar kinds of encounters, women tended to use relatively more positive reappraisal than did men and men tended to use relatively more self-control than women. Using the relative score technique, Vitaliano et al. (1985) reported that women used relatively more problem-focused coping, wishful thinking, social support, avoidance, and self-blame than did men. However, here gender differences in coping may have been confounded with gender differences in sources of stress.

McCrae (1982) used the Ways of Coping Checklist and an additional 50 items to examine the effect of age differences in the use of 28 coping mechanisms in the community sample of men and women described earlier. He found that, after controlling the type of stress (challenge, loss or threat), older and younger subjects generally coped in similar ways. Obtained differences appeared to be largely a function of the different types of stress faced by the two age groups. The exceptions were the mechanisms of hostile reaction and escapist fantasy, which were used less by the older subjects.

Recently, Folkman et al. (1987) evaluated age differences in coping by comparing the community sample of married couples (wives aged 35 to 44) with a sample of community residing men and women between ages of 65 and 74. The younger group used proportionately more active, interpersonal problem-focused forms of coping (confrontive coping, seeking social support, and planful problem solving) than did the older group, while the other group (older group) used proportionately more passive, intrapersonal emotion-focused forms of coping (distancing, acceptance of responsibility, and positive reappraisal) than did the younger group.

Cultures and societies have their own set of rules of what they perceive to be stressful or not (Colby, 1987). For example, educational systems differ greatly from culture to culture. In
Asian cultures such as Japan and Korea, there is a great deal of importance attributed to how children do in schools; access to higher education, leading to better jobs is determined solely through academic performance. The amount of stress that the students experience due to this is very high - high enough to report a number of suicides each year for not passing an important examination.

People give different responses in a monogamous culture from that in a polygamous culture. In Africa, where polygamy is the norm, when they find out that the significant other has another partner, it means more workforces to take care of the children and the household chores. If the husband does not take on many wives, it can become a strain on the rest of the wives. In an interesting study using Holmes and Rahe's (1967) Stressful Life Event measure in South Africa, it was found that polygamy correlated very little with standard distress measures (Swartz, Elk, & Teggin, 1983). This suggests the existence of such cultural/societal differences.

In another cross-cultural study of stress and coping, 198 students in India and 344 in Canada (all Ss aged 16-25 yrs) were compared with respect to stress, coping, and selected psychosocial variables namely, locus of control, self-esteem, life orientation (optimism-pessimism), and social support. The two main hypotheses postulated that compared to the Canadian students, Indian students would experience more stress and would prefer emotion-focused coping strategies for dealing with stress. It was also predicted that the Indian students would have an external locus of control, low self-esteem, pessimistic life orientation, and greater social support satisfaction. The results reveal instead that the Indian students report less stress than the Canadian students and prefer emotion-focused coping strategies. The Indian students score higher on chance control, but are similar to the Canadian students on powerful others and internal control. The Indian students were less satisfied with social support than their Canadian counterparts (Sinha et. al., 1990).

Now that the various researches done have been covered on each concept, following is the review of literature on the interrelationship between the factors studied.
2.5 PERSONALITY AND SELF-ESTEEM

Several studies have shown significant relationships between personality and self-esteem. One study examined the relation between self-esteem and the Big Five personality dimensions. Data were collected over the Internet from a large heterogeneous sample of individuals who ranged in age from 9 to 90 years (N = 326,641). Collectively, the Big Five accounted for 34% of the variance in self-esteem. High self-esteem individuals were emotionally stable, extravert, and conscientious and were somewhat agreeable, and open to experience. Despite an extensive search for potential mediators and moderators of this general pattern, the relations between self-esteem and the Big Five largely cut across age, sex, social class, ethnicity, and nationality (United States vs. non-United States). High self-esteem individuals tended to ascribe socially desirable traits to themselves, and this tendency partially mediated relations between the Big Five and self-esteem (Robins, Tracy, Trzesniewski, Potter, & Gosling, 2001).

