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Dimensions of personality and preferred ways of coping: An empirical enquiry
among rural Anglican clergy

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Abstract

The present study was designed to test the thesis that preferred ways of coping assessed by the Ways of Coping (Revised) Checklist are related to two major dimensions of personality proposed by Eysenck, extraversion and neuroticism. Data provided by 613 Anglican clergy serving in rural ministry in England demonstrated that: two ways of coping were significantly correlated with both extraversion and neuroticism (escape-avoidance, and self-controlling); two ways of coping were significantly correlated with neuroticism (accepting responsibility, and confronting); three ways of coping were significantly correlated with extraversion (planful problem solving, seeking social support, and positive reappraisal); and one way of coping was independent of both neuroticism and extraversion (distancing). The implications of these findings are discussed for three fields: the connection between personality and ways of coping; the construct validity of the measures proposed by the Ways of Coping (Revised) Checklist; and the role of personality in predicting and interpreting individual differences in clergy behaviours and work-related psychological health.

Key words: clergy, personality, coping, rural, psychology

Introduction

A series of recent studies has drawn attention to the strains and stresses of clergy serving in rural ministry and managing multiple churches in areas of low population density (see Brewster, 2007), leading to poor work-related psychological health (see Francis & Rutledge, 2000). In particular two strands of research have begun to document the connections between poor work-related psychological health and individual differences in personality (see Francis, Gubb, & Robbins, 2012) and the range of coping strategies employed by clergy in this context (Brewster, 2012). As yet attention has not been given to the equally interesting and important question concerning the potential link between individual differences in personality and preferred coping strategies. The present paper sets out to explore this research question drawing specifically on the eight coping strategies proposed by the Ways of Coping (Revised) Checklist (Folkman & Lazarus, 1985), the three dimensions of personality proposed by the short-form of the Eysenck Personality Questionnaire Revised (Eysenck, Eysenck, & Barrett, 1985), and the hypotheses advanced by Rim (1986) specifically connecting the eight ways of coping with two of the Eysenckian dimensions of personality, neuroticism and extraversion.

Ways of Coping (Revised) Checklist

The Ways of Coping Checklist (WOC), a theoretically-derived instrument published by Folkman and Lazarus (1980), was developed by members of the Berkeley Stress and Coping Project during 1976 and 1977, to provide researchers with a tool whereby the role of coping in the relationship between stress and adaptational outcomes could be examined. It is an instrument which measures the coping processes which influence people's psychological wellbeing, social functioning and somatic health. The Ways of Coping (Revised) Checklist (WOC, Revised), published by Folkman and Lazarus (1985), built on this earlier instrument to measure the thoughts and actions that people use to cope with stressful encounters in their

day-to-day lives, and it was designed to measure coping processes, rather than coping dispositions or styles.

Coping has traditionally been defined as relatively stable traits, or as some form of enduring behaviour style or characteristic shown by an individual, which disposes him or her to react to stress in certain ways (Stone, Greenberg, Kennedy-Moore, & Newman, 1991). Lazarus (1991), however, suggests that this dispositional approach to coping is inadequate because it is static, and it underestimates both the complexity and the variability of the ways in which people actually cope. It also tends to ignore the environmental context in which coping behaviour takes place, and it does not take into account the dynamic, process-orientated nature which Lazarus (1991) believes is central to the concept of coping.

The concept of 'management' is of importance in the coping process because it indicates that coping efforts can be very varied and that they do not necessarily lead to a solution of the problem. Coping efforts are indeed often aimed at 'mastering' or 'correcting' a problem, but in practice they frequently cause an individual to alter his or her perception of a discrepancy, to tolerate or accept the harm or threat, or to avoid the situation (Lazarus & Folkman, 1984; Moos & Schaefer, 1986).

Lazarus and Folkman (1984) distinguished between two kinds of coping: emotion-focused coping and problem-focused coping. Emotion-focused coping is aimed at controlling and regulating a person's emotional response to a stressful situation by means of behavioural and cognitive approaches. Examples of behavioural approaches are the use of alcohol or drugs, the seeking of emotional support from family or friends, and the distraction of one's attention away from a problem by engaging in activities such as music, sport or watching films. Cognitive approaches to the regulation of emotional responses involve people's thoughts concerning stressful situations. People tend to use emotion-focused approaches to

coping when they realise that there is nothing they can do to change the stressful conditions (Lazarus & Folkman, 1984).

