



“To Study the Comparative Study of Coping Style, Self -Esteem, Perceived Stress, Personality among Adults”

Baitule Sharvari Arun

Prof. Ramkrishna More
College, Akurdi, pune

E-mail. baitulesharvari@gmail.com

Phone no. 8788565126

Dr. Santosh B. Walke

Head of Psychology
Department

Prof. Ramkrishna More

College, Akurdi, pune

Abstract

The present research hopes to investigate correlations between coping modes, self-concept, self-reported stress, and personality across adults. From the Brief COPE inventory, Rosenberg Self-Esteem Scale, Perceived Stress Scale, and Eysenck Personality Questionnaire-Revised (EPQR), this research investigates to what extent distinct coping styles correspond with personality axes, self-concept levels, and perceived stress. A representative sample of adults with different backgrounds will be examined to identify patterns in maladaptive and adaptive coping, their effect on self-esteem, and how personality affects stress perception. The results are anticipated to give insights into psychological well-being, providing implications for interventions in mental health and programs to manage stress for both health care providers and individuals. These interrelationships can be used to develop targeted therapeutic interventions aimed at improving resilience and psychological health in adulthood.

Keywords - the Comparative study of coping style, self -esteem, perceived stress, personality among adults

Coping styles are the methods people employ to deal with stress and emotional distress. More generally, coping is classified into problem-focused coping (targeting resolution of the stressor), emotion-focused coping (targeted at controlling affective responses), and avoidant coping (attempts at avoidance or disregard of stressors). Literature indicates that problem-focused strategies are mostly adaptive, especially in controllable situations, but emotion-

focused and avoidant coping can be beneficial or pathological contingent on situation and personality factors. Coping strategies are strong predictors of mental health outcomes, such as anxiety, depression, and resilience. Self-esteem is one's general sense of self-worth or personal value. Self-esteem is very important to psychological well-being and is linked with mental health, social functioning, and academic or occupational achievement. High self-esteem is typically associated with confidence, resilience, and satisfaction with life, while low self-esteem is typically linked with anxiety, depression, and susceptibility to stress. Although self-esteem is generally quite stable over a period of time, it can be affected by life events, social reactions, and personal successes or failures.

Eysenck Personality Questionnaire-Revised (EPQR) is a psychometric scale designed to measure three broad dimensions of personality: Psychoticism (P), Extraversion (E), and Neuroticism (N), with an additional Lie scale (L) to identify socially desirable answering. The EPQR is based on Eysenck's theory of personality that has a biological basis, where it is assumed that variation in these dimensions is primarily inherited. The instrument has been extensively employed in clinical, educational, and research environments and has demonstrated sufficient reliability and construct validity across diverse populations. It has, however, been subject to criticism due to limitations regarding conceptual clarity in the Psychoticism scale as well as conflation with other trait models such as the Big Five. Perceived stress would be the extent to which persons perceive situations within their lives to be stressful, unpredictable, and overwhelming.

In contrast to objective stressors, perceived stress is an individual's appraisal of his or her ability to manage demands. Perceived stress is linked with poor physical and mental health outcomes such as anxiety, depression, cardiovascular disease, and compromised immune function. The Perceived Stress Scale (PSS) by Cohen and colleagues is the most commonly used instrument to assess perceived stress. Studies repeatedly indicate that coping mechanisms, social support, and personality factors determine perceived stress.

Method:

Participants – girls and boys between 18 to 25 years participants personal information will be kept private to ensure confidentiality inclusion criteria of the participants – Adults exclusion criteria of the participants – kids and adolescents

Measure

1] Brief COPE

The Brief COPE is a 28-item self-report instrument from Carver (1997) that measures coping responses on 14 subscales, including active coping, denial, and emotional support. The

Brief COPE is commonly applied to measure adaptive and maladaptive coping strategies used in response to stress. The RSES, developed by Rosenberg (1965), is a 10-item scale used to measure global self-worth by measuring positive and negative self-feelings. It is still one of the most popular self-esteem measures.

2] Perceived Stress Scale (PSS)

Perceived Stress Scale (PSS) is one of the most commonly applied psychological measures for assessing the perception of stress. It was created by Sheldon Cohen in 1983 and aims to measure how unpredictable, uncontrollable, and overloaded the respondents experience their lives.

PSS-14 (14 items – original version)

PSS-10 (10 items – most commonly used)

PSS-4 (4 items – brief version)

Response Format:

Respondents rate each item on a 5-point Likert scale from 0 (never) to 4 (very often), based on how they felt over the past month.

Scoring:

Some items are positively stated and require reverse scoring. Total scores are then summed, with higher scores indicating greater perceived stress.

Interpretation (for PSS-10, scores range from 0–40):

0–13: Low stress

14–26: Moderate stress

27–40: High perceived stress

3] Eysenck Personality Questionnaire (EPQR)

The EPQR Personality Test is the acronym for the Eysenck Personality Questionnaire - Revised, a test designed by Hans Eysenck and Sybil Eysenck to assess major dimensions of personality from Eysenck's theory with a focus on biological basis of personality.

