



ELSEVIER

Available online at www.sciencedirect.com

SCIENCE @ DIRECT®

Personality and Individual Differences 38 (2005) 1463–1473

PERSONALITY AND
INDIVIDUAL DIFFERENCES

www.elsevier.com/locate/paid

Can high optimism and high pessimism co-exist? Findings from arthritis patients coping with pain

Yael Benyamini *

Bob Shapell School of Social Work, Tel Aviv University, Tel-Aviv 69978, Israel

Received 25 March 2004; received in revised form 12 August 2004; accepted 21 September 2004

Available online 8 December 2004

Abstract

Data from 120 elderly osteoarthritis patients showed that dispositional optimism and pessimism interacted in their associations with the frequency of use of pain-coping strategies: participants higher on both dispositions reported more intense coping. Controlling for age, pain level, history of prior serious disease, or negative and positive affectivity did not affect the results. Possible explanations for the co-existence of high optimism and pessimism under certain conditions are proposed.

© 2004 Elsevier Ltd. All rights reserved.

Keywords: Optimism; Pessimism; Coping with pain; Negative affectivity

1. Introduction

The construct of dispositional optimism, or generalized outcome expectancies, was defined by Scheier and Carver (1985) on the basis of their broader theory of self-regulation (Carver & Scheier, 1981). Extensive research has provided evidence of the benefits of being optimistic (Andersson, 1996), yet there are two open debates that arose from inconsistencies in the findings: the dimensionality of optimism and pessimism and the independence of optimism from affect. The

* Address: School of Social Work, Tel Aviv University, Tel-Aviv 69978, Israel. Tel.: +972 3 6409075; fax: +972 3 6409182.

E-mail address: benyael@post.tau.ac.il

findings to date raise the possibility that there is no single resolution to these debates, but rather that both issues depend on the context and population in which optimism is studied. Regarding the dimensionality of optimism, the relatively low correlation between optimism and pessimism in older samples compared to younger ones suggests that the distinction between them may be more pronounced as one ages. Regarding its independence from affect, most of the studies that provided evidence for it were based on adults coping with health stressors. In contrast, many of the studies in which negative affectivity accounted for the effects of optimism were based on student or community samples. These findings suggest a unique role for optimism when active coping is required. The main objective of the current study is to test the proposition that optimism and pessimism are distinct and can even co-occur among older people. A secondary objective is to replicate the finding that among people coping with health problems, the effects of optimism cannot be explained by negative (or positive) affect.

Scheier and Carver (1985) developed the Life Orientation Test (LOT) and later a revised version (LOT-R, Scheier, Carver, & Bridges, 1994). Both measures include positively- and negatively-phrased items aimed at assessing a single bipolar dimension of optimism. Exploratory and confirmatory factor analyses (CFA) showed that two-dimensional models fit the LOT items (e.g., Chang, D’Zurilla, & Maydeu-Olivares, 1994). However, when CFA was used allowing for correlated errors among similarly valenced items, these tests yielded good fit for both one-factor and two-factor solutions (e.g., Scheier et al., 1994). Additional studies supported the two-factor model with evidence of differences in the associations of the LOT optimism and pessimism subscales with personality traits, coping strategies, mental and physical health (e.g., Marshall, Wortman, Kusulas, Hervig, & Vickers, 1992; see also book edited by Chang, 2001).

Further support for a two-dimensional model involves the correlation between optimism and pessimism (Dember, Martin, Hummer, Howe, & Melton, 1989): If they were indeed two ends of one dimension, their correlation should have been high, in the order of the internal reliabilities reported for the full LOT, i.e., in the 70s (Scheier & Carver, 1985; Scheier et al., 1994). While many studies reported correlations in the 50s (e.g., Chang & Sanna, 2001), studies of older adults typically reported lower correlations, under 30 (e.g., Mahler & Kulik, 2000; Mroczek, Spiro, Aldwin, Ozer, & Bosse, 1993; Plomin et al., 1992). A low correlation could be an artifact, resulting from people who are in the middle range of both optimism and pessimism and therefore lower the correlation between these subscales, or from a response set such as an acquiescence bias. However, another explanation could be that at old age, some people are indeed relatively high on both optimism and pessimism. As people age, it seems reasonable that some would gradually accept the possibility of adverse events occurring, regardless of their basic level of optimism. When one considers the content of the LOT-R optimism and pessimism items, which do not fully mirror one another, this interpretation seems possible.

Several researchers have proposed approaches that could be related to the possible co-occurrence of high optimism and pessimism. Norem and Cantor (1986) proposed that some people cope with anxiety related to future goals by adopting the strategy of *defensive pessimism*: they report low expectations for an upcoming performance even though they have had earlier successes. Defensive pessimism is defined and measured as domain-specific and quite malleable and is therefore different from Scheier and Carver’s (1985) concept of *generalized* expectancies. However, it is possible that some people use defensive pessimism across domains and time and respond to the LOT with both high (defensive) pessimism and high optimism (stemming from prior successes).

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات