



**The Influence of Dispositional Optimism and Pessimism on Life
Satisfaction Mediated by Coping Strategies among Thais in Bangkok**

Yanika Hoontrakul

**A Thesis Submitted in Partial Fulfillment of
the Requirements for the Degree of
MASTER OF SCIENCE IN COUNSELING PSYCHOLOGY**

**Graduate School of Psychology
ASSUMPTION UNIVERSITY
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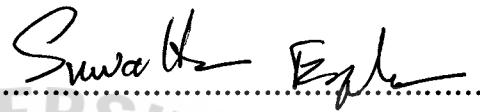
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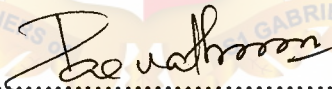
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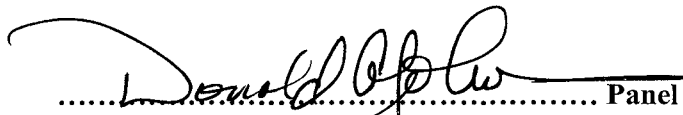
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ABSTRACT

Research has shown that optimism and productive coping strategies have a momentous positive impact on physical and psychological well-being. It has been found that optimists and pessimists differ in their use of coping strategies. Specifically, optimists tend to use engaged-style coping and pessimists use disengaged-style coping. Therefore, the present study aims to investigate the direct and indirect relationship of dispositional optimism on life satisfaction, being mediated by coping strategies among Thais in Bangkok. Two hundred and four Thai adults participated in an online survey. The results from the statistical analysis showed that Thais scored above average in optimism, engaged coping and life satisfaction, however, scored below average in disengaged coping. The study did not find a direct relationship between the optimism-pessimism dimension on life satisfaction. There was also no indirect relationship of pessimism on life satisfaction being mediated by disengaged coping. However, there was a negative relationship between disengaged coping and life satisfaction. Lastly, there was an indirect positive relationship between optimism on life satisfaction being mediated by engaged coping. As optimism and engaged-style coping are variables that is adaptable, suggests an interesting area of intervention. Future studies should continue to explore predictors to life satisfaction within the Thai population and develop culturally appropriate interventions based on the findings of this study.

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CHAPTER I

Introduction

Background of the Study

“It is not stress that kills us, it is our reaction to it.” - Hans Selye

There is growing conviction that it is not the stress per se but rather how we cope with it that affects our health and well-being (Lazarus, Pimley, & Novacek, 1987). The above quote made by Hans Selye, the pioneer of the stress-response theory, completely coincides with Lazarus & Folkman, the pioneer of stress, appraisal and coping theory, by stating that the way in which people cope has a greater impact on health and well-being than stress itself. In fact, Folkman, Lazarus, Gruen & DeLongis (1986) affirm that coping is a major factor in the relation between stressful events and adaptational outcomes such as depression, psychological symptoms and somatic symptoms. Research has also provided compelling support that coping plays an important role in regulating emotions during stressful situations (Lazarus & Folkman, 1984). Therefore, coping can be considered to have mediating effects on how profound stress affects one's well-being. Research has demonstrated the numerous emotional and physical disorders that have been linked with stress, and the aggravating role it has on any disease (The American Institute of Stress [AIS], n.d.). For this reason, it can be assumed that countless people are influenced by the detrimental effects of stress.

This is a crucial concern because stress is a part of life and everyone experiences it at an early age. It is inherent in our daily lives and is ingrained within our existence. The primitive “fight” or “flight” automatic response that was exquisitely developed by our ancient ancestors to overcome physical challenges and threats, no longer serves the same favorable function as it did in archaic times (American Psychological Association [APA], n.d.). The common problems faced

by the modern society are much different from the problems our ancestors faced because today's threats stem primarily from psychological rather than physical threats. Contemporary stress tends to be more prevalent, constant, subtle and harmful (AIS, n.d.). Hence, confronting multiple challenges and vexations of everyday life results in the “fight” or “flight” response where even a brief, minor stress can have a resonating impact. When these automatic responses are repeatedly invoked and the stress is not dealt with accordingly, it can have serious implications to both physical health and psychological well-being (APA, n.d.).

In fact, studies reveal that assessing stress in terms of daily hassles has greater significance to the prediction of health outcomes than major life events (Kanner, Coyne, Schaefer, & Lazarus, 1981; DeLongis, Coyne, Dakof, Folkman, & Lazarus, 1982). DeLongis et al. (1982) found that the here and now pressures of living, and the frequency and intensity of daily hassles has a stronger relationship to health outcomes because their occurrences are repetitive in nature, unlike the less frequent singular occurrences of major life events. Because stress and hassles are an integral part of our modern daily lives and inevitably unavoidable, this study will not be exploring stress, but will instead concentrate on the different coping strategies people use to manage their stress. Due to the reasons mentioned above, it is not fundamentally the stress that affects well-being but rather the ways in which one copes. Research found that individuals use more than one coping strategies when dealing with a stressful situation, and the various possible outcomes may largely depend on which of the varied coping strategies were utilized to manage the stress (Gaudreau & Blondin, 2004; Folkman & Lazarus, 1986).

It is then important to consider what factors make one individual use better coping skills than another, despite life's constant stresses and adversities. Sheier, Weintraub and carver (1986) have suggested that a part of what makes some people more well-adjusted could be dispositional

optimism and it appears that optimism may be a positive predictor of how well people respond to stress. Optimism and pessimism is the expectation of a positive or negative future, respectively. It is a cognitive process and internal resource conceptualized as a continuum (Gil & Weinberg, 2015). A person can have varying degrees of optimism and pessimism regarding different aspects of life. However, some individuals have a steady tendency to think and behave in an unbalanced way regarding most aspects of their lives by inclining toward the optimism-pessimism polar continuum; these individuals are considered optimists and pessimists (Hecht, 2013). Research on dispositional optimism is continuously on the rise due to evidence associating an optimistic outlook to psychological and physical well-being (Scheier & Carver, 1992). Dispositional optimism has been related to such varied outcomes as positive results in adjustment to college (Aspinwall & Taylor, 1992), success in aftercare alcohol treatment programs (Strack, Carver & Blaney, 1987), lower distress in times of stress and adversity (Zeidner & Hammer, 1992), decreases the chance of experiencing post-partum depression than pessimists (Carver & Gaines, 1987), faster recovery from coronary artery bypass surgery with fewer postoperative complications than pessimists (Scheier et al., 1989), caregivers of Alzheimer's patients predicted less depression, experienced less adverse impact on physical health (Hooker, Monahan, Shifren, & Hutchinson, 1992) and decreased death rates in patients suffering from HIV with slower disease progression (Ironson et al., 2005; Chida & Steptoe, 2008).

However, like most things in life, optimism does have its drawbacks. Over-optimism may encourage one to be negligent, for example, take uncalculated risks in financial endeavors and overestimate their luck in gambling (Hecht, 2013). Nonetheless, being in-between optimism and pessimism still may not result in the best outcome. Even though optimism may skew and distort one's perception of reality to a certain degree, the good far outweighs the bad, because of the

positive link between optimism with physical health, psychological well-being and success in many life domains. Therefore, being a cautious optimist appears to be the most advantageous to life satisfaction and well-being.

Accordingly, it would be essential to determine whether optimists experience greater life satisfaction and less distress than pessimists because they are simply more joyful individuals. Optimism may definitely have a contributing factor, but according to research, a clear distinction between optimists and pessimists regarding the path to well-being are characterized in their different coping strategies (Sheier et al., 1986). There is growing consensus that optimists use more engaged coping strategies and pessimists use more disengaged coping strategies when managing stressful encounters (Chang, 1998). Engaged coping styles have been positively linked with countless positive outcomes such as life satisfaction, increased job satisfaction, achievement/performance, increased self-determined motivation, psychological growth and positive affect (Gaudreau, Gunnell, Hoar, Thompson & Lelievre, 2015). On the other hand, disengaged coping styles have been positively linked with attenuating outcomes with negative effects such as, increased stress in breast cancer patients, reduced mental health, burn out and reduced achievement/ performance (Gaudreau, Gunnell, Hoar, Thompson & Lelievre, 2015).

It is understood that optimism-pessimism are predisposed traits with genetic components which are relatively stable over time. However, Sergeant and Mongrain (2014) found that optimism skills improved multiple aspects of well-being, both during times of successes as well as struggles. There may have been several ingredients contributing to these positive outcomes, such as positive reappraisal of life events, practice in productive goal-setting, effective coping skills and feelings of self-efficacy. For this reason, the current research would like to conduct an investigation of dispositional optimism and pessimism and its impact on well-being, which is

mediated by coping styles. The correlation of optimism/ pessimism and coping styles as mediating variables are pivotal factors to the study of well-being. Empirical research has verified happiness and well-being as one of humans' momentous objectives across cultures (Diener, Sapyta & Suh, 1998). Considering that optimism is associated with numerous indices of positive functioning, it is not only beneficial but most importantly, evidence shows that the trait under discussion is also malleable and can be cultivated successfully (Sergeant & Mongrain, 2014). Therefore, the greatest concern of this research is to put the research findings and their implications to better the lives and well-being of Thai people.