EPQR Measures Four Key Traits:

1. Extraversion (E) – sociability, liveliness, and assertiveness.
2. Neuroticism (N) – emotional instability, anxiety, and moodiness.
3. Psychoticism (P) – aggressiveness, impersonal attitudes, and lack of empathy.
4. Lie Scale (L) – tendency to present oneself in a favorable light (social desirability bias).

EPQ-R (Eysenck Personality Questionnaire-Revised): Standard version with 100 items.

EPQR-S (Short Form): A 48-item version suitable for quicker assessments.

EPQR-A (Abbreviated Form): A 24-item version for rapid screenings.

4] Self-Esteem Scale (RSES)

Rosenberg Self-Esteem Scale (RSES): A widely used 10-item questionnaire measuring global self-worth. Coopersmith Self-Esteem Inventory: Measures self-esteem in children and adults across social, academic, family, and personal areas. State Self-Esteem Scale (SSES): Evaluates self-esteem in the moment (temporary states vs. long-term traits). Tests usually involve rating statements (e.g., "I feel that I have a number of good qualities") on a scale (e.g. 1 = strongly disagree to 4 = strongly agree). Higher scores generally indicate higher self-esteem.

Procedure

For this study, offline data was gathered from participants between the ages of 18 and 30 years. The responses were then exported to Microsoft Excel after collection, and numerical values were given where appropriate—like for Likert scale responses—to ready the data for analysis. Statistical analysis was conducted using SPSS software. Graphs and tables were created to aid data visualization. Inferential statistical methods, such as correlation analysis, were used to examine the associations between coping style, self-esteem, perceived stress, personality in adults.

Descriptive statistics

		Perceived Stress	Coping	Self-esteem	Psychoticism	Extroversion	Neuroticism	Lie Scale
N	Valid	201	202	201	201	201	201	201
	Missin g	12	11	12	12	12	12	12
Mean		18.97	70.62	20.09	4.72	4.74	4.59	4.72
Std. Error of Mean		0.358	0.404	0.209	0.126	0.143	0.138	0.148
Median		19.00	71.00	20.00	5.00	5.00	5.00	5.00
Mode		20	69 ^a	18	4	4	5	5
Std. Deviation		5.071	5.747	2.967	1.782	2.033	1.963	2.105
Skewness		2.014	-0.018	0.267	0.018	-0.134	-0.165	0.168
Std. Error of Skewness		0.172	0.171	0.172	0.172	0.172	0.172	0.172
Kurtosis		13.150	0.141	-0.091	0.443	-0.240	-0.422	-0.431
Std. Error of Kurtosis		0.341	0.341	0.341	0.341	0.341	0.341	0.341

Group Statistics

		Mean	Std. Deviation	Std. Error	t Value
Stress	Perceived	19.03	4.480	0.448	0.180
		18.90	5.617	0.559	
Coping		71.09	6.249	0.625	1.172
		70.14	5.217	0.519	
Self-esteem		19.95	2.996	0.300	-
		20.23	2.946	0.293	
Psychoticism		4.74	1.873	0.187	0.663
		4.69	1.696	0.169	
Extrovesion		4.74	2.028	0.203	-
		4.74	2.048	0.204	
Neuroticism		4.76	1.908	0.191	0.009
		4.43	2.012	0.200	
Lie Scale		4.67	1.995	0.200	1.209
		4.77	2.218	0.221	

Results

Perceived stress 29 It was hypothesized that there would be a significant difference in anger perceived stress between male and female To test this, a t-test was conducted. As shown in Table 5, $t(198) = 1.180$, $p > 0.05$, this hypothesis was rejected. Coping style It was hypothesized that there would be a significant difference in coping style between male and female from coping style. To test this, a t-test was conducted. As shown in Table 5, $t(199) = -1.172$, $p > 0.05$, this hypothesis was rejected. Self-esteem It was hypothesized that there would be a significant difference in anger self -esteem between male and female To test this, a t-test was conducted. As shown in Table 5, $t(199) = -0.663$, $p > 0.05$, this hypothesis was rejected. Psychoticism It was hypothesized that there would be a significant difference in psychoticism between male and female To test this, a t-test was conducted. As shown in Table 5, $t(199) = 0.186$, $p > 0.05$, this hypothesis was rejected. Extraversion It was hypothesized that there would be a significant difference in extraversion between male and female To test this, a t-test was conducted. As shown in Table 5, $t(199) = -0.009$, $p > 0.05$, this hypothesis was rejected. Neuroticism It was hypothesized that there would be a significant difference in neuroticism between male and female To test this, a t-test was conducted. As shown in Table 5, $t(199) = 1.209$, $p > 0.05$, this hypothesis was rejected. Lie Scale 30 It was hypothesized that there would be a significant difference in the lie scale between male and female To test this, a t-test was

conducted. As shown in Table 5, $t(199) = -0.344$, $p > 0.05$, this hypothesis was rejected.

