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## Personality organisation and flexibility in coping with stress in the group of alcohol-dependent individuals

Organizacja osobowości a elastyczność w radzeniu sobie ze stresem w grupie osób uzależnionych od alkoholu

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### Abstract

**Introduction and objective:** Psychoactive substance abusers are characterised by significantly stronger pathology of personality structure compared to non-addicted population. Therefore, identifying psychological resources that may provide a chance for more adequate functioning and effective treatment of these patients seems justified. One such resource is flexibility in coping, which helps reduce emotional tension and reinforces adaptive forms of functioning. The aim of the presented research was to verify whether there is a relationship between the dimensions of personality organisation and flexibility in coping among alcohol-dependent individuals, taking into account the age and gender of respondents. **Materials and methods:** The study involved 93 alcohol-dependent people, including 27 women (29%) and 66 men (71%) aged 20 to 77 years (mean,  $M = 43.72$ ; standard deviation,  $SD = 12.83$ ). The research used the Inventory of Personality Organization (IPO) by Otto F. Kernberg and colleagues (2001) in the Polish adaptation by Agnieszka Izdebska and Beata Pastwa-Wojciechowska (2013) and the Flexibility in Coping with Stress Questionnaire (Kwestionariusz Elastyczności w Radzeniu sobie ze Stresem, KERS-14) by Małgorzata Anna Basińska and colleagues (2021). **Results:** The research showed that more flexible coping strategies occur among those alcohol-dependent adults who use higher-order defence mechanisms and are characterised by greater identity coherence. The age was found to be a variable associated with a better personality organisation and greater flexibility in coping. **Conclusions:** Flexibility in coping is partially related to the dimensions of personality organisation in alcohol-dependent adults.

**Keywords:** alcohol addiction, personality organisation, flexibility in coping

### Streszczenie

**Wprowadzenie i cel:** Osoby uzależnione od substancji psychoaktywnych charakteryzują się istotnie silniejszą patologią organizacji osobowości niż osoby niezależne. Identyfikowanie zasobów psychologicznych, które mogą dawać szansę na bardziej adekwatne funkcjonowanie i efektywne leczenie osób uzależnionych, wydaje się więc bardzo zasadne. Jednym z zasobów osobistych człowieka jest elastyczność w radzeniu sobie, która sprzyja redukowaniu napięcia emocjonalnego i wzmacnianiu adaptacyjnych form funkcjonowania. Celem prezentowanych badań było sprawdzenie, czy występuje zależność między wymiarami organizacji osobowości a elastycznością w radzeniu sobie ze stresem u osób uzależnionych od alkoholu przy uwzględnieniu wieku i płci badanych. **Materiał i metody:** W badaniu wzięły udział 93 osoby uzależnione od alkoholu, w tym 27 kobiet (29%) oraz 66 mężczyzn (71%) w wieku 20–77 lat (średnia,  $mean, M = 43,72$  roku; odchylenie standardowe,  $standard deviation, SD = 12,83$ ). Do badań wykorzystano Inwentarz Organizacji Osobowości (Inventory of Personality Organization, IPO) Ottona F. Kernberga i wsp. (2001) w polskiej adaptacji Agnieszki Izdebskiej i Beaty Pastwy-Wojciechowskiej (2013) oraz Kwestionariusz Elastyczności w Radzeniu sobie ze Stresem (KERS-14) autorstwa Małgorzaty Anny Basińskiej i wsp. (2021). **Wyniki:** Wykazano, że bardziej elastyczne strategie zaradcze występują u tych badanych dorosłych uzależnionych od alkoholu, którzy stosują mechanizmy obronne wyższego rzędu i cechują się większą spójnością

tożsamości. Wiek badanych okazał się zmienną powiązaną z bardziej prawidłową organizacją osobowości oraz większą elastycznością w radzeniu sobie. **Wnioski:** Elastyczność w radzeniu sobie jest częściowo powiązana z wymiarami organizacji osobowości badanych dorosłych uzależnionych od alkoholu.

**Słowa kluczowe:** uzależnienie od alkoholu, organizacja osobowości, elastyczność w radzeniu sobie

## INTRODUCTION

**A**lcohol addiction is a serious social problem, which is still difficult to overcome and which impairs functioning in many aspects of life, with fatal outcomes in many cases (Dziukiewicz, 2017). According to the World Health Organization (World Health Organization, 2018), alcohol use disorders (AUD) affect 237 million men and 46 million women globally. In Poland, harmful lifetime alcohol use is reported for 11.9% of the population (about 3 million people). This problem mainly affects men, with alcohol abusers and alcohol addicts accounting for 20.5% and 4.4%, respectively. Women seem much less affected, with alcohol abusers accounting for 3.4% (Bujalski et al., 2021). Alcohol addiction is also a significant cause of mental disorders, which are present in about 40% of addicts (Dragan, 2008; Skoczek et al., 2020; Woronowicz, 2009). According to some sources, up to 86% of alcohol-dependent women and 72.4% of alcohol-dependent men suffer from other mental disorders during their lifetime (Gąsior, 2008; Kasperowicz-Dąbrowiecka, 2003; Kessler et al., 1997; Kranzler and Rosenthal, 2003). These include personality disorders, which are estimated to be highly prevalent among alcohol-dependent individuals.