Statement of the problem

The level of stress is rising within Thai society; the constant change in society and economy, political unrest, long-lasting traffic jams, a complete disregard of traffic rules, increasing levels of unemployment, the pressures to succeed, and crime and poverty only exacerbates stress and ailments. When stress becomes overwhelming and inhibits our coping abilities, it can have harmful effects on physical and psychological health, interpersonal relationships, social functioning, academic growth, quality of work, career advancement and many more negative outcomes. This is of great concerns, as stress has become a major problem in Thai society, contributing to physical and psychological problems in individuals of all ages, genders and socioeconomic backgrounds. Moreover, Dr. Somrak Chuwanichawong, a psychiatrist at Sritanya Hospital, is highly concerned for the well-being of Thais as she believes the country is facing its third suicide epidemic while many Thais overlook the importance of mental health (Cases of depression, 2016).

According to the World Health Organization, the 2015 death rate associated with suicides in Thailand is as high as 16 per 100,000 population, with the regional average rate of 12.9

(World Health Organization [WHO], 2015). The Public Health Ministry of Thailand spokesman, Dr. Yongyuth Wongpiromsan reported that most common causes for Thais to commit suicide was broken hearts and family issues, averaging around 300 a month or approximately 4,000 cases a year. This puts Thailand at the 57th spot when ranked amongst countries with the most suicides (Konthong, 2016). Research suggests that most suicide occurs as a reaction to stressful events and suicidal individuals often have not learned appropriate coping skills which adversely affects the way they respond to stressors (Reiss & Dombeck, 2007). It has also been found that suicidal individuals use fewer engaged-style coping (planning/ problem solving, seeking and utilizing social support and positive reinterpretation) and more disengaged-style coping (avoidance, self-blame, denial and escape) (Reiss & Dombeck, 2007). Furthermore, a survey was conducted in seventeen countries around the world, asking respondents whether they thought the world was improving; Thailand was the only country that made the top five list of both the most optimistic countries and the most pessimistic countries. Thailand ranked fourth in the most pessimistic countries, holding a total of 69% pessimists; but also ranked fourth for the most optimistic countries, holding a total of 11% optimists (Kirk, 2016).

Research shows that the severity of the stressor does not have as much of an impact on the mind and body as much as the repetitiveness and frequency of the pressures of everyday living (DeLongis, Coyne, Dakof & Lazarus, 1982). The levels of stress are increasing worldwide and every person is subjected to the inevitability of daily stresses. People with nonproductive coping strategies would be at a disadvantage and endure many life problems, as effective coping is a major component to overall well-being. Ineffective coping skills not only affect numerous aspects of the person individually but it will also have negative consequences on interpersonal relationships. Moreover, although pessimism has been linked with poor coping skills, Robinson-

Whelan, Kim, MacCullum & Kiecolt- Glaser (1997) found that after controlling the effects of coping, it was pessimism not optimism that predicted psychological and physical health outcomes one year later.

Both pessimism and ineffective coping skills have both proven to be detrimental to well-being and life satisfaction. Therefore, addressing the damaging and debilitating aspects of dispositional pessimism and poor coping strategies is imperative. While there has been abundant research done on optimism, pessimism, coping and life satisfaction, most of these studies were conducted within a Western framework. However, this study will be conducted with the Thai population, it is likely that there will be cultural differences between East (collectivistic) and West (individualistic) relating to people's general attitudes, responses to stress, coping styles, and level of life satisfaction. So far, there is a lack of research of these variables among the Thai population in Bangkok. Thais may be particularly vulnerable, due to the perpetual daily hassles and, the possible high levels of pessimists who often lack effective coping strategies.

Purpose of the study

The level of stress and pessimism may be rising among the Thai population. As mentioned previously, Thailand ranked fourth in both the most optimistic and the most pessimistic countries in the world. It also appears that many Thais may be lacking effective coping skills judging by the increasing number of suicides. There are scarce researches made on the Thai population that address the ways Thais cope with stress let alone whether there are distinctions between optimists and pessimists in Thailand and how these variables influence well-being the ultimate objective is to investigate the direct and indirect effects of optimism and pessimism on life satisfaction, mediated by coping styles, among Thai people. It is predicted that through valid and reliable instrumentation, this study will be able to identify the effects of

optimism, pessimism and coping styles on life satisfaction among Thais. The results of this study will deepen the body of knowledge in the literature under investigation.

Research shows that the combination of pessimism and poor coping skills has adverse effects in most areas of well-being. Therefore, another purpose of this study is to shed light on the importance of cultivating optimism and healthy coping skills, in order to increase resilience and improve well-being of Thais. Moreover, Schofield, Conger & Neepl (2014) found that parents who struggle to productively cope with stress and exemplify poor coping skills were unable to teach effective coping strategies to their children. This naturally preserves a cycle of poor resilience and bad choices to life adversities. Therefore, it would be important to expand the knowledge of the adverse effects of poor coping styles and pessimism for the betterment of Thai people's lives and the generations to come. It would be crucial to educate Thai people about better coping strategies and skills to enhance optimism, in the hope that these individuals can pass on these valuable skills to their children and so on, with the ambition of ending the cycle of poor resilience and poor choices during hard times in life.

Considering that seeking counseling therapy is highly stigmatized within Thai culture, it would be an important and a useful mission for the government to educate Thai people of the harmful effects of stress, poor coping skills and pessimism. In order to initiate the cultivation of increasing optimism, healthier coping strategies through stress management intervention programs must be introduced to the educational, professional and clinical care training curriculums. The researcher recognizes the challenge of intervening on optimism and pessimism, given its disposition and less changeable properties. However, the aim is not to turn a pessimist into an optimist, rather such interventions should be aimed in increasing optimism and promote optimal coping, as adaptive coping strategies can be adopted and applied across multiple

situations (Gaudreau et al., 2015; Eichner, Kwon & Marcus, 2014) This study has been motivated by positive psychology and the notion that for too many years, research on mental health has been overwhelmingly emphasized on illness. “We argue that investing more time, energy, and money in the study and promotion of well-being could have profound and lasting benefits to society” (Howell et al., 2016, p. 8)

Significance of the study

First, the results from this study may provide confirmation that optimists that have healthy coping strategies lead to greater life satisfaction and well-being than pessimists. While in the process of identifying coping styles which act as 'mediators' toward abatement of stress, which will lead to the enhancement in well-being. Second, the results of this study may be relevant and useful to others in collectivist cultures, who may share similar outlooks and values. However, in spite of cultural differences, the significance and suggestions of this study may resonate with individuals around the world, who experience unsatisfactory lives, and the goal would be to improve their health and happiness. Third, this study aspires to raise awareness of the damaging effects of overlooking and dismissing stress management and the detrimental effects of pessimism and poor coping skills. It is crucial for people to understand the threats of pessimism and unhelpful coping strategies on well-being. This study also aims to shed light on the benefits of healthy coping and cultivating optimism into daily life, in order to boost well-being. Productive coping strategies and optimism's protective effects on health suggests a promising area of intervention, as it often accounts for the most variance explained in well-being and one of the only variables that is adaptable and can be altered through intervention (Segovia, Moore, Linnville & Hoyt, 2012). Thus, this may encourage many organizations to take a step towards enforcing stress management programs by cultivating optimism and helpful coping

strategies to better the quality of life of their employees, which in turn will have a more positive outcome within their institution. Lastly, the current findings of this study may aid the expansion in the research field of coping, optimism, pessimism on well-being within the Thai context, with the intent of bridging the knowledge gap. To some degree, the subject and outcome of this study may help disseminate information of the negative impact of dismissing or mishandling stress and the positive impacts of having a positive outlook and carrying out effective coping strategies. Ideally, the rise in public awareness may facilitate cooperation between the government and psychological consulting experts to develop, circulate, and assess plans within organizations to help many individuals thrive to their fullest potential, which in turn may improve the welfare of many individuals but also society as a whole.

Definitions of terms

Stress.

According to the Stress and Coping Theory, stress is conceptualized as a relationship between the person and the environment that is appraised by the person as being taxing or exceeding his or her resources to manage the stressor and as endangering to well-being (Folkman et al., 1986a)

Coping.

Coping refers to the person's cognitive and behavioral efforts to manage (reduce, minimize, master or tolerate) the internal and external demands of the person-environment transaction that is appraised as taxing or exceeding the person's resources (Folkman et al., 1986a)

Dispositional Optimism and Pessimism.

Dispositional optimism and pessimism is defined as generalized positive and negative expectancies for good and bad outcomes, which represent comparatively steady individual-

differences variables that assist or abate psychological and physical well-being (Scheier, Carver & Bridges, 2001).

Life Satisfaction and well-being.

Life satisfaction is an overall assessment of perceived feelings and attitudes about one's life at a particular point in time ranging from negative to positive. It is one of the three major indicators of well-being: life satisfaction, positive affect and negative affect (Diener, 1985). Life satisfaction is considered as the cognitive facet of global subjective well-being. Considering the subjectivity, respondents are likely to differ in set of standards used to appraise their life satisfaction and which life domains are viewed as most important to well-being.



