original article

Coping strategies and well-being among young Polish adults: the mediating role of inner dialogues

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BACKGROUND

In previous research, the fourteen coping strategies proposed by Carver have been assigned to two categories: adaptive (planning, active coping, positive reframing, acceptance, using emotional and instrumental support, religion, and humor) and maladaptive (self-blame, denial, self-distraction, venting, behavioral disengagement, and substance use). Some studies have shown that the former correlate positively, while the latter correlate negatively with psychological well-being. The initiation of coping strategies seems to co-occur with the experience of uncertainty, which is typically accompanied by an inner dialogue. Different types of inner dialogues are related to well-being in different ways. This study aims to test whether identity and ruminative inner dialogues mediate the relationship between coping strategies and well-being.

PARTICIPANTS AND PROCEDURE

Convenience sampling was used. The study was conducted through an online survey. Participants were 337 young adults (181 women and 156 men) aged 20-35 years. They completed the Brief-COPE Inventory, Psychological Well-Being Scale, and Internal Dialogical Activity Scale-Revised.

RESULTS

It was found that ruminative inner dialogues mediate negative relationships between maladaptive coping strategies and well-being. Identity inner dialogues are mediators of positive relationships between adaptive coping strategies and well-being, with the exception of humor and using emotional support.

CONCLUSIONS

These findings can be used by mental health professionals in counseling and therapy. To enhance clients' well-being, it is essential to strengthen their identity internal dialogues (associated with adaptive coping) and reduce their ruminative internal dialogues (associated with maladaptive strategies).

KEY WORDS

coping strategies; uncertainty; psychological well-being; Polish adults; ruminative/identity inner dialogue

BACKGROUND

WELL-BEING AS AN INDICATOR OF ADAPTATION

Keyes et al. (2002), drawing on research traditions, distinguish between subjective and psychological well-being. Subjective well-being, associated with the hedonistic perspective, pertains to evaluating life in terms of satisfaction and the balance between positive and negative affect. In contrast, psychological well-being, associated with the eudaimonic perspective, concerns engagement in coping with existential life challenges and, therefore, can serve as an indicator of a person's adaptation to difficult situations (Ryff, 2014). This is the rationale for focusing, in our study, on Ryff's (2014) concept of psychological well-being.

Ryff (2014) proposed six dimensions of psychological well-being: autonomy – independence from external influences, self-determination in decision-making; environmental mastery – a sense of control, effective coping with challenges, and seizing opportunities; personal growth – striving for self-improvement, openness to new experiences; positive relationships with others – the ability to build close, fulfilling connections; life purpose – a sense of meaning, the ability to set and achieve valuable goals; self-acceptance – a realistic, positive self-image, embracing both strengths and limitations.

COPING STRATEGIES AND WELL-BEING

Coping is defined as a constantly changing process that involves making behavioral and cognitive efforts to deal with demands that are particularly challenging and likely to exceed a person's capacities and/or resources (Lazarus & Folkman, 1984). Successful adaptation after a threat or crisis depends on the nature of the stressful event, as well as individual coping in response to the difficult situation (Aldwin, 2007). Lazarus and Folkman (1984) categorized coping behaviors into two types: problem-focused and emotion-focused. Problem-focused coping aims to reduce the impact of a stress factor or eliminate it and is generally considered an adaptive mode (Folkman & Lazarus, 1985). Emotion-focused coping refers to actions aimed at preventing or minimizing unpleasant emotions triggered by a stressful event and is treated as active or avoidant (Holahan & Moos, 1987). Active emotional coping (e.g., cognitively reframing a stressor's impact) is typically viewed as an adaptive emotion-regulation strategy (Folkman & Lazarus, 1985). Avoidant emotional coping (e.g., using denial or self-distraction to avoid the source of distress) is viewed as maladaptive (Holahan & Moos, 1987).