Among the proposed approaches to the issue of disturbed personality in alcohol-dependent population, the concept of personality organisation by Otto F. Kernberg (1994, 1980), derived from object relations theory, is of interest. According to this theory, personality is defined as solid and habitual patterns of behaviour, cognition, emotion, motivation, and ways of relating to others that are characteristic of the individual, and shaped by temperamental factors, experiences from relationships with caregivers, developmental experiences, as well as conflicts and defence mechanisms (Caligor and Clarkin, 2013; Caligor et al., 2019). Kernberg distinguished three levels of pathological personality organization: neurotic, borderline and psychotic (Izdebska and Pastwa-Wojciechowska, 2013). He classified personality pathology based on the characteristics of the key mental processes or structures, namely identity diffusion (ID), primitive defences (PD), reality testing (RT), aggression in relationships with others (A), and rigidity and/or consistency of moral values (MV) (Caligor et al., 2019). The characteristics of these properties form a continuum, the healthy, mature end of which is occupied by those characterised by a properly formed identity, predominance of higher-order defence mechanisms and accuracy in assessing reality, while the pathological, psychotically organised end is occupied

by individuals characterised by profound identity incoherence, predominance of lower-order defence mechanisms, low accuracy in assessing reality, increased aggression in relationships with others, as well as hostility and antisocial attitude in the dimension of moral values (Caligor and Clarkin, 2013). Studies addressing these issues have shown that psychoactive substance abusers exhibit significantly more severe pathology in personality organisation compared to non-addicts (Wojtynkiewicz et al., 2020).

In view of the prevalence and destructive nature of alcohol use disorders (Bujalski et al., 2021; Dziukiewicz, 2017; Grzybowski, 2005; World Health Organization, 2018), the search for protective factors in the development of addiction to psychoactive substances has become an important subject of research in various scientific fields, including psychology (Cierpiałkowska and Ziarko, 2010). Since the existing knowledge on the subject is still insufficient, researchers focus on a group of psychological factors – personal resources, i.e. various qualities that can be activated by an individual to cope with difficult, stressful experiences (Hobfoll, 2012; Pietras-Mrozicka, 2016; Ziarko, 2010). They are defined as “personality predispositions that enable effective functioning, especially in difficult and stressful situations” (Frost, 2014, p. 731). The ability to use resources in a stressful situation can often be critical to maintaining well-being (Chodkiewicz, 2001).

In recent years, considerable interest of researchers has been attracted to flexibility in coping (Basińska and Szocińska, 2015; Basinska et al., 2021; Cheng, 2003; Kato, 2012), which is a resource and a disposition to use one’s repertoire of resources. Flexibility in coping refers primarily to how an individual applies coping strategies in difficult situations (Górska and Basińska, 2020). Higher levels of flexibility in coping are associated with greater adaptability in different life scenarios (Borzyszkowska and Basińska, 2018; Kato, 2012).

Flexible coping is possible when an individual is equipped with multiple coping strategies. The so-called inter-situational changeability (Borzyszkowska and Basińska, 2020; Lazarus and Folkman, 1984), i.e. the ability to adapt coping strategies under dynamically changing inter-situational and intra-situational conditions (Kato, 2015), are a manifestation of flexibility in coping, which means the ability to choose and apply adequate coping strategies depending on the assessment of a given stressful situation, even when conditions do not change. Flexibility is also manifested by the capability to reflect on the actions taken to cope with difficult circumstances (Borzyszkowska and Basińska, 2020). Low levels of flexibility in coping result in rigid coping behaviours, problems with adapting to changing conditions

of the stressful situation, and exposing those struggling with chronic stress to the risk of long-term dysfunction (Basińska, 2015).

Alcohol addiction is a set of maladaptive behaviours associated with negative consequences, both personal and social, in spite of which substance abuse is usually continued and repeated (Skoczek et al., 2020). It is therefore likely that addicted individuals show deficits in flexibility of coping. In situations where they find it difficult to endure emotional tension due to deficits in resources, including flexibility in coping, they may initiate or maintain fake coping strategies through the use of a psychoactive substance (Borzyszkowska and Basińska, 2020; Poprawa, 2011; Skotnicka, 2018).

### AIM OF THE PAPER

The main purpose of the research was to assess if there is a relationship between dimensions of personality organisation and flexibility in coping as a personal resource in adults with alcohol dependence, taking into account their gender and age.

The following research questions were formulated:

1. Are dimensions of personality organisation negatively correlated with flexibility in coping and its subdimensions?
2. Do dimensions of personality organisation have a differential function in flexibility in coping and its subdimensions in a group of alcohol-dependent adults?
3. Are there any gender- and age-related differences in the dimensions of personality organisation and flexibility in coping?

### MATERIALS AND METHODS

The study included 93 alcohol-dependent persons, 27 women (29%) and 66 men (71%), aged 20–77 years (mean,  $M = 43.72$ ; standard deviation,  $SD = 12.83$ ). The mean age of men and women was similar. Most of the participants were large urban residents (64.52%), more than half were in a relationship (50.54%), and the majority were occupationally active (62.37%) (Tab. 1).

A significant percentage of participants ( $n = 78$ ; 82.42%) declared negative history of somatic diseases, but a large number of subjects ( $n = 33$ ; 35.48%) admitted that they struggled with mental disorders. The period of abstinence varied among the respondents, from one month to many years ( $M_{\text{months}} = 25$ ;  $SD = 67.83$ ; min = 1 month; max = 336 months).

