



## OPTIMISM AND NEUROTICISM AS PREDICTORS OF COPING AND ADAPTATION IN OLDER WOMEN

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**Summary**—This prospective correlational study looked at the relationship between optimism, perception of stress, coping, and adaptation in women over the age of 60. One hundred and nine women took part in two interviews, separated by a minimum interval of 3 months. Although optimism was found to be correlated with most of the dependent variables (DVs), hierarchical regression analyses revealed that it lost its predictive power when the effects of the covariates, particularly Time 1 measures of the DVs and neuroticism, were statistically removed. The most important predictors of coping, distress, and life satisfaction were initial measures of these variables, followed by neuroticism. The discussion of the findings focuses on the need to clarify the construct of optimism. It supports the idea that optimism may be better conceptualized as a two-dimensional construct (optimism/pessimism), subsumable under two of the 'Big Five' personality factors, namely Extraversion and Neuroticism, respectively. © 1997 Elsevier Science Ltd

### INTRODUCTION

Dispositional optimism, as measured by the Life Orientation Test (LOT) (Scheier & Carver, 1985), has been shown to predict coping, adaptation, and health in a number of different populations. For example, Scheier and Carver (1985) found that optimism was predictive of perceived stress and physical symptom reports in a group of undergraduate students over the stressful 4-week period of final exams. Similarly, Aspinwall and Taylor (1992) and Scheier and Carver (1992) found that optimistic undergraduates reported a greater reliance on active and problem-focused coping, and experienced higher levels of adjustment than their pessimistic counterparts. Scheier, Weintraub, and Carver (1986) and Carver, Scheier, and Weintraub (1989) found that optimism was associated with "adaptive" coping: problem-solving, positive reinterpretation, and social support, whereas pessimism was associated with more "maladaptive" coping: denial, focus on and venting of emotions, and disengagement.

Relating optimism and physical health, Carver and Gaines (1987) found that the optimism variable predicted post-partum depression in a group of 75 pregnant women. Similar results were reported by Scheier *et al.* (1989) who studied a group of men who had undergone coronary artery bypass surgery. Optimistic men recovered more quickly, experienced fewer intraoperative complications, and reported a higher quality of life at a 6 month and 5-year follow-up (Scheier & Carver, 1992). Their coping style was problem-focused and characterized by more direct involvement with their treatment. Pessimistic men, on the other hand, tended to focus on their negative emotions, to mentally disengage, and to deny the reality of their situation.

Scheier and Carver (1985, 1992) suggest that the relationship of optimism to adaptation and health may be mediated by coping style. Presumably, the positive expectancies of optimists lead to more effective problem-solving with fewer adverse consequences. It may be that optimists are more likely than pessimists to engage in health-enhancing behaviors in times of stress. Aspinwall and Taylor (1992) and Carver *et al.* (1993) found evidence for this mediation effect. Another way in which optimism may be related to adaptation and health is through the perception of stress. Optimistic people may simply not define events as stressful to the same extent that pessimistic people do (Blankstein, Flett & Koledin, 1991; Hooker *et al.*, 1992; Scheier & Carver, 1985).

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However, these interpretations that link optimism with coping, adaptation, and health have been challenged on the basis of the third variable problem. Smith *et al.* (1989) reported that the relations among optimism, physical symptom reports, and most measures of coping styles disappeared when the influence of neuroticism was statistically controlled. They also reported that their measure of optimism (LOT; Scheier & Carver, 1985) was just as highly correlated with their measure of neuroticism as with an alternative measure of optimism. They advised caution in interpreting results based on the LOT because of its high correlation with neuroticism. They also recommended that the LOT be further validated with populations other than undergraduate students.

Other researchers have attempted to clarify the issue of the overlap between optimism and other related constructs, such as neuroticism or extraversion. Results have been inconclusive. It has been suggested that optimism strongly overlaps with neuroticism, although in some cases it remains sufficiently differentiated from it to add predictive value to varying degrees, depending upon the criterion variables selected, and at times, the gender of the *Ss* (Fitzgerald *et al.*, 1993; Hooker *et al.*, 1992; Marshall *et al.*, 1992; Mroczek *et al.*, 1993; Plomin *et al.*, 1992; Robbins, Spence & Clark, 1991). These mixed results support the contention that the relation between optimism and neuroticism needs to be further clarified, a point that Scheier and Carver (1993) have also conceded.

In an attempt to shed light on this issue, Scheier, Carver, and Bridges (1994) conducted a study to identify the predictive power of the LOT for physical symptom report, depression, and coping style, over and above the predictive power of neuroticism. For their sample of over 4000 undergraduate students, the LOT lost its power to predict physical symptom report when the influence of neuroticism was statistically removed. This was congruent with the findings reported by Smith *et al.* (1989). On measures of depression and certain coping styles, however, the LOT retained its unique predictive power even after the statistical removal of the influence of neuroticism. This study was, however, limited by the choice of measures. Neuroticism was measured with the Emotional Stability subscale of the Guilford–Zimmerman Scale (GZTS; Guilford, Zimmerman & Guildford, 1976). In contrast to other scales such as the NEO-PI (Costa & McCrae, 1985), the GZTS does not assess depression, an important facet of neuroticism. Their measure of coping style was the dispositional version of the COPE (Carver *et al.*, 1989). It is thought that this dispositional version may have been measuring a very different construct from the situational version typically used in research on coping.

The main purpose of the present study was to further clarify the issue of the unique predictive power of optimism as measured by the LOT. Both concurrent and prospective measures were taken with a sample of older women. The first hypothesis was that optimism would be correlated with perceived daily hassles, adaptive and maladaptive coping, emotional distress, and life satisfaction, both concurrently and prospectively. The second hypothesis was that controlling for the influence of related variables (particularly neuroticism) would greatly reduce, or potentially eliminate, the correlations between optimism and these criterion variables.

## METHOD

### *Subjects and procedure*

A total of 113 women were recruited from various seniors' groups to participate in this study. *Ss* took part in two structured interviews in their own setting with a minimum 3-month interval between the first and the second interview. Interviews consisted of verbally answering questions from the selected questionnaires. A total of 109 *Ss* completed both interviews. All women were living autonomously (79% alone or with spouse in their own home), and were free of incapacitating illness. The average age was 72.6 years. Thirty-one percent of the sample had reached secondary level of education and 47% had a university degree.

### *Measures*

*Provision of Social Relations Scale (PRS, revised)*. This 15-item scale measures perceived social support from friends and family (Turner, Frankel & Levin, 1983). For each item, respondents are asked to rate on a five-point scale how closely the statement describes the way they are. Total scores could range from 0 to 60. Coefficient alpha was 0.81 for participants tested in this study.

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