

Differential Relationship of Coping Styles with Well-Being and Ill-Being of Professional Firemen

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In the present study we were interested in how coping styles relate to different indicators of well- and ill-being. We assumed that coping styles are differently related to well- and ill-being indicators because they are theoretically and empirically independent from each other. To examine this assumption we asked 139 professional firemen to fill in measures of coping styles (COPE, EAS), well-being (PANAS, SWLS) and ill-being (IES-R, PANAS). The results confirmed the overall importance of non-constructive coping for ill-being and well-being, whereas constructive coping predicted only positive emotionality. The prototypical masculine working environment characteristic for our sample could be the cause that socially/emotionally oriented coping is the weakest predictor of well-being, although other studies report the adaptive role of conscientious dealing with individual's own emotions as a coping style. Both well- and ill-being measures should be used to get an insight into a complex area of individual's adaptation to stress.

Keywords: *coping styles, well-being, ill-being, firemen*

Stress is a constant component in work of a professional fireman (Throne, Bartholomew, Craig, & Farrar, 2000). Main sources of stress among professional firemen represent long-lasting and continuous exposure to sleep disturbances, reactions to alarm signals, tragedies and organizational stress. Although fireman is one of the more stressful professions it is supposed that coping has a significant effect on the outcome regardless of profession or sort of stressors (Folkman & Moskowitz, 2004). Even though the major research interest in this area is focused on negative outcomes of stress and unsuccessful coping with it, we were interested in well-being of firemen as a whole – not only in the absence of negative symptoms but also in the presence of positive signs of well-being in connection with different coping styles. We were particularly interested in emotion-oriented coping which usually has positive and buffering

effects on well-being (Austenfeld & Stanton, 2004). Our sample is specific since firemen work in a prototypical masculine environment where consciously and emotionally intelligent dealing with emotions is probably not stimulated.

The majority of people working in intervention services, including firemen, experiences signs of at least a mild reaction to stress (Sever, 2007). Data gathered on American sample of firemen show that 33 to 41 % of them experience high stress due to their work; signs of distress were also found in the sample of German firemen (Fullerton, Ursano, & Wang, 2004).

An individual's reaction to a stressful event is a factor that significantly moderates the relation between stressful situation and its consequences. Some coping styles are generally more adaptive and protective, while others are less efficient. Since in most situations passive coping styles (e.g. avoidance, denial, flight or non-activity) do not solve individual's problems, and only work as an emotional relief, researchers usually classified them as inefficient or non-constructive (Folkman & Lazarus, 1980). On the other hand, active dealing with a situation, the change of it and our perception of the situation could be classified as an efficient coping style (Folkman & Lazarus, 1980).

But dividing coping styles to efficient and inefficient is rather problematic, since one way of coping can be efficient in one situation while inefficient in another. Folkman and Lazarus (1980) propose dividing coping styles to those that are focused on a problem, are mainly constructive and connected with positive outcomes, and those that are focused on emotions and mainly non-constructive. Carver, Scheier, and Weintraub (1989) confirmed the usefulness of this division but also noted its deficiencies since empirical results have not always confirmed it. Rather than using any prior classification of coping styles they suggest determining classification of coping styles each time using their questionnaire. Litman (2006) reviews ten different factor analyses of COPE scales together with the factor analysis calculated on his results. Problem-focused, avoidant-coping, social-support, and emotion-focused were the most frequently reported factors in this review.

Although emotion-focused coping is usually regarded as less adaptive, Stanton and her colleagues (Stanton, Danoff-Burg, Cameron, & Ellis, 1994; Stanton, Kirk, Cameron, & Danoff-Burg, 2000) assert that negative correlation between emotion-focused coping and criteria measures occur due to some items measuring emotion-focused strategies, which are confounded by distress and self-deprecation. Therefore they have developed scales to assess coping through acknowledging, understanding, and expressing emotions, and confirmed the adaptive potential of emotional-approach coping in the context of several types of stressors. This construct also reflects the findings about the adaptive role of emotional intelligence, defined as "the ability to process emotional information, particularly as it involves the perception, assimilation, understanding, and management of emotion« (Mayer & Cobb, 2000).