In the literature, there are also other – usually dichotomous – divisions of coping strategies, e.g.: engagement vs. disengagement, approach vs. avoidance, functional vs. dysfunctional, and primary vs. secondary control coping (cf. Garcia et al., 2018). These classifications do not always adopt clear criteria, so researchers differ in how they assign strategies to specific categories. For example, religion can be considered an emotion-focused (Carver, 1997) or problem-focused strategy (Schnider et al., 2007); venting can be regarded as active emotional coping, treated as adaptive (Schnider et al., 2007), or as a negative avoidant coping strategy (Gillen et al., 2022), understood as dysfunctional (Carver, 1997). Also, attempts to empirically organize coping strategies into factors yield different outcomes in different groups (Garcia et al., 2018). As a result, it is difficult to unambiguously link a group of coping strategies to consequences captured in terms of well-being or mental health. However, researchers are still making efforts in this area (Holmes & Stevenson, 1990; Pozzi et al., 2015). For example, given that the 14 strategies proposed by Carver (1997) and measured by his Brief-COPE have been assigned to either adaptive or maladaptive coping, Meyer (2001) showed that adaptive strategies correlate positively, while maladaptive strategies correlate negatively with psychological well-being. Moreover, the latter group is positively associated with mental health problems such as depression. Maladaptive coping includes self-blame, denial, self-distraction, venting, behavioral disengagement, and substance use, while positive reframing, active coping, planning, using emotional and instrumental support, acceptance, religion, and humor are categorized as adaptive coping (Meyer, 2001).

COPING, UNCERTAINTY, AND INNER DIALOGUE

According to Lazarus and Folkman (1984), in addition to coping mechanisms, the process of coping consists of two other components: the source of the stress (the event or stressor) and cognitive appraisal. The coping process begins at the moment of making a cognitive assessment, when a given situation is classified as harm/loss, challenge or threat (Lazarus & Folkman, 1984; cf. Ogińska-Bulik & Juczyński, 2008). Each of these three categories of situations involve the experience of uncertainty, which is described by four characteristics: ambiguity, unpredictability, complexity, and knowledge deficit (Hermans & Hermans-Konopka, 2010). In this context, the experience of uncertainty can be seen as a starting point for initiating coping strategies. At the same time, uncertainty is one of the typical experiences accompanied by an inner dialogue (ID) (Hermans & Hermans-Konopka,

2010; Puchalska-Wasyl & Oleś, 2013). Hermans and Hermans-Konopka (2010) claim that ID is an important form of reducing the experience of uncertainty when its level is too high and could cause anxiety and insecurity.

ID (also referred to as a dialogue with oneself) is a form of intrapersonal communication (Oleś et al., 2020) and "means that a person adopts (at least) two different perspectives in turn and that utterances formulated (internally/silently or externally/aloud) from these perspectives respond to one another" (Puchalska-Wasyl, 2023, p. 1061; cf. Puchalska-Wasyl, 2022). In this article, IDs will be framed within a socio-constructivist perspective (Gergen, 2008; Hermans, 2003; Romaioli et al., 2023). From this perspective, the self is relational, with personal experiences emerging as reflections of various positions within a wider system of social relationships. In his concept of the self as multi-being, Gergen (2008, p. 337) wrote: "With my mother I come into being as a child; with my children I come into being as a parent, and so on. Each relationship will bring me into being as a certain sort of person (...)". This notion captures the complexity of identity in people navigating diverse cultural and life contexts.

This view aligns with Hermans' (2003) dialogical self theory, which sees the self as a multitude of viewpoints (I-positions) available to an individual. Each I-position develops in a specific social context and represents a distinct voice (e.g., one's own or the voice of a significant other or society). I-positions are interconnected following the patterns of social relationships. As a result, individuals engage in both external and internal dialogues, reflecting the social contexts from which I-positions arise (Hermans & Hermans-Konopka, 2010).

The intensity of IDs varies across individuals and can be seen as a trait-like disposition. Within the individual differences framework, Oleś (Oleś et al., 2020; cf. Puchalska-Wasyl & Oleś, 2013) identified eight types of internal dialogues: identity, ruminative, social, supportive, spontaneous, maladaptive, confronting, and perspective-changing.