CHAPTER II

Literature Review

This chapter presents a methodical and detailed review of relevant literature on the influence of dispositional optimism-pessimism and coping styles on well-being (specifically life satisfaction), directly and indirectly. It consists of theoretical viewpoints, findings and other salient information of the mentioned variables under investigation to support the intention of the current study. The literature review consists of the following topics: the cognitive-phenomenological theory of stress and coping, dispositional optimism and pessimism, well-being, and the results of the relationship among the main variables from relevant literature. Further, this chapter will include the study's conceptual framework, research questions and research hypotheses.

The Cognitive-Phenomenological Theory of Stress and Coping

The cognitive theory of psychological stress and coping developed by Lazarus and Folkman (1984) views stress and coping as transactional in that the person and the environment are viewed as being in a dynamic, mutually reciprocal, bidirectional relationship (Folkman et al., 1986a). The theory identifies two processes, cognitive appraisal and coping, as crucial mediators of the stressful relationship between the person and the environment. Appraisal has been defined as the cognitive interpretation one has regarding a potential stressor (Lazarus & Folkman, 1984). Therefore, cognitive appraisal is a process through which the person assesses whether a particular encounter with the environment is relevant to his or her well-being (Folkman et al., 1986b). There are two forms of cognitive appraisal: primary and secondary. *Primary appraisal*, the person evaluates what is at stake in a specific stressful encounter regarding the person's physical well-being, emotional well-being or a loved one's well-being. A range of personality

characteristics including values, commitments, goals and beliefs about oneself and the world helps to define the stakes that the person identifies as having relevance to well-being in specific stressful transactions (Folkman et al, 1986a). *Secondary appraisal*, the person evaluates various resources and options to effectively deal with the situation, in order to overcome and prevent harm or to better anticipate the possibility of benefit. *Coping* refers to the person's cognitive and behavioral efforts to manage (reduce, minimize, master or tolerate) the internal and external demands of the person-environment transaction that is appraised as taxing or exceeding the person's resources (Folkman et al., 1986a). Therefore, the process of cognitive appraisal and coping is unique because it integrates both with the specific set of environmental conditions and by a particular person with particular psychological characteristics (Lazarus & Folkman, 1988). Hence, the cognitive appraisal process and choice of coping strategy will have instant and long-term consequences.

In relation to dispositional optimism, pessimism and the theory of stress and coping, Chang (1998) found that optimists and pessimists did not differ in the primary appraisal, meaning both groups appraised the same stressor as being highly significant to their well-being. However, optimists differed significantly from pessimists in the second appraisal which means that optimists will begin to review and consider their coping options and resources, whereas pessimists may stop at this stage in the appraisal process. These differences may explain the reason pessimists use of more disengaged coping and have poorer levels of adjustment. Interestingly, Chang (1998) also found that after controlling the influence of appraisals and coping, dispositional optimism remained a significant influence of psychological and physical adjustment. Therefore, it appears that optimism has a significant direct effect on adjustment.

Coping

One of the most recognized and most cited definitions of coping was developed by Lazarus & Folkman. The authors define coping as the person's constantly changing cognitive and behavioral strategies in an attempt to manage specific external and/or internal demands of a stressful situation (Lazarus & Folkman, 1984). Researchers commonly recognize that coping is fundamental to understanding how people respond to stress. Generally, coping has two broadly accepted functions; regulating stressful emotions and changing the problem causing the distress (Lazarus et al., 1986b). Specifically, individuals tend to muddle through stressful times in the form of cognitive and behavioral coping efforts, in order to carry out a situational change or to alter one's emotions. This includes managing different kinds of stress, regulating emotions, dealing with interrelation conflicts and the ability to solve problems effectively (Compas, Connor-Smith, Saltzman, Thomsen & Wadsworth, 2001). Therefore, coping strategies are central to everyday functioning, as it aids people's lives in various ways. It is accepted that coping is a major factor in the relation between stressful events and adaptational outcomes such as depression, psychological symptoms and somatic symptoms (Folkman et al., 1986a).

Researchers agree that how people manage stress can reduce or intensify the effects of adversity, not only emotional distress and short-term functioning, but also long-term, on the development of physical and mental health (Skinner, Edge, Sherwood, Altman, 2003). In other words, depending on the productiveness of the coping strategies used, it may lessen or aggravate the stress levels, which can have a short-term or long-term effect on both the physical and mental health of the individual. Undeniably, coping is a significant component to well-being.

Categories of coping.

There are different ways to cope, various ways to assess coping and also numerous ways

to categorize these different responses (Compas et al., 2001; Folkman & Moskowitz, 2004). These factors depend largely on the dispositional personality dimensions of the individual, the type and degree of stress the individual is exposed to, and also the person's strategies in coping with the specific stressor. However, little consensus can be found on how to conceptualize and measure coping because of the complexity of the coping structure. While there appears to be some consistency in the way primary dimensions of coping are organized, there is little consensus of the higher-order dimensions to the specific coping strategies (Tobin, Holroyd, Reynolds & Wigan, 1989). It has been suggested that coping strategies are best organized according to their presumed outcome as adaptive or maladaptive (Zeitlin, 1980). Accordingly, this study has chosen to focus on two different coping constructs, namely: Problem-focused coping vs Emotion-focused coping and Engaged coping vs Disengaged coping. This study aims to find a coping structure with a clear and distinct higher-order dimension that can be distinguished into adaptive and maladaptive coping strategies.

Problem-focused coping vs emotion-focused coping.

Conceivably, the most recognized and influential distinction made in the beginning of coping research was developed by Lazarus and Folkman (1984), which classifies coping into two distinct groups: *Problem-focused coping* involves directly focusing on activities to alter components of the problem by changing elements that are causing the distress, whereas *Emotion-focused coping* involves focusing more on activities to modify and regulate one's emotional response caused by the stressor. Scheier et al. (1986) found problem-focused forms of coping include rationale, deliberate efforts to problem solve, whereas, emotion-focused forms of coping include, denial/distancing, seeking social support, escape, self-blame, acceptance, and positive reinterpretation. The authors found that optimism was associated with problem-focused coping

and certain emotion-focused coping (seeking social support, acceptance in uncontrollable situations and positive reinterpretation). On the other hand, pessimism was associated with coping strategies that implied disengagement (denial and escape) and a focus on emotional ventilation. However, research revealed that people use both styles of coping in practically every type of stressful occurrence (Folkman et al., 1986). Even though problem-focused coping is considered a more adaptive way of coping, it is essential not to value a particular style of coping without considering the reference of context in which it is used (Folkman et al. 1986).

Scheier et al. (1986) found that certain kinds of coping strategies are functionally similar to each other, while different clusters of coping strategies differ from each other in significant ways. The authors found that problem-focused coping, elaboration of coping, seeking social support and positive reinterpretation to be positively correlated, and thus clustering as a single group. The coping styles in this group were positively correlated with optimism. On the other hand, another cluster also emerged with a positive correlation between disengagement (denial, distancing and escape) and focusing on and expressing of feelings, these two coping styles were inversely correlated with the first cluster and positively correlated with pessimism. Lazarus and Folkman (1984) explains emotion-focused coping as a broad category with specific subclasses and it appears that it can either promote or hinder problem-focused coping. Each emotion-focused strategy appears to serve its own purpose that may conflict with each other (Scheier et al., 1986). Therefore, there is one conceptual limitation in this coping classification, which involves the broad and distinct qualities of emotion-focused coping. Thus, the classification of emotion-focused and problem-focused coping appear to be too simplistic to clearly distinguishing two specific coping domains that are considered adaptive and maladaptive. Hence, problem-focused and emotion-focused coping do not represent a distinct higher-order dimension

of coping, as optimists' and pessimists' coping strategies do not clearly fall within these two coping domains.

Engaged coping vs disengaged coping.

Although several researches examining the structure of coping and of coping measures have provided some consensus to distinguishing emotion-focused coping and problem-focused coping as the higher-order coping construct, others have highlighted the higher-order construct of approach and avoidance (Chang, 1998). Suls and Fletcher (1985) defines *approach coping* as the use of strategies that focuses on both the source of the stress and reactions to it, *avoidant coping* refers to the use of strategies that place focus away from both the source of the stress and reactions to it. Consequently, there is much confusion and debate about the higher-order construct of coping.

Sheier et al. (1986) suggest that problem-focused coping strategies are synonymous with approach strategies which serves to facilitate engagement, whereas, emotion-focused coping strategies are more complex, with some facilitating engagement (approach) while others facilitate disengagement (avoidance). For example, cognitive restructuring will presumably promote problem solving and thus will be classified as engagement (approach) coping, but denial or escape through fantasy may distance one from effective coping efforts, and for this reason may be best classified as disengagement coping (avoidance) (Sheier et al, 1986). Accordingly, Tobin and colleges (1989) presented a different perspective in classifying the coping structure, showing that problem-focused and emotion-focused coping along with approach and avoidance coping need not to be mutually exclusive coping classifications. The authors believed to further understand the coping construct, at all structures, it would be imperative to understand the relationship between emotion-focused-problem-focused coping and approach-avoidance coping,

not only to one another but also to the primary dimensions of coping that have been identified empirically (Tobin et al., 1989).

