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of Personal Integration**

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Coping Strategies as a Measure of Personal Integration

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Abstract

Integrated person is defined by Rogers as being harmonized on all the levels. Personality is fully functioning when different aspects of personality are integrated. Fully functioning personality was studied mostly in the context of therapeutic changes. The article studies integrated personality in nontherapeutic context which contributes to positive psychology in Seligman's point of view which emphasizes development of individuals' strengths and competencies. We studied the relationship of coping strategies and the level of personality integration of helping professionals. We used the Interpersonal Adjective Scale (IAS) by Wiggins (1991) to measure personality integration and the Proactive Coping Inventory (PCI) by Greenglass et al. (1999) and the Coping Strategies Inventory (CSI) by Tobin et al. (1984) to measure preferred coping strategies. Results show that more integrated persons prefer using proactively oriented strategies. On the other side, level of personality integration is not in relation to emotion-focused and avoidance coping strategies. Results suggest that integrated individuals tend to act proactively and create life opportunities. They not only react and solve problems when they arise.

Key words: integrated person, fully functioning person, coping strategies

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Introduction

Optimal functioning of a person occurs when various aspects of a person are integrated into a relatively harmonious organization. Research by Rogers (1951, 1962) and Seeman (1983, 2008) indicate that the level of personality integration anticipates many benefits in optimal functioning of a person. High-integration persons are for instance open to new experience, they typically score highly in indices of their own evaluation, and they are more adaptive in stress and conflict management and are more able to cope with life problems. Studying optimally functioning person was primarily focused on the context of therapeutic changes. Shifting the focus on nontherapeutic context, the paper wishes to contribute to an increasing interest in positive psychology as represented by Seligman's accent on developing strengths and competences of a person, on supporting well-being and reaching a high quality of a person functioning (Seligman, Csikszentmihalyi, 2000; Seligman, 2008).

Humanistic concepts of integration emphasize the idea that elements have to be in accordance with organismic needs. Maslow (1954) viewed the integrated person as a fully actualized that is in contact with higher motives oriented to the growth. Rogers (1962) stressed that development of higher congruence between behavior and authentic parts of personality was a consequence of integration. His person-centered approach emphasizing the whole personality was reflected in explorations of optimal functioning of a person. The accent on positive qualities significantly overshadowed the accent on dysfunction and psychopathology and is represented by Rogers' concept of a "fully functioning person" (Rogers, 1962) and by Seeman's research of a psychologically integrated person (Seeman, 1983, 2008). Both authors illustrate the accent on optimal functioning of a person. Results of their studies indicate that there exist consistent behavioral patterns that characterize an effectively functioning system of a person.

These behavioral patterns serve as criteria for evaluating the psychotherapeutic outcome as a function of describing optimal personal organization and they represent the final goal of actualization of the organism that in our perspective is not limited to therapeutic context (Sollarova, 2005; 2009). A person having the characteristics mentioned become according to Rogers more fully functioning, with various implications among them the integration is stressed as well. An integrated person is by Rogers defined as unified at all levels with the low discrepancy between present self ("real self") and desired self ("ideal self"). Rogers states in 1951 that the ideal self is changing during the therapy in the direction of more real or more attainable ideal. The perceived self is being changed in the direction that is closer to the ideal before and after the therapy. The correlation between the real self and the ideal self is low at the beginning of therapy and, as a result of converging direction of real and ideal self in the process of therapy, it becomes higher. We submit an opinion that the level of convergence between present and desired self is a measure of the personal integration in the nontherapeutic context as

well and that it will correlate with parameters of optimal functioning of a person as it was found in research of effective client-centered therapy.

As a measure of real self we used self-evaluation of interpersonal characteristics and as a measure of ideal self we used the evaluation of desired state of interpersonal characteristics. We define the psychological integration as a discrepancy between the present and desired state; the direction of the difference/discrepancy was not taken into account, only the absolute value of deviation was used while the lower the discrepancy, the higher the psychological integration of a person.

Rogers (1962) as one of the main parameters of a fully functioning persons states finding their organism a trustworthy source of experiential data for arriving at satisfactory decisions and actions. We therefore formulate hypotheses that high-integration persons will use more effective coping strategies.

Method

Sample

The sample consisted of administrative workers at the Ministry of Work, Social affairs and Family (n=128; aged 26-57; $M_{age}= 42.33$; $SD_{age}=8.27$). Most subjects were women (87.5%).