The study was conducted in accordance with the criterion of availability of currently non-drinking persons diagnosed with alcohol dependence. The study included abstinent members of Alcoholics Anonymous (AA), as well as in- and outpatients of various medical institutions. Verbal consent to participate in the study was obtained from the participants. They were also informed of the anonymity and voluntariness of completing the questionnaires and the possibility of withdrawing from the study at any time.

The research used the Inventory of Personality Organization (IPO) by John F. Clarkin, Pamela A. Foelsch and Otto F. Kernberg (2001) in the Polish adaptation by Agnieszka Izdebska and Beata Pastwa-Wojciechowska (2013) to measure five dimensions of personality organisation: primitive defences, identity diffusion, reality testing, aggression and moral values. Confirmatory factor analysis showed the best fit of the five-factor model ( $\chi^2 = 9091.58$ ;  $df = 3,307$ ), which is in line with American studies (Lenzenweger et al., 2001). The reliability of the questionnaire was assessed using Cronbach's  $\alpha$ , with the following values obtained in the study group for each subscale:  $\alpha = 0.86$  for primitive defences (PD),  $\alpha = 0.92$  for identity diffusion (ID),  $\alpha = 0.93$  for reality testing (RT),  $\alpha = 0.87$  for aggression (A), and  $\alpha = 0.76$  for moral values (MV).

The study also used the Flexibility in Coping with Stress Questionnaire (Kwestionariusz Elastyczności w Radzeniu sobie ze Stresem, KERS-14) by Małgorzata A. Basińska et al. (2021) to measure flexibility in coping, treated as a trait of the coping process. The tool allows for obtaining a global index of flexibility in coping and its three subdimensions expressed in the repertoire subscale, which refers to the array of coping strategies of an individual, the changeability subscale, which refers to the ability to switch coping strategies and generate more effective ones, and the reflexivity subscale, which measures an individual's ability to assess the outcomes of chosen coping strategies and reject ineffective ones. The reliability coefficient for the entire questionnaire expressed using Cronbach's  $\alpha$  was high (0.94) in the group of alcohol-dependent persons. The reliability was also satisfactory in the individual subscales, reaching the following values in the study group:  $\alpha = 0.86$  for repertoire,  $\alpha = 0.91$  for changeability, and  $\alpha = 0.60$  for reflectivity.

Additionally, an original demographic questionnaire was used to collect data on the socio-demographic characteristics of the study group.

Variables	Variable characteristics	Number	% of number
Place of residence	Rural, small and medium urban	33	35.48
	Large urban	60	64.52
Marital status	Relationship	47	50.54
	Single	46	49.46
Occupational status	Working	58	62.37
	Not working	35	37.63

270 Tab. 1. Number distribution of sociodemographic variables in the study group (N = 93)

Variable	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>	<i>Skewness</i>	<i>Kurtosis</i>
Primitive defences	2.74	0.66	1.31	4.5	0.144	-0.170
Identity diffusion	2.71	0.78	1.00	4.86	0.333	0.040
Reality testing	1.90	0.76	1.00	4.00	0.811	-0.216
Aggression	1.83	0.65	1.00	3.89	0.730	0.363
Moral values	2.55	0.64	1.18	3.91	0.027	-0.470

*M* – mean; *Max* – maximum; *Min* – minimum; *SD* – standard deviation.

Tab. 2. Mean values for personality organisation dimensions in the study group (N = 93)

Variable	Coping elasticity		Repertoire		Changeability		Reflexivity	
	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>R</i>	<i>p</i>
Primitive defences	-0.18	0.072	<b>-0.22</b>	<b>0.030</b>	-0.13	0.229	-0.02	0.053
Identity diffusion	-0.20	0.051	-0.19	0.062	-0.16	0.134	<b>-0.25</b>	<b>0.014</b>
Reality testing	-0.03	0.814	-0.03	0.798	0.02	0.884	-0.09	0.370
Aggression	-0.08	0.446	-0.09	0.402	-0.03	0.799	-0.15	0.146
Moral values	-0.06	0.560	-0.07	0.478	-0.01	0.922	-0.13	0.233

*p* – significance level; *r* – the Pearson correlation coefficient.

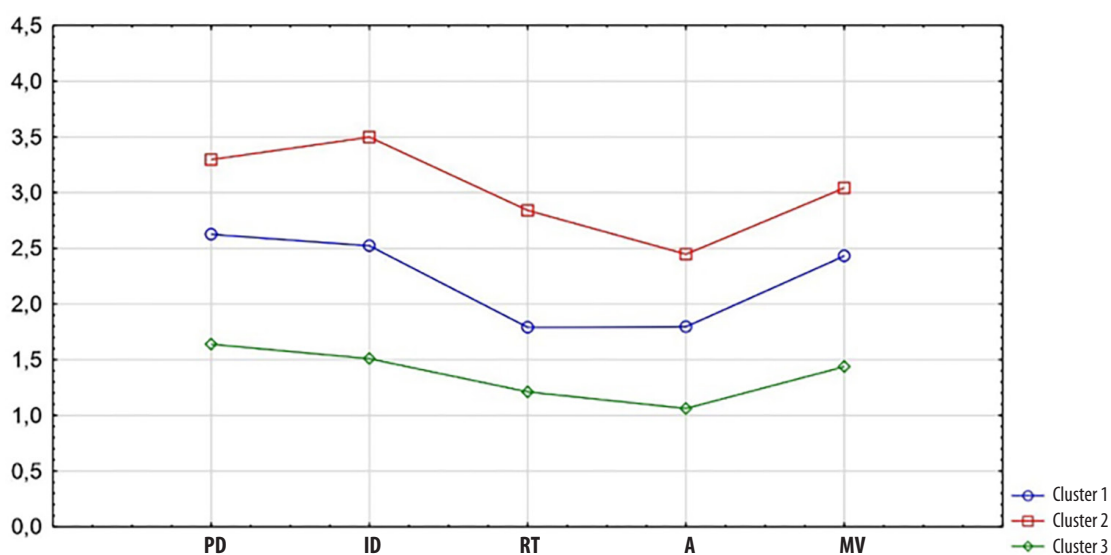
Tab. 3. The relationship between the level of personality organisation and flexibility in coping in the overall dimension and its subdimensions (N = 93)