INNER DIALOGUES AND WELL-BEING

Puchalska-Wasyl and Oleś (2013) agree with Hermans and Hermans-Konopka (2010) that IDs reduce uncertainty; however, they emphasize that this effect is not universal. Uncertainty can be reduced if the arguments presented by one of the points of view being a party to the ID prove to be more effective and allow one to justify the appropriate decision, or if the arguments of both points of view are integrated into a novel creative idea that sets a new course of action. However, if a person is unable to integrate the different dialoguing viewpoints, or if no point of view

prevails over the others, doubts may grow (Puchalska-Wasyl & Oleś, 2013).

Given the different types of ID proposed by Oleś, presumably, the first option, reducing uncertainty, may occur in the case of identity IDs, when a person reflects on who they are, what is important to them in life and, based on their personal values, they can justify their actions. Identity IDs serve to seek and strengthen authenticity, often preceding decisions of key importance (Oleś et al., 2020). The second option, intensification of uncertainty, can happen with ruminative IDs, that is when a person constantly analyzes the arguments clashing in the dialogue, but is unable to convince himself/herself of any of them, which causes frustration and guilt. A recent study showed that when critical life experiences are accompanied by identity ID, they promote psychological well-being and wisdom (Puchalska-Wasyl, 2023). In another study, well-being was also found to be positively associated with identity IDs and negatively associated with ruminative IDs (Puchalska-Wasyl, 2022).

PRESENT STUDY

So far, it has been shown that coping strategies arise in situations of uncertainty, triggering IDs. Ruminative IDs, reflecting contexts where we were blamed and burdened with responsibility, are negatively associated with well-being. In contrast, identity IDs, referring to a social context that promotes reflection on personal values, are positively associated with well-being. Thus, IDs may mediate the relationship between coping strategies and well-being in different ways. Taking all this into account, and based on the fact that adaptive and maladaptive coping strategies proposed by Carver (1997) are positively or negatively related to well-being, respectively (Meyer, 2001), two hypotheses were formulated:

H1. Identity inner dialogues mediate positive relationships between adaptive coping strategies and well-being. There are eight such strategies: active coping, planning, positive reframing, acceptance, humor, religion, using emotional support, and using instrumental support.

H2. Ruminative inner dialogues mediate negative relationships between maladaptive coping strategies and well-being. There are six such strategies: self-distraction, denial, venting, substance use, behavioral disengagement, and self-blame.

PARTICIPANTS AND PROCEDURE

PARTICIPANTS

Convenience sampling was used. Participants were 337 young adults, 181 women (53.71%), and 156 men

(46.29%) aged 20-35 (M_{age} = 25.34, *SD* = 3.97). Among the participants, 153 worked (45.4%), 89 studied (26.4%), 81 studied and worked (24%), and 14 were unemployed (4.2%). People with higher education constituted the largest group (60.2%; *n* = 203); the second largest group comprised people with secondary education (38.6%; *n* = 130); 1.2% of the respondents (*n* = 4) declared other education. The largest number of participants (66.2%; *n* =223) lived in cities with more than 100,000 inhabitants; 18.7% (*n* = 63) were residents of cities with up to 100,000 inhabitants; 15.1% (*n* = 51) lived in rural areas. Among the respondents, 61.4% (*n* = 207) were single; 20.8% (*n* = 70) were in a civil partnership; 17.2% (*n* = 58) were married; 0.6% (*n* = 2) were divorced.

MEASURES

The participants completed three measures. Table 1 shows the internal consistency coefficients determined for all variables analyzed in this study.