In another study with children carried out by Francis (1996), the Rosenberg Self-Esteem Scale was completed by 802, 11-year old secondary school pupils, together with the neuroticism, extroversion and lie scales of the Junior Eysenck Personality Inventory. The data demonstrate that good self-esteem was associated with extroversion and emotional stability. In another study carried out by the same author Francis (1996), the short-form Coopersmith Self-Esteem Inventory was completed by 166 year four, year five and year six pupils, together with the short-form Revised Junior Eysenck Personality Questionnaire. The data demonstrated that high self-esteem was associated with social conforming, tender mindedness, extroversion, emotional stability and with being male.

In three studies, Watson, Suls, and Haig (2002) examined global self-esteem in relation to structural models of personality and affectivity. In every study, self-esteem was strongly negatively correlated with Neuroticism/ Negative Affectivity and from moderately to strongly related to Extroversion/ Positive Affectivity. Additional findings, however, revealed that self-esteem is better viewed at the lower order level. For instance, global self-esteem correlated .79 with the Depression facet of the Revised NEO Personality Inventory (Costa & McCrae, 1992) in Study 3. Moreover, confirmatory factor analyses produced very strong correlations between self-esteem and depression in both Study 2 (r = -.82) and Study 3 (r = -.
.86). Taken together, the data suggest that global self-esteem measures define one end of a bipolar continuum, with trait indicators of depression defining the other.

2.6 PERSONALITY AND COPING

Parkes (1984) evaluated the relationship between locus of control and three kinds of coping – general coping, direct coping, and suppression – identified through a factor analysis of data collected from English female nursing students. She found that the coping of subjects classified as having an internal locus of control was sensitive to appraisals of coping options. They used less coping resources overall in situations that were clearly changeable or clearly not changeable than did those with an external locus of control. However, in situations where coping options were ambiguous there was no difference in the use of general coping between the two groups. The use of direct coping and of suppression by subjects with an internal locus of control was also related to appraisal: they used high levels of direct coping and low levels of suppression in situations perceived as changeable, whereas those with an external locus of control reported the opposite pattern.

The Type A behavior pattern is another personality variable that has been related to coping. Vingerhoets and Flohr (1984) asked 300 male subjects to complete the Dutch version of the Jenkins Activity Survey and the original Ways of Coping Checklist. A factor analysis was performed on responses to a trait wording of the coping items, that is, subjects were asked, how they generally behaved during a stressful period. Those classified, as Type A were significantly lower on acceptance and significantly higher on problem-focused coping and self-blame. Kirmeyer and Diamond (1985) examined the relationship between coping and Type A and Type B behavior patterns in a study of police officers. The authors used a problem-focused scale and selected additional items on a rational basis to evaluate activity level, aggressiveness, and suppression. The results showed that Type B individuals varied their use of problem-focused coping according to whether the episode was appraised as changeable or unchangeable, whereas Type A individuals used more problem-focused coping than did Type B individuals.

Certain people are predisposed by their personalities to experience stressful events. This line of research has focused on a psychological state called ‘negative affectivity’ (Watson & Clark, 1984), ‘a pervasive negative mood marked by anxiety, depression and hostility’.
Individuals high in negative affectivity express distress, discomfort, and dissatisfaction across a wide range of situations.

An optimistic nature can also lead people to cope more effectively with stress and thereby reduce their risk for illness (Scheier & Carver, 1985). Scheier, Weintraub, and Carver (1986) evaluated the relationship between dispositional optimism and coping in two studies of undergraduate students. They found that optimism was positively associated with problem-focused coping, elaboration of coping, and seeking social support, and was inversely associated with denial, disengagement, and focusing on and expressing feelings.