Thus, Tobin et al. (1989) explored the coping structure by means of Wherry's hierarchical factor-analysis method which was accomplished by using a hierarchical factor analytic model. The authors found a hierarchical factor structure with three levels. At the primary level, there were eight coping strategies most often found in other factor analyses of coping inventories. These were comprised of problem solving, cognitive restructuring, social support, express emotions, problem avoidance, wishful thinking, social withdrawal, and self-criticism. At the secondary level, the coping categories appeared to be organized into 2 groups of problem-focused and 2 groups of emotion-focused coping strategies: problem engagement, problem disengagement, emotion engagement, emotion disengagement. Finally, the higher-order construct, which organized coping into two broad categories: *engaged coping* aimed at directly dealing with the stressor and the emotions stemming from it, *disengaged coping* aims at escaping the stressor and the emotions stemming from it. In general, engagement strategies have been found to be associated with more favorable outcomes and constructive problem solving processes than disengaged strategies, which tend to be maladaptive and associated with dysfunctional problem solving processes (Tobin et al., 1989; Chang, 1996).

Dispositional Optimism and Dispositional Pessimism

Dispositional Optimism- Pessimism are one of the personality dimensions that have a significant role in how individuals cope with stress As Scheier et al. (1986) suggested, dispositional optimism is a mediator to how people respond to stress. Scientific definitions of optimism and pessimism concentrate on attitudes towards the future. Dispositional optimism involves a general positive outlook in life and the expectation that good things will happen to

them in the future, whereas dispositional pessimism involves a general negative outlook in life with the expectation that bad things will happen to them in the future (Eichner et al., 2014). Clearly, optimists and pessimists have different views and ways of approaching life. Such differences are reflected in how they confront problems, they differ in how well they cope with adversity, and they also differ in their social and socio-economic resources (Carver, Scheier & Segerstrom, 2010). This dichotomy in outlook represents relatively stable individual differences that bolsters or abates psychological and physical well-being (Scheier & Carver, 1985). Therefore, optimism and pessimism have implications for individual differences in psychological and physical well-being and have also been linked to the use of different coping strategies (Chang, 1996).

According to Scheier and Carver (1992) optimism and pessimism are broad, generalized versions of confidence and doubt pertaining to life, rather than a specific context. Thus, optimists tend to be confident, hopeful and persistent when facing diverse life challenges, whereas pessimists, tend to be doubtful and hesitant in the same situations (Carver et al., 2010). These divergent ways of approaching the world will have significant consequential impacts on their lives, which have been showcased through numerous empirical studies. According to Peterson (2000) optimism has been linked with positive mood and good morale; to perseverance and effective problem solving; to popularity; to good health; and to academic and occupational success. Whereas pessimism foreshadows depression, passivity, failure, social estrangement, morbidity, and mortality. Most likely, the polarity of outcomes is partly due to the different strategies used to deal with stress and the optimists' strategies seems to be advantageous (Scheier et al., 1986). Researchers have indicated that coping strategies mediate, at least partly, the relationship between optimism and psychological adjustment (Aspinwall & Taylor, 1992; Carver

et al., 1993). It appears that optimists tend to do better than pessimists when confronted with stressful situations and generally in life.

The relationship between optimism and well-being.

Dispositional optimism is positively correlated with psychological adaptation and negatively with psychological distress (Chemers, Hu & Garcia, 2001). It is also positively associated with positive affect and better coping with various stressful life events (Carver et al., 2010), fewer mental and physical health symptoms (Lench, 2011), increased motivation and effort, and an increase of one's goals (Segerstrom, 2006). For this reason, there is much interest on the association between optimism and psychological and physical well-being. Therefore, a great deal of research on optimism and subjective well-being has been achieved in the medical context. One of the earliest studies of optimism and emotional well-being examined the progression of post-partum depression (Carver & Gaines, 1987). Women completed the LOT and depression scale in the last trimester of their pregnancy and completed the depression scale again three weeks after delivery. Women that scored higher on the LOT scale had lower depression symptoms at initial assessment, and also had lower levels of post-partum depression. Thus, optimism appeared to give some protection against post-partum depressive symptoms.

There is a common belief that being optimistic may be a setup for future disappointment and being pessimistic may have some protective value. Litt, Tennen, Affleck & Klock (1992) conducted a study on optimism and in vitro fertilization by focusing on people who were unsuccessful. The study found that optimistic participants were the least distressed after the disappointing results. This contradicts the notion that optimists are more susceptible to disappointment. Another study in the context of medical settings was carried out by Fitzgerald, Tennen, Affleck & Pransky (1993) where people were assessed a month before and eight months

after coronary bypass surgery. Optimists had less distress at initial assessment, controlling for presurgical life satisfaction and continued to have better life satisfaction after surgery. A similar study conducted by Sheier and colleagues (1989) also found that optimists maintained higher life satisfaction up to five years after surgery.

Furthermore, Optimism's protective effects on health have also been demonstrated in another study conducted by Segovia et al. (2015) on repatriated prisoners of war. They found that the degree and severity of physical injuries, torture and solitary confinement, held less predictive power in determining physical health and optimism remained the statistically strongest predictor of positive physical health in the long term. Scheier and colleagues (1999) also examined patterns of rehospitalisation after artery coronary bypass surgery, as the need to be rehospitalised is quite common in this population. However, optimism predicted significantly less likelihood of rehospitalisation and a longer period before it had to occur. Intriguingly, the study found that the effects of optimism were separate from self-esteem, depression and neuroticism, suggesting that optimism alone has a protective and preservative effect on health.

The relationship between optimism and engaged-style coping on well-being.

Optimism involves an action oriented and realistic mindset that is associated with high self-efficacy and problem-focused coping (Carver et al., 2010). Thus, optimism has been associated with more adaptive, engaged coping styles such as problem solving, cognitive restructuring and seeking social support (Chang, 1996). Therefore, optimism is positively associated with engaged-style coping (Thompson & Gaudreau, 2008; Gaudreau et al., 2015; Gaudreau & Blondin, 2004, Sheier et al, 2001). Specifically, optimism was associated with two subsets of engaged coping: problem focused (e.g. planning, seeking support) and emotion focused (e.g. cognitive restructuring, acceptance) (Carver et al., 2010). Conversely, optimism

negatively correlated with disengaged-style coping, to both specific subsets of disengaged coping: problem focused (e.g. behavioral disengagement) and emotion focused (e.g. denial, wishful thinking/escape) (Carver et al., 2010). Scheier and Carver (1985) found that optimistic individuals are more confident about achieving their goals, and therefore, more likely to continue pursuing their goal when it becomes difficult. These people believe that good things will happen to them in the future and that their goals are achievable (Sergeant & Mongrain, 2014). Therefore, optimistic people are expected to display greater effort to reduce the discrepancy between a situation and a desired goal (Gaudreau & Blondin, 2004). Thus, dispositional optimism is an internal resource defined as the generalized expectancy that good outcomes will occur even when confronting major problems (Scheier & Carver, 1985).

A study conducted by Scheier et al. (1989) on assessing cognitive strategies in dealing with the experience of coronary artery bypass surgery. They found that optimists reported making plans and setting goals for their future recovery more than their pessimists' counterparts. Optimists also concentrated less on the negative features of the experience. After the surgery, optimists were more likely than pessimists to seek social support and search for information of what was required for a faster recovery from their doctors. Optimists were also less likely to suppress thoughts about their symptoms. There was also evidence of the beneficial outcome of optimism on quality of life after six months post-surgery, which appeared to be the indirect effect of these different styles of coping.

Scheier et al. (1986) found that optimism is positively associated with problem-focused coping (problem engagement), specifically when the situation is controllable and inversely associated when the situation is uncontrollable. In the case where the situation is uncontrollable, optimists tend to use emotion engagement coping styles such as acceptance and cognitive

restructuring, rather than escape or denial, which involves refusing to accept the reality of the situation (Nes & Segerstrom, 2006). This is reflected in the study conducted by Carver et al. (1993), where cancer patients' coping styles were examined during the first year after diagnosis. Optimism was associated with coping styles that involved accepting reality, alleviate their situation with humor, and seeing the silver linings in their situation as much as possible. The authors also found that the effect of optimism on distress had a significant indirect impact through coping. The study of failed in vitro fertilization mentioned earlier, Litt et al. (1992) also found that optimists felt they had benefited from the experience by becoming closer to their spouse. This style of coping is considered emotion engagement coping, specifically cognitive restructuring, the ability to spin a positive light during difficult times.

The relationship between pessimism and disengaged-style coping on well-being.