Quite some studies confirmed the importance of coping styles for individual's functioning in different areas of life (Folkman & Moskowitz, 2004), on the specific samples of firemen as well. Using a sample of 78 firemen, Baker and Williams (2001) found out that the majority of variance (49%) of the stress' consequences can be explained by workplace stress and by the problem-focused coping styles. In another study of 220 professional firemen (Beaton, Murphy, Johnson, Pike, & Cornell, 1999) researchers found that from six coping styles only cognitive and behavioural avoiding are connected to post-traumatic symptoms.

To get the whole picture of the effect of coping on an individual's adaptation, measures of well- and ill-being should be taken into consideration. Well- and ill-being have been usually regarded as two opposite ends of a bipolar continuum (Ryff et al., 2006) but recently, more studies suggest the independence of well- and ill-being. Karademas (2007) ascertained that some predictors are only related to one aspect of well-being. For example, self-efficacy and positive approach to coping were related only to well-being, whereas neuroticism and stress were related to ill-being. Similarly, Huppert and Whittington (2003) report that there is a degree of independence between positive and negative indicators of well-being; moreover, the results of the study of biological markers (Ryff et al., 2006) support the independence of well- and ill-being as well.

In some studies, the focus was also placed on positive aspects of coping. Shiota (2006) reported that positive emotionality as a measure of emotional aspect of subjective well-being was related to positive evaluation and search for positive stimuli as coping styles, while no association was found between positive emotionality and problem-focused coping styles. In another study, workplace satisfaction in a sample of policemen was positively related to active coping styles (Burke, 1998) and in a sample of 236 students (Wood, Joseph, & Linley, 2007) researchers also confirmed the importance of coping styles for different indicators of well-being (such as happiness and satisfaction with life). Similar study (Clark, Bormann, Cropazano, & James, 1995) reported that coping styles explain up to 30 percent of variance of satisfaction with life and up to 41 percent of variance of positive emotionality. Karademas (2007) found out that satisfaction with life is related to most of coping styles he used in his study; it was positively related to the constructive coping styles and negatively to the search for social support, avoiding and confronting. We have not found any research concerning the relationship between coping styles and subjective well-being in the fireman population.

The interest of our study was focused in the association between coping styles and positive and negative indicators of subjective well-being. We assumed that non-constructive coping styles would be positively related to negative indicators of well-being (post-traumatic symptoms, depressive symptoms, and negative emotionality), since an individual who is using those is not actively

trying to solve his or her problem but only tries to lessen negative feelings in stressful situations. Consequently, the situation remains unsolved and represents a long-term source of stress. We also assume that an individual can experience a higher level of positive well-being not through use of non-constructive coping style but through the use of constructive coping styles therefore they will be correlated with positive indicators of well-being. Those coping styles help sustain a more positive view of living and therefore lead to greater well-being.

Method

Participants. The sample consisted of 139 professional firemen from seven fire brigades across Slovenia. All of them were male, aged between 21 and 56; the average age was 36 years ($SD = 10.0$). 104 participants have finished secondary school, 18 of them have finished undergraduate studies. 17 participants did not report their educational degree. Average length of work experience in the fire fighting department of participants was 12.9 years ($SD = 10.0$). 61 participants reported of at least one stressful work-related incident (rated more than 50 on the scale – 0 = not stressful at all, 100 = extremely stressful) in the last three months. The most stressful aspects of work cited by participants were situations involving children (deaths and injuries) and giving help to known person, especially when associated with feelings of helplessness.