Brief-COPE Inventory. This scale developed by Carver (1997) is a shorter version of the Coping Orientation to Problems Experienced (COPE) Inventory (Carver et al., 1989). The Polish adaptation of the Brief-COPE (Juczyński & Ogińska-Bulik, 2009) was used in this study. The method comprises 28 items rated on a 4-point Likert scale from 0 (*I almost never do this*) to 3 (*I almost always do this*). The subscales measure 14 coping strategies: (a) Active Coping – taking action to make the situation better; (b) Planning – preparing a strategy of action to get out of a difficult situation; (c) Positive Reframing – looking at the situation from a new perspective to see the good in it; (d) Acceptance – coming to terms with what happened and learning to live with it; (e) Humor – making jokes and seeing the funny aspects in the situation; (f) Religion – praying or meditating to find peace and strength; (g) Using Emotional Support – seeking understanding, comfort, and encouragement from other people; (h) Using Instrumental Support – seeking and obtaining help or advice on how to deal with a difficult situation; (i) Self-Distraction – undertaking various substitute activities to minimize thinking about the difficult event; (j) Denial – rejecting the fact that the event took place; (k) Venting – expressing unpleasant feelings to relieve tension; (l) Substance Use – taking stimulants to mitigate difficult emotions; (m) Behavioral Disengagement – abandoning attempts to overcome difficulties; (n) Self-Blame – attributing blame to oneself and criticizing oneself for what happened. Each subscale score ranges from 0 to 3, with higher scores indicating greater strategy intensity.

Psychological Well-Being Scale (PWBS). This scale was designed by Ryff (1989). It consists of 18 items divided into six subscales that address six aspects of psychological well-being: Environmental Mastery, Autonomy, Personal Growth, Purpose in Life, Positive Relations with Others, and Self-Acceptance. Respondents assess items using a 5-point Likert scale, from 1 (*strongly disagree*) to 5 (*strongly agree*). The current study used the Polish adaptation of the PWBS (Karaś & Cieciuch, 2017). Only the total score was analyzed, ranging from 1 to 5, with higher scores indicating greater overall well-being.

Internal Dialogical Activity Scale-Revised (IDAS-R24). This scale proposed by Oleś et al. (2020) contains 24 items rated on a 5-point Likert scale ranging from 1 (*never*) to 5 (*very often*). The IDAS-R24 consists of eight subscales that reflect the following types of IDs: (a) Identity; (b) Ruminative; (c) Social; (d) Spontaneous; (e) Maladaptive; (f) Confronting; (g) Supportive; and (h) Perspective-changing. Only two subscales were analyzed in this study: Identity Dialogues and Ruminative Dialogues. These types were defined as presented in the Introduction. Each subscale score ranges from 1 to 5, with higher scores indicating greater intensity of the given type of IDs.

PROCEDURE

The research was conducted in Poland in 2023 using a Google survey, with links shared on social media (Facebook, Instagram). Each participant was informed that his/her participation was anonymous and voluntary. Each of them gave informed consent. The Research Ethics Committee at the author's university approved the procedure.

STATISTICAL ANALYSES

Before the main analyses, descriptive statistics were computed and assumptions of normality were checked using the Kolmogorov-Smirnov test with Lilliefors correction (see Table S1 in Supplementary materials). Pearson's bivariate correlations and internal consistency indices (Cronbach's α) were also calculated for all scales/subscales (Table 1). Before the planned mediation analyses, it was confirmed that no multicollinearity existed between the predictor and the mediator. The highest variance inflation factor (VIF) value was 1.821, and the lowest tolerance value was 0.549, both applying to the variable pair: self-blame and ruminative dialogues.

Mediation analyses were conducted to verify the hypotheses. Hayes's (2018) PROCESS macro was used to calculate completely standardized indirect effects and 95% confidence intervals based on 5,000 bootstrapped samples. The post hoc power of the tests was also estimated (Table 2) using Monte Carlo simulation (Schoemann et al., 2017).