Pessimism is negatively correlated with engaged-style coping and positively correlated with disengagement and distraction styles of coping, which respectively hinder goal attainment (Gaudreau & Blondin, 2004; Thompson & Gaudreau, 2008; Gaudreau et al., 2015). Unlike their optimistic counterparts, who tend to be confident and persistent when confronted with life challenges, pessimists tend to be more doubtful and reluctant when placed in the same situation (Sheier & Carver, 1985). Therefore, pessimism has been associated with more maladaptive, disengaged coping styles such as denial, problem avoidance and social withdrawal (Chang, 1996; Chang, 1998; Gaudreau & Blondin, 2004). Interestingly, Chang (1998) found that optimists and pessimists did not differ in their use of engaged-style coping, but instead differed in their use of disengaged coping strategies. This may suggest that the difference in adjustment between optimists and pessimists may not rely on more engaged-style coping, but rather the use of less disengaged coping. One explanation may be that pessimists are more doubtful in their endeavors

to succeed and may try to avoid difficulty by distracting and disengaging themselves from the goal (Carver & Connor-Smith, 2010). Moreover, there are some researches that have found that it is pessimism, not optimism that was proposed as the predictor of psychological and physical well-being (Robinson-Whelen et al., 1997). Furthermore, Schulz et al. (1996) found that pessimism predicted mortality among middle-aged cancer patients.

Some of these inclinations to give up frequently result in detrimental consequences. For example, giving up and distraction may lead to the inclination toward excessive drug or alcohol use, which is a well-recognized way to escape problems. Pessimists are more vulnerable than optimists to such maladaptive behaviors (Carver et al., 2010). For example, pessimists in the female population with alcoholism running in their family were more likely to have drinking problems than optimists (Ohannessian, Hasselbrock, Tennen, & Affleck, 1993), and consequently pessimists who entered an after care alcohol treatment program were more likely to drop out and return to drinking than optimists (Strack, Caver & Blaney, 1987). The in vitro fertilization study mentioned above which examined coping, pessimism was significantly linked to escape and cognitive avoidance as forms of coping. This kind of disengagement, in turn, led to higher distress after fertilization failure. Another study mentioned earlier was conducted by Carver et al. (1993) which examined coping styles of women being treated for breast cancer during the first year of diagnosis. They found that pessimists were significantly more distressed, portrayed giving-up tendencies at each point of assessment, and were in overt denial.

A different kind of giving up is disengagement. Carver, Lehman & Antoni (2003), examined post-surgery breast cancer patients over one year and found that initial pessimism was positively correlated with social disengagement and disruption of recreational activities. The authors concluded that pessimism resulted in patients at risk for adverse outcomes in more than

one aspect, rather than merely with regard to emotional distress (Carver et al., 2003). It appears that pessimism leads to withdrawal from social activities which are essential to a satisfied life. This is a serious issue because social networks which provide support are necessary to well-being (Taylor, 2007). There are many degrees to giving up but the most grave and ultimate would be suicide. Often times, depression is considered the greatest predictor of suicide risk. However, one study found that it was pessimism that was the strongest predictor of this act, the absolute disengagement from life (Beck, Steer, Kovacs & Garrison, 1985).

These divergent coping styles between optimists and pessimists are reflected in the general behavioral tendencies of perseverance and surrendering. Therefore, the path to well-being partly appears to lie in the differences in coping. Optimists who are confident and persistent will continue to try to reach their goal even when things get tough. Pessimists who are doubtful will try to escape the adversity through distractions, which does not help solve the problem and can eventually result in relinquishing all attempts in reaching such goals. However, given the complexity of the coping process, it would be an oversimplification to assume that optimism is the only source in how people deal with stress. Nonetheless, it does appear to be a stable contributing factor (Scheier & Carver, 1986).

Chang (1998) found that optimism has a direct influence on adjustment and well-being, even after the influence of appraisals and coping is accounted for. Fournier, De Ridder and Bensing. (2002) also found that regardless of coping effort during a stressful encounter, it appears that being optimistic is adequate to promote and maintain positive emotional well-being and plays a significant positive role in how individuals cope with stress. Therefore, it appears that optimism and pessimism have a strong predictive power with regards to an individual's well-being.

Subjective Well-being

Subjective well-being (SWB) is the scientific term for happiness (Diener, 2017, para. 1). Research has classified two broad aspects of SWB: an affective component, which is often divided into pleasant affect and unpleasant affect (Pavot & Diener, 1993), and a cognitive component, which is referred to as life satisfaction (Andrew & Withey, 1974). Therefore, the three primary aspects of happiness are high life satisfaction, frequent positive feelings, and infrequent negative feelings (Diener, 1984). Subjective well-being results from certain internal factors (personality, temperament, outlook and resilience) and external factors (society, social resources and material resources). For example, when good or bad events occur (external factor), first reactions may be strong but with time their reactions will adapt and will eventually return to their former stable levels of happiness (internal factor) (Diener, 2017, para 6).

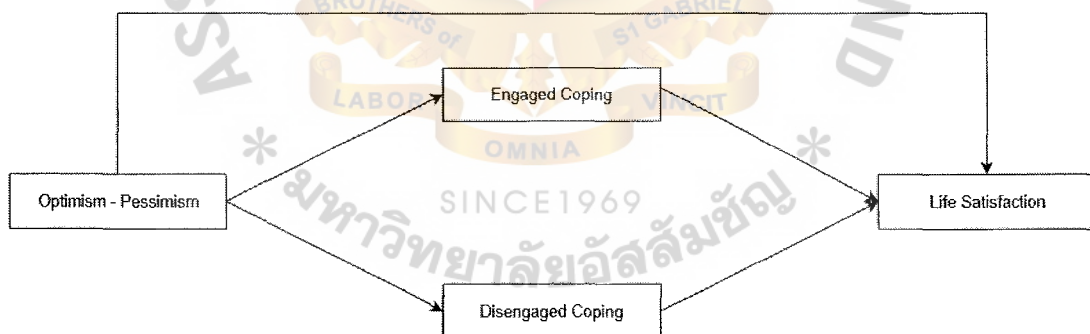
Life satisfaction refers to a judgmental process, in which individuals assess the quality of their lives on the basis of their own unique set of criteria (Shin & Johnson, 1978). Individuals most likely would have a particular benchmark for a good life and different standards of achievement in each area of their lives. Thus, it is imperative to assess an individual's global judgment of their life rather than satisfaction in life within specific domains (Pavot & Diener, 1993). In this study, the author will only concentrate on life satisfaction as a measure of happiness. For the reason that people may overlook and deny negative emotions while still admitting the undesirable factors in their lives, also affective reactions are often responses to immediate circumstances and last for a short period, whereas life satisfaction often reflects a long-term stable perspective (Pavot & Diener, 1993). This is because the judgment of life satisfaction is retrieved from past pleasant and unpleasant events. The balance in ratio of pleasant and unpleasant experiences are used as a source of information to form judgment of life

satisfaction (Schimmack, Radhakrishnan, Oishi, Dzokoto, & Ahadi, 2002). Most importantly, evidence suggests that happy people are healthier, more sociable, more productive, and better citizens (Diener & Tay, 2012; Lyubomirsky, King & Diener, 2005). Therefore, it is no surprise that optimistic people are highly correlated with subjective well-being.

Research Questions

In relation to the conceptual framework and within the context of the intended population of the study, the following questions are raised:

1. Do optimists use more engaged style coping and pessimists use more disengaged style coping?
2. Does optimism and pessimism have a direct influence on life satisfaction?
3. Does optimism have an indirect influence on life satisfaction, mediated by coping styles?
4. Do optimists have higher life satisfaction?



Conceptual Framework

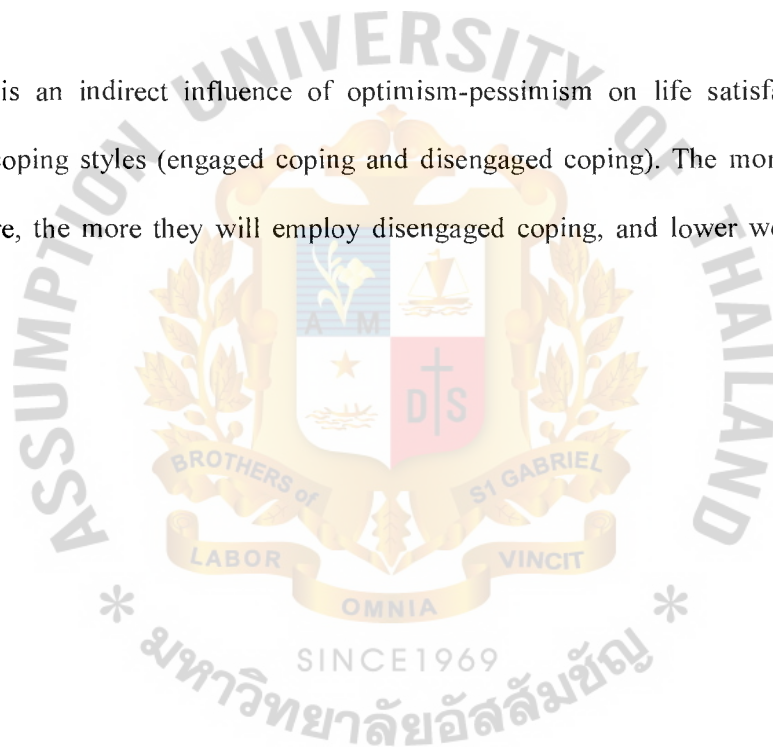
Figure 1. The hypothesized path model concentrates on the direct and indirect effects of coping, dispositional optimism-pessimism on life satisfaction among Thais in Bangkok.

Research hypotheses.

