# LIFE ORIENTATION TEST –Revised (LOT-R)

#### Reference:

Scheier, M. F., Carver, C. S., & Bridges, M. W. (1994). Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): A re-evaluation of the Life Orientation Test. *Journal of Personality and Social Psychology*, 67, 1063-1078.

# **Description of Measure:**

A 10-item measure of optimism versus pessimism. Of the 10 items, 3 items measure optimism, 3 items measure pessimism, and 4 items serve as fillers. Respondents rate each item on a 4-point scale:  $0 = strongly\ disagree$ , 1 = disagree, 2 = neutral, 3 = agree, and  $4 = strongly\ agree$ .

LOT-R is a revised version of the original LOT (Scheier & Carver, 1992; see abstract below). The original LOT had 12 items: 4 worded positively, 4 worded negatively, and 4 fillers.

# **Abstracts of Selected Related Articles:**

Scheier, M. F., & Carver, C. S. (1992). Effects of optimism on psychological and physical well-being: Theoretical overview and empirical update. *Cognitive Therapy and Research*, 16, 201-228.

The primary purpose of this paper is to review recent research examining the beneficial effects of optimism on psychological and physical well-being. The review focuses on research that is longitudinal or prospective in design. Potential mechanisms are also identified whereby the beneficial effects of optimism are produced, focusing in particular on how optimism may lead a person to cope more adaptively with stress. The paper closes with a brief consideration of the similarities and differences between our own theoretical approach and several related approaches that have been taken by others.

Vautier, S., Raufaste, E., & Cariou, M. (2003). Dimensionality of the Revised Life Orientation Test and the status of the filler items. *International Journal of Psychology*, 38, 390-400.

Dispositional optimism was originally construed as unidimensional (Scheier & Carver, 1992). However, LOT-R data (Scheier, Carver, & Bridges, 1994) generally appeared bidimensional as a number of studies suggest a twocorrelated-factor model representing optimism and pessimism. Attempts at corroborating one-factor models suggest that correlated errors between positively worded items are required for an adequate account of the data. This article explains bidimensionality by the influence of social desirability (i.e., being positive is desirable). Namely, in the present study, correlated errors are interpreted as the presence of individual differences related to the tendency to present oneself in a positive manner. Moreover, response styles can be corroborated by appropriately modelling the entire covariance matrix (i.e., including fillers), by checking that fillers with positive meaning correlate with the faking-good group factor. Students (N = 442) responded to a French adaptation of the LOT-R. The data were submitted to SEM analyses. The traditional twocorrelated factor model (optimism-pessimism) was outperformed by a model including a common factor ("optimism") plus a factor grouping positive items only ("faking positive"). In addition, reliability analyses showed that the choice of the model clearly impacts the reliability estimates based on the model. The entire dataset was modelled for exploring the relationships between the fillers and the measurement model (i.e., the set of all relationships between factors and their indicators). The specific correlations of fillers whose meaning is positive with the faking-good group factor corroborated its substantial interpretation. It is



concluded that there is no empirical necessity for hypothesizing that the dispositional optimism construct must be split into optimism plus pessimism.

Wimberly, S. R., Carver, C. S., & Antoni, M. H. (2008). Effects of optimism, interpersonal relationships, and distress on psychosexual well-being. *Psychology and Health*, *23*, 57-72.

This study examined associations between optimism, social support, and distress as they relate to psychosexual well-being among 136 women with Stage 0, I, and II breast cancer. Women were assessed immediately post-surgery and 3, 6, and 12 months post-surgery. Results support two cross-sectional mediation models. The first model indicates that patients who are more optimistic experience greater psychosexual well-being (i.e., feel more feminine, attractive, and sexually desirable) partly because they perceive themselves as having more social support available. The second model indicates that patients who are more optimistic experience greater psychosexual well-being partly because they experience less emotional distress related to the disease. When the two models were tested simultaneously, distress no longer contributed uniquely to the model at any time point except for 12 months follow-up.

#### Scale:

Please be as honest and accurate as you can throughout. Try not to let your response to one statement influence your responses to other statements. There are no "correct" or "incorrect" answers. Answer according to your own feelings, rather than how you think "most people" would answer.