Table 1

Correlations (Pearson's r) and internal consistency coefficients of the analyzed variables

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. Active	—																	
2. Plan	.61***	—																
3. PosRef	.29***	.45***	—															
4. Accep	.22***	.31***	.38***	—														
5. Humor	.08	.17**	.23***	.19***	—													
6. Religion	.09	.05	.22***	.06	-.17**	—												
7. EmoSup	.22***	.12*	.26***	.04	.01	.20***	—											
8. InstSup	.30***	.22***	.25***	-.01	-.03	.22***	.76***	—										
9. SDistr	-.17**	-.06	-.04	-.08	.02	.02	-.02	.01	—									
10. Denial	-.22***	-.13**	-.02	-.29**	-.02	.05	.08	.07	.22***	—								
11. Venting	-.05	-.05	.03	-.15**	.09	.04	.25***	.29***	.25***	.24***	—							
12. Subs	-.25***	-.19***	-.09	-.10	.14**	-.15**	-.02	-.06	.11*	.14**	.14**	—						
13. BehDis	-.57***	-.43***	-.24***	-.23***	-.05	.08	-.11*	-.15**	.11	.34***	.24***	.20***	—					
14. SBlame	-.28***	-.23***	-.32***	-.25***	-.02	-.06	-.09	-.06	.30***	.20***	.14**	.18***	.33***	—				
15. Ident	.23***	.30***	.28***	.18***	.04	.21***	.11	.14**	.03	-.07	.04	-.14**	-.14**	-.13**	—			
16. Rumin	-.32***	-.29***	-.29***	-.27***	.04	-.08	-.09	-.05	.36***	.24***	.21***	.27***	.40***	.67***	-.04	—		
17. WB	.57***	.50***	.44***	.30***	.04	.13*	.37***	.34***	-.19***	-.28***	-.12*	-.26***	-.56***	-.44***	.29***	-.49***	—	
18. Adapt	.58***	.61***	.69***	.44***	.28***	.48***	.64***	.66***	-.06	-.07	.13*	-.16**	-.33***	-.28***	.33***	-.29***	.58***	—
19. Maladapt	-.44***	-.31***	-.21***	-.31***	.05	-.02	.01	.02	.56***	.60***	.54***	.52***	.62***	.65***	-.13*	.63***	-.54***	-.24***
α	.78	.71	.80	.53	.53	.93	.88	.79	.52	.61	.11	.95	.73	.83	.83	.92	.82	

Note. Active – Active Coping; Plan – Planning; PosRef – Positive Reframing; Accep – Acceptance; EmoSup – Using Emotional Support; InstSup – Using Instrumental Support; SDistr – Self-Distraction; Susb – Substance Use; BehDis – Behavioral Disengagement; SBlame – Self-Blame; Ident – Identity Dialogues; Rumin – Ruminative Dialogues; WB – Well-Being; Adapt – adaptive strategies (1-8); Maladapt – maladaptive strategies (9-14). * $p < .05$, ** $p < .01$, *** $p < .001$.

RESULTS

PRELIMINARY ANALYSES

As presented in the Supplementary materials, none of the measured variables met the assumptions of normality. Hence, kurtosis and skewness were analyzed in the next step. They were found to be within the range of −2 to 2, indicating that they did not require special attention in subsequent analyses (George & Mallery, 2010).

Correlation analyses (Table 1) unexpectedly showed that the Humor subscale did not correlate with well-being (cf. Papousek, 2018; Puchalska-Wasyl, 2023). Therefore, the humor variable was not further analyzed in the context of H1. Additionally, a very low reliability index was found for the Venting subscale (Table 1); thus, analyses involving this variable (H2) should be interpreted with great caution and replicated in future studies.

MEDIATION ANALYSES

Hypothesis H1 was partially supported. It was found that identity IDs mediated the relationship between adaptive coping (analyzed as a composite score of eight adaptive strategies) and well-being. Identity IDs also mediated the relationships between specific adaptive strategies (analyzed separately) and well-being, with two exceptions: humor and using emotional support (Table 2). The indirect effect of identity IDs on well-being was statistically significant and positive for adaptive strategies such as active coping, planning, positive reframing, acceptance, religion, and using instrumental support. This means that an increase in the above-mentioned adaptive strategies coincides with the intensification of identity IDs, which contributes to an increase in well-being.