Measures. The Coping With Problems Experienced (COPE) inventory (Carver et al., 1989) measures different coping styles with stress. Originally, it comprised 53 items measuring 14 different coping styles. Later, authors added also scale Humor. Because in previous studies on Slovene samples (e. g. Zgaga, 2011) religious coping did not differentiate between subjects (75% of participants got the lowest possible score), we did not include this scale in our study. Five of the remaining 14 scales (each consisted of four items) measure problem-focused coping styles, five of them measure emotion-focused coping styles and the rest five measure other coping styles. Each item is evaluated on a four-level scale (1 – I usually don't do that; 4 – I do that very often). Cronbach's α coefficients in our sample were following: active coping ($\alpha = .43$), planning ($\alpha = .69$), positive reinterpretation and growth ($\alpha = .61$), restraint ($\alpha = .63$), suppression of competing activities ($\alpha = .72$), denial ($\alpha = .77$), mental disengagement ($\alpha = .58$), behavioural disengagement ($\alpha = .58$), focus on and venting of emotions ($\alpha = .59$), use of emotional social support ($\alpha = .88$), use of instrumental social support ($\alpha = .76$), acceptance ($\alpha = .56$), humour ($\alpha = .82$) and substance use ($\alpha = .92$).

The Emotional Approach Coping (EAC) questionnaire (Stanton et al., 2000) consists of two scales (each has four items) – emotional processing and emotional expression. Each item is evaluated on a four-level scale (1 – I usually don't do that; 4 – I do that often). Cronbach's α coefficients in our sample were .64 for emotional processing and .63 for emotional expression.

The Impact of Event Scale – Revised (IES-R; Weiss & Marmar, 1997) is designed to measure subjective distress at specific life events. It consists of 22 items which form three subscales – intrusion, avoidance and hyper arousal. The score summing all three scales represents subjective distress. Participants evaluated the presence of different symptoms connected to the most stressful event experienced in past three months on a five-level scale (0 – not at all; 1 – a little bit; 2 – moderately; 3 – quite a bit; 4 – extremely). Despite the fact that we omitted the last two items by mistake, Cronbach's α coefficient of the summary score in our results was .92.

The Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988) has two scales. The scale of positive emotionality consists of ten items and measures

a level of feelings such as enthusiasm, activity or vigilance. The negative emotionality scale consists of ten items as well. It refers to different negative affects, including hatred, contempt, and feelings of guilt, fear and nervousness. Participants evaluate the presence of different emotional states in general on a five-level scale (1 – very slightly or not at all; 5 – very much). Cronbach's α coefficient in our sample for positive and negative emotionality scales were .78 and .88, respectively.

Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) measures the cognitive aspect of subjective well-being. The result on it denotes the individual's subjective evaluation of his or her quality of life based on subjective criteria. The measure consists of five items, participants evaluate them on seven-level scales ranging from 1 (strongly disagree) to 7 (strongly agree). Cronbach's α coefficient in our sample was .78.

Procedure. Questionnaires were distributed among different fire brigades across Slovenia. They were given to the leaders of the units, since the nature of the work (working in shifts) did not enable us to contact all firemen at the same time. An explanation of the research project, its purpose and duration of participation time, an offer to answer questions concerning the project and information on how to contact the investigator, a statement indicating anonymity, and an indication that the return of the questionnaire will constitute the subject's consent to participate, were attached to the questionnaires. We asked firemen to put the completed questionnaires into an envelope and close it to satisfy anonymity. Those envelopes were returned to the leaders that were requested to send them to the researchers. We arranged the feedback to every fireman brigade with their leaders.

Results

In our research, we were predominantly interested in the relation between coping styles and some indicators of well- and ill-being. Since there is no generally accepted and theoretically supported classification of the coping styles, we used the cluster analysis (Ward's method) to group 14 scales from COPE and two scales from EAC questionnaires. Grouping of the scales seems meaningful since some scales' reliabilities are quite low. Two main clusters were found, but they could not be interpreted on the basis of functionality (problem and emotion focused) according to the theory, but better as constructive and non-constructive coping styles. Cluster of non-constructive coping styles includes denial, behavioural disengagement, mental disengagement, focus on and venting of emotions, humour and substance use. Cluster of constructive coping styles consists of positive reinterpretation, planning, restraint, acceptance, suppression of competing activities and active coping. The two-cluster solution also includes two constructive coping styles from EAC questionnaire and both coping styles seeking social support. If we combine coping styles in a three-cluster solution, the last four form a separate group, which we named emotion/socially supported coping. In our study, we used the three-cluster solution (Figure 1) and the summed results from above mentioned scales to get three joined scales. Alpha coefficients of reliability of these three joint scales range from 0.87 to 0.90.