Statistical analyses were conducted using the Statistica 13.4 package. The selection of tests was dictated by the nature of variables. Analysis of normality tests showed that the distributions of the variables for the levels of personality organisation met the criteria for a normal distribution. The distributions of the results for flexibility in coping, as well as the repertoire, changeability and reflexivity subscales significantly deviated from normal. However, due to the skewness values of the scores, which ranged from -1 to 1, and kurtosis scores ranging from -2 to 2, parametric tests were used in statistical calculations (Gravetter and Wallnau, 2014).

## RESULTS

### Dimensions of personality organisation and flexibility in coping and its dimensions in alcohol-dependent adults

The mean levels of personality organisation dimensions in the study group of alcohol-dependent individuals indicated difficulties in stable and accurate reality testing, a tendency to impulsive and aggressive behaviour, as well as a relatively frequent use of primitive defence mechanisms,



PD – primitive defences; ID – identity diffusion; RT – reality testing; A – aggression; MV – moral values.

Fig. 1. Means for the three Clusters according to the dimensions of personality organisation

Variable	Cluster 1 n = 44 (47.31%)		Cluster 2 n = 32 (34.41%)		Cluster 3 n = 17 (18.28%)		F	p	HSD
	M	SD	M	SD	M	SD			
Primitive defences	2.63	0.44	3.30	0.50	1.64	0.69	58.81	<0.001	1 < 2; 1 > 3; 2 > 3
Identity diffusion	2.52	0.42	3.50	0.56	1.51	0.66	85.50	<0.001	1 < 2; 1 > 3; 2 > 3
Reality testing	1.79	0.43	2.84	0.67	1.21	0.54	59.13	<0.001	1 < 2; 1 > 3; 2 > 3
Aggression	1.80	0.50	2.45	0.57	1.89	0.43	42.12	<0.001	1 < 2; 1 > 3; 2 > 3
Moral values	2.43	0.42	3.04	0.48	1.44	0.62	61.42	<0.001	1 < 2; 1 > 3; 2 > 3

F – analysis of variance value; M – median; p – significance level; HSD – Tukey's honest significance test; SD – standard deviation.

Tab. 4. Significance of differences between the means of three clusters, considering individual dimensions of personality organisation

Variable	Cluster 1 n = 44 (47.31%)		Cluster 2 n = 32 (34.41%)		Cluster 3 n = 17 (18.28%)		F	p	HSD
	M	SD	M	SD	M	SD			
Flexibility	21.02	8.85	21.34	9.38	27.24	6.66	3.41	0.037	1 < 3
Repertoire	6.77	3.12	7.25	3.49	9.47	2.40	4.59	0.013	1 < 3
Changeability	9.34	4.22	9.44	4.29	11.41	3.22	1.72	0.184	–
Reflexivity	4.91	2.08	4.66	2.10	6.35	1.62	4.27	0.017	1 < 3; 2 < 3

F – analysis of variance value; M – median; p – significance level; HSD – Tukey's honest significance test; SD – standard deviation.

Tab. 5. Significance of differences between means in terms of flexibility in coping and its subdimensions in the clusters distinguished based on personality organisation

inconsistencies in identity integration and moral values, as well as increased interpersonal hostility (Tab. 2).

There was a weak relationship between the dimensions of personality organisation in the assessed alcohol-dependent adults and flexibility in coping and its individual dimensions. This relationship was demonstrated only for two of the personality structure dimensions: primitive defences had a weak negative correlation with the repertoire subdimension of the flexibility construct, and identity diffusion showed a weak negative correlation with the reflexivity subdimension of the flexibility in coping construct in the study group. Thus, the greater the intensity of primitive defences in the subject, the less diverse stress coping strategies. The less integrated the identity of alcohol-dependent adults, the lower their ability to reflect on their own coping activity and its effectiveness (Tab. 3).

### Differentiation of flexibility in coping depending on the dimensions of personality organisation

The analysis of averaged scores allowed to distinguish three significantly different clusters of individuals sharing a similar pattern of functioning in each dimension of personality organisation (Fig. 1).

Cluster 1 was the largest (47.31%) and included persons with elevated levels of maladaptive properties across almost all dimensions of personality (ID, RT, A, MV), and even at a relatively significant level in the PD dimension.

Cluster 2 included about one-third of the subjects (34.41%), whose personality organisation was characterised by a higher intensity of maladaptive properties across almost all dimensions (PD, ID, RT, MV) compared to Cluster 1, with slightly less intense disturbances in impulse control and aggression (A).