Discussion

The current research sought to carry out a comparative analysis of coping styles, self-esteem, perceived stress, and personality traits in adults. In particular, it sought to investigate the prevalence of the use of adaptive coping styles, the correlation between self-esteem and perceived stress, and gender differences in stress and coping strategies.

The initial hypothesis was that adults would use adaptive coping strategies most of the time in managing stress. The results upheld this hypothesis as it was seen that adults prefer to use adaptive coping strategies like problem-solving, seeking social support, and positive reframing. This finding agrees with earlier studies (Folkman & Lazarus, 1985), which indicated that as people age, they increasingly adopt more adaptive and effective ways of coping with stressors. The second hypothesis assumed that individuals with greater self-esteem would experience lower perceived stress. The results substantiated this hypothesis by exhibiting a significant negative relationship between self-esteem and perceived stress. High-self-esteem individuals seemed to perceive stressful events as less threatening and were better at dealing with emotional reactions. This is consistent with results from research by Rosenberg (1965) and subsequently corroborated by Pritchard and Wilson (2006), which highlighted the buffering function of self-esteem against psychological distress. The third hypothesis predicted that girls would experience higher levels of perceived stress than boys. The findings supported this, with females reporting significantly higher perceived stress.

This result accords with gender-based stress studies (Matud, 2004), where women tend to report more stress, perhaps due to societal pressure, demands on multitasking, and emotional expression. Lastly, the fourth hypothesis suggested that the boys would claim a greater utilization of problem-solving coping mechanisms over girls. This hypothesis was proven by the study, where it was found that male participants preferred problem-solving as well as task-oriented coping behaviors. Females, on the other hand, were inclined to emotion-focused coping mechanisms like searching for emotional support and reflecting upon emotional experience. This is an extension of observed gender differences across coping research (Tamres, Janicki, & Helgeson, 2002), whereby the male subject favors problem-focused coping, and female subjects resort more to emotion-focused coping. From a cumulative body of evidence spanning coping style, self-esteem, perceived stress, and gender effects, the current findings make useful additions. These results imply the necessity for stress management interventions that are tailored to take into account individual differences in coping styles

gender-specific experiences. Future studies may further investigate these associations longitudinally or across different cultural backgrounds to increase generalizability.

References:

Baumeister, R. F., Campbell, J. D., Krueger, J. I., & Vohs, K. D. (2003). Does high self-esteem cause better performance, interpersonal success, happiness, or healthier lifestyles? *Psychological Science in the Public Interest*, 4(1), 1–44. <https://doi.org/10.1111/1529-1006.01431>

Barrett, P. T., Petrides, K. V., Eysenck, S. B. G., & Eysenck, H. J. (1998). The Eysenck Personality Questionnaire: An examination of the factorial similarity of P, E, N, and L across 34 countries. *Personality and Individual Differences*, 25(5), 805–819. [https://doi.org/10.1016/S0191-8869\(98\)00026-9](https://doi.org/10.1016/S0191-8869(98)00026-9)

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, 56(2), 267–283. <https://doi.org/10.1037/0022-3514.56.2.267>

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24(4), 385–396. <https://doi.org/10.2307/2136404>

Endler, N. S., & Parker, J. D. A. (1990). Multidimensional assessment of coping: A critical evaluation. *Journal of Personality and Social Psychology*, 58(5), 844–854. <https://doi.org/10.1037/0022-3514.58.5.844>

Eysenck, H. J., & Eysenck, S. B. G. (1991). *Manual of the Eysenck Personality Scales (EPS Adult)*. Hodder & Stoughton.

Folkman, S., & Lazarus, R. S. (1988). Coping as a mediator of emotion. *Journal of Personality and Social Psychology*, 54(3), 466–475. <https://doi.org/10.1037/0022-3514.54.3.466>

Francis, L. J., Brown, L. B., & Philipchalk, R. (1992). The development of an abbreviated form of the revised Eysenck Personality Questionnaire (EPQR-A): Its use among students in England, Canada, the U.S.A. and Australia. *Personality and Individual Differences*, 13(4), 443–449. [https://doi.org/10.1016/0191-8869\(92\)90073-X](https://doi.org/10.1016/0191-8869(92)90073-X)

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.

Lee, E. H. (2012). Review of the psychometric evidence of the Perceived Stress Scale. *Asian Nursing Research*, 6(4), 121–127. <https://doi.org/10.1016/j.anr.2012.08.004>

Orth, U., & Robins, R. W. (2014). The development of self-esteem. *Current Directions in Psychological Science*, 23(5), 381–387. <https://doi.org/10.1177/0963721414547414>

Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton University Press.