A = I agree a lot

B = I agree a little

C = I neither agree nor disagree

D = I disagree a little

E = I disagree a lot

- 1. In uncertain times, I usually expect the best.
- 2. It's easy for me to relax.
- 3. If something can go wrong for me, it will. (R)
- 4. I'm always optimistic about my future.
- 5. I enjoy my friends a lot.
- 6. It's important for me to keep busy.
- 7. I hardly ever expect things to go my way. (R)
- 8. I don't get upset too easily.
- 9. I rarely count on good things happening to me. (R)
- 10. Overall, I expect more good things to happen to me than bad.

### Scoring:

Items 3, 7, and 9 are reverse scored (or scored separately as a pessimism measure). Items 2, 5, 6, and 8 are fillers and should not be scored. Scoring is kept continuous – there is no benchmark for being an optimist/pessimist.



# ATTRIBUTIONAL STYLE QUESTIONNAIRE (ASQ)

#### Reference:

Peterson, C., Semmel, A., von Baeyer, C., Abramson, L. Y, Metalsky, G. I., & Seligman, M. E. P. (1982). The Attributional Style Questionnaire. *Cognitive Therapy and Research*, 6, 287-299.

# **Description of Measure:**

48-item questionnaire that measures an individual's explanatory style (positive versus negative). The questionnaire is made up of 12 hypothetical events (6 good and 6 bad), each followed by 4 questions: (1) a free-response question about the cause of the hypothetical event, (2) a question about whether the event has an internal or external cause (i.e., how much respondents believe they themselves are responsible for the event) (3) a question about whether the event has a stable or unstable cause (i.e., how much respondents believe the cause of the event is present over time), (4) a question about whether the event has a global or specific cause (i.e., how much the respondents believe the cause of the event occurs across varying conditions). The first question is not scored and is used to prepare the respondent to answer questions 2-4. Questions 2-4 are answered on a 7-point scale.

An optimistic explanatory style is characterized by the following:

If the event is negative:

External + Unstable + Specific

If the event is positive:

Internal + Stable + Global

A negative explanatory style is characterized in the opposite way.

#### **Abstracts of Selected Related Articles:**

Peterson, C., & Seligman, M. E. P. (1984). Causal explanations as a risk factor for depression: Theory and evidence. *Psychological Review*, *91*, 347-374.

The attributional reformulation of the learned helplessness model claims that an explanatory style in which bad events are explained by internal, stable, and global causes is associated with depressive symptoms. Furthermore, this style is claimed to be a risk factor for subsequent depression when bad events are encountered. We describe a variety of new investigations of the helplessness reformulation that employ five research strategies: (a) cross-sectional correlational studies, (b) longitudinal studies, (c) experiments of nature, (d) laboratory experiments, and (e) case studies. Taken together, these studies converge in their support for the learned helplessness reformulation.

Peterson, C. (1991). The meaning and measurement of explanatory style. *Psychological Inquiry*, 2, 1-

Explanatory style is a cognitive personality variable reflecting the way that people habitually explain the causes of bad events. Explanatory style spans three dimensions-internality versus externality, stability versus instability, and globality versus specificity. Although explanatory style has an impressive array of correlates, including depression, achievement, and physical well-being, questions have recently been raised concerning its meaning and measurement. This article identifies and discusses these questions, concluding that



explanatory style is a useful construct that deserves further theoretical and empirical attention.

Lee, Y., & Seligman, M. E. P. (1997). Are Americans more optimistic than the Chinese. *Personality* and Social Psychology Bulletin, 23, 32-40.

A total of 613 subjects, including 25 7 'White American students, 312 mainland Chinese students, and 44 Chinese American students, completed the Attributional Style Questionnaire. It was found that (a) mainland Chinese were more pessimistic than Chinese Americans, who were more pessimistic than 'White Americans, (b) mainland Chinese were less self-blaming (i.e., attributed their failure less internally than the traditional Chinese culture expects) and attributed their success to other people or circumstances, and (c) 'White Americans had more lopsidedness on self-serving bias than Chinese Americans and mainland Chinese —that is, 'White Americans attributed their success to themselves and their failure to others or circumstances more often than did mainland Chinese. The authors also found that mainland Chinese optimism was associated more with academic and financial accomplishment, psychological confidence and persistence, and physical health.

Peterson, C., & Villanova, P. (1988). An expanded attributional style questionnaire. *Journal of Abnormal Psychology*, 97, 87-89.

Investigations of the learned helplessness model of depression have been hampered by the modest reliability of measures of explanatory style: the habitual tendency to explain bad events with internal, stable, and global causes. We describe a new measure of explanatory style, the Expanded Attributional Style Questionnaire, and its use in a preliminary study with 140 college students. Individual dimensions of explanatory style were reliable, were correlated with depressive symptoms, and predicted actual causal explanations for bad events 4 weeks later. Research implications are discussed.