Cluster 3 was the smallest (18.28%). It included respondents who, compared to the other two groups, had the least primitive defence mechanisms (PD), showed the best-integrated identity (ID), the lowest tendencies to aggression (A), more stable reality testing (RT), and best-internalised moral values (MV) (Tab. 4).

Flexibility in coping and its subdimensions showed different characteristics depending on the cluster distinguished based on personality organisation. Respondents in Cluster 1 were characterised by a significantly lower overall level of competence in flexibility of coping compared to Cluster 3. They also had a significantly poorer repertoire of coping strategies and a lower ability to reflect on their own coping behaviour. Flexibility in coping and its subdimensions in Cluster 2 were similar to those in Cluster 1. Individuals from Cluster 2 also did not differ significantly in most flexibility competencies from Cluster 3. Only their reflexivity was significantly lower than that of respondents from Cluster 3. The scores obtained by the respondents in the changeability subscale, a component of the flexibility in coping construct, did not differ by personality organisation (Tab. 5).

Thus, personality organisation had a differential effect on the respondents' flexibility in coping and its individual dimensions (Fig. 2).

### Personality organisation and flexibility in coping and its dimensions by gender of alcohol-dependent adults

Dimensions of personality organisation were found to be partially differentiated by gender in the study group of alcohol-dependent adults. Men were found to be significantly

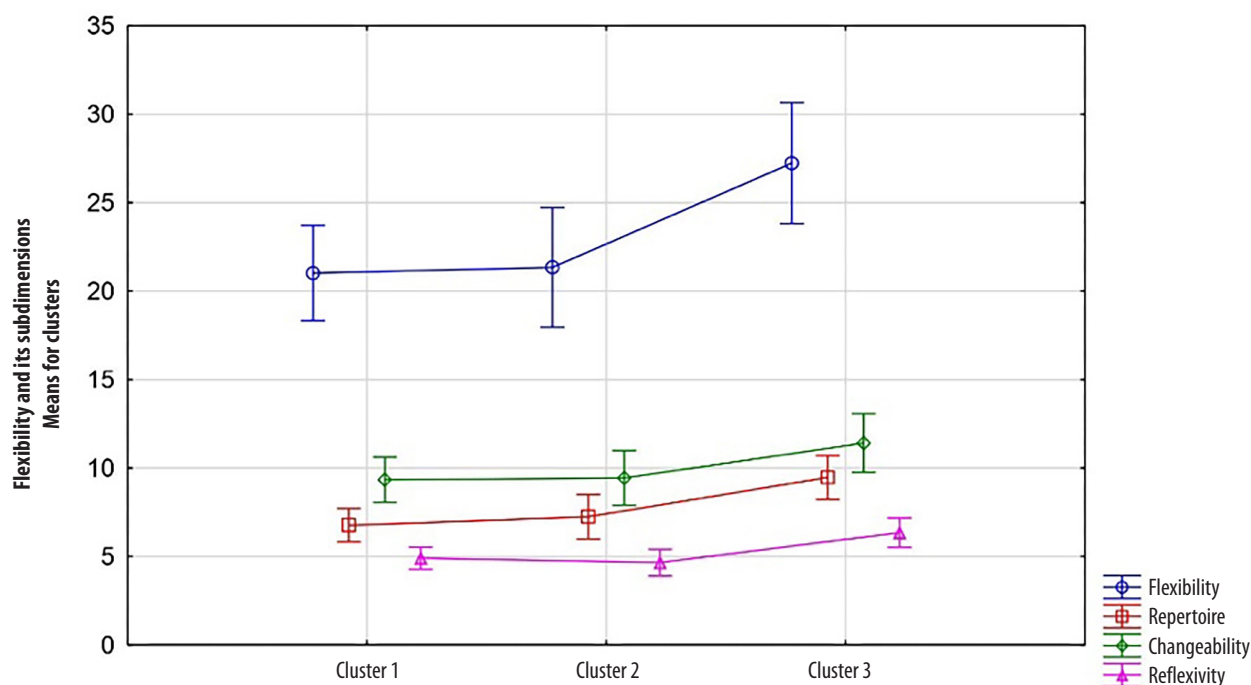


Fig. 2. Differences between means in terms of flexibility in coping and its subdimensions in the clusters distinguished based on the dimensions of personality organisation

more prone to aggression (A) compared to women. Male respondents were also significantly more hostile and anti-social in their functioning (MV). The subjects showed similar functioning in the remaining personality dimensions regardless of gender (Tab. 6). In contrast, there were no gender-related differences in the assessed group of alcohol-dependent adults in terms of flexibility in coping and its subdimensions (Tab. 6).

### Personality organisation and flexibility in coping by the age of respondents

Dimensions of personality organisation of alcohol-dependent adult respondents were found to be significantly related to their age in terms of PD, ID and A. Each of these dimensions was found to be weakly negatively correlated with age, which means that older subjects used more mature defence mechanisms, their identity was better integrated and their aggression was less intense. In contrast, RT and MV dimensions were not correlated with age (Tab. 7).

Flexibility in coping, on the other hand, was found to be significantly positively correlated with the age of subjects across all dimensions, although the relationship was weak. The analyses indicated that the more advanced the age of alcohol-dependent subjects, the higher their flexibility in coping with stress, the richer the repertoire of strategies, the greater the ability to switch coping strategy as needed by circumstances or internal dispositions, and the higher the likelihood of reflecting on one's own coping process and its consequences (Tab. 7).