Examples of problem-focused coping, which is aimed at reducing the demands of a stressful situation, include resigning from a stressful job, arranging a new dead-line for the payment of a bill, seeking medical advice, and acquiring new skills in order to deal with taxing situations. Lazarus and Folkman (1984) maintain that people tend to use problem-focused approaches to coping whenever they perceive that their resources or the demands of a situation are changeable. Moskowitz, Folkman, Collette, & Vittinghoff (1996) point out that carers of terminally ill patients are likely to use more problem-focused coping in the months before death than during the bereavement period, and Billings and Moos (1981) found that people with higher incomes and educational levels reported a greater use of problem-focused coping than did those whose income and education levels were lower.

The eight empirically-designed scales presented in the WOC (Revised) are described by Folkman and Lazarus (1988b, p.11) as:

- ‘confronting coping’ (problem-focused), which describes ‘aggressive efforts to alter the situation and suggests some degree of hostility and risk-taking’;
- ‘planful problem solving’ (problem-focused), which describes ‘deliberate problem-focused efforts to alter the situation, coupled with an analytic approach to solving the problem’;
- ‘distancing’ (emotion-focused), which describes ‘cognitive efforts to detach oneself and to minimize the significance of the situation’;
- ‘self-controlling’ (emotion-focused), which describes ‘efforts to regulate one’s feelings and actions’;
- ‘accepting responsibility’ (emotion-focused), which ‘acknowledges one’s own role in the problem with a concomitant theme of trying to put things right’;

- ‘escape-avoidance’ (emotion-focused), which ‘describes wishful thinking and behavioural efforts to escape or avoid the problem. Items on this scale contrast with those on the Distancing scale, which suggest detachment’;
- ‘positive reappraisal’ (emotion-focused), which ‘describes efforts to create positive meaning by focusing on personal growth. It also has a religious dimension’;
- ‘seeking social support’ (either problem-focused or emotion-focused), which ‘describes efforts to seek informational support, tangible support, and emotional support’.

The Ways of Coping (Revised) Checklist has been employed by a number of clinical studies conducted among adults in a variety of cultural contexts, including: *Australia* among 232 females with gambling addictions (Scannell, Quirk, Smith, Maddern, & Dickerson, 2000); *Canada* among 95 self-defined trauma survivors (Goldenberg & Matheson, 2005); *China* among 388 adults experiencing stress following the SARS crisis (Jian-Ping, Wei, & Hong-Wei, 2004); *England* among 66 women with a diagnosed eating disorder (Troop, Holbrey, Trowler, & Treasure, 1994) and among 74 brain-injured patients (Malia, Powell, & Torode, 1995); *France* among 642 cancer patients (Cousson-Gélie et al., 2010); *Korea* among 30 adults with diagnosed gastrointestinal illnesses (Lee, Park, Choi, Nah, & Abbey, 2000); *New Zealand* among 158 care-givers of dementia patients (Dulin & Dominy, 2008); *Taiwan* among patients recovering from major heart surgery (Tung, Hunter, & Wei, 2008); and *the USA* among 119 twins with chronic fatigue disorder (Afari, Schmaling, Herrell, Hartman, & Goldberg, 2000), 41 wife and daughter care-givers (Wilcox, O’Sullivan, & King, 2001), 44 adults with Parkinson’s disease (Sanders-Dewey, Mullins, & Chaney, 2001), 63 young adults with acute stress exposure condition (Germain, Buysse, Ombao, Kupfer, & Hall, 2003), 24 adults with diagnosed panic disorders (Nazemi & Dager, 2003), 92 patients with confirmed diagnosis of systematic sclerosis (Hansdottir, Malcarne, Furst, Weisman, &

Clements, 2004), 82 pregnant women following perinatal loss (Cote-Arsenault, 2007), and 100 female victims of domestic violence (Lee, Pomeroy, & Bohman, 2007).