For the use of emotional support, it was found that the relationship between this strategy and identity IDs did not reach statistical significance. Therefore, in this case, the indirect effect of identity IDs on well-being was also statistically nonsignificant. Additionally, H1 was not confirmed for the humor strategy. In fact, a separate mediation analysis was not conducted for humor as a predictor because there was no correlation between humor and well-being (Table 1).

Hypothesis H2 was fully supported. Ruminative IDs mediated the relationship between maladaptive coping (as a composite score of six non-adaptive strategies) and well-being, as well as between specific maladaptive strategies (analyzed separately) and well-being. The indirect effect of ruminative IDs on well-being was statistically significant and negative for: self-blame, denial, self-distraction, venting, behavioral disengagement, and substance use (Table 2). This means that as maladaptive coping strategies mentioned above increase, the intensity of ruminative IDs also increases, which contributes to a decrease in well-being.

DISCUSSION

The aim of the present study was to verify whether ID mediates relationships between coping strategies and well-being. It was hypothesized that the positive association between adaptive coping and well-being was mediated by identity IDs (H1), while the negative association between maladaptive coping and well-being was mediated by ruminative IDs (H2). Hypothesis H2 was fully supported (although the result regarding the venting strategy should be treated with great caution and replicated due to the very low internal consistency of the Venting subscale). H1 was confirmed for six adaptive strategies: acceptance, positive reframing, active coping, planning, religion, and using instrumental support. However, it was not confirmed for humor and using emotional support.

Confirmation of H2 means that so-called maladaptive coping strategies negatively affect well-being through ruminative IDs. This implies that a decrease in well-being is predicted not only by the strategy activated (e.g., substance use, self-blame, or behavioral disengagement) but also by ruminative ID about one's behavior in the face of the stressor. Ruminative IDs involve constantly recalling a difficult situation in one's mind, dwelling on failures, and accusing oneself of incompetence or of using strategies that are unable to solve the problem. Any voice of self-defense seems to be ineffective. Thus, ruminative ID causes helplessness, frustration, and guilt (Oleś et al., 2020), which can be observed as a reduction in well-being.

In contrast, verification of H1 shows that some coping strategies positively contribute to well-being through identity IDs. This means that well-being depends not only on the adaptive strategy activated (e.g., planning or active coping, which involves mentally preparing and taking effective actions to improve the situation). Well-being also depends on reflecting on oneself, one's identity, priorities and values. If this self-reflection is addressed in ID to the experience of a difficult situation and its potential consequences, then the actions planned or undertaken (framed in behavioral, cognitive, and emotional terms) can take on a new meaning and thus promote well-being. For example, positive reframing (understood as looking at the difficult situation from a new perspective to see the good in it) and acceptance (seen as coming to terms with what happened and learning to live with it) are adaptive strategies that particularly require identity ID for their implementation to enhance well-being. It seems impossible to accept a difficult life event or view it in a new, more positive light without first considering it from different perspectives (as

Table 2

Analyses of mediation between coping strategies and well-being through ruminative and identity inner dialogues

Model	c	c'	a	b	ab	95% CI Lower	95% CI Upper	Post-hoc power$_{ab}$
1. Active–Ident–WB	.57***	.53***	.23***	.17***	.04	.012	.069	0.95
2. Plan–Ident–WB	.50***	.45***	.30***	.15**	.05	.014	.082	0.84
3. PosRef–Ident–WB	.44***	.39***	.28***	.18***	.05	.020	.089	0.95
4. Accep–Ident–WB	.30***	.26***	.18***	.24***	.04	.015	.076	0.92
5. Religion–Ident–WB	.13*	.08	.21***	.27***	.05	.024	.095	0.98
6. EmoSup–Ident–WB	.37***	.34***	.11^	.25***	.03	−.002	.060	0.53
7. InstSup–Ident–WB	.34***	.31***	.14*	.25***	.03	.007	.067	0.75
8. SDistr–Rumin–WB	−.19***	−.02	.36***	−.48***	−.17	−.237	−.117	1.00
9. Denial–Rumin–WB	−.28***	−.17***	.24***	−.45***	−.11	−.165	−.057	0.99
10. Vent–Rumin–WB	−.12*	−.02	.21***	−.48***	−.10	−.162	−.041	0.98
11. Subs–Rumin–WB	−.26***	−.14**	.27***	−.45***	−.12	−.179	−.070	1.00
12. BehDis–Rumin–WB	−.56***	−.44***	.40***	−.31***	−.12	−.168	−.079	1.00
13. SBlame–Rumin–WB	−.44***	−.20**	.67***	−.35***	−.24	−.330	−.145	1.00
14. Adapt–Ident–WB	.59***	.55***	.33***	.11*	.04	.003	.071	0.64
15. Maladapt–Ident–WB	−.54***	−.38***	.63***	−.25***	−.16	−.236	−.083	0.99

