

# Correlates of Coping Styles

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## Abstract

Five hundred participants completed a short, ten-item measure of coping along with measures of self-esteem, intelligence, belief in a just world (BJW) and conspiracy theories (CT). The scale factored into four recognisable coping styles labelled socio-emotional, cognitive, internalisation and distraction. Correlations showed all factors were related to self-esteem and trait optimism. Regressions onto each factor indicated that self-esteem was the most consistent factor being associated positively with all factors, except internalisation. Younger females with low self-esteem tended to use socio-emotional coping, optimists with high self-esteem cognitive coping, younger, less optimistic people with low self-esteem internalisation and high self-esteem, less intelligent people with BJW distraction as a coping strategy. Implications and limitations are acknowledged.

## Keywords

Coping, Resilience, Socio-emotional, Internalisation, Distraction

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## 1. Introduction

There is, understandably, a very large literature in clinical and counselling psychology on the topic of coping [1]-[9]. Coping refers to the process of facing, and contending with, a range of life difficulties in an effort to overcome them. It is thought to be an essential “life-skill”.

There is a distinction between defence mechanisms (DMs) and coping styles. DMs are considered to be *unconscious* strategies used to cope with anxiety arising from socially unacceptable thoughts or feelings. Coping strategies are conscious DMs and can be classified from healthy and effective to pathological and problematic. There is also a specialist literature on very specific concepts like repressive coping [10] [11] [12]. Sometimes one very specific coping style like stoicism is explored [13]. Most of the coping literature concerns the measure-

ment of coping, differentiating between healthy and unhealthy styles and strategies, and helping people learn and unlearn particular strategies [1] [4] [5] [6] [14]-[20].

Many studies and measures have been done in order to provide a rigorous and parsimonious categorisation of conceptually different ways of coping [5]. As a result, there are various categorical and dimensional models and ways to measure them. In an early paper, Folkman and Lazarus [21] identified eight factors: Confrontive Coping, Distancing, Self-Controlling, Seeking Social Support, Accepting Responsibility, Escape-Avoidance, Planful Problem and Positive Reappraisal.

Over the years there have been many attempts to classify coping styles and strategies with a variety of labels such as self-soothing, mindfulness, crisis-planning, confrontative, distancing, and escape/avoidance. There are other ways of classifying the coping styles such as internalisation-externalization, cognitive-emotional or adaptive-maladaptive [1] [22]. Whilst there is clearly overlap in these schemes, it makes conceptualising the literature difficult. However nearly all have differentiated between primarily cognitive and emotional techniques as well as ignoring/repressing problems.

Predictably there have been a number of studies on individual difference correlates of coping [9]. Some more recent studies have attempted to explore the genetic determinants of coping [6].

## 2. This Study

This study explores some individual difference correlates of coping style preference. Some factors, like sex/gender have been widely explored and results suggest females favour emotional coping and males cognitive techniques [23]. Other individual difference factors like personality traits have been explored [24] [25]. They tend to show predictably that emotional/stability is most closely linked to coping style preference.

In this study we were interested in individual correlates of coping preferences. We were interested in six classes of variable. *First*, we examined classic demographic variables, age, sex and education, to see if they were linked to coping preferences. From the literature we expect both sex and age differences, with females using more emotional and males more cognitive and distractive strategies. We also expect older people to use less emotional coping strategies. *Second*, we measured self-esteem, which is a measure of self-confidence, because we expected those who were more self-confident would use more effective cognitive strategies and less effective repression strategies.

*Third*, we were interested in three belief/ideological variables: politics, religion and optimism. We asked people how religious they were and whether they believed in an afterlife, which we surmised would be related to a number of deistic arguments for the Problem of Evil [26].

*Fourth* we looked at intelligence (IQ) which is usually correlated with educa-

tion and social class. We expected brighter people to favour cognitive strategies more and therefore use more cerebral DMs.