A number of studies have also employed the Ways of Coping (Revised) Checklist in non-clinical contexts conducted among: *school children* in Israel (Hallis & Slone, 1999), and in the US (Kelly & Myers, 1996; Duongtran, 2011; Cumming, Smith, Grossbard, Smoll, & Malina, 2012); *undergraduate students* in China (Fang, Fang, Li, & Lin, 2009) and the USA (Stevens, Pfof, & Wessels, 1987; Mitchell & Kampfe, 1993; Kampfe, Mitchell, Boyless, & Sauers, 1995; Whatley, Foreman, & Richards, 1998; Shorey, Febres, Brasfield, & Stuart, 2012); and *adults* in Australia (Evans, Coman, Stanley, & Burrows, 1993), Canada (McDonald & Korabik, 1991), Japan (Nakano, 1991), and the USA (Barreto & Frazier, 2012).

The WOC (Revised) has been selected for use in the present study because it has been widely used in the work-situation, and it serves the important purpose of distinguishing between those rural clergy whose coping is action-centred in the sense that attempts are made to change a troubled person-environment relationship (problem-solving) and those whose coping includes mainly cognitive strategies which ‘do not directly change the actual situation, but rather help to assign a new meaning to it’ (Schwarzer & Schwarzer, 1996).

Ways of coping among clergy

As far as we are aware, only two published studies have reported on the Ways of Coping instrument employed among clergy. In the first of these two studies, Dudley and Dudley (1994) explored the relationships between sources of stress, methods of coping with stress, spiritual wellbeing and commitment to the ministry and the mission of the church among seminary students and their spouses. They found that the coping methods of positive reappraisal, problem-solving and seeking social support are significantly related (for either students or spouses, or for both) to all five of the measures of wellbeing and commitment

which were used in the survey (religious wellbeing, existential wellbeing, commitment to ministry, stronger commitment to ministry than before entering seminary and stronger commitment to mission of the church today than before entering seminary), except for problem-solving with stronger commitment to mission of church today than before entering seminary. Dudley and Dudley note that the 'evidence for positive reappraisal is especially strong with significant relationships with each of the five variables for both students and spouses' (p.51).

In addition, they found that the escape-avoidance coping strategy was negatively associated with all five measures of wellbeing and commitment. Distancing was also found to be negatively related to ministry for the students, and confronting coping was shown to be positively correlated with religious wellbeing and students' commitment to ministry. Positive reappraisal was found to be the best predictor of religious wellbeing, and the second most powerful strategy for the existential wellbeing of the students. Escape-avoidance was found to be a negative factor for the existential wellbeing of the students, and problem-solving and the seeking of social support were shown to be predictors of neither religious nor existential wellbeing. The most powerful predictor for all three commitment variables was found to be positive reappraisal for the students.

Dudley and Dudley (1994) conclude that effective methods of coping with stressful situations 'make the difference between those who are spiritually strong and committed and those who are less so' (p.54), and they suggest that an important key to the survival of the stresses of seminary life might well be learning how to carry out effective coping strategies, especially those of positive reappraisal and problem-solving.

In the second of these two studies, Brewster (2012) used the Ways of Coping (Revised) Checklist (Folkman & Lazarus, 1985) in a study among rural Anglican clergy serving at least three churches in England. The purpose of the Brewster (2012) study was to

report how frequently each of the coping strategies in the checklist was used by rural clergy. The most frequently used coping strategies were found to be 'self-controlling', 'seeking social support', 'planful problem solving', and 'positive reappraisal', and the strategies of 'confronting coping', 'accepting responsibility' and 'escape-avoidance' were found to be used less frequently, an outcome which supports the findings of Dudley and Dudley (1994).

The data provided by Dudley and Dudley (1994) and by Brewster (2012) clearly demonstrate that there are considerable variations among the preferred ways of coping implemented by clergy. The question thus arises regarding the extent to which these variations may be attributed to internal factors related to personality differences, and Eysenck's dimensional model of personality (Eysenck & Eysenck, 1991) provides a suitable conceptual framework within which this question can be refined and explored.

