



Relationships among optimism, coping styles, psychopathology, and counseling outcome

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Abstract

This study had two objectives. The first objective was to evaluate the discriminant validity of optimism by examining the relationships between optimism and coping styles, while controlling for psychopathology. The second objective was to evaluate how well optimism, coping styles, and psychopathology predicted counseling outcome. Participants consisted of 96 college students involved in individual counseling at a university counseling center located in the southeastern United States. Consistent with previous studies, optimism was positively correlated with task-oriented coping and social diversion (social support), and it was negatively correlated with emotion-oriented coping and avoidance (distraction) coping. However, after partially out psychopathology, only the relationship between optimism and task-oriented coping remained statistically different from zero. Both optimism and psychopathology predicted two measures of counseling outcome. In contrast, coping styles were not useful for predicting any of the outcome measures. Results provide limited support for the discriminant validity of optimism in general and the Life Orientation Test in particular.

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1. Introduction

Optimism and coping have risen to become two of the most widely researched constructs in the behavioral sciences (Peterson, 2000; Somerfield & McCrae, 2000). This popularity may be attributable to the many associations these characteristics share with important outcome variables

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(e.g., Brissette, Scheier, & Carver, 2002; Carver et al., 1993; Edwards & Trimble, 1992; Endler & Parker, 1999; Endler, Parker, & Butcher, 1993; Janzen, Kelly, & Saklofske, 1992; Livneh, 2000; Lussier, Sabourin, & Turgeon, 1997; Naquin & Gilbert, 1996; Raikkonen, Matthews, Flory, Owens, & Gump, 1999; Scheier & Carver, 1985; Uehara, Sakado, Sakado, Sato, & Someya, 1999). Optimism and coping even share some common correlates. For example, both emotion-oriented coping and lower levels of optimism have been associated with negative affectivity and somatic complaints (e.g., Andersson, 1996; Endler & Parker, 1999; Raikkonen et al., 1999; Scheier & Carver, 1985; Smith, Pope, Rhodewalt, & Poulton, 1989; Vickers & Vogeltanz, 2000). One potential explanation for these shared relationships is that optimism and coping styles interact with one another to produce how an individual responds to a stressful or challenging situation (Scheier, Weintraub, & Carver, 1986). Shedding some light on this hypothesis, numerous investigations have explored the relationships between optimism and various coping styles (Carver et al., 1993; Carver, Scheier, & Weintraub, 1989; Fournier, de Ridder, & Bensing, 1999; Grove & Heard, 1997; Harju & Bolen, 1998; Scheier, Carver, & Bridges, 1994; Scheier et al., 1986; Strutton & Lumpkin, 1993). In general, these studies have found that higher levels of optimism are associated with a greater use of more active coping strategies (e.g., problem-oriented coping, planning, seeking social support), whereas lower levels of optimism are associated with a greater use of emotion-oriented and avoidance coping strategies (e.g., emotional ventilation, behavioral disengagement).

Despite this general conclusion, there are several methodological problems associated with this body of literature. First, many of the aforementioned investigations failed to control for potential third variables, such as neuroticism or psychological distress. This omission is important because several studies have challenged the discriminant validity of optimism (e.g., Boland & Cappeliez, 1997; Smith et al., 1989). As an example, Smith et al. (1989) found that the relationships between optimism and coping styles nearly disappeared after controlling for neuroticism. These authors argued that optimism is basically indistinguishable from the construct of neuroticism. Although a subsequent study offered evidence to counter this criticism (Scheier et al., 1994), the distinctiveness of optimism continues to remain an unresolved issue. Second, most of the previous studies used the total score from the Life Orientation Test (*LOT*; Scheier & Carver, 1985) to measure dispositional optimism. Several studies have indicated the *LOT* really measures two separate constructs (optimism and pessimism), and these two constructs should be considered separately (Marshall, Wortman, Kusulas, Hervig, & Vickers, 1992; Mroczek, Spiro, Aldwin, Ozer, & Bosse, 1993; Raikkonen et al., 1999; Scheier & Carver, 1985). Third, nearly all of the previous studies used either the *COPE* or *Ways of Coping Checklist (WCCL)* to measure participants' preferred coping styles. Information on the psychometric properties of these instruments raises concerns about their internal characteristics, and consequently, the meaning of scale scores (see Carver et al., 1989; Cook & Heppner, 1997; Endler & Parker, 1990; Lyne & Roger, 2000; Mishel & Sorenson, 1993; Strutton & Lumpkin, 1993; Vitaliano, Russo, Carr, Maiuro, & Becker, 1985). Finally, rather than treating optimism as a continuous variable, several researchers divided participants into groups of *optimists* and *pessimists* for the purposes of data analysis (Harju & Bolen, 1998; Rim, 1990; Strutton & Lumpkin, 1993). This decision was unfortunate because dichotomizing a continuous variable reduces the amount of variance that can be accounted for by that variable and unnecessarily reduces statistical power (Cohen, 1983).

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