*Fifth*, we examined beliefs in a Just/Unjust World (BJW), which is concept about the tendency of people to blame victims of misfortunes for their own fate [27]. The idea is that people have a fundamental need to believe that the (social) world is a just place, and that this belief is functionally necessary for them to develop principles of deservingness. People are confronted with difficult issues like why some people get ill, are abused, descend into poverty etc., while others do not and may be recipients of fortune. The idea of the BJW is that it helps answer some of these very difficult questions.

Sixth, Conspiracy Theories (CTs) entails the beliefs that the causes of many major social, political and economic events are because of the action of multiple, evil, secretive people with a selfish, global political goal in mind. They seem to form a *monological* belief system [28] in the sense that people have a *conspiracist worldview*. They accept and integrate new CTs on a wide range of issues, and accept often strange, new and outlandish CTs because they serve a psychological function for people who feel powerless, excluded or disadvantaged [26]. They could be seen as superstitious, magical, and paranormal beliefs with no credible scientific evidence for them; that is what functions do they fulfil.

### 3. Method

#### 3.1. Participants

There were 502 participants, 254 males and 248 females. They ranged in age from 30-69 years old, with a modal age of 36. In all 70.9% were graduates. With regard to their religious beliefs (1 = *Not At All* to 9 = *Very*), they scored a mean of 3.80 ( $SD = 3.01$ ). In all 41.3% said they did, and 58.7% said they did not, believe in an afterlife. They rated their political views from (1) Very Conservative to (9) Very Liberal, with a mean of 5.83 ( $SD = 1.81$ ). They rated "I am an optimist" from (10) Agree to (1) Disagree, with a mean of 6.74 ( $SD = 2.15$ ).

#### 3.2 Questionnaires

*Coping*. This questionnaire was from the UCLA Dual Diagnosis Clinic. It is a simple 10-item scale shown in **Table 1**. It has the advantage over some other scales in being short, comprehensive and clear.

*Self-Esteem* [29]. This comprised of four other factors on a scale from 1 - 100: Physical Attractiveness ( $M = 62.16$ ;  $SD = 19.23$ ), Physical Health ( $M = 69.07$ ,  $SD = 18.18$ ), Intelligence (IQ) ( $M = 73.09$ ,  $SD = 13.49$ ) and Emotional Intelligence ( $M = 72.81$ ,  $SD = 17.01$ ). The Alpha for these four items was 0.73, and they were summed together forming a variable labelled Self-Esteem.

*Conspiracy Thinking* [28]. This was a 10-item scale devised as part of the Conspiracy and Democracy project at the University of Cambridge. It consisted of 10 statements that are generic in nature and not connected to any specific societal, economic or political systems. People note those they believe to be true. In

this study the Alpha was 0.68 with a mean of 2.01 ( $SD = 1.77$ ).

*Belief in a Just World.* Rubin and Peplau [30] devised a 20-item self-report inventory to measure the attitudinal continuity between the two opposite poles of total acceptance and rejection of the notion that the world is a just place. The scale has been quoted over 650 times in the academic literature. Because some items were both dated and country specific, 6 were removed leaving 9 Just World and 4 Unjust World items. The Cronbach Alpha in this study for the Just World was 0.88 and 0.82 for the Unjust World.

*The Wonderlic Personnel Test* [31]. This 50-item test can be administered in 12 minutes and measures general intelligence. Items include word and number comparisons, disarranged sentences, story problems that require mathematical and logical solutions. The test has impressive norms and correlates very highly ( $r = 0.92$ ) with the WAIS-R. In this study we used 16 items from Form A.

### 3.3. Procedure

Data was collected online through *Prolific*, a platform like the better-known Amazon-Turk. We specified that they need to be over 30 years, working and be fluent in English. Participants were compensated for their time (receiving £2.50). Usual data cleansing and checking led to around 5% of the participants recruited being rejected before further analysis.

## 4. Results

*Sex Differences.* **Table 1** shows sex differences on each item. Two were significant at  $p < 0.001$  which indicated that females reported higher use of seeking social support and venting.