H1: There is a direct influence of optimism- pessimism on life satisfaction of Thais, such that the more optimistic the participants are, the higher their reported level of satisfaction will be.

H2: There is an indirect influence of optimism-pessimism on life satisfaction of Thais, mediated by coping styles (engaged coping and disengaged coping). The more optimistic the participants are, the more they will employ engaged-style coping, and higher would be their life satisfaction.

H3: There is an indirect influence of optimism-pessimism on life satisfaction of Thai's, mediated by coping styles (engaged coping and disengaged coping). The more pessimistic the participants are, the more they will employ disengaged coping, and lower would be their life satisfaction.



CHAPTER III

Methodology

The current study describes the methodology used to investigate the relationships between dispositional optimism-pessimism on life satisfaction, mediated by coping strategies, among Thais in Bangkok. This study used a path analytic approach, aimed to examine the direct and indirect influences of dispositional optimism-pessimism on life satisfaction among Thais, being mediated by coping strategies.

This chapter outlines the proposed research methodology to be applied in order to implement the study. It is comprised of five subsections: research design, participants of the study, each instrument's psychometric properties, data collection procedure, and data analysis.

Research Design

In order to reach the purpose of the study, this quantitative study applied a correlational research design, specifically path analysis. This was done to examine the hypothesized direct and indirect impacts of dispositional optimism-pessimism on life satisfaction among Thais, being mediated by coping styles. The current study used survey questionnaires with the intent of gathering data for statistical analysis.

Participants of the Study

The participants of the study consisted of a diverse population of Thai adults within Thailand, chosen through convenient sampling. The proposed path model was examined through path analysis, the sample size required was determined by both the power of the statistical test, the effect size of the predictor variables, and the number of predictor variables in the model. The required sample size was determined through using the statistical program G*Power 3 (Faul, Erdfelder, Lang, & Buchner, 2007). The program was set with the significance level at 0.05,

power at 0.95, and effect size at 0.15 (medium) for a total of three predictor variables, the required minimum sample size was determined to be 130. However, in order to enhance the external validity of the obtained findings, a decision was made to increase the sample size to approximately 200 respondents.

Research Instrumentation

The three questionnaires that were used in this study included: (1) The Life Orientation Test- Revised (LOT-R; Scheier et al., 1994), to measure the predisposition of optimism-pessimism; (2) The Coping Strategy Inventory (CSI; Tobin et al., 1989), to assess coping strategies; and (3) The Satisfaction with Life Scale (SWLS; Pavot & Diener, 1993), to measure life satisfaction. There was also a short survey to gather the participants' background information, including age, gender, educational attainment level, occupational status and income.

Part 1: background information.

The first section of the questionnaire was the demographic of the participants which involved their gender, age, educational attainment level, occupational status and income.

Part 2: the life orientation test - revised (LOT-R).

The LOT-R (Scheier et al., 1994) was used to assess the degree of individual differences of dispositional optimism and pessimism, by asking respondents whether they think that future outcomes will generally be good or bad. This questionnaire contains 10 coded items where respondents were asked to indicate the extent of their agreement on a 5-point Likert scale ranging from 0= *strongly disagree*, 1= *disagree*, 2= *neutral*, 3= *agree* and 4= *strongly agree*. The revised version of the LOT scale was formulated in order to eliminate 2 items in the original scale, which related more to coping style than positive expectations of the future. There are three coded items which correspond to optimism and another three corresponds to pessimism. There

are also four filler items, which were not scored as part of the revised scale (items 2, 5, 6, and 8). The scoring is kept continuous and items measuring pessimism (items 3, 7, and 9) are reverse scored. The correlation of the revised scale and the original scaled is 0.95 (Scheier et al., 1994). Higher scores on the LOT-R generally reflect a greater tendency to expect more positive outcomes. The LOT yields a continuous distribution of scores (Vautier, Raufaste, & Cariou, 2003) and is considered a psychometrically sound and a valid instrument for the measurement of dispositional optimism-pessimism, with Cronbach's alpha values from a high .70s to the low .80s, and scores confirming stable over time.

However, arguments should be made whether the optimism-pessimism dichotomy should be examined as one bipolar dimension or as two separate dimensions (Carver et al., 2010). There are increasing number of researchers who consider optimism and pessimism as two distinguishing constructs when studying them as predispositions (Chang et al., 2001). Thompson & Gaudreau (2008) found that dispositional optimism and pessimism are independent but partially related construct, providing evidence for a bidimensional construct. However, the practice of dichotomizing continuous variables, and the use of the median split has received much criticism. For reasons that researchers risk multiple distortions and alters results when using a median split (Eichner, Kwon & Marcus, 2014). Therefore, Eichner et al. (2014) tackled the question of whether optimism-pessimism is dimensional or taxonic by performing a set of taxometric analyses using data from 510 college students. The authors found that the difference between an optimist and a pessimist is one of degree rather than of kind. The authors agree with Sheier & Carver (1985) that optimism-pessimism has a dimensional construct. Therefore, scoring the LOT continuously is appropriate and the authors advise that future research should assess the construct in a dimensional way and treat it as a continuous variable in data analysis by

using regression analysis (Eichner et al., 2014). Therefore, this study also measured optimism-pessimism as a one dimensional construct

Part 3: the coping strategies inventory (CSI).

The Coping Strategies Inventory assesses coping reactions to a specific stressful encounter. The format has been adapted from The Ways of Coping Checklist (Folkman & Lazarus, 1981). The respondents were asked to recall a recent stressful event and then indicated the degree of their agreement to the particular coping strategy they used for each item in regards to the earlier described stressful encounter. The questionnaire contains 72 items on a 5-point Likert scale ranging from 1= Not at all, 2= A little, 3= Somewhat, 4= Much and 5= Very Much. Tobin (2001) found a total of 14 subscales on the CSI comprising of eight primary scales, four secondary scales, and two tertiary scales. There are nine items in each of the eight primary subscales (problem solving, cognitive restructuring, social support, expression of emotions, problem avoidance, wishful thinking and social withdrawal). For the secondary subscale level, each of the four subscales included 18 items: **Problem-focused Engagement** = *Problem solving* + *Cognitive Restructuring*, **Emotion-focused Engagement** = *Express Emotions* + *Social Support*, **Problem-focused Disengagement** = *Problem avoidance* + *Wishful thinking*, **Emotion-focused Disengagement** = *Self-criticism* + *Social Withdrawal*. Therefore, at the tertiary subscale level, the engagement coping factor includes 36 items and the disengagement coping factor also includes 36 items. Tobin (2001) found the reliability of the CSI showed the Cronbach's alpha range from 0.71 to 0.94. The validity of the CSI has been assessed in several ways, firstly through factor structure, where item loadings were found representative of the hypothesized subscales (Tobin et al., 1984). Secondly, The CSI has been successful at discriminating between symptomatic and normal samples from different populations such as, depressed vs non-depressed

samples (Tobin et al., 1984), and neurotic vs normal samples (Tobin, Holroyd & Reynolds, 1982). Therefore, supporting the CSI's clinical applicability. Lastly, the relationship of the CSI as a measuring instrument within the stress and coping literature. The CSI is notably predictive of depressive symptoms for individuals experiencing high levels of stress (Holroyd et al., 1983). Furthermore, Tobin et al. (1984) also found individuals with high self-efficacy reports doing more problem-solving and less problem-avoidance than individuals with lower self-efficacy.

Part 4: the satisfaction with life scale (SWLS).

The SWLS was used to determine the respondents perceived life satisfaction. Life satisfaction is regarded as the cognitive component of subjective well-being and considered a subjective construct. Therefore, individuals would differ in terms of which life domains is most critical to their well-being and the set of standards they would use to evaluate their life satisfaction (Diener, Emmons, Larsen & Griffin, 1985). Therefore, the measure for life satisfaction is a cognitive judgment of one's life and respondents assess the global judgment of the quality of their own lives on the basis of their own unique set of criteria (Shin & Johnson, 1978). The questionnaire has 5 items on 7 point Likert type scale, ranging from 1 = Strongly Disagree, 2 = Disagree, 3 = Slightly Disagree, 4 = Neither Agree or Disagree, 5 = Slightly Agree, 6 = Agree, 7 = Strongly Agree. The total score is calculated as a mean of all five items and the possible range of scores is 5-35, with a score of 20 representing a neutral point on the scale; scores between 5-9 indicate the respondent is extremely dissatisfied with life, whereas scores between 31-35 indicate the respondent is extremely satisfied (Pavot & Diener, 1993). The coefficient alpha for the scale has ranged from .79 to .89, indicating that the scale has high internal consistency. The scale was also found to have good test-retest correlations (.84, .80 over a month interval). The SWLS is also considered a valid instrument for the measure of life

satisfaction (Pavot & Diener, 1993). Due to the SWLS being available in multiple languages, the current data suggest that the SWLS has great potential as a cross-cultural index of life satisfaction (Pavot & Diener, 1993). Nonetheless, a more in-depth exploration would be valuable.

Data Collection Procedure

Instrument translation.

