



Coping, affect and aging: the roles of mastery and self-esteem

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Abstract

The relationships between coping, affect and aging were examined using mastery and self-esteem as mediators of the aging–coping–affect associations. The sample included 168 young and old community residents who completed the dispositional coping strategies questionnaire [COPE scale; Carver, C.S., Scheier, M., & Weintraub, J.K. (1989). Assessing coping strategies: a theoretically based approach. *Journal of Personality and Social Psychology*, 56, 267–283], as well as mastery, self-esteem and affect inventories. The results showed high levels of mastery, self-esteem and problem/accommodation meta-strategy of coping to contribute independently to positive affect, while low levels of mastery and self-esteem contributed to negative affect. Older people reported low levels of negative affect as well as lower levels of mastery than the younger ones, but no age-related differences were observed for positive affect, self-esteem, or coping strategies. Furthermore, mastery mediated the effects of aging on coping strategies. Unexpectedly, perceived health status, independently of age, was related to low levels of mastery and self-esteem while perceived economical situation or education level were not related to these variables. The study results imply that the use of efficient coping strategies in certain groups such as old people may be enhanced by elevating feelings of mastery. © 2001 Elsevier Science Ltd. All rights reserved.

Keywords: Affect; Aging; Coping; Mastery; Self-esteem

1. Introduction

Folkman, Lazarus, Pimley, and Novacek (1987) claimed that “it is not stress per se, but how people cope with it, that affects health and well-being” (p.171). Indeed, the concept of coping has acquired a prominent place in present theories of stress and adjustment; it is currently being studied as a reaction, strategy, tactic, behavior or cognition (Schwarzer & Schwarzer, 1996), and is discussed under such topics as function, style and resource. The present research aims at assessing

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the associations between dispositional coping and general affect in young and old people, trying to delineate the roles of mastery and self-esteem as coping resources that may mediate the use of effective coping strategies in old age.

1.1. Coping dispositions and affect

According to Lazarus and Folkman (1984), coping represents the cognitive and behavioral efforts of individuals to manage stressful encounters. These efforts result in a variety of activities, classified according to problem-focused and emotion-focused modes, as differentiated by their function (Folkman & Lazarus 1980, 1985; Lazarus & Folkman, 1984). Problem-focused coping includes various actions aimed at managing future danger or threat, expressed in the efforts the person invests in order to actually change his/her interaction with the environment. Emotion-focused coping, in contrast, is aimed at reducing, preventing or tolerating the emotional and bodily reactions that are characterized as stressful.

Following Lazarus and Folkman, various coping models and techniques have been proposed (e.g. Amirkhan, 1994; Endler & Parker, 1990; Holahan, Moos & Schaefer, 1996; Moos & Billings, 1982; Moos & Schaefer, 1993; Schwarzer & Schwarzer, 1996). One of the most comprehensive frameworks was described by Carver, Scheier, and Weintraub (1989), and Scheier, Carver, and Bridges (1994), with coping differentiated into 15 strategies according to three types: problem-focused strategies, which are considered effective and adaptive; and two types of emotion-focused strategies, with some considered functional and sometimes even helpful in solving the problem, and others seen as ineffective and dysfunctional. On the basis of factor analysis, Carver et al. (1989) reported a four-factor structure of coping strategies: problem, emotion, avoidance and acceptance coping. Ben-Zur (1999) reported a structure of three factors: (1) problem/accommodation coping, composed of problem-focused strategies (e.g. active coping) as well as accommodation strategies (e.g. positive reinterpretation and growth); (2) emotion/support coping, composed of approach type of emotion-focused strategies (e.g. looking for social support for emotional reasons); and (3) avoidance/disengagement, composed of avoidance type of emotion-focused coping (e.g. denial).

Lazarus and Folkman (1984) emphasized situational coping, based on a dynamic process involving evaluations and re-evaluations of the interplay between the person and the environment. In contrast, dispositional coping refers to the consistent coping responses of individuals across different time points (Folkman & Lazarus, 1985; Holahan et al., 1996; Terry, 1994). Carver et al. (1989) measured coping as a trait or state, with positive correlations obtained for dispositional and situational uses of coping. Carver and Scheier (1994) found dispositional coping to be related positively to exam-related coping for the majority of the 13 COPE strategies tested, though weak associations were found between these strategies and threat or harm emotions.

The present research tested the associations of dispositional coping strategies with affective responses. A current, prominent approach to emotion posits a general distinction between two dimensions of emotional experience, termed Positive Affect (PA) and Negative Affect (NA; Bryant, Yarnold, & Grimm, 1996; Tellegen, 1985; Watson & Clark, 1992). NA describes subjective distress and dissatisfaction and is composed of negative emotional states, such as anger, fear, sadness, guilt, contempt and disgust. PA, in contrast, reflects the co-occurrence of positive emotional states, such as joy, interest, excitement, confidence and alertness. The two dimensions are

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