## DISCUSSION

This study addressed the relationship between personality organisation defined according to Kernberg (1996, 2004) and flexibility in coping as a personal resource in adults with alcohol dependence. The analysis also considered the age and gender of the subjects.

As expected, abnormalities of varying intensity related to identity diffusion, lower-order defences, inaccurate reality testing, as well as hostility in relations with others and antisocial attitudes in the area of moral values were revealed in the personality of the assessed alcohol-dependent adults (Clarkin et al., 2001; Izdebska and Pastwa-Wojciechowska, 2013). Earlier studies in alcohol dependent persons also found significantly worse identity organisation across all its dimensions compared to healthy individuals (Wojtynkiewicz, 2018). This is consistent with other studies comparing the personality organisation of alcohol and drug addicts vs. non-addicts. It was found that psychoactive substance addicts were generally characterised by more severe abnormalities in personality organisation, i.e. greater identity diffusion, higher intensity of primitive defences and difficulties in reality testing, as well as lower maturity of moral functioning and a stronger tendency to hostility (Wojtynkiewicz et al., 2020). In the study presented in this paper, the disturbances affecting various dimensions of personality organisation formed a picture of the severity of psychopathology analogous to that found earlier in a group of alcohol-dependent persons, although no control group was included in this case, which is one of the limitations of the present study.

Variable	Males n = 66		Females n = 27		t	p
	M	SD	M	SD		
Primitive defences	2.69	0.75	2.66	0.83	0.17	0.863
Identity diffusion	2.71	0.86	2.58	0.90	0.68	0.497
Reality testing	2.10	0.85	1.91	0.72	1.05	0.297
Aggression	<b>2.00</b>	<b>0.71</b>	<b>1.62</b>	<b>0.63</b>	<b>2.40</b>	<b>0.018</b>
Moral values	<b>2.60</b>	<b>0.73</b>	<b>2.13</b>	<b>0.66</b>	<b>2.87</b>	<b>0.005</b>
Flexibility in coping	21.88	9.10	23.22	8.54	-0.66	0.513
Repertoire	7.30	3.35	7.74	3.10	-0.58	0.560
Changeability	9.64	4.23	10.04	3.89	-0.42	0.672
Reflexivity	4.94	2.10	5.44	2.04	-1.06	0.291

M – median; p – significance level; SD – standard deviation; t – Student's t-test for independent samples

Tab. 6. Differences in the dimensions of personality organisation and flexibility in coping and its subdimensions in alcohol-dependent adults (N = 93; df = 91) by gender (based on averaged results)

Variable	Age	
	r	p
Primitive defences	<b>-0.33</b>	<b>0.001</b>
Identity diffusion	<b>-0.23</b>	<b>0.029</b>
Reality testing	-0.09	0.397
Aggression	<b>-0.29</b>	<b>0.005</b>
Moral values	-0.16	0.136
Flexibility in coping	<b>0.26</b>	<b>0.013</b>
Repertoire	<b>0.25</b>	<b>0.014</b>
Changeability	<b>0.22</b>	<b>0.033</b>
Reflexivity	<b>0.27</b>	<b>0.010</b>

p – significance level; r – the Pearson correlation coefficient.

Tab. 7. The relationship of personality organisation, flexibility in coping and its subdimensions with the age of alcohol-dependent subjects (N = 93)

Difficulties in functioning and failure to achieve positive adaptation may be the consequences of the abnormalities associated with increased pathology of personality organisation. This may be accompanied by tension, higher levels of perceived stress and burden with daily life (Caligor et al., 2019; Gunn et al., 2013). The less mature the personality organisation, the more difficult the relaxation and self-regulation (McWilliams, 2008). Considering addiction as a coping strategy (Krupa et al., 2005) is extremely maladaptive and it significantly limits the repertoire of coping strategies (Krok and Gałazewska, 2016). This contributes to internal frustration and can cause a secondary decrease in its tolerance, further exacerbating adaptive difficulties, which can turn out to be increasingly severe and generate even more stress (Cierpiałkowska and Gościński, 2005; Izdebska and Pastwa-Wojciechowska, 2013). This can be understood based on the so-called corresponsive principle, which suggests that life experiences such that the personality traits that lead an individual to engage in a particular experience are the same traits that are most likely to become reinforced and intensified as a result of that experience (Caspi et al., 2005; Kaiser et al., 2018).

Research has also focused on flexibility in coping, which can be a resource and an aid in maintaining better health,

and protect against the accumulation of pathological consequences of already existing difficulties (Górska and Basińska, 2020; Hobfoll, 2012). Effective coping with stress involves mitigating the perceived stress in a constructive way (Ogińska-Bulik, 2014), and flexibility is an important component of this capability (Borzyszkowska and Basińska, 2020; Kato, 2012). Flexibility in coping (5 stens), the repertoire of coping strategies (5 stens), the ability to switch strategies depending on their self-rated effectiveness (5 stens), and the ability to reflect upon the coping process were all at average level (6 stens). Comparable results were obtained in an earlier study in a similar population of alcohol-dependent individuals, which also showed that their flexibility in coping was average (Borzyszkowska and Basińska, 2018). This means that alcohol-dependent adults are able to moderately adapt their coping behaviour, including coping strategies, to the situation. However, the average level of flexibility also means that the respondents are likely to relatively often fail accurately adjust their coping strategies, perhaps not taking into account the possibility of controlling the situation, and their behaviour is then less flexible.