Dimensions of personality

Eysenck's classic dimensional model of personality has its roots in two main principles, one theoretical and one empirical. The theoretical principle is committed to the view that psychological disorders are continuous with normal personality rather than categorically distinct from normal personality. For this reason it makes sense to employ language borrowed from abnormal psychology to define aspects of normal psychology. This view argues that individual differences in personality can be located on defined continua. One individual differs from another in respect of their locations on these defined continua. The empirical principle is committed to the view that the structure of human personality (in terms of the number and definition of the major personality constructs) can be determined by mathematical modelling of the wide range of individual differences in human behaviour. Higher order factor analysis is employed to identify a small number of orthogonal personality dimensions, in which each dimension may embrace a number of lower order personality traits (see Eysenck & Eysenck, 1985).

Following the early developments of the Maudsley Medical Questionnaire (Eysenck, 1952) and the Maudsley Personality Inventory (Eysenck, 1959), Eysenck's theory became consolidated in the Eysenck Personality Inventory (Eysenck & Eysenck, 1964), settling on the two major dimensions of extraversion and neuroticism. Subsequent detailed exploration, as documented by Eysenck and Eysenck (1976), resulted in the introduction of another dimension of personality in the Eysenck Personality Questionnaire (Eysenck & Eysenck, 1975), settling on the three major dimensions of extraversion, neuroticism and psychoticism. The psychoticism scale was developed further in the Eysenck Personality Questionnaire Revised (Eysenck, Eysenck, & Barrett, 1985) and in the Eysenck Personality Scales (Eysenck & Eysenck, 1991). From the time of the Eysenck Personality Inventory onwards, the Eysenckian family of instruments has also included a lie scale. The definitions of these four scales (extraversion, neuroticism, psychoticism, and the lie scale) will be drawn from the *Manual of Eysenck Personality Scales* (Eysenck & Eysenck, 1991).

The extraversion scale assesses the continuum from introversion (low scores), through ambiversion, to extraversion (high scores). Eysenck and Eysenck (1991, p. 4) describe typical *introverts* as quiet, retiring, introspective, reserved and distant except to close friends. Introverts prefer books rather than people. They tend to plan ahead, to distrust impulse, and to be cautious. Introverts do not like excitement, prefer a well-ordered way of life, and approach matters of everyday life with proper seriousness. They tend to keep their feelings under control, avoid aggressive behaviour, and do not lose their temper easily. Introverts are reliable, somewhat pessimistic, and place great value on ethical standards. By way of contrast, typical *extraverts* are described as sociable and talkative, people who like parties, have many friends, and dislike reading or studying by themselves. Extraverts crave excitement, take chances, and are generally impulsive. They are fond of practical jokes, welcome change, and tend to be carefree and easy-going. Extraverts prefer to keep active, on

the move and doing things. They tend not to keep their feelings under control, to be aggressive and to lose their temper easily. Extraverts tend to be optimistic, but may not always prove to be reliable.

The neuroticism scale assesses the continuum from emotional stability (low scores), through emotional instability, to incipient neurotic disorders (high scores). Eysenck and Eysenck (1991, pp. 4-5) describe higher scorers on the neuroticism scale as anxious, worrying, moody, and frequently depressed. They are likely to sleep badly and to suffer from various psychosomatic disorders. They are overly emotional, react strongly to things, and find it difficult to restore equilibrium after emotionally arousing experiences. Such strong emotional reactions interfere with their proper adjustment, making them react in irrational and sometimes rigid ways. There is a constant preoccupation with things that may go wrong, and a strong emotional reaction of anxiety to those thoughts. Low scorers on the neuroticism scale, by way of contrast, are usually calm, even-tempered, controlled and unworried. They tend to respond emotionally only slowly and generally weakly, and to regain equilibrium quickly.

The psychoticism scale assessed the continuum from tendermindedness (low scores), through toughmindedness, to incipient psychotic disorders (high scores). Eysenck and Eysenck (1991, pp. 5-6) describe high scorers on the psychoticism scale as being solitary, not caring for people, often troublesome, and not fitting in anywhere. They may be cruel and inhumane, lacking in feeling and empathy, and altogether insensitive. They may be hostile to others, and aggressive. They have a liking for odd and unusual things, and a disregard for danger. They like to make fools of other people, and to upset them. Low scorers on the psychoticism scale, by way of contrast reflect the opposite of these characteristics.

The lie scale was originally incorporated into the Eysenckian family of personality measures to assess a tendency on the part of some people to 'fake good' their responses.

Eysenck and Eysenck (1991, pp. 13-14) affirm the continuing usefulness of the lie scale in this regard, but also acknowledge that the lie scale also measures some 'stable personality factors which may possibly denote some degree of social naivety or conformity' (p. 13).

Personality and ways of coping

In a study published in the mid 1980s, Rim (1986) hypothesised a clear linkage between preferred ways of coping and two of the Eysenckian three major dimensions of personality: neuroticism and extraversion.

Due to the emotional context we would expect those who are emotionally stable to use different coping styles than those emotionally unstable. Similarly we would expect extraverts to prefer coping styles different from those preferred by introverts. (p. 113)

Employing the Eysenck Personality Questionnaire (Eysenck & Eysenck, 1975) alongside the Ways of Coping (Revised) Checklist (Folkman and Lazarus, 1985), Rim (1986) tested these hypotheses among samples of 80 women and 94 men (described as students, as parents and relatives of students, and as friends of students' families). The data were analysed for women and for men separately and provided some support for the hypotheses. The question has not, however, been given much attention subsequently (Seiffer, Clare, & Harvey, 2005).

Rim's (1986) hypotheses remain, however, worthy of further investigation and may be of particular relevance in understanding individual differences in coping strategies employed by clergy. Such investigation fits well within a wider programme of research concerned with exploring the role of personality in predicting stress, burnout and poor work-related psychological health within the clerical profession (see Francis, Gubb, and Robbins, 2012). The aim of the present study, therefore, is to re-visit the data collected by Brewster (2007) among Church of England clergy in order to examine the connection between two dimensions of personality (extraversion and neuroticism) and the eight ways of coping

assessed by the Ways of Coping (Revised) checklist (confronting, distancing, self-controlling, accepting responsibility, seeking social support, escape-avoidance, planful problem solving, and positive reappraisal).

Method

Procedure

The present study draws on data collected by Brewster (2007) from Church of England clergy responsible for serving rural churches. The response rate of 47% generated 722 completed questionnaires. The present analyses are based on a subset of 613 respondents to the survey who were responsible for a least three rural churches.

Participants

Three quarters (75%) of the clergy were male while one quarter (25%) was female. A small number (4%) were in their thirties, 22% were in their forties, 41% were in their fifties, 31% were in their sixties, and 1% was aged seventy or over. Over half of the clergy (54%) had been in their present positions for at least five years, while 7% had been in their current roles for 15 years or more. The majority of the clergy (85%) were married, while 7% were single, 3% were widowed and 4% were separated or divorced. Over one third of the clergy (37%) served three churches, while those caring for four or five churches totalled 42%, and one fifth (20%) of the sample cared for six or more churches.

Measures

The Ways of Coping (Revised) Checklist developed by Folkman and Lazarus (1985) proposes eight scales to assess different ways of coping, styled: confronting (six items), distancing (six items), self-controlling (seven items), accepting responsibility (four items), seeking social support (six items), escape-avoidance (eight items), planful problem solving (six items), and positive reappraisal (seven items). Each item is rated on a four-point scale designed to indicate whether a coping method is used: a great deal, quite a bit, somewhat, or

does not apply. Higher scores indicate greater use of coping methods. The participants were invited to make their assessment of the individual items in light of the following instruction.

Please read each item below and indicate by circling 0, 1, 2 or 3 to what extent you used it in the most stressful situation you have experienced in the past week.

The Eysenck Personality Questionnaire Revised (short form) developed by Eysenck, Eysenck, and Barrett (1985) proposes three 12-item scales to assess extraversion, neuroticism, and psychoticism, together with a 12-item lie scale. Each item is rated on a two-point scale: yes and no. Higher scores indicate greater tendencies toward extraversion, neuroticism, psychoticism and faking good.

Analysis

The data were analysed by SPSS, drawing on the frequencies, reliability, correlation and partial correlation routines.

Results

The first step in data analysis explored the scale properties of the eight indices proposed by the Ways of Coping (Revised) Checklist and the four indices proposed by the Eysenck Personality Questionnaire Revised (short-form). Table 1 presents the alpha coefficient (Cronbach, 1951), mean scale score and standard deviation for each scale, together with the number of items used to construct the scale. These data show that for three of the ways of coping scales (confronting, distancing, and planful problem solving) the alpha coefficient falls slightly below the threshold of .65 recommended by DeVellis (2003). This is consistent with the assertion made by Folkman and Lazarus (1988b, p. 16) that the internal consistency reliability of coping measures usually fall at the lower end of the accepted range. These data also show that the alpha coefficient falls below this threshold for the psychoticism scale. This is consistent with the known difficulties in operationalising the third dimension of personality (Francis, Brown & Philipchalk, 1992).