*Factor Structure.* **Table 2** shows the results from a Varimax rotated factor analysis of the 10 ratings. **Table 2** shows that four factors emerged which accounted for 60% of the variance. The first factor was labelled *Socio-Emotional*, the second *Cognitive*, the third *Internalisation* and the fourth *Distraction*. Four factor scores were calculated.

*Correlations.* **Table 3** shows the correlations between all variables considered. Two variables, degree-status and political beliefs, showed no correlations with all four variables while two, self-esteem and optimism, correlated with all four. There were most significant correlations with the first factor.

*Regressions.* **Table 4** shows the results of the four regressions with each coping style being the criterion variable. The regressions indicated that our individual difference variables accounted for between 4% and 12% of the variance. The first regression onto first factor socio-emotional indicated that younger females with high self-esteem had higher scores on this factor. The second regression indicated that optimists with high self-esteem were more likely to use cognitive coping strategies. The third regression indicated that younger, pessimistic people with lower self-esteem were more likely to use internalisation coping strategies.

**Table 1.** Means, SDs and sex difference ANOVAs.

	Mean	SD	F	Sig.
<b>Humor.</b> Pointing out the amusing aspects of the problem or "positive reframing" it. (COPE1)	Male	7.52 1.84	3.541	0.060
	Female	7.18 2.22		
<b>Seeking support.</b> Asking for help, advice, & support from family members or friends. (COPE2)	Male	5.88 2.35	11.048	0.000
	Female	6.57 2.30		
<b>Problem-solving.</b> Trying to locate the source of the problem and determine solutions. (COPE3)	Male	8.21 1.63	0.045	0.832
	Female	8.18 1.66		
<b>Relaxation.</b> Engaging in relaxing activities, or practicing calming techniques (COPE4)	Male	6.62 2.35	0.349	0.555
	Female	6.75 2.50		
<b>Physical recreation.</b> Regular exercise like running, team sports, yoga, etc. (COPE5)	Male	6.33 2.64	5.197	0.023
	Female	5.78 2.83		
<b>Adjusting expectations.</b> Anticipating various outcomes to the problem. (COPE6)	Male	7.02 1.82	1.718	0.191
	Female	7.23 1.84		
<b>Denial.</b> Avoidance of the issue: denying the problem and finding distractions. (COPE7)	Male	4.34 2.33	0.337	0.562
	Female	4.22 2.48		
<b>Self-blame.</b> Internalising the issue, and blaming oneself. (COPE8)	Male	5.08 2.63	4.671	0.031
	Female	5.59 2.61		
<b>Venting.</b> Expressing all your feelings openly. (COPE9)	Male	5.42 2.52	10.477	0.001
	Female	6.16 2.60		
<b>Therapy.</b> Engaging a professional (clinician, counsellor, coach) to help. (COPE10)	Male	3.17 2.67	1.351	0.246
	Female	3.45 2.77		

These are rated on a 0 (not at all) to 9 (use very frequently) scale.

**Table 2.** Results of the factor analysis.

	1	2	3	4
COPE2	<b>0.804</b>	0.153	-0.121	0.029
COPE9	<b>0.741</b>	0.177	0.200	-0.083
COPE10	<b>0.601</b>	-0.228	0.064	0.374
COPE6	0.115	<b>0.778</b>	0.126	-0.011
COPE3	0.074	<b>0.747</b>	-0.204	0.076
COPE1	0.001	<b>0.436</b>	-0.065	0.187
COPE7	-0.034	-0.074	<b>0.855</b>	-0.001
COPE8	0.118	-0.050	<b>0.796</b>	-0.043
COPE5	0.055	0.105	-0.046	<b>0.791</b>
COPE4	0.028	0.156	-0.007	<b>0.775</b>
<b>Eigenvalue</b>	2.031	1.655	1.212	1.107
<b>Variance</b>	20.313%	16.548%	12.124%	11.071%

