People differ substantially in the degree to which they develop negative emotional symptoms in response to stressful conditions. For example, following an argument with a colleague, or an unsuccessful competition, some people will experience elevated symptoms of anger or embarrassment while others will show no meaningful changes or even reductions in negative emotions (Osinisky, Lösch, Hennig, Alexander, & MacLeod, 2012). In cases of elevated emotional symptoms people are more susceptible to a variety of adverse mental and physical health outcomes. In particular, emotional stressors can trigger pathophysiological effects including cardiac electrical instability, myocardial ischemia, and in extreme cases can have severe health consequences such as increased myocardial infarction, stroke rate, and mortality (Schwartz et al., 2012; Steptoe & Brydon, 2009). Given the negative correlates and consequences of heightened emotional reactivity, it is important to identify factors that contribute to emotional symptoms. Here, we explore the independent and interrelated contribution of personality traits and counterfactual thoughts to the intensity, duration, and overproduction of negative emotions. We found that personality dimensions (extraversion, neuroticism, and openness) relate to the direction of counterfactual thoughts (upward or downward) and the direction of counterfactual thoughts (upward or downward) relate to the intensity, duration, and/or overproduction of negative emotions. Lastly, we found that personality and counterfactual thoughts had independent rather than interrelated contributions to the experience of unpleasant emotions.

Conclusions: These findings carry important theoretical and practical implications with regard to identifying individuals susceptible to experiencing elevated emotional symptoms in response to short-term stressors.

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Personality and counterfactual thinking

Following negative outcomes it is not uncommon for people to reflect on how things could have been different. Counterfactual thoughts (as they are known) are mental representations of alternatives to past events, actions, or states (Byrne, 2007; Roese, 1997). They can involve thoughts about how things could have gone better (upward counterfactual thinking) or thoughts about how things could have gone worse (downward counterfactual thinking). Counterfactual thoughts may also be understood with respect to their content, structure, and object of reference. Counterfactual thoughts can add elements to a situation (additive), remove elements from a situation (subtractive), or replace elements with different elements (substitutional); counterfactual thoughts can also focus on actions taken by oneself (self-referent), actions taken by others (other-referent), or actions taken by nobody (non-referent). Counterfactual reasoning develops early in childhood (around age 2), is common across nations and cultures, and may be an essential property of human intelligence (Epstude & Roese, 2008). It has been established that people tend to imagine alternatives to actions rather than inactions, events within their control rather than beyond their control, and socially unacceptable events rather than socially acceptable events (Byrne, 2007). Critically, counterfactual thoughts are more common following negative events (than positive events) and tend to focus on how things could have gone better (Epstude & Roese, 2008).

The functions that mental simulations might serve suggest several ways that people might differ in their tendency to engage in counterfactual thinking. Counterfactual thoughts are deeply connected to goals and emotions (Epstude & Roese, 2008; Roese, 1997) and personality characteristics that correspond to these functions are likely to have an important role in counterfactual generation. In particular, traits such as optimism and self-esteem are routinely identified as key psychological characteristics of mental simulations over time (Kasimatis & Wells, 1995; Sanna, Carter, & Small, 2006). There is evidence that people with high self-esteem or greater levels of optimism tend to generate more downward counterfactuals, and people with low self-esteem or greater levels of pessimism tend to generate more upward counterfactuals (Roese & Olson, 1993; Sanna, 1996). In addition to optimism and self-esteem effects, other components of personality such as impulsivity (Schmidt & Van der Linden, 2009), depressive symptoms (Markman & Miller, 2006), and perfectionism (Sirois, Monforton, & Simpson, 2010) have each been linked to the direction, magnitude and/or content of counterfactual thoughts. Specifically, more impulsive persons (greater levels of urgency) show a greater occurrence of counterfactual generation, individuals with more severe depressive symptoms show a greater occurrence of upward counterfactuals (in addition to more uncontrollable and less reasonable counterfactuals), and maladaptive perfectionists show a greater occurrence of upward counterfactuals (in addition to more controllable, subtractive and less specific counterfactuals).

The available data suggest that components of personality have an important role in mental simulations. However, the exclusive focus on narrow traits makes it difficult to ascertain the overall contribution of cardinal traits to counterfactual thoughts. Sanna (2000) proposed that in addition to narrow traits such as optimism and self-esteem, broad traits that correspond to the experience of positive and negative emotions could also have an important role in counterfactual generation. Since all five dimensions of personality have demonstrated an affective component (Steel et al., 2008) we might expect all five dimensions (and extraversion and neuroticism in particular) to have a role in counterfactual thinking. However, as far as we know, broad dimensions of personality have never been considered in this regard.

Counterfactual thinking and acute emotional reactivity

Mental simulations are central to human thinking and emotion (Epstude & Roese, 2008). Not only do negative emotions trigger the activation of counterfactual thoughts (Roese, 1997), but counterfactual thoughts can amplify emotional responses to positive and negative outcomes (Kahneman & Miller, 1986; Roese, 1997). This has been demonstrated in several research investigations. For example, in a study of the 1992 Summer Olympics, bronze medallists were rated as displaying greater levels of satisfaction than silver medallists (Medvec, Madley, & Gilovich, 1995). The authors report that bronze medallists tend to be happier because the most
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