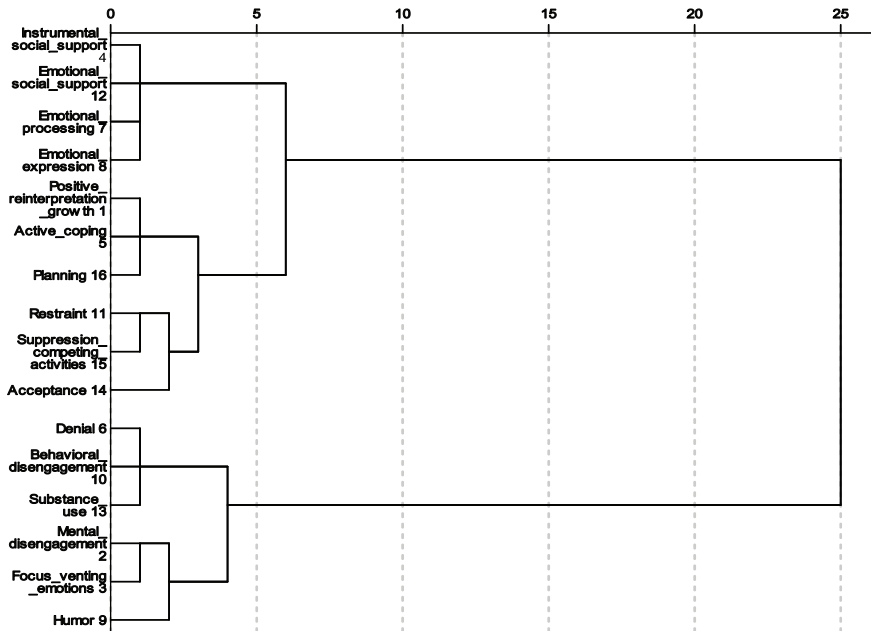


Figure 1. Dendrogram of Cluster Analysis of 16 Coping Scales, Using Ward Linkage Method

Because distribution of more scales was not normal, Spearman’s rho coefficient of correlation was used to describe relations between variables. The results of the correlation analysis can be found in Table 1. Only 21 out of 64 correlations were statistically significant, the highest of them was .37. Lower reliability of some of the COPE scales could be a possible cause of low correlations. Post-traumatic symptoms correlated mainly with passive, non-constructive coping styles, such as denial, disengagement, substance use and positively with emotional social support. Similar correlations were found between coping styles and negative emotionality, with additional statistically significant correlation with focus on and venting of emotions. Positive emotionality was related to all constructive coping styles and to emotionally and socially supported coping. None of coping styles was correlated with the satisfaction with life, except the focus on and venting emotions.

Table 1. Spearman's Correlation Coefficients Between Coping Styles, Well- and Ill-Being Indicators

Cluster	Scale	Satisfaction with life	Positive emotionality	Negative emotionality	Post-traumatic symptoms
Emotionally/ Socially Oriented Coping	Emotional processing	.09	.18 *	.03	.13
	Emotional expression	.05	.18	.05	.18 *
	Instrument. soc. support	.10	.23 **	.05	.09
	Emotional soc. support	.07	.23 **	.06	.21 **
Constructive Coping	Active coping	.12	.36 **	.00	.04
	Planning	.01	.37 **	.02	.04
	Pos. interpretation	.12	.35 **	.12	.06
	Restraint	.11	.27 **	.13	.10
	Sup. of comp. activities	.01	.30 **	.09	.16
	Acceptance	.07	.23 **	.09	.07
	Denial	.05	.08	.25 **	.26 **
Non- Constructive coping	Behav. disengagement	.02	.05	.24 **	.31 **
	Substance use	.05	.14	.21 **	.22 **
	Mental disengagement	.01	.04	.29 **	.26 **
	Focus/venting emotions	.23 **	.03	.36 **	.16
	Humour	.03	.05	.07	.07

Note: *statistically significant $p < .05$; **statistically significant $p < .01$.

