



# The relationship between dispositional optimism, dispositional pessimism, repressive coping and trait anxiety

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Received 25 September 1998

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## Abstract

The purpose of this study was to investigate the relationship between dispositional optimism, dispositional pessimism, repressive coping and trait anxiety. The Marlowe-Crowne scale (MC) and the Bendig version of the Taylor Manifest Anxiety Scale (MAS) were used to select repressor and control groups ( $N = 143$ , aged between 18 and 47 years), who subsequently completed a measure of dispositional optimism, the Life Orientation Test (LOT), which consists of two sets of items: optimism and pessimism. Repressors (high MC, low MAS) reported significantly lower pessimism than all other participants. When the pessimism scale was divided into high and low categories, there were significantly more repressors in the low pessimism group than the other low trait anxiety group, low anxious (low MC, low MAS). However, for the optimism scale the opposite pattern of results was found, with significantly more low anxious in the high optimism group than repressors. These results support the assertion that the pessimism and optimism scales of the LOT are not the same construct and should be measured separately. © 1999 Elsevier Science Ltd. All rights reserved.

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## 1. Introduction

It has been suggested that dispositional optimism, as defined in terms of general expectancies, is beneficial to both psychological and physical well-being (see Scheier, Carver, & Bridges, 1994). Dispositional optimism is usually measured by an eight item questionnaire, the

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Life Orientation Test (LOT, Scheier & Carver, 1985). The LOT consists of 4 positively worded items and 4 negatively worded items. The evidence linking high LOT scores (i.e. high dispositional optimism) to good psychological health outcomes is strong. For example, high dispositional optimism has been associated with less negative mood in bone marrow transplant patients (Curbow, Somerfield, Baker, Wingard, & Legro, 1993). Similarly, Chamberlain, Petrie, and Azariah (1992) found that both pre- and post-surgery, optimism was positively correlated with life satisfaction and positive well-being, but negatively correlated with psychological distress. Carver and Gaines (1987) reported that, in pregnant women, both before and after birth, dispositional optimism was negatively correlated with depression. In a study by Litt, Tennen, Affleck, and Klock (1992), optimistic women compared to pessimistic women responded better to an unsuccessful in vitro fertilisation procedure. In contrast, the link between dispositional optimism and physical health outcomes is less clear. Scheier et al. (1989) reported that after coronary artery bypass surgery, optimistic men made a more rapid physical recovery than pessimistic men, when compared on physiological measures. Staff rated optimists as progressing faster than pessimists, but this difference was only marginal ( $p < 0.10$ ). In the Chamberlain et al. (1992) study optimism was not related to self-reported health. Two other studies found similar findings, both Robbins, Spence, and Clarke (1991), and Smith, Pope, Rhodewalt, and Poulton (1989) report that the relationship with self-reported health and optimism became negligible when other personality variables were taken into account. However, Lyons and Chamberlain (1994), in a longitudinal study, reported a significant relationship between optimism and self-reported health, but this relationship was present at time 1 but not at time 2 in their study. In a study by Scheier and Carver (1985), optimism was negatively associated with scores on a physical symptom check list both at time 1 and time 2. In summary, it is not clear whether optimism has an association with physical health.

One of the reasons for such inconsistent results may be due to the nature of dispositional optimism measurement. The studies discussed assume that individuals can be divided into optimists and pessimists using the LOT and this is a measure of dispositional optimism. However, there are potential problems with this view of dispositional optimism measurement.

Firstly, is the LOT unidimensional/bipolar or do optimism and pessimism scales measure separate personality dimensions? Scheier and Carver (1985) identified two factors on the LOT: the positively-worded and the negatively-worded items. However, they preferred to use the LOT as a unidimensional measure. Later studies have suggested that the two sets of items, the optimism and pessimism scales, do not measure the same constructs.

For example, Dember, Martin, Hummer and Melton (1989) found correlations of between 0.52 and 0.57 for the optimism and pessimism in two different samples. They argued that these correlations were not high enough to consider optimism and pessimism as a single construct. Similarly, Marshall, Wortman, Kusulas, Hervig, and Vickers (1992) found correlations of between 0.54 and 0.47 in two samples of young men. Optimism was correlated with extraversion and positive affect and pessimism was correlated with neuroticism and negative affect. Therefore, they posited that the LOT consisted of two separate factors which correlated differently with different measures.

In addition, three studies suggest that optimism and pessimism may be independent in older participants. Mroczek, Spiro, Aldwin, Ozer, and Bosse (1993) in a study of older men report correlations of 0.28 between pessimism and optimism. They also found that pessimism and

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