**Table 3.** Correlation between demographic, ideological, belief, IQ and coping variables.

	Mean	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1) Sex	1.49	0.50															
2) Age	37.96	8.02	0.00														
3) Degree	1.29	0.46	-0.02	0.21***													
4) Religious	3.80	3.01	0.04	0.02	0.06												
5) Politics	5.83	1.81	0.13**	-0.03	-0.07	-0.23***											
6) Optimist	6.74	2.15	0.09*	0.10*	0.03	0.20***	0.01										
7) Afterlife	1.59	0.49	-0.11*	-0.05	-0.10*	-0.50***	0.12**	-0.22***									
8) Self-Esteem	276.86	50.71	-0.03	0.02	-0.11*	0.17***	0.00	0.36***	-0.10*								
9) JWB	14.86	10.16	-0.17***	0.04	0.02	0.04	-0.14**	0.27***	-0.03	0.21***							
10) Conspiracy Th	2.02	1.77	0.11*	-0.05	0.09	0.41***	-0.23***	0.08	-0.28***	0.00	-0.02						
11) IQ	10.27	2.83	-0.15***	0.05	-0.14**	-0.25***	0.08	-0.11*	0.19***	0.04	0.03	-0.36***					
12) COPEFac1	15.31	5.57	<b>0.15***</b>	<b>-0.12**</b>	<b>-0.04</b>	<b>0.10*</b>	<b>0.07</b>	<b>0.11*</b>	<b>-0.14**</b>	<b>0.15***</b>	<b>0.08</b>	<b>0.10*</b>	<b>-0.12**</b>				
13) COPEFac2	22.66	3.79	<b>-0.02</b>	<b>0.08</b>	<b>0.04</b>	<b>0.03</b>	<b>0.07</b>	<b>0.18***</b>	<b>-0.09*</b>	<b>0.16***</b>	<b>0.07</b>	<b>0.01</b>	<b>-0.03</b>	0.16***			
14) COPEFac3	9.61	4.25	<b>0.05</b>	<b>-0.17***</b>	<b>-0.07</b>	<b>-0.01</b>	<b>0.02</b>	<b>-0.29***</b>	<b>0.05</b>	<b>-0.23***</b>	<b>-0.11*</b>	<b>0.02</b>	<b>-0.05</b>	0.11*	-0.13**		
15) COPEFac4	12.74	4.24	<b>-0.05</b>	<b>-0.01</b>	<b>-0.05</b>	<b>0.05</b>	<b>0.05</b>	<b>0.11*</b>	<b>-0.08</b>	<b>0.29***</b>	<b>0.17***</b>	<b>0.03</b>	<b>-0.10*</b>	0.18***	0.21***	-0.07	

\*\*\*p < 0.001, \*\*p < 0.01, \*p < 0.05.

**Table 4.** The results of the multiple regression.

	Fac1: Socio-Emotional				Fac2: Cognitive				Fac3: Internalisation				Fac4: Distraction			
	B	SE	Beta	t	B	SE	Beta	t	B	SE	Beta	t	B	SE	Beta	t
Sex	1.44	0.51	0.13	2.84**	-0.31	0.35	-0.04	-0.88	0.49	0.38	0.06	1.30	-0.56	0.38	-0.07	-1.45
Age	-0.07	0.03	-0.11	-2.34*	0.03	0.02	0.07	1.47	-0.06	0.02	-0.12	-2.76**	0.01	0.02	0.01	0.25
Degree	-0.40	0.56	-0.03	-0.72	0.24	0.39	0.03	0.61	-0.51	0.42	-0.06	-1.23	-0.38	0.42	-0.04	-0.91
Religious	0.00	0.10	0.00	-0.00	-0.05	0.07	-0.04	-0.69	0.11	0.08	0.08	1.43	-0.06	0.08	-0.05	-0.83
Politics	0.23	0.14	0.08	1.61	0.18	0.10	0.09	1.85	0.09	0.11	0.04	0.85	0.21	0.11	0.09	1.89
Optimist	0.04	0.13	0.02	0.33	0.22	0.09	0.12	2.40*	-0.50	0.10	-0.25	-5.19***	-0.05	0.10	-0.03	-0.54
Afterlife	-1.04	0.58	-0.09	-1.80	-0.62	0.40	-0.08	-1.55	0.17	0.43	0.02	0.40	-0.48	0.44	-0.06	-1.10
Self-Esteem	0.01	0.01	0.13	2.65**	0.01	0.00	0.12	2.37*	-0.01	0.00	-0.16	-3.31***	0.02	0.00	0.27	5.70***
JWB	0.03	0.03	0.06	1.25	0.01	0.02	0.02	0.39	0.01	0.02	0.03	0.55	0.06	0.02	0.13	2.75**
ConspiracyTH	0.17	0.16	0.05	1.07	0.03	0.11	0.01	0.28	0.01	0.12	0.00	0.08	0.03	0.12	0.01	0.24
IQ	-0.11	0.09	-0.06	-1.20	-0.02	0.07	-0.02	-0.32	-0.07	0.07	-0.05	-1.03	-0.18	0.07	-0.12	-2.55*
Adjusted R <sup>2</sup>			0.065				0.043				0.118				0.099	
F			4.065				2.970				6.899				5.880	
p			0.000				0.000				0.000				0.000	