Three of the "Big 5" traits have been shown to be related to stress and coping. The first trait is extroversion-introversion. Extraverts typically report they feel good about themselves and life in general to a greater extent than introverts. The positive affect characteristically reported by extraverts may act as a "buffer trait" against the stresses and strains of everyday living. This is shown by responses from a large sample of adults who reported a recent stressful event in their lives (such as the loss of a loved one, illness in the family, or the challenge of marriage). Extraverts were more likely to deal with the stress by engaging in positive thinking, taking rational actions, and finding satisfaction in other areas of their lives (McCrae & Costa, 1986). Introverts, social isolates and people lacking in social skills do appear to be at increased risk for illness behavior and psychological distress (Cohen & Williamson, 1991). The second trait of the "Big 5" shown to be related to stress and coping is neuroticism or emotional stability. People who report they frequently feel fearful, sad, angry, or guilty are those who score high on negative affect measures. Such individuals tend to exhibit the low emotional stability associated with the trait of neuroticism (Larsen & Ketelar, 1991; Watson & Clark, 1992). Neuroticism seems to accentuate stress or inhibit coping with it effectively. This is seen in the typical responses to stress by people who score high on neuroticism scale. Rather than make active coping efforts, they are likely to use emotion-focused solutions. McCrae and Costa (1986) found that adults who scored high on the trait of neuroticism have been found to handle stress by withdrawing into escapist fantasies, procrastinating in making decisions, and using alcohol or drugs to sedate themselves. McCrae and Costa propose that neuroticism is a general trait that is composed of six facets, or subtraits. These facets are anxiety, hostility, depression, self-consciousness,
impulsiveness, and vulnerability. This last facet is especially relevant to stress and coping because vulnerability "designates an inability to deal adequately with stress" (1990, p. 43).

McCrae and Costa (1986) evaluated the relationship between neuroticism, extroversion, and openness to experience and 27 coping mechanisms (assessed with the Ways of Coping Checklist and 50 additional items in a sample of community residents). They found that neuroticism was associated with hostile reaction, escapist fantasy, self-blame, sedation, withdrawal, wishful thinking, passivity, and indecisiveness. Extroversion was associated with rational action, positive thinking, substitution, and restraint. Openness was associated with humor in dealing with stress; those scoring low on openness were more likely to use faith. Naturalistic observations of people in their everyday lives support the idea that emotionally unstable people are more vulnerable to stress (Bolger & Schilling, 1991).

Over a 6-week time frame, 339 married people provided daily reports about the occurrence of, and their reactions to, various stressful events. It was found that those who were above average in neuroticism (more unstable) experienced greater distress in response to the hassles of everyday life than those below the group average in this trait. Moreover, the most important types of daily stressors for emotionally unstable people were interpersonal conflicts with other adults. This result replicates the earlier finding that in terms of its effect on day-to-day stress; interpersonal conflict is clearly the most significant source of stressful experience (Bolger et al., 1989). The two general dimension temperament – Neuroticism (or Negative Emotionality) and Extroversion (or Positive Emotionality) – are crucially important in influencing both (a) the coping strategy that an individual chooses and (b) the level of distress that he or she experiences.

The third trait of the "Big 5" related to stress and coping is openness to experience. People scoring high on this trait are described as creative, imaginative, curious, and having broad interests. Low scorers are described as down to earth, conforming, traditional, and having few interests. McCrae and Costa (1986) found that although adults who scored high on this trait handled stress in their lives by trying to find humor in the situation, low scorers coped by simply putting their faith in God or other people.

McCrae and Costa maintain that our fundamental personality traits reveal themselves in times of stress by predisposing us to employ particular corresponding strategies for coping. It
is reasonable to expect that future research will examine roles of the traits of agreeableness and conscientiousness as potentially predisposing factors in coping with stress.

In a study it was found that the personality factor of conscientiousness moderates the stress–illness relationship. One study (Friedman et al., 1993) looked at ratings of personality; that had been made about youngsters in 1921 and 1922 to see if these ratings would predict who lived longer. The researchers found that those children who scored high on conscientiousness were more likely to live to an old age (Friedman et al., 1995). It may be that conscientious people are more successful in avoiding situations that could harm them or that they may be more reliable in their practice of good health habits.