We used joined scales of coping as predictors of well- and ill-being measures in regression analyses. Results are presented in Table 2. In the first step we also controlled the possible effect of the age of participants². The age explained up to 7% of variance in well-being measures. Satisfaction with life and positive emotionality declined with age, whereas negative emotionality and post-traumatic symptoms increase. Our results indicate that well-being deteriorate with age in our sample of firemen.

The joined scales of constructive, non-constructive, and emotion/socially support coping entered into regression in the second step. Coping styles explained up to 24 percent of variance in well- and ill-being measures. Non-constructive coping was the strongest predictor which explained statistically significant portion of variance in three of four dependent measures. A more

2 We entered in the first step also years of working as professional firemen but it did not improve the prediction so we omitted it in further calculation.

frequent use of constructive coping strategies predicted only higher positive emotionality. On the other hand, less frequent conscious dealing with stress-related emotions and less frequent quest for social support explained only higher negative emotionality. For satisfaction with life, none of predictors entered in the second step, reached the statistical importance. Participants who reported higher post-traumatic symptoms used non-constructive coping styles more frequently. Emotional aspects of well-being are most strongly determined by coping styles. Results thus partly confirmed our expectations.

Table 2. Hierarchical Regression Analyses of Coping Styles on Well- and Ill-Being Indicators, Controlling for Age

	Satisfaction with Life		Positive Emotionality		Negative Emotionality		Post-traumatic Symptoms	
	β	D	β	D	β	D	β	D
Model 1		.07 **		.05 *		.04 *		.03 *
Age	.27 **		.23 *		.19 *		.17 *	
Model 2		.02		.19 **		.18 **		.24 **
Age	.25 **		.16 *		.16 *		.13	
Constructive coping	.01		.40 **		.15		.02	
Nonconstructive coping	.18		.31 **		.45 **		.49 **	
Emot./soc. oriented coping	.08		.08		.23 *		.02	
Total		.10		.25		.22		.27

Note: *statistically significant $p < .05$; **statistically significant $p < .01$.

DISCUSSION AND CONCLUSION

In our study we confirmed the importance of different coping styles for well- and ill-being; constructive coping is an important predictor only for positive emotionality, meanwhile non-constructive coping is an important predictor for well- and ill-being.

Although the internal consistency coefficients for three of sixteen coping scales were very low, we first examined correlations between each coping style and measures of well- and ill-being. Correlations are not very high but consistent with previous findings (Carver et al., 1989; Litman, 2006; Karademas, 2007). Because the effectiveness of coping styles depends on characteristics of concrete stressful situations, the examining of the frequency of using specific coping styles in general lower their predicting power (Schwartz, Neale, Marco, Shiffman, & Stone, 1999). Therefore correlations between the average use of specific coping styles and well-being are probably statistically significant only in the case when the coping style can be unequivocally regarded as constructive or non-constructive – regardless of the situation.

The highest correlations are found between constructive coping styles and positive emotionality, and between non-constructive coping styles and negative

emotionality and post-traumatic symptoms. However, six coping styles (humour, instrumental social support, restraint, acceptance, emotional processing and expression) are not correlated with any of well-being indicators. These are not the coping styles with the lowest internal consistencies, which could cause low correlations with criteria. According to these results we can argue that these are the coping styles, whose efficacy strongly depends on specific stressful situation so they are – on average – not correlated with either positive or negative aspects of well-being.

To achieve a more parsimonious understanding of results we grouped coping styles using cluster analysis since there is no generally accepted theoretical division of them. The grouping was not in accordance with the theoretic or empirically obtained divisions (Litman, 2006; Skinner, Edge, Altman, & Sherwood, 2003), since in all of the clusters there are coping styles focused on problems and on emotions. The most plausible way to name them seemed to be based on constructiveness, since one cluster gathers constructive and other non-constructive coping styles although as we already said that for some of the coping styles their constructiveness depend strongly on situation. The third cluster can not be easily defined, since it includes two scales of social support (emotional and instrumental) and two scales of dealing with emotions, both from EAC questionnaire. These results indicate that intentionally focusing on emotions as a way of coping can not be considered the same as non-constructive ways of focusing on and venting emotions. On general, correlation with well- and ill-being indicators are in accordance with the used labelling: constructive coping styles were positively related to well-being, while non-constructive were positively related to ill-being and negatively to well-being.