Code: Sex: 1 = Male, 2 = Female; Degree 1 = Yes, 2 = No. \*\*\*p < 0.001 \*\*p < 0.01 \*p < 0.05.

The final regression indicated that high self-esteem, but less intelligent people who had a BJW used distraction as a coping method.

## 5. Discussion

The understanding of personal preferences for, and the efficacy of, coping strategies has long been recognised to be important. Just as healthy and adaptive coping strategies can mitigate acute and chronic life stressors, so adopting ineffective or even destructive strategies can cause even more stress and damage. There are various coping models, but most note three or four very different approaches called cognitive/problem solving, affective/emotional and disengaging repressing. Also, there are various distinctions between adaptive and maladaptive forms of each approach.

In this study we were interested in a number of individual correlates of preferred coping. We also explored a relatively unknown but simple and short measure that has face validity. It showed that people claimed to use problem-solving and humour most frequently and therapy and denial least frequently. The sex differences supported other literature in this field which showed that females more than males sought social support and expressed their emotions. The work on stoicism and dysfunctional masculinity suggests that this is overall an ineffective way of coping

The regressions shown in **Table 4** show some variables were unrelated to the four coping strategies. These included education, religious and political beliefs, as well as endorsement of conspiracy theories. In this sense it appears that coping is not an ideological issue. Similarly, some other variables like intelligence and beliefs in a just world were only marginally related to one factor, namely internalisation. On the other hand the factor most closely related to all the coping strategies was self-esteem based on four simple self-ratings. People with high self-esteem were more likely to use distraction, socio-emotional and cognitive strategies but less likely internalisation. This poses the interesting question of the process or mechanism underlying this observation: do people with high self-esteem use coping strategies that maintain or boost their self-esteem or does the adoption or use of particular coping strategies have positive or negative effects on coping strategies over time?

The two regressions that accounted for most of the variance were particularly interesting. The regression onto the third factor labelled internalisation showed it was used more frequently by younger people, with low self-esteem and a pessimistic outlook. This may seem an example of a vicious circle where people tend to employ poor coping strategies which effect their outlook and sense of self-efficacy. Similarly, the regression onto the factor labelled distraction suggested that it was used most by people with high self-esteem, but, interestingly, comparatively of lower intelligence. This may be because in essence distraction is a way of coping by not coping

Like all others, this study had limitations. All the measures used were very short, particularly the new measure of coping, where possible it is always pref-

erable to use longer measures with higher reliability and possibly facet scores. It is always preferential to have a larger, more representative population and to know more about them, such as their medical history and interpersonal relationships.

### Data Availability

This is obtainable from the first author upon request.

### Registration

This paper was not pre-registered with the journal.

### Ethics

This was sought and obtained.

### Informed Consent

Participants gave consent for their anonymised data to be analysed and published.

### Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

### References

- [1] Baker, J. and Berenbaum, H. (2007) Emotional Approach and Problem-Focused Coping: A Comparison of Potentially Adaptive Strategies. *Cognition and Emotion*, **21**, 95-118. <https://doi.org/10.1080/02699930600562276>
- [2] Carver, C.S. (1997). You Want to Measure Coping but Your Protocol's Too Long: Consider the Brief Cope. *International Journal of Behavioral Medicine*, **4**, 92-100. [https://doi.org/10.1207/s15327558ijbm0401\\_6](https://doi.org/10.1207/s15327558ijbm0401_6)
- [3] Carver, C.S., Scheier, M.F. and Weintraub, J.K. (1989) Assessing Coping Strategies—A Theoretically Based Approach. *Journal of Personality and Social Psychology*, **56**, 267-283. <https://doi.org/10.1037/0022-3514.56.2.267>
- [4] Coppens, C.M., de Boer, S.F. and Koolhaas, J.M. (2010) Coping Styles and Behavioural Flexibility: Towards Underlying Mechanisms. *Philosophical Transactions of the Royal Society of London B. Biological Science*, **365**, 4021-4028. <https://doi.org/10.1098/rstb.2010.0217>
- [5] Folkman, S. and Moskowitz, J.T. (2004) Coping: Pitfalls and Promise. *Annual Review of Psychology*, **55**, 745-774. <https://doi.org/10.1146/annurev.psych.55.090902.141456>
- [6] Kozak, B., Strelau, J. and Miles, J. (2005) Genetic Determinants of Individual Differences in Coping Styles. *Anxiety, Stress & Coping*, **18**, 1-15. <https://doi.org/10.1080/10615800500040844>
- [7] Pearlin, L.I. and Schooler, C. (1978) The Structure of Coping. *Journal of Health and Social Behaviour*, **19**, 2-21. <https://doi.org/10.2307/2136319>
- [8] Pearlin, L.I., Lieberman, M.A., Menaghan, E.G. and Mullan, J.T. (1981) The Stress