Since the participants in the study were Thai, it was deemed necessary to translate the three questionnaires into Thai. The focus of the translation was on cross-cultural and conceptual, rather than linguistic/ literal equivalence (Maxwell, 1996). There were two professional bilingual translators involved in the translation process, which followed the standard translation procedures. The first translator translated the original English questionnaires from English to Thai, then, the present researcher reviewed the translated questionnaires and discussed any difficulties in the translations with the translator. The second translator then back-translated the Thai version back into English, as a second English version. The present researcher then compared the original version to the second version and discussed any difficulties in the translation. Subsequently, the present researcher reviewed the final version with both translators to discuss any discrepancies and issues, in order to reach a consensus for the final Thai version.

Data collection.

Participants of the study were drawn from convenience sampling. The current researcher sent a brief message along with the link to the online survey to potential participants. To widen the data collection process, the researcher also invited more participants to complete the survey from public places, such as public parks, schools, hospital waiting areas, workplaces, train stations, private companies and public gathering places. The online questionnaires were uploaded

to www.smartsurvey.co.uk. SmartSurvey is a UK-based provider of digital survey solutions and allows customers to customized surveys. The website is highly reputable and promises security and confidentiality in the process of collection of all personal data and delivering the surveys across multiple platforms. An inform consent (see Appendices) was made available on the first page of the online questionnaire, where the rationale and purpose of the study would be explained with assurance of anonymity and confidentiality. It also informed potential participants that they had the right to withdraw from participating in the study at any time. The website also automatically disqualifies incomplete questionnaires and in total, the survey link was sent to 560 participants. The process of obtaining participants was stopped after receiving 204 completed questionnaires.

Data Analysis

Data analysis will involve the following statistical treatments:

Descriptive statistics: Frequency and percentage distributions will be employed to analyze the demographic data obtained from the respondents. Additional analysis of the respondents' scores will be conducted using means and standard deviations.

Inferential statistics: Cronbach's alpha was employed to test the reliability of the current survey questionnaire. Then, path analysis via multiple regression analysis was employed to test the hypothesized direct and indirect influence of dispositional optimism and dispositional pessimism on the life satisfaction of Thai people in Bangkok, with a mediating role of coping styles.

CHAPTER IV

Results

This chapter presents the results of the analyses conducted to test the hypotheses generated from the path model presented in Figure 1. Descriptive statistics for the variables of optimism-pessimism, engaged coping, disengaged coping, and life satisfaction are also presented. The analyses conducted and the results obtained are presented in the following sequence:

1. Demographic profile of respondents
2. Reliability test of items that represent the factors of optimism-pessimism, engaged coping, disengaged coping, and life satisfaction
3. Means and standard deviations of the factors of optimism-pessimism, engaged coping, disengaged coping, and life satisfaction
4. Path analysis via regression analysis to test the hypothesized path model (Figure 1)

Demographic Profile of Respondents

The sample consisted of 204 Thai participants from Bangkok, with the age range of 19 to 81, and a mean age of 39.7 years. The sample comprises 82 males (40.2%) and 122 females (59.8%). Of the sample, 73 (35.8%) were married, 46 (22.5%) were in a relationship, 64 (31.4%) were single, 14 (6.9%) were divorced, and 7 (3.4%) were widowed. 14 (6.9%) of the sample had a monthly income of >9000 Thai Baht, 54 (26.5%) had a monthly income of 9001-14000, 44 (21.6%) had a monthly income of 14001-20000, 18 (8.8%) had a monthly income of 20,001-30,000, 32 (15.7%) had a monthly income of 30,001-50000, 29 (14.2%) had a monthly income of 50,001-100,000 and 13 (6.4%) had a monthly income of 100,001 and above.

Reliability Analysis of Scales Employed

Prior to computing the scales optimism- pessimism, engaged coping, disengaged coping, and life satisfaction was conducted on the items that represent the four scales. The purpose of the reliability analysis was to maximize the internal consistency of the six measures by identifying those items that are internally consistent (i.e., reliable), and to discard those items that are not. The criteria employed for retaining items are: (1) any item with 'Corrected Item-Total Correlation' (I-T) $\geq .33$ will be retained (.33² represents approximately 10% of the variance of the total scale accounted for), and (2) deletion of an item will not lower the scale's Cronbach's alpha (Hair, Babin, & Anderson, 2010)

Table 1 presents the retained items for the five scales, together with their I-T coefficients and Cronbach's alphas.

Table 1

Scale Items Together with Their Corrected Item-Total Correlations and Cronbach's Alphas

<u>Optimism- Pessimism Scale</u>	<u>Corrected Item-Total Correlations</u>
• In uncertain times, I usually expect the best (LOT1)	.40
• If something can go wrong for me, it will (LOT3)	.33
• I'm always optimistic about my future (LOT4)	.34
• I hardly ever expect things to go my way (LOT7)	.37
• I rarely count on good things happening to me (LOT9)	.39
• Overall, I expect more good things to happen to me than bad (LOT10)	.36

Cronbach's Alpha = .72

<u>Engaged Coping</u>	<u>Corrected Item-Total Correlations</u>
1. I just concentrated on what I had to do next; the next step (CP1)	.49
2. I changed something so that things would turn out all right (CP9)	.52
3. I stood my ground and fought for what I wanted (CP17)	.39
4. I made a plan of action and followed it (CP 25)	.42
5. I tackled the problem head-on (CP 33)	.41
6. I knew what had to be done, so I doubled my efforts and tried harder to make things work (CP 41)	.51
7. It was a tricky problem, so I had to work around the edges to make things come out OK (CP 49)	.48
8. I worked on solving the problems in the situation (CP 57)	.55
9. I tried to get a new angle on the situation (CP 2)	.57
10. I looked for the silver lining, so to speak; tried to look on the bright side of things (CP 10)	.51
11. I told myself things that helped me feel better (CP 18)	.51
12. I looked at things in a different light and tried to make the best of what was available (CP 26)	.53
13. I asked myself what was really important, and discovered that things weren't so bad after all (CP 34)	.44
14. I convinced myself that things aren't quite as bad as they seem (CP 42)	.49
15. I stepped back from the situation and put things into perspective (CP50)	.62
16. I reorganized the way I looked at the situation, so things didn't look so bad (CP 58)	.62

17. I went over the problem again and again in my mind and finally saw things in a different light (CP 66)	.36
18. I found ways to blow off steam (CP 3)	.50
19. I did some things to get it out of my system (CP 11)	.58
20. I let my emotions go (CP 19)	.40
21. I let out my feelings to reduce the stress (CP 27)	.58
22. I let my feelings out somehow (CP 35)	.46
23. I let my emotions out (CP 43)	.62
24. My feelings were overwhelming and they just exploded (CP 51)	.32
25. I got in touch with my feelings and just let them go (CP 59)	.50

Cronbach's Alpha = .77

Disengaged Coping

Corrected Item-Total Correlations

5. I tried to forget the whole thing (CP21)	.45
6. I hoped a miracle would happen (CP14)	.30
7. I wished that I never let myself get involved with that situation (CP22)	.53
8. I wished that the situation would go away or somehow be over with (CP30)	.31
9. I wished that the situation had never started (CP38)	.33
10. I had fantasies or wishes about how things might turn out (CP46)	.40
11. I wished I could have changed what happened (CP62)	.40

12. I told myself that if I wasn't so careless, things like this wouldn't happen (CP7)	.46
13. I realized that I brought the problem on myself (CP15)	.57
14. I blamed myself (CP23)	.61
15. I criticized myself for what happened (CP31)	.65
16. Since what happened was my fault, I really chewed myself out (CP39)	.61
17. I realized that I was personally responsible for my difficulties and really lectured myself (CP47)	.70
18. I kicked myself for letting this happen (CP55)	.73
19. It was my mistake and I needed to suffer the consequences (CP63)	.54
20. I told myself how stupid I was (CP71)	.48

Cronbach's Alpha = .87

Life Satisfaction

Corrected Item-Total Correlations

· In most ways my life is close to my ideal. (LS1)	.51
· The conditions of my life are excellent. (LS2)	.67
· I am satisfied with my life. (LS3)	.64
· So far, I have gotten the important things I want in life. (LS4)	.67
· If I could live my life over, I would change almost nothing. (LS5)	.41

Cronbach's Alpha = .79

As can be seen from Table 1, all the 6 items (out of 6) were retained to represent the measure of Optimism- pessimism dimension; 25 items (out of 36) were retained to represent the measure of Engaged coping; 16 items were retained (out of 36) to represent the measure of disengaged coping; all the 5 items were retained for the measure of psychological well-being. The computed Cronbach's alpha coefficients for all four scales were adequate and ranged from .72 to .87. Each of the factors of optimism- pessimism, engaged coping, disengaged coping, and life satisfaction was, subsequently, computed by summing across the items that make up that factor, and their means and standard deviations calculated.

Means, Standard Deviations and Correlations for the four Computed Factors

Table 2 presents the means, standard deviations, and correlations for the four computed factors of Optimism- Pessimism, Engaged coping, Disengaged coping, and life satisfaction.