The analyses in the study group showed that the relationship between flexibility in coping and dimensions of personality

organisation is not very strong. There was a negative correlation between the maturity of defence mechanisms and the repertoire of coping strategies, which is a logical consequence of the fact that primitive ego defence mechanisms generate rigid responses and reduce the choice of coping strategies (Cierpiałkowska, 2017). The less mature the defence mechanisms used by the subjects, the less flexible their behaviour in difficult and stressful situations. The negative correlation between the degree of identity integration and the ability to reflect on the used coping style indicates that the more coherent representation of the world and themselves the respondents have, the more capable of reflection they are (Izdebska and Pastwa-Wojciechowska, 2013). Identity is responsible for an integrated sense of self, which is subjectively manifested by experiencing the self and significant others in a complex, well-differentiated, subtle, deep, and situation-independent manner that is continuous over time (Caligor et al., 2019). Furthermore, research on mentalisation has confirmed that a coherent representation of the self enables an understanding of the complexity of experiences and the ability to metareflect on one's own internal states (Allen et al., 2014; Bateman and Fonagy, 2016). Reflecting on one's behaviour and opportunities to correct it to achieve a certain goal is an important manifestation of flexibility (Vriezekolk et al., 2012). In turn, identity diffusion and underdeveloped ego-functions make it impossible to distinguish between external and internal realities, and fragmented representations of the self limit the possibility of coherent self-reflection and reduce the sense of continuity of action. This can also prevent reflecting on one's own coping activity, especially since splitting intensifies particularly in difficult situations (Cierpiałkowska, 2017; Kernberg, 2004). The lower the coherence of the identity among individuals in the study group, the greater the difficulties in self-reflection they experienced.

It is also possible to distinguish a group characterised by lower functioning abnormalities, among the assessed alcoholics, who, due to their higher adaptive capabilities associated with a richer repertoire of coping strategies and greater ability to reflect on their behaviour, can be described as possibly higher-functioning (Zaworska-Nikoniuk, 2021). It is puzzling that despite the differences in the dispositional repertoire of coping strategies and the ability to reflect on one's coping behaviour, the subjects did not differ in changeability, which is one of the characteristics of flexibility in coping. This important prerequisite for flexible coping with stress implies inter-situational variability (Lazarus and Folkman, 1984), which is the ability to use different strategies depending on changing external circumstances. At the same time, it takes into account intra-situational variability (Kato, 2015), which means the ability to choose coping strategies also when it is the internal assessment of the stressful situation rather than objective circumstances that has changed. Regardless of personality organisation, the skills in this area were similar in all clusters and average for the adult population (5–6 stens) (Basińska

et al., 2021). Thus, it appears that the way in which alcoholics implement flexible coping is uniform in this group and, despite moderate competence to change strategies due to external or internal factors, is not sufficiently inter-situationally or intra-situationally variable to protect against the use of alcohol-intake based strategies in response to the need to cope. This leads to an assumption that there is a common coping style in a group of alcohol-dependent individuals (Strelau et al., 2005), which may be related to a focus on achieving relaxation in situations of emotional tension or a desire to avoid confronting a difficult situation (Mroziak et al., 1999), regardless of personality traits. An earlier study of alcohol-dependent individuals experiencing homelessness found that increased alcohol consumption was associated with a more frequent use of emotion-oriented and avoidance strategies (Opalach et al., 2016). Other studies also found that preferred stress coping styles did not differ between abstinence-maintaining and relapsed patients (Walter et al., 2006), although it might seem that they would change as a result of the treatment process. However, coping styles turn out to be relatively constant preferences, which is in line with theoretical assumptions (Strelau et al., 2005). The changeability dimension in the construct of flexibility in coping may therefore reflect the stability of the coping style in the group of alcohol-dependent adults. At the same time, changeability, as an aspect of flexibility, is not related to the personality dimensions based on Kernberg's assumptions (Lenzenweger et al., 2001). These hypotheses certainly require further analysis in more specific research in a group of alcohol-dependent individuals, taking into account their level of personality organisation, preferred coping style, but also their general functioning pattern.

Analysis of the results obtained in the presented research demonstrated only minor gender-related variation in personality organisation in the dimensions of aggression and moral values. Men in the study group were found to have significantly higher tendencies toward aggressive behaviour and interpersonal hostility than women. Women performed more adaptively in terms of impulse control, which is probably due to the more pro-social moral attitudes. This finding corresponds with the stereotype of how men and women function in our culture (Renzetti and Curran, 2005), which promotes prosocial behaviours and inhibition of aggression in women and, at the same time, gives greater permission for the expression of hostility and aggressive behaviour in men, which may play a role in the formation of the behavioural pattern. Research on mentalisation (Allen et al., 2014; Bateman and Fonagy, 2016) further suggests that if frustration occurs in a meaningful relationship with the caregiver, with which the experience of an insecure attachment relationship is associated, a negative representation of the self is activated in the relationship with the object under its influence. This nature of the experiences associated with the relationship with the caregiver in the alcohol-dependent group is indicated by research to date, including



studies assessing the problem from an attachment relationship perspective (Wyrzykowska et al., 2014). Negative internal tendencies take the form of aggressive or self-destructive responses to the perceived attack or mistreatment of the self. Due to difficulties in reality testing, the internal experience of threat is perceived in a distorted way as real in the relationship with others and justifying both avoidance and aggressive attitudes (Caligor et al., 2019; Cierpiałkowska, 2017), which may also partly account for the variation in the behavioural patterns presented by both men and women with alcohol dependence.