Scale: Contact author for permission to use items.

# EXPANDED ATTRIBUTIONAL STYLE QUESTIONNAIRE (EASQ)

#### Reference:

Peterson, C., & Villanova, P. (1988). An expanded attributional style questionnaire. *Journal of Abnormal Psychology*, 97, 87-89.

### **Description of Measure:**

A 96-item questionnaire that measures an individual's explanatory style (positive versus negative).

The format of the EASQ is identical to that of the ASQ (Peterson et al., 1982; please see the ASQ page on this website). There are two main differences between the ASQ and the EASQ: (1) the EASQ is twice as long – done to increase the questionnaire's reliability, and (2) the EASQ's hypothetical events are all "bad" whereas the ASQ had half bad and half good.

The EASQ's format: The questionnaire is made up of 24 hypothetical events. each followed by 4 questions: (1) a free-response question about the cause of the hypothetical event, (2) a question about whether the event has an internal or external cause (i.e., how much respondents believe they themselves are responsible for the event) (3) a question about whether the event has a stable or unstable cause (i.e., how much respondents believe the cause of the event is present over time), (4) a question about whether the event has a global or specific cause (i.e., how much the respondents believe the cause of the event occurs across varying conditions). The first question is not scored and is used to prepare the respondent to answer questions 2-4. Questions 2-4 are answered on a 7-point scale.

#### **Abstracts of Selected Related Articles:**

Peterson, C., Semmel, A., von Baeyer, C., Abramson, L. Y, Metalsky, G. I., & Seligman, M. E. P. (1982). The Attributional Style Questionnaire. *Cognitive Therapy and Research*, 6, 287-299.

Of current interest are the causal attributions offered by depressives for the good and bad events in their lives. One important attributional account of depression is the reformulated learned helplessness model, which proposes that depressive symptoms are associated with an attributional style in which uncontrollable bad events are attributed to internal (versus external), stable (versus unstable), and global (versus specific) causes. We describe the Attributional Style Questionnaire, which measures individual differences in the use of these attributional dimensions. We report means, reliabilities, intercorrelations, and test-retest stabilities for a sample of 130 undergraduates. Evidence for the questionnaire's validity is discussed. The Attributional Style Questionnaire promises to be a reliable and valid instrument.

Peterson, C. (1991). The meaning and measurement of explanatory style. *Psychological Inquiry*, 2, 1-10.

Explanatory style is a cognitive personality variable reflecting the way that people habitually explain the causes of bad events. Explanatory style spans three dimensions-internality versus externality, stability versus instability, and globality versus specificity. Although explanatory style has an impressive array of correlates, including depression, achievement, and physical well-being, questions have recently been raised concerning its meaning and measurement. This article identifies and discusses these questions, concluding that



explanatory style is a useful construct that deserves further theoretical and empirical attention.

Tomakowsky, J., Lumley, M. A., Markowitz, N., & Frank, C. (2001). Optimistic explanatory style and dispositional optimism in HIV-infected men. *Journal of Psychosomatic Research*, 51, 577-587.

Objective: This study examined associations of two types of optimism (Peterson and Seligman's optimistic explanatory style and Scheier and Carver's dispositional optimism) with each other as well as with symptoms and immune status among human immunodeficiency virus (HIV)-infected men. Method: We related both types of optimism to HIV symptoms and to CD4 counts in a cross-sectional study of 78 men, and to change in CD4 counts in a 2-year prospective study of a subsample of these men. Results: Analyses controlled for age, education, employment status, duration since diagnosis, and azidothymidine (AZT) use. The two types of optimism were only minimally related to each other (r = .25). Cross-sectionally, higher levels of both types of optimism were associated with having fewer HIV symptoms, but a more optimistic explanatory style was related to having poorer immune status (lower CD4). Prospectively, an optimistic explanatory style was a substantial predictor of greater decline in CD4 counts after 2 years, after controlling for baseline CD4. Dispositional optimism was unrelated to CD4 counts. Neither health behaviors nor coping strategies mediated these relationships, and the relationships of optimistic explanatory style (and to a lesser extent, dispositional optimism) were independent of negative affectivity. Conclusions: These optimism measures tap different types of optimism, and although both are related to better subjective health in HIV-infected men, an optimistic explanatory style predicts greater decline in immune status over time. This latter relationship may be related to the unique stress and life experiences associated with having HIV

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