- insert table 1 about here -

The second step in data analysis explored the correlations and partial correlations (controlling for sex differences) between the eight indices proposed by the Ways of Coping (Revised) Checklist and the Eysenck Personality Questionnaire Revised (short form). In view of the number of correlations being tested simultaneously, only those correlations reaching the one percent level of probability will be interpreted as statistically significant. These data show that controlling for sex differences makes no real impact on the findings, that neither psychoticism scores nor lie scale scores are significantly correlated with preferred ways of coping, and that both extraversion scores and neuroticism scores are correlated (at a level of statistical significance) with preferred ways of coping.

- insert table 2 about here -

Discussion

The present study set out to examine the extent to which the preferred ways of coping implemented by clergy were shaped by fundamental aspects of personality. Employing Eysenck's three dimensional model of personality, it was hypothesised that the two dimensions of extraversion and neuroticism would be significantly related to individual differences in preferred ways of coping. These hypotheses were supported by data provided by 613 Anglican clergy. The role of neuroticism and the role of extraversion in shaping preferred ways of coping will be discussed in turn.

According to Eysenck's theory, neuroticism involves anxiety and emotional arousal (Eysenck & Eysenck, 1991). The data from the present study demonstrate that clergy recording high scores on the neuroticism scale are more inclined than clergy recording low scores on the neuroticism scale to implement four of the eight identified ways of coping, namely (in the order of the magnitude of the correlation coefficients): escape-avoidance ($r =$

.32), accepting responsibility ($r = .21$), confronting ($r = .13$), and self-controlling ($r = .11$).

Each of these four ways of coping will be reviewed in turn in connection with neuroticism.

Escape-avoidance is an emotion-focused coping strategy which involves wishful thinking about the situation, or taking action to escape or avoid it, (Folkman & Lazarus, 1988b). The eight items in this scale, together with the proportion of clergy endorsing these items reported by Brewster (2012), are as follows: wished that the situation would go away or somehow be over with (36%); hoped a miracle would happen (23%); realised I brought the problem on myself (17%); avoided being with people in general (11%); tried to make myself feel better by eating, drinking, smoking, using drugs or medication, etc. (10%); slept more than usual (8%); took it out on other people (6%); and refused to believe that it had happened (2%). It is actions like these that are associated with higher levels of neuroticism, anxiety and emotional arousal.

Accepting responsibility is an emotion-focused coping strategy which involves acknowledging one's own role in the problem while also trying to put things right (Folkman & Lazarus, 1988b). The four items of the scale, together with the proportion of clergy endorsing these items reported by Brewster (2012), are as follows: criticised or lectured myself (29%); apologised or did something to make up (25%); realised I brought the problem on myself (17%); and made a promise to myself that things would be different next time (16%). The correlation between actions like these and neuroticism, anxiety, and emotional arousal suggest that the coping strategy being accessed by this scale may be less concerned with a positive acceptance of responsibility and more concerned with a negative self-recrimination.

Confronting is problem-focused coping strategy which involves taking assertive action which may involve risk-taking or anger in an attempt to change the situation (Folkman & Lazarus, 1988b). The six items of this scale, together with the proportion of clergy

endorsing these items reported by Brewster (2012), are as follows: tried to get the person responsible to change his or her mind (39%); let my feelings out somehow (37%); stood my ground and fought for what I wanted (31%); expressed anger to the person(s) who caused the problem (12%); did something which I didn't think would work, but at least I was doing something (12%); and took a big chance or did something very risky (9%). It is actions like these that are associated with higher levels of neuroticism, anxiety, and emotional arousal.