Both as a competence and as a resource, flexibility in coping is an important condition for improving the functioning of alcohol-dependent individuals. As expected in the study group, this construct was found to be independent of gender, both overall and in terms of all competencies related to its subdimensions. Flexibility in coping is a property related to an individual's experience and personality (Basińska, 2015; Cheng et al., 2014; Kato, 2012), universal to gender. This is supported by previous studies, which also indicated that there are no gender-related differences in flexibility in coping among the subjects (Basińska, 2015; Basińska et al., 2021; Piórowski et al., 2017).

The severity of less mature defence mechanisms and aggression appeared to be related to the age of respondents and became weaker with age, in favour of higher-order ego defences and more balanced responses. At the same time, flexibility in coping proved to be greater with the age of the subjects, also in subdimensions. Combination of the indicated characteristics revealed reciprocal correlations in the analyses and generated a configuration of factors that seems to become less pathological with age, which is puzzling with regard to the alcohol-dependent group. The association of a more favourable pattern of functioning with age suggests that it may be an effect related to treatment and abstinence maintained by addicted persons. Maintaining abstinence requires consistent behaviour oriented towards the goal of treatment, effective self-control, as well as increasing self-awareness and insight, which is also shaped and supported in the therapeutic process (Cierpiałkowska, 2017; Cierpiałkowska and Ziarko, 2010; Miller et al., 2009). Discontinuation of alcohol consumption, often in the form of complete abstinence, requires the use of alternative strategies to deal with stress, but also the activation of coping strategies to manage the treatment-related stress (Juczyński, 2012). These are factors that prompt the search for solutions, develop a broader repertoire of behaviours and a reflective attitude towards one's own behaviour, which is directly related to the development of flexibility in coping (Basińska et al., 2021; Cheng et al., 2014; Kato, 2012). This does not rule out the developmental explanation for the observed effect. Research shows that as people age, they are willing to make an effort to change their behaviour to better adapt to the limitations resulting from decreasing physical and mental fitness. They try to maintain the highest possible well-being through greater flexibility and adaptation

of behaviour to their own limitations and problems resulting from aging (Cheng et al., 2014), which may also apply to the study group.

Across all dimensions, flexibility in coping was found to be significantly positively correlated with the age of alcohol addicts in the study group, although the relationship between the variables was weak. This is consistent with previous findings on the construct of flexibility in coping, the intensity of which was found to vary over time and depend on the situational context (Górska and Basińska, 2020; Piórowski et al., 2017). Flexibility in coping can be developed through the experience gained with age (Cheng et al., 2014). The obtained results are consistent with the theoretical assumptions of the construct and confirm that the older the alcohol-dependent adult, the more flexibly he or she copes with stress. The role of experience, but also purposeful interactions, in reinforcing overall flexibility in coping and its individual dimensions has also been confirmed by research reports. It was found that purposeful interactions may give rise to competences in the field of flexibility in an individual (Bliźniak et al., 2020).

In the light of the results obtained, undertaking training in flexible coping, taking into account the development of a broader repertoire of coping strategies and the ability to correct one's own behaviour based on critical reflection on one's own coping behaviours, can be considered an important recommendation in the treatment process of alcohol-dependent patients. This would create the possibility of more flexible and therefore healthier functioning.

## LIMITATIONS

The study involved a group of alcohol-dependent individuals of very different ages, with an overrepresentation of men. This was due to the availability of respondents in the institutions and centres where the research was conducted. In further analyses, it is worth increasing the number of women in the sample. The study included only subjects currently in abstinence, but no distinction was made based on its duration or the number of treatment attempts. No control group was included, which is another limitation. It seems worth to plan the next stage of investigating the issues discussed as longitudinal research, so that more complete control of variables related to addiction and treatment dynamics is possible.

## CONCLUSIONS

The obtained results allow the following conclusions to be formulated:

1. Personality organisation of the assessed alcohol-dependent adults was related to some of the dimensions of flexibility in coping, but only in terms of maturity of defence mechanisms and the degree of identity integration. The greater the intensity of primitive defence mechanisms, the less diverse the strategies and ways of coping

with stress available to the respondents, and the less integrated their identity, the poorer their ability to reflect on their coping strategies and their effectiveness.

2. The assessed alcohol-dependent adults constitute a significantly diversified group in terms of personality organisation, in which we can distinguish higher-functioning individuals with the most optimal personality organisation, those with a slightly greater severity of abnormalities in personality dimensions, and persons with personality organisation characterised by the most severe pathology.
3. Personality organisation differentiated the study group in terms of flexibility in coping and its subdimensions, which were more optimal in the subgroup with personality organisation characterised by the smallest abnormalities compared to other subgroups.
4. The functioning pattern of alcohol-dependent people who are currently abstinent becomes more adaptive and less unhealthy with age due to the use of more mature defence mechanisms, lower intensity of interpersonal aggression and greater flexibility in coping, including all its dimensions.

#### **Conflict of interest**

*The authors report no financial or personal relationships with other individuals or organisations that could adversely affect the content of the publication and claim ownership of this publication.*

#### **Author contributions**

*Original concept of study: IAG. Collection, recording and/or compilation of data: AF. Analysis and interpretation of data: IAG. Writing of manuscript: IAG. Critical review of manuscript: IAG. Final approval of manuscript: IAG.*

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