



OPTIMISM AND PESSIMISM: ASSOCIATIONS TO COPING AND ANGER-REACTIVITY

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Summary—The purpose of the present study was to examine episodic coping and situational anger-reactivity in relation to optimism and pessimism while correcting for some of the limitations of previous research. In the present investigation, optimism and pessimism were operationalized as separate constructs. In addition, an attempt was made to 'standardize' the nature of the stressor that subjects reported on, and to assess short-term emotional reactivity. Semipartial correlational analyses that corrected for multicollinearity among the coping subscales indicated that, independent of variability in the contextual features of the stressors, scores on the optimism subscale of the Life Orientation Test (LOT) were positively correlated with confrontive coping and accept-responsibility coping, and inversely related to escape-avoidance coping. Pessimism scores were positively related to escape-avoidance coping and inversely related to confrontive coping and planful problem solving coping. Neither optimism nor pessimism were related to levels of 'stress-induced' anger reactivity. These data suggest that optimism and pessimism are distinct constructs, that each construct is associated with different coping strategies, and that coping differences between optimists and pessimists are not necessarily associated with differences in emotional reactivity. These findings have implications for future research examining dispositional optimism and pessimism as stress-moderating personality factors.

INTRODUCTION

In an attempt to clarify more precisely why optimists appear to be healthier than pessimists, biobehavioral researchers have begun to test the notion that optimists and pessimists differ in terms of the coping strategies they use when faced with stressful life events (Scheier, Weintraub & Carver, 1986). Preliminary evidence supports the notion that these two groups of people cope with stress differently and that this difference might explain, in part, why optimism is linked to positive well-being. Specifically, previous research has shown that compared to pessimists, optimists cope with stress by using greater amounts of potentially adaptive strategies such as problem-focused coping (Aspinwall & Taylor, 1992; Friedman, Nelson, Baer, Lane, Smith & Dworkin, 1992; Smith, Pope, Rhodewalt & Poulton, 1989) and seeking social support (Scheier *et al.*, 1986). Relative to pessimists, optimists also appear to rely significantly less on potentially maladaptive coping strategies such as escape/avoidance (Aspinwall & Taylor, 1992; Friedman *et al.*, 1992; Scheier *et al.*, 1986, Study 2; Smith *et al.*, 1989; Strutton & Lumpkin, 1992; Zeidner & Ben-Zur, 1993; Zeidner & Hammer, 1992) and venting emotion (Scheier *et al.*, 1986; Zeidner & Ben-Zur, 1993; Zeidner & Hammer, 1992).

Although these preliminary findings are provocative, they must be interpreted with caution because they are derived from investigations that suffer from a number of methodological limitations. One problem concerns the fact that most previous studies failed to assess short-term adaptational outcomes and simply *assumed* that optimists enjoy more benign stress-related outcomes than pessimists. For example, most previous research has implied that optimism is associated with dampened emotional reactivity in the face of stressful events, and that coping accounts for this (presumed) hyporesponsivity. However, in the two studies that have actually examined stress-related outcomes, little or no evidence was found to support the idea that optimists show dampened emotional reactivity in the face of stress (Zeidner, 1993; Zeidner & Ben-Zur, 1993).

A second methodological limitation which requires that caution be exercised in interpreting the results of previous coping research involving the Life Orientation Test (LOT) concerns recent findings suggesting that the LOT assesses two distinct constructs rather than a single bipolar dimension as previously thought (Dember, Martin, Hummer, Howe & Melton, 1989; Marshall, Wortman, Kusulas,

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Hervig & Vicekers, 1992; Mook, Kleijn & Van der Ploeg, 1992; Mroczek, Spiro, Aldwin, Ozer & Bosse, 1993; Plomin, Scheier, Bergeman, Pedersen, Nesselroade & McClearn, 1992). To date, episodic coping research that has utilized the LOT has failed to address the possibility that optimism and pessimism may indeed be orthogonal constructs, and that coping and adaptational outcomes may have differential associations to each of the two constructs.