The relationship between coping styles and personality was investigated with 243 male police officers from the Singapore Police Force. Coping style was measured using the dispositional version of the COPE, whereas the NEO PI-R measured personality. Canonical correlation analysis revealed three significant canonical correlations. Examination of the rotated canonical variables indicated that problem solving was positively associated with conscientiousness. Avoidance coping was positively related to neuroticism but negatively related to conscientiousness. Finally, positive reappraisal was positively associated with extroversion, agreeableness, and openness (Bishop et al., 2001).

Bolger (1990) tested the proposition that coping is personality in action under stress. Using a stressful medical school entrance examination, the study examined (a) whether neuroticism emerged in coping patterns over time. Neuroticism influenced coping efforts and the increases in daily anxiety under stress. Two types of coping; wishful thinking and self-blame, explained over half the relationship between neuroticism and increases in preexamination anxiety.

2.7 SELF-ESTEEM AND COPING

In reviewing the literature it was found that several studies have reported links between self-esteem and stress. Studies have suggested that there is a negative relationship between self-esteem and stress. It was also found that self-esteem appears to moderate the effects of stress on psychological functioning. Individuals with low self-esteem exhibit more distress from negative events than those with high self-esteem. High self-esteem may protect the
individual from distress by allowing the individual to feel less vulnerable and be more able to bounce back from stressful situations. High self-esteem may also result in more active and effective coping and in enhanced motivation in response to stress (Abel, 1996). Kreger (1995) hypothesized, after reviewing some studies, that scores on self-esteem may act like attributional style in predicting the effects of stress and that perceived stress may be more related to self-esteem than to actual stressfulness of a situation. After conducting a study on this hypothesis, it was found to be supported by the data, that stress inversely correlated with self-esteem.

Another study (Smith et al., 1992) found that there is a strong relationship between how someone copes with stress and self-esteem. It was also found that people with low self-esteem are more likely to view their behavior as being dependent on the situation while people with high self-esteem have a greater capacity to engage in a wide range of coping behaviors. This article also asked the question, why do people with low self-esteem tend to make their coping responses so situation-dependent. It has been suggested that self-esteem influences coping because it is so strongly related to personal attributions for different events and outcomes. This study also attempted to research the relationship between self-esteem, self-concept clarity, and the subjects’ preferred coping styles when faced with stressful events and situations. They chose a group of college undergraduates as their participants for the study. Researchers hypothesized that (1) higher self-esteem would be related to clearer self-concept, (2) a clearer self-concept would be related to more positive coping styles while an unclear self-concept would be related to more negative coping styles. They found that self-concept clarity exerts a stronger influence on a person’s ability to cope with stress than the influence exerted by self-esteem (Smith et al., 1992).

Another study compared the relationship between coping styles, self-concept, and stress. The coping styles in this study were optimism versus defensive-pessimism. These coping strategies have been thought to protect self-esteem from threatening situations. The purpose of the study (1) was to see if using different cognitive coping strategies were associated with different levels of perceived stress, (2) and also to see what components of the self might these coping strategies be striving to defend or maintain (Morrison, 1991). The study suggests, instead of assuming that coping styles are protection for self-esteem; they are just as likely to protect weak facets of the self. It was also found that defensive-pessimists and
those without consistent coping strategies show themselves to be more stressed than optimists. Female optimists are more satisfied with their skills for handling stress than are defensive-pessimists and those without consistent coping strategies. Optimists' coping strategies coincide with less stress. Males, with the exception of the optimists feel less stressed than those without consistent coping strategies and coping style differences do not reflect differences in satisfaction (Morrison, 1991).

Investigating the relationships between self-esteem enhancing and self-esteem threatening relationships, life stress, perceived social support, and psychological symptoms through the use of new measures of esteem-enhancing and esteem-threatening relationships. Short, Sandler and Roosa (1996) hypothesized that esteem-enhancement would relate positively to global self-esteem and negatively to psychological symptoms, and esteem-threat would have the opposite relations. It was also hypothesized that the esteem-enhancement and threat measures would account for significant variance in self-esteem and psychological symptoms beyond demographic, life stress, and social support measures. Researchers hypothesized that these measures would be uncorrelated with each other because other measures of positive and negative social ties are largely uncorrelated. They found that esteem threat was associated with psychological symptoms independent of stress, social support, and demographic variables. Both esteem-enhancement and esteem-threat made independent contributions to predicting global self-esteem after controlling for initial levels of global self-esteem (Short, Sandler & Roosa, 1996).

High self-esteem may moderate the stress – illness relationship. In one study of students facing exams, those with high self-esteem were less likely to become upset in response to stress. However, this finding was more evident at low levels of stress than at higher levels at which the stressful events themselves overwhelmed differences in self-esteem (Whisman & Kwon, 1993). Overall, according to most of the literature viewed, self-esteem has little to do with how people deal with or perceive the levels of stress in their lives. It has more to do with other factors such as coping styles and self-concept.

Just as some people appear to have an illness-prone personality, others possess a health prone personality, characterized by a sense of control, self-esteem, optimism and resilience (Shelley, 1999).
Another study (Fickova, 2000), analyzed the mutual interaction between various levels of self-esteem (self-concept clarity, state self-esteem, global self-esteem) and preference of coping strategies in adolescents. Low self-esteem usually correlates with the preference of less adaptive, avoidance strategies; in higher self-esteem the tendency is to use more effective, problem focused coping strategies. This assumption is verified with respect to sex and with respect to high/low levels of self-esteem indicators under study.

In a study, it was found that students with lower scores on negative self-esteem prefer human, positive reinterpretation and growth. The author (Gurnakova, 2000) determined using the Negative Self-Esteem (NSE) scale, the level of negative self-esteem based on which they created extreme groups for the entire sample and for men and women separately. The Multidimensional Coping Questionnaire (COPE) was used to determine the preference of specific coping strategies. Ss were 166 students (20-23-yr olds) in their 3rd year at the university. Ss scoring higher in negative self-esteem claimed to use maladaptive coping strategies more frequently (behavioral and mental disengagement, focusing on emotions and their expressions, denial). Females score higher in seeking social support than males, and males score higher in using problem-focused coping when faced with stress. Similar results were found in another study, where females were higher in using more adaptive coping strategies than males (De Anda et al., 2000). Do “stressed” students possess lower levels of self-esteem or perceive themselves as less healthy? Results indicated that students under greater stress also exhibit lower levels of self-esteem and reduced perceptions of their status (Hudd et al., 2000).

The choice of a specific coping strategy in situations of psychological stress is associated with the type of situation and with available personality and social coping resources.

The coping model of C. J. Holahan and R. H. Moos (1987) served as a framework for examining associations among resource appraisals, gender-role coping strategy choices, and adjustment in situations having social expectations for expressiveness and instrumentality (i.e., dual-expectation situations). Participants were 70 male and 124 female undergraduates. Appraisals of social support availability and self-esteem were related to coping strategy choices. Androgynous copers had higher social support appraisals than instrumental or indeterminate copers and higher self-appraisals than indeterminate copers. Androgynous coping was (a) positively related to well-being at all levels of resource appraisals and (b)
negatively related to stress at moderate and low levels of social support and all levels of self-esteem (Stake & Jane, 2000).

2.8 SUMMARY

This chapter was a brief review of literature related to the variables used in the present study. It also reflected the scarcity of research in the Indian context. It is apparent that in the recent years there has been a rise of interest in the areas of personality, self-esteem and coping.

The research showed that there are strong links in personality and ways of coping with stress. Many personality variables including self-esteem are shown to be related to the way one copes with stress.