Note. Active – Active Coping; Plan – Planning; PosRef – Positive Reframing; Accep – Acceptance; EmoSup – Using Emotional Support; InstSup – Using Instrumental Support; SDistr – Self-Distraction; Vent – Venting; Susb – Substance Use; BehDis – Behavioral Disengagement; SBlame – Self-Blame; Ident – Identity Dialogues; Rumin – Ruminative Dialogues; WB – Well-Being; Adapt – adaptive strategies (1-7 + Humor); Maladapt – maladaptive strategies (8-13); c – total effect; c' – direct effect of predictor on outcome while controlling for the mediators; a – effect of the predictor on the mediator; b – effect of the mediator on the outcome; ab – indirect effect of predictor on outcome through the mediator. ^$p = .052$, *$p < .05$, **$p < .01$, ***$p < .001$.

is typical in ID; Oleś et al., 2020) and understanding how the experience threatens one's priorities and life values, and how by changing one's approach to the situation, one can protect what is important to one's identity (cf. Puchalska-Wasyl, 2023). The same is true for accepting advice or help from others (using instrumental support) or prayer and meditation (religion) – these strategies can contribute to an increase in well-being as long as they are consistent with our thinking about ourselves, our identity, and what is important to us. Replication research is needed to resolve whether a similar mechanism applies to the use of emotional support strategy, as well as humor, which has shown a positive association with well-being in other studies (Papousek, 2018; Puchalska-Wasyl, 2023), but not in the current study.

Generally, the present results align with the dialogical self theory, which explains the relationship between IDs and uncertainty (Hermans & Hermans-Konopka, 2010), as well as the conceptualization of ruminative and identity IDs by Oleś et al. (2020). Additionally, they are consistent with Meyer's (2001) findings that adaptive and maladaptive strategies are positively and negatively related to psychological well-being, respectively. At the same time, exceptions regarding humor and the use of emotional support strategies may indicate challenges in unambiguously assigning individual coping strategies to the proposed superordinate categories or factors (cf. Garcia et al., 2018).

As mentioned earlier, the coping process begins when a situation is classified as a harm/loss, challenge or threat (Lazarus & Folkman, 1984; cf. Ogińska-Bulik & Juczyński, 2008). Each of these three categories of situation involves the experience of uncertainty, which is typically accompanied by an ID (Hermans & Hermans-Konopka, 2010). As a result, it can be observed that coping strategies trigger IDs. However, in the context of the present findings, one may wonder why the maladaptive strategy is the starting point for ruminative IDs, while the adaptive strategy is the starting point for identity IDs. It seems that the explanation may be found in the underlying personality dispositions.