The highest correlations were between coping styles and positive and negative emotionality, to indicator of emotional well- and ill-being, which are closely related to personality dimensions extraversion and neuroticism (Diener, Smith, & Fujita, 1995; Steel, Schmidt, & Shultz, 2008). Although the correlation research does not enable us to get an insight into causal relationships, it could be implicitly assumed that well-being indicators are rather a consequence than a cause of coping styles, although the relationship between emotionality and coping is probably reciprocal. Positive and negative emotionality have a strong component of genetic transmission, especially through the connection with neuroticism and extraversion (Eid, Riemann, Angleitner, & Borkenau, 2003), therefore we could also expect effect other way around – that a person with the proneness to experiencing negative emotions (because of his reactivity to negative stimuli) experiences so many negative emotions that his first consideration in a stressful situation would be surviving a crowd of negative emotions and focuses on them, by venting emotions, for example.

Regression analyses of three clusters of coping styles on well- and ill-being indicators revealed some additional aspects of the association between studied variables. Together, all three clusters of coping styles explained up to 24% of variance. Coping styles explained the highest percent of variance in post-traumatic symptoms. After controlling for age, the non-constructive coping is

the only important predictor of post-traumatic symptoms. Probably individuals, using them were not able to resolve stressful situation with non-constructive coping, so it represented a long-term source of stress and symptoms cannot be eliminated. Non-constructive coping is also an important predictor of negative emotionality which could also be explained by unsuccessful resolving of stressful situations and consequently more negative emotions. Regression analysis also suggests that non-constructive coping also prevent individuals to experience positive emotions. These results are not consistent with the correlations between positive emotionality and specific coping styles. The reason for that might be that people of the same age with higher level of non-constructive coping experience less positive emotions, while in general non-constructive coping is not connected with positive affect.

Concerning the role of emotionally oriented or toward others oriented coping the results are not uniform. On one hand, correlations indicate that use of emotional social support and emotional expression are positively related to posttraumatic symptoms, but on the other hand, emotional and toward others oriented coping is a negative predictor of negative emotionality. The authors of emotionally oriented coping (Stanton et al., 2000) argue that more studies confirmed beneficial effects of this kind of coping thus the negative association between emotionally oriented coping and negative emotionality is in accordance with these studies. On the other hand, positive correlations between emotional expression and use of emotional social support and post-traumatic symptoms could be explained by specific characteristics of the working environment, which is more masculine, since only males are employed in this service and maybe emotional expression is not welcome.

We defined coping styles and positive emotionality as relatively stable personality traits in this study, but we need to mention that some studies found an important role of momentary positive emotionality in process of coping recently, which can effect selection of the way of coping (Folkman & Moskowitz, 2004). Our correlation study does not provide an insight into the casual relationships, so we can not conclude whether a person that experiences positive emotions more often selects more constructive coping styles or better coping styles themselves lead to higher positive emotionality. This casual relationship should be explored more thoroughly, including personality traits that should be controlled since they have a strong effect on positive and negative emotionality.

We can conclude that our results indicate an important role of coping styles in experiencing well- or ill-being. Our study indicates that it is important to include both well- and ill-being indicators, since they have different relationships to specific coping styles. Without indicators of well-being it might be wrongly concluded that it is important not to use non-constructive coping styles meanwhile constructive coping styles do not play an important role in adaptation. Additionally, non-consistent relation of emotionally oriented coping with well- and ill-being measures could be the consequence of specific sample where it is socially extremely undesired to express emotions or searching for emotional social support.

We need to stress out some limits of our study. In studies dealing with emergency services (such as firemen) there is a problem with controlling different factors, especially regarding the nature of stressors that can be very intense but rare. Besides, quite some firemen did not want to participate in our study. Therefore, the sample is not randomly selected and this fact could also affect our results.

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