Interpretation of the results of previous research has also been hampered by the use of inappropriate statistical analyses. It is likely that, in the vast majority of these studies, the coping predictor variables were more strongly correlated with each other than with the LOT criterion variable. This being the case, use of zero-order correlations would yield highly misleading findings due to multicollinearity. Nevertheless, most previous studies base their conclusions and inferences on simple correlations.

A fourth problem with earlier research is that it has neglected to examine the possibility that there may be systematic differences between optimists and pessimists in terms of the nature of the stressors they report on. As noted by Folkman (1992) and McCrae (1992) this neglect of contextual embeddedness is a general problem in most coping research, and is therefore not unique to studies involving optimism. Nevertheless, in many of the coping studies involving the LOT Ss were given free choice in the selection of the type of stressful event they could report on. As a result, some Ss may have reported on financial stressors, whereas others may have reported on interpersonal stressors. Still others may have reported on illness-related, or work-related stressors. In the light of theory and research (Fleishman, 1984; Lazarus & Folkman, 1984; McCrae, 1984, 1992) suggesting that different types of stressors elicit different coping patterns, and the possibility that individuals scoring high on dispositional optimism may have elected to report on stressors that were systematically different than the stressors faced by their lower scoring counterparts, previously reported coping differences between optimists and pessimists might have stemmed from differences in characteristics of the stressors—rather than characteristics of the disposition *per se*.

A closely connected fifth problem is that some of the coping items that appear on episodic coping inventories are simply not applicable in the context of certain types of stressful situations (Ben-Porath, Waller & Butcher, 1991; Folkman, 1992; Stone & Kennedy-Moore, 1992). Thus, if the coping strategies of optimists and pessimists are contextually embedded in different physical and social environments, it is possible that the corresponding scale scores may be artifactually distorted, depending on the degree to which items are or are not relevant to the stressful situation being reported upon. This, in turn, could lead researchers to misinterpret the meaning of results showing different coping patterns for optimists vs pessimists.

As noted by Stone and Kennedy-Moore (1992), there are a variety of possible solutions to the problem of variability in contextual relevance. In the case of the present study, this problem was addressed by studying coping and its correlates within a single type of stressor category. Specifically, an attempt was made to restrict the heterogeneity of the stressors that individuals reported on by instructing *all* Ss to describe *a work-related stressor that provoked feelings of anger*. While this method still allows for a certain amount of variability in terms of stressor severity or type, it ensures relatively more 'standardization' than the typical method of unconstrained free recall of unknown stressors.

The decision to study negative emotional arousal in the context of occupational settings was based on research showing that work-related stress is a highly prevalent and very costly phenomenon (Cooper & Payne, 1988). Moreover, anger-provoking situations were targeted because previous research shows that anger-arousal increases the probability of aggression and violent crime (Maiuro, Cahn, Vitaliano, Wagner & Zegree, 1988; Rule & Nesdale, 1976), heightens the risk of premature death and physical illness (Appel, Holroyd, & Gorkin, 1983; Chesney & Rosenman, 1985; Friedman, 1992; Siegman & Smith, 1994), and is involved in other dysfunctional syndromes (Novaco, 1986). Moreover, research shows that anger-coping strategies may influence the risk of hypertension and mortality (Appel *et al.*, 1983; Chesney & Rosenman, 1985; Friedman, 1992; Holroyd & Gorkin, 1983; Johnson, 1990; Julius, Harburg, Cottington & Johnson, 1986; Siegman & Smith, 1994). In this connection, both theory (Roskies, 1980) and research (Suarez & Williams, 1989) have suggested that variability in anger-reactivity is associated with different degrees of hemodynamic and neuroendocrine responsivity. Thus, it is possible that optimism may be inversely related to illness because optimists show dampened emotional arousal and concomitant low levels of physiological and neuroendocrine reactivity when provoked by stressful circumstances.

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