Self-controlling is an emotion-focused coping strategy which involves attempts to moderate one's own feelings and actions in relation to the problem (Folkman & Lazarus, 1988b). The seven items of this scale, together with the proportion of clergy endorsing these items reported by Brewster (2012), are as follows: went over in my mind what I would say or do (66%); tried to keep my feelings from interfering with other things too much (60%); tried not to burn my bridges, but leave things open somewhat (59%); tried not to act too hastily or follow my first hunches (46%); tried to keep my feelings to myself (40%); kept others from knowing how bad things were (27%); and thought about how a person I admire would handle this situation and used that as a model (19%). It is actions like these that are associated with higher levels of anxiety and with distrust of self.

According to Eysenck's theory, extraversion involves sociability and impulsivity (Eysenck & Eysenck, 1991). The data from the present study demonstrate that clergy recording high scores on the extraversion scale are more inclined than clergy recording low scores on the extraversion scale to implement three of the eight identified ways of coping (in the order of the magnitude of the correlation coefficients): planful problem solving ($r = .15$), seeking social support ($r = .13$), and positive re-appraisal ($r = .11$). At the same time clergy recording high scores on the extraversion scale are less likely to implement two of the eight identified ways of coping, namely: escape-avoidance ($r = -.11$), and self-controlling ($r =$

-10). Each of these five ways of coping will be reviewed in turn in connection with extraversion.

Planful problem solving is a problem-focused coping strategy which involves attempts to analyse the situation in order to arrive at solutions before taking direct action to correct the problem (Folkman & Lazarus, 1988b). The six items of this scale, together with the proportion of clergy endorsing these items reported by Brewster (2012), are as follows: just concentrated on what I had to do next – the next steps (73%); made a plan of action and followed it (54%); drew on my past experiences – I was in a similar situation before (49%); knew what had to be done so I doubled my efforts to make things work (46%); came up with a couple of different solutions to the problem (32%); and changed something so that things would turn out all right (28%). An aspect of extraversion concerns comfortable engagement with the outer world rather than contemplative engagement with the inner world. These actions are consistent with the extravert's intentions to get on with things in the outer world.

Seeking social support can be either problem-focused (which involves efforts to acquire information), or emotion-focused, which involves efforts to acquire emotional support from friends or family (Folkman & Lazarus, 1988b). The six items of this scale, together with the proportion of clergy endorsing these items reported by Brewster (2012), are as follows: talked to someone to find out more about the situation (68%); talked to someone about how I was feeling (52%); asked a relative or friend I respected for advice (48%); accepted sympathy or understanding from someone (45%); talked to someone who could do something concrete about the problem (42%), and got professional help (21%). The social aspect of extraversion equips individuals for many forms of social engagement. These actions are consistent with the extravert's willingness to talk with others at times when introverts prefer to remain reticent.

Positive re-appraisal is an emotion-focused coping strategy which involves trying to create a positive meaning from a problematic situation in terms of personal growth, sometimes with a religious tone (Folkman & Lazarus, 1988b). The seven items of this scale, together with the proportion of clergy endorsing these items reported by Brewster (2012) are as follows: I prayed (71%); I was inspired to do something creative (46%); I came out of the experience better than I went in (38%); I changed or grew as a person in a good way (33%); I rediscovered what is important in life (28%); I changed something about myself (17%); I found new faith (15%). An aspect of extraversion concerns hopeful optimism and a positive view of and engagement with life. These actions are consistent with the extravert's intention to look on the bright side and to strive for the better outcome.

The two coping strategies associated negatively with extraversion (*escape-avoidance* and *self-controlling*) were also associated positively with neuroticism, and have consequently already been introduced in this section. In terms of escape-avoidance, two aspects of this construct in particular may have captured the attention of introverts: under pressure introverts may avoid being with people in general; under pressure introverts may prefer to escape from the challenges of the outer world and to retreat into the comparative safety of the inner world. In terms of self-controlling, three aspects of this construct in particular may have captured the attention of introverts: introverts are cautious and prefer to avoid impulsive action; introverts prefer to keep things to themselves; and introverts rehearse things in their mind before testing them in the outer world.

Conclusion

The findings from the present study have implications for three areas of enquiry, concerning: the connection between personality and preferred ways of coping; the construct validity of the constructs advanced by the Ways of Coping (Revised) Checklist; and the

centrality of individual differences in personality in shaping the preferences and practices of clergy. Each of these three areas will be discussed in turn.