Measures and Instruments

A. Level of psychological integration

Psychological integration was measured using the Wiggins' Scale IAS-R, with an 8-point answer scale (*Interpersonal Adjective Scale*; Wiggins 1991), Slovak version by Vyrost. The Scale with 32 pairs of adjectives was evaluated by the subjects twice. The subjects evaluated the intensity of their interpersonal characteristics first as their present self and then as their desired self. The discrepancy between the two types of evaluations was considered the measure of psychological integration. The final score was counted as the sum of differences in all 32 pairs of adjectives in absolute value.

B. Coping measured by:

Proactive Coping Inventory (PCI, Greenglass et al., 1999; Slovak version by Daniel, Romanová, Sollár, 2002), measuring 7 dimensions of coping: Proactive Coping, Reflective Coping, Strategic Planning, Preventive Coping, Instrumental Support Seeking, Emotional Support Seeking, and Avoidance Coping.

Coping Strategies Inventory (CSI, Tobin et al., 1984) measuring coping strategies in 8 primary scales (Problem Solving, Cognitive Restructuring, Express Emotions, Social Support, Problem Avoidance, Wishful Thinking, Self Criticism, Social withdrawal), 4 secondary subscales (Problem Focused Engagement, Emotion Focused Engagement, Problem Focused Disengagement, Emotion Focused Disengagement) and 2 tertiary subscales (Engagement, Disengagement).

Results and Discussion

Correlations between the measure of psychological integration and the characteristics of coping strategies are shown in tables. Spearman's rank correlation coefficient was used.

Table 1. *Correlations between the measure of psychological integration and coping variables*

1a. Proactive Coping Inventory

		Proactive Coping	Reflective Coping	Strategic Planning	Preventive Coping	Instrumental Support Seeking	Emotional Support Seeking	Avoidance Coping
Integration	r_s	-.284	-.120	-.056	-.186	-.074	.054	.086
	p	.001	.176	.528	.035	.405	.548	.336
	n	128	128	128	128	128	128	128

1a. Coping Strategies Inventory (1st order Factors)

		Problem Solving	Cognitive Restructuring	Expressive Emotions	Social Support	Problem Avoidance	Wishful Thinking	Self Criticism	Social withdrawal
Integration	r_s	-.056	.057	.302	.160	.202	.282	.071	-.024
	p	.676	.671	.021	.231	.129	.032	.597	.856
	n	58	58	58	58	58	58	58	58

1c. Coping Strategies Inventory (2nd order Factors)

		Problem Focused Engagement	Emotion Focused Engagement	Problem Focused Disengagement	Emotion Focused Disengagement
Integration	r_s	-.001	.282	.330	.024
	P	.992	.032	.011	.857
	N	58	58	58	58

1d. Coping Strategies Inventory (3rd order Factors)

		Engagemen t	Disengagem ent
Integrati on	r _s	.182	.247
	p	.172	.062
	n	58	58

Higher the score in the variable of Integration, the lower the integration level, as it corresponds to bigger discrepancy between the present and the desired self.

Among compared dimensions of coping strategies by the PCI and the level of personal integration, we found statistically significant correlations in case of proactive coping and preventing coping. The higher the proactive and preventive orientation, the higher the integration of a person.

For both strategies, as Greenglass and her team (1999) define them, typical feature is the orientation to future in solving everyday situations and situations that are perceived as stressful or, potentially stressful. The results found support Rogers' (1962) statement concerning one of the main parameters of a fully functioning person that is the ability to arrive at satisfactory decisions and actions. The aspect of time involved by Greenglass seems to be the parameter that has a potential to differentiate the studied variable of the level of personal integration.

Among compared dimensions of coping strategies by the CSI and the level of personal integration, we found statistically significant correlations in case of two primary scales – Express Emotions and Wishful Thinking. The higher the preference of emotion expression and wishful thinking, the lower the personal integration. The subscale Wishful Thinking refers to cognitive strategies that reflect an inability or reluctance to reframe or symbolically alter the situation. The subscale Express Emotions includes items referring to releasing and expressing emotions. The Inventories were administered at the beginning of the PCA (Person-centered approach) skills training when we identified that typical emotion expression associated with subscale items were aggressive (items example: I let my emotions out. I got in touch with my feelings and just let them go.). We suppose that congruent emotion expression as defined by the PCA would be related to high personal integration.

The four secondary subscales form a combination of Problem vs Emotion Focused and Engagement vs Disengagement. We found that Emotion Focused Engagement (EFE) and Problem Focused Disengagement (PFD) are in positive correlation with Integration. The higher the EFE or PFD, the lower the Integration. EFE includes Express Emotions and PFD includes Wishful Thinking and the result corresponds with the analysis of the primary scales.

Conclusion

We propose that the concept of fully functioning person is highly relevant both for therapeutic and nontherapeutic context and that coping strategies - proactive orientation, wishful thinking and emotions expression seems to differentiate the level of the personal integration.

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