- Process. *Journal of Health and Social Behaviour*, **22**, 337-356.  
<https://doi.org/10.2307/2136676>
- [9] Ptacek, J.T. and Gross, S. (1997) Coping as an Individual Difference Variable. In: Pierce, G.R., Lakey, B., Sarason, I.G. and Sarason, B.R., Eds., *Sourcebook of Social Support and Personality*, Plenum Press, 69-92.
- [10] Cramer, P. (1998) Coping and Defense Mechanisms: What's the Difference? *Journal of Personality*, **66**, 919-946. <https://doi.org/10.1111/1467-6494.00037>
- [11] Furnham, A., Petrides, K.V., Sistierson, G. and Baluch, B. (2003) Repressive Coping Style and Positive Self-Presentation. *British Journal of Health Psychology*, **8**, 223-249. <https://doi.org/10.1348/135910703321649187>
- [12] Furnham, A. and Lay, A. (2016) Repressive Coping and Theories About Psychotherapy. *Journal of Psychology and Psychotherapy*, **6**, Article 1000283. <https://doi.org/10.4172/2161-0487.1000283>
- [13] Pathak, E.B., Wieten, S.E. and Wheldon, C.W. (2017) Stoic Beliefs and Health: Development and Preliminary Validation of the Pathak-Wieten Stoicism Ideology Scale. *BMJ Open*, **7**, e015137. <https://doi.org/10.1136/bmjopen-2016-015137>
- [14] Monticone, M., Ferrante, S., Giorgi, I., Galandra, C., Rocca, B. and Foti, C. (2014) The 27-Item Coping Strategies Questionnaire-Revised: Confirmatory Factor Analysis, Reliability and Validity in Italian-Speaking Subjects with Chronic Pain. *Pain Research & Management*, **19**, 153-158. <https://doi.org/10.1155/2014/956828>
- [15] Robinson, M.E., Riley, J.L., Myers, C.D., et al. (1997) The Coping Strategies Questionnaire: A Large Sample Item Level Factor Analysis. *Clinical Journal of Pain*, **13**, 43-49. <https://doi.org/10.1097/00002508-199703000-00007>
- [16] Romano, J.M., Jensen, M.P. and Turner, J.A. (2003) The Chronic Pain Coping Inventory-42: Reliability and Validity. *Pain*, **104**, 65-73. [https://doi.org/10.1016/S0304-3959\(02\)00466-9](https://doi.org/10.1016/S0304-3959(02)00466-9)
- [17] Somerfield, M.R. and McCrae, R.R. (2000) Stress and Coping Research—Methodological Challenges, Theoretical Advances and Clinical Applications. *American Psychologist*, **55**, 620-625.
- [18] Tan, G., Jensen, M.P., Robinson-Whelen, S., Thornby, J.I. and Monga, T.N. (2001) Coping with Chronic Pain: A Comparison of Two Measures. *Pain*, **90**, 127-133. [https://doi.org/10.1016/S0304-3959\(00\)00395-X](https://doi.org/10.1016/S0304-3959(00)00395-X)
- [19] Van Der Hallen, R., Jongerling, J. and Godor, B. P. (2020) Coping and Resilience in Adults: A Cross-Sectional Network Analysis. *Anxiety, Stress Coping*, **33**, 479-496. <https://doi.org/10.1080/10615806.2020.1772969>
- [20] Verra, M.L., Angst, F., Lehmann, S. and Aeschlimann, A. (2006) Translation, Cross-Cultural Adaptation, Reliability and Validity of the German Version of the Coping Strategies Questionnaire (CSQ-D). *Journal of Pain*, **7**, 327-336. <https://doi.org/10.1016/j.jpain.2005.12.005>
- [21] Folkman, S. and Lazarus, R.S. (1988) Manual for the Ways of Coping Questionnaire. Consulting Psychologists Press.
- [22] Moreno-Manso, J.M., García-Baamonde, M.E., Guerrero-Barona, E. and Gordoy Merino, M.J. (2021) Externalizing and Internalizing Symptoms and Coping Strategies in Young Victims of Abuse. *Current Psychology*, **42**, 5580-5589. <https://doi.org/10.1007/s12144-021-01996-x>
- [23] Felsten, G. (1998). Gender and Coping: Use of Distinct Strategies and Associations with Stress and Depression. *Anxiety, Stress & Coping*, **11**, 289-309. <https://doi.org/10.1080/10615809808248316>

- 
- [24] Jang, K.L., Thordarson, D.S., Stein, M.B., Cohan, S.L. and Taylor, S. (2007) Coping Styles and Personality: A Biometric Analysis. *Anxiety, Stress & Coping*, **20**, 17-24. <https://doi.org/10.1080/10615800601170516>
- [25] Kaiseler, M., Polman, R. and Nicholls, A. (2012) Effects of the Big Five Personality Dimensions on Appraisal Coping and Coping Effectiveness in Sport. *European Journal of Sport Science*, **12**, 62-72. <https://doi.org/10.1080/17461391.2010.551410>
- [26] Furnham, A. and Robinson, C. (2022) Correlates of Beliefs About and Solutions to the Problem of Evil.
- [27] Lerner, M. (1980) *The Belief in a Just World: A Fundamental Delusion*. Springer. <https://doi.org/10.1007/978-1-4899-0448-5>
- [28] Walter, A.S. and Drochon, H. (2020) Conspiracy Thinking in Europe and America: A Comparative Study. *Political Studies*, **70**, 1-19.
- [29] Furnham, A. and Robinson, C. (2023) Correlates of Self-Assessed Optimism. *Current Research in Behavioral Sciences*, **4**, Article 100089. <https://doi.org/10.1016/j.crbeha.2022.100089>
- [30] Rubin, Z. and Peplau, L. (1975) Who Believes in a Just World? *Journal of Social Issues*, **31**, 65-89. <https://doi.org/10.1111/j.1540-4560.1975.tb00997.x>
- [31] Wonderlic, E. (1990) Wonderlic Personnel Test.