The connection between personality and preferred ways of coping was raised in the pioneering study by Dudley and Dudley (1994). The present study confirms that seven of the eight indices of ways of coping proposed by the Ways of Coping (Revised) Checklist are significantly correlated with at least one of two of the major dimensions of personality proposed by Eysenck: extraversion and neuroticism. Three ways of coping are significantly correlated with just extraversion: planful problem solving, seeking social support, and positive re-appraisal. Two ways of coping are significantly correlated with both extraversion and neuroticism: escape-avoidance, and self-controlling. Two ways of coping are significantly correlated with just neuroticism: accepting responsibility, and confronting. The only way of coping independent of both extraversion and neuroticism is distancing. Such findings are sufficient to make a sound case for taking individual differences in personality into account in predicting and explaining preferences for coping strategies.

The theoretical constructs advanced to give an account of the different ways of coping accessed by the Ways of Coping (Revised) Checklist are anchored empirically within small sets of items concerned with a variety of coping behaviours. The extent to which these theoretical constructs map onto the empirical behaviour of the indices is the concern of construct validity. By attempting to locate the eight measures proposed by the Ways of Coping (Revised) Checklist within the psychological space proposed by Eysenck's dimensional model of personality, the present study offers insight into the behaviour of these eight constructs. While most of the eight constructs behave in ways that make good sense in relationship to the model of personality, one of the theoretical constructs regarding the ways of coping may require some adjustment. The significant positive correlation between

neuroticism scores and the construct termed *accepting responsibility* suggests that this construct may be better styled *self-recrimination*.

Specifically within the field of clergy studies, these data add to a growing body of evidence suggesting that personality differences play a significant role in shaping the preferences and practices of clergy. Within that context a series of studies has demonstrated the connection between personality and clergy work-related psychological health, stress, burnout and satisfaction in ministry (for a recent review see Francis, Gubb, & Robbins, 2012). The present study adds to this growing body of evidence by suggesting that personality differences not only shape the overall way in which clergy experience the challenges and opportunities of their ministry but also shape their preferred ways of coping with the challenges and problems encountered in ministry.

The present study has broken new ground by examining the connection between personality and preferred ways of coping among clergy using the Ways of Coping (Revised) Checklist, rather than drawing on theories and measures concerned specifically with religious ways of coping (see Pargament, 1997). A strength of the study is that it has built on a strong database of a well-defined group of over 600 clergy serving in rural ministry in the Church of England. A consequent weakness of the study is that it remains properly restricted to this one group of clergy. Replication studies are now needed to extend this research among other groups of clergy.

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Table 1

Personality and Ways of Coping: scale properties

Scales	Alpha	N items	Mean	SD
Confronting	.59	6	4.67	3.02
Distancing	.59	6	4.18	2.88
Self-controlling	.65	7	9.31	3.94
Seeking social support	.76	6	7.98	4.24
Accepting responsibility	.65	4	2.98	2.64
Escape-avoidance	.66	8	4.09	3.82
Planful problem solving	.63	6	8.19	3.50
Positive re-appraisal	.80	7	7.77	4.45
Extraversion	.87	12	6.54	3.64
Neuroticism	.83	12	4.85	3.28
Psychoticism	.62	12	2.27	1.86
Lie Scale	.72	12	4.19	2.62

Table 2

Ways of coping and the EPQR-S: correlations and partial correlations

Ways of coping	Correlations				Partial correlations			
	E	N	P	L	E	N	P	L
Confronting	.04	.13***	.09*	-.01	.03	.14***	.09*	.00
Distancing	-.05	.07	.02	.08	-.05	.07	.02	-.08
Self-controlling	-.10**	.11**	.00	.06	-.10**	.12**	.02	-.04
Seeking social support	.13***	.01	.04	.01	.12**	.03	.05	-.01
Accepting responsibility	-.03	.21***	-.02	.00	-.04	.22***	-.01	.01
Escape-avoidance	-.11**	.32***	.03	.02	-.12**	.32***	.05	.03
Planful problem solving	.15***	-.10*	.04	.02	.15***	-.09*	.04	.01
Positive re-appraisal	.11**	.09*	.04	.03	.10*	-.08	.07	.01

Note: * $p < .05$; ** $p < .01$; *** $p < .001$