Indeed, in this study a dispositional coping style was measured (what the individual usually does under stress) instead of situational coping responses (what he/she did or is doing currently in a specific

coping episode). At the same time, Carver et al. (1989) found that a dispositional coping style was associated with some relevant personality measures. Further studies have shown that coping styles and the personality traits of the Five Factor Model are related (Watson & Hubbard, 1996). On the one hand, it was confirmed that neuroticism was positively related to maladaptive strategies such as behavioral disengagement, venting (Bishop et al., 2001; Roesch et al., 2006), denial (Bishop et al., 2001), substance use, and self-blame (Roesch et al., 2006). On the other hand, openness (along with other traits, but not neuroticism) was positively associated with adaptive strategies such as planning, active coping, humor (Roesch et al., 2006), positive reframing, acceptance (Bishop et al., 2001; Roesch et al., 2006), and religious coping (Bishop et al., 2001). Regarding the use of emotional support (a strategy for which H1 has not been confirmed), the results are inconsistent, showing associations with either neuroticism (Roesch et al., 2006) or openness (Bishop et al., 2001). What does this have to do with IDs?

Neuroticism and openness, traits associated with maladaptive and adaptive coping strategies, respectively, are the main predictors of IDs. Generally, the level of internal dialogical activity increases as the level of neuroticism and openness increases. In detail, people high in neuroticism are prone to conduct ruminative IDs ($r = .44$, $p < .001$) while people high in openness tend to conduct identity IDs ($r = .57$, $p < .001$) (Puchalska-Wasyl & Oleś, 2013).

Taking all this into account, neuroticism can be seen as a dispositional trait underlying the relationship between maladaptive strategies and ruminative IDs, while openness can be seen as a trait underpinning the relationship between adaptive strategies and identity IDs. Of course, this interpretative hypothesis should be verified in further studies. However, this thinking is consistent with the result regarding the use of emotional support: this strategy, which is not clearly associated with either the trait of neuroticism or openness, did not confirm H1.

LIMITATIONS

The current research has some shortcomings. The first limitation of this study is its cross-sectional nature, which precludes the formulation of causal claims. Consequently, it is impossible to resolve whether a given coping strategy actually triggers a specific type of ID. One can only conclude that IDs and coping strategies are interrelated (they co-occur in a stressful situation). Another weakness is the rather low reliability of some of the Brief-COPE subscales used (and especially low for Venting). This is partly due to the fact that each of these subscales has only two items. Therefore, the research needs replication, preferably

using alternative questionnaires with good reliability (to confirm the results obtained here), and being designed as a longitudinal or experimental study (to establish causal relationships). In future studies, it would also be worth controlling for personality traits and the intensity of the experience of uncertainty.

PRACTICAL IMPLICATIONS

The study shows that in a difficult situation, a person's well-being depends not only on the type of activated coping strategy, but also on his/her IDs. These results can be used by psychologists to foster the well-being of their clients, especially since, as previously shown, ID can be a simple method to use in psychological counselling and psychotherapy (Romaioli et al., 2023). Moreover, people who have IDs in their daily lives can treat these findings as encouragement to consciously use IDs as a way to regulate their well-being.

To increase the well-being of a person undergoing a difficult situation, it is necessary to strengthen their identity ID (associated with adaptive coping strategies) and reduce their ruminative ID (accompanying maladaptive strategies). However, these two types of ID are rooted in personality traits – openness and neuroticism, respectively (Puchalska-Wasyl & Oleś, 2013). Given that relatively stable traits are difficult to change, one can ask whether it is possible to develop identity IDs without strong dispositional openness. As wisdom interventions show, the answer can be positive. Open-mindedness can be activated by working on the cognitive variables, such as the ability to take various points of view, respect a diversity of perspectives and explore them without self-serving bias (cf. Glück & Weststrate, 2022; Puchalska-Wasyl, 2023).

CONCLUSIONS

This study found that ruminative IDs mediate negative relationships between maladaptive coping strategies and well-being, while identity IDs mediate positive relationships between most adaptive coping strategies and well-being. The exceptions are two adaptive strategies: humor and using emotional support. Since the current study measured the dispositional coping style, it is conceivable that neuroticism is a trait underpinning the relationship between maladaptive strategies and ruminative IDs, while openness is a trait underlying the relationship between adaptive strategies and identity IDs.

ACKNOWLEDGMENTS

Supplementary materials are available on the journal's website.

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