Table 2

Pearson Correlations of the four Computed Factors

	1	2	3	4
M	3.48	3.28	2.65	4.46
SD	0.46	0.48	0.44	1.05
Midpoint	2.50	3.00	3.00	4.00
1. OP	-	0.163*	0.6	-0.28
2. EC	0.163*	-	0.314**	0.131
3. DC	0.060	0.314**	-	-0.217**
4. LS	-0.028	0.131	-0.217**	-

Note: OP = Optimism-Pessimism, EC = Engaged Coping, DC = Disengaged Coping, LS = Life Satisfaction

* $p < .05$ (2-tailed). ** $p < 0.1$ (2-tailed).

Table 2 presents the means, standard deviations and the correlations for the four computed factors and the mid-point. Based on the mean, the participants reported scoring below the midpoint for disengaged coping and scored above the midpoint for optimism, engaged coping

and life satisfaction. The result indicates that the correlation between optimism-pessimism and engaged-style coping is positive and statistically significant ($r = 0.163$, $p < 0.05$). This means that as optimism scores increases, so do their engaged coping scores. The correlation between disengage coping and engage coping is positive and statistically significant ($r = 0.314$, $p < 0.01$). This means that as engage coping scores increases, so do their disengaged coping. The correlation between life satisfaction and disengaged coping is negative and statistically significant ($r = -0.217$, $p < 0.01$). This means that as life satisfaction scores increases, their disengaged coping scores decreases.

Path Analysis to Test the Hypothesized Path Model

In order to test the hypothesized direct and indirect relationships represented by the path model (see Figure 1), path analysis via regression analysis was conducted. The analysis involved: (1) regressing the dependent variable of life satisfaction by the predictor variable of optimism-pessimism, engaged coping and disengaged coping (2) regressing the mediator variable of engaged coping by the predictor variable of optimism- pessimism, 3) regressing the mediator variable of disengaged coping by the predictor variable of optimism pessimism

The results of path analyses are depicted in Figure 2. In order to aid the interpretation of results, only path coefficients that are statistically significant ($p < .05$) were included in the figure.

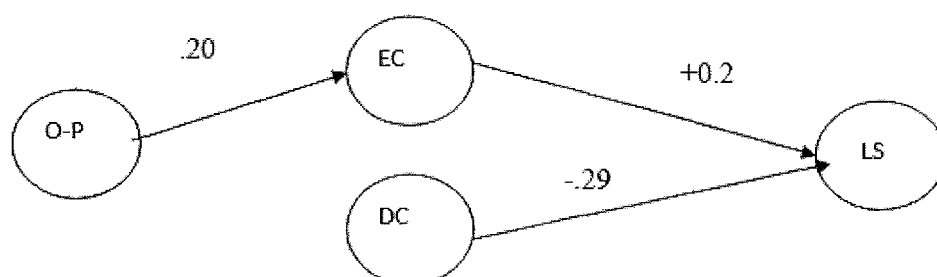


Figure 2. Path model of life satisfaction as a function of the direct and indirect influences of

optimism-pessimism, being mediated by engaged coping and disengaged coping.

The findings yielded no significant direct influence of optimism-pessimism on life satisfaction. ($\text{Beta}=0.01; p>0.05$). However, there was an indirect influence of optimism-pessimism on life satisfaction mediated by engaged coping ($\text{Beta}=0.20; p<0.01$; $\text{Beta}=0.22; p<0.01$). This indicates that the more optimistic the participants are higher will be their tendency in employing engaged coping, the more they employ engaged coping higher is their psychological well-being. There was no indirect influence of optimism-pessimism on psychological well-being mediated disengaged coping ($\text{Beta}=0.12; p>0.05$; $\text{Beta}=-0.29; p>0.01$). However disengaged coping had a negative influence on psychological well-being, which again indicates that the more disengaged coping they utilize lower will be their psychological well-being ($\text{Beta}=-0.29; p>0.01$).

Although, many researchers follow the Baron & Kenny (1986) method, which assumes that certain steps must be met for mediation to occur, as they propose that the independent variable (X) must predict the dependent variable (Y) in the absence of the mediator (M) for there to be an effect to mediate. However, it is legitimate to conclude that M mediates the association between X and Y even if the total effect C is not significant. In fact, there is a relatively large consensus growing among statisticians that the total effect should not be used as a 'gatekeeper' for tests of mediation (Shrout & Bolger, 2002).

CHAPTER V

Discussion

There is vast research which affirms that optimism strongly correlates with positive affect and better coping in a wide variety of stressful situations, with fewer mental and physical ailments (Sergeant & Mongrain, 2014). The purpose of this study was to explore the direct and indirect relationship of optimism on life satisfaction, being mediated by coping strategies. Two hundred and four Thai adults living in Bangkok participated in this study through an online survey. This final chapter contains the following sections: (1) results and findings, (2) implications, (3) limitations, (4) recommendations for future study, (5) conclusion.

Results and Findings

The present study's findings suggest that dispositional optimism-pessimism did not have a direct influence on life satisfaction. Therefore, Hypotheses 1 and 2 were not supported. These results are inconsistent with existing research, where optimism has been a large and direct factor on psychological and physical well-being. Numerous studies have found that optimism plays a role in the recovery from illness and disease (Carver et al., 1993; Carver, Lehman & Antoni, 2003), has a positive effect on a person's immune system (Segerstrom and Sephton, 2010), and uniquely related to positive affect (Park, Moore, Turner, & Adler, 1997). There are some possible explanations for the null results for the first hypothesis.

One potential reason could be in religion; ninety-four percent of the Thai population are Buddhists (National Statistical Office, 2012) and the belief system and values of Buddhism play a huge role in day-to-day life. Many Thai studies report a positive influence of Buddhist culture on happiness (Ariyabuddhiphongs and Jaiwong, 2010). Although stress appears Universal, how people cope with stress may not be the same in Buddhist and Western countries (Tyson and

Pongruendphant, 2007). Considering the differences between Buddhist and Western cultures in cosmologies, cultures, traditions, and cognitive styles; it seems presumptive that the way stress is defined, experienced and coped may also differ in these societies (Tyson and Pongruendphant, 2007). Yiengprugsawan et al. (2010b) found that in Thailand, the spirituality and religious domain was shown to be quite important for life altogether. The relationship between culture, religion and spirituality are intertwined and could also be beneficial to health and overall life satisfaction (Williams & Sternthal, 2007). A study by Nelson (2009) found that Buddhism plays a large role in the life of most Thais, as there's a clear correlation between affiliation to a religious group and more life satisfaction, happiness and better mental health. Therefore, Buddhism may play a larger role in predicting life satisfaction than optimism among Thais.

The teachings and practices of Buddhism, such as mindfulness, karma and acceptance might influence Thai's outlook on life, and affect the way in which they cope with stress. For example, mindfulness may be a factor as to why the optimism-pessimism dimension did not have a direct influence on life satisfaction. By definition, optimism-pessimism are generalized future expectancies of good and bad outcomes, respectively. However, Thais may practice mindfulness and may not focus too much on future events, instead concentrating on the present moment. Many Thais also practice meditation, one study noted that suffering in Buddhism is similar to psychological distress and reported that those who practiced meditation had less distress, greater peace of mind, better relationships with loved ones, and also improved mood and sleep (Tyson and Pongruengphant., 2007; Davidson et al., 2003). The Buddhist philosophy "feeling contentment with what one has" may also play a significant role to one's outlook in life (Gray, Rukumnuaykit, Kittisuksathit, & Thingithai., 2008). Some interventions purported to improve happiness have also been derived from Buddhist teachings (Seligman et al., 2005). Therefore, the

strength of Buddhism maybe a stronger predictor to life satisfaction beyond the effects of optimism for the Thai population in Bangkok.

However, there could also be other explanations, which may stem from some methodological errors. Firstly, the use of convenience sampling. A convenience sample can lead to the under-representation or over-representation of results within the sample. As the sample is not chosen at random, the internal bias in convenience sampling means that the results acquired from this sampling strategy have known generalizability to only the sample in the study. Furthermore, the participants that would agree to partake in this study may be biased in their thinking and attitudes towards life, which would skew the results of the study. Therefore, convenience sampling may cause problems in terms of generalizability, representativeness and noise (Bornstein, Jager, & Putnick, 2013). This may have ramifications on the significance and strength of the relationship between the variables of the study.

Secondly, due to it being an online questionnaire, there was no control over the environment which may have affected the participants answers. Literature shows that when mental tasks are performed, the primary fatigue factors include time of day, testing time, type of task, personal states such as anxiety or motivation, and external circumstances (Smith, 1989). Moreover, the questionnaire was very long and the participants may have experienced the 'fatigued effect', as the measure was extensive, tedious and uninteresting. Consideration of the order of questionnaires would also be crucial. The first instrument to be tested was the LOT-R test and the last was the SWLS scale, with 72 questions of the CSI scale in between the two measures. The participants would most likely perform differently at the end of the survey when studies last a long time, leading to participants losing interest and may rush through the answers without giving it much thought. This may have contributed to false and unreliable outcomes to

the study and explain the null results.

Although, there seems to be an indirect positive relationship of optimism on life satisfaction, being mediated by engaged coping. Therefore, the second hypothesis was supported. Numerous studies have found effects of dispositional optimism on adjustment are mediated by coping, and optimists used more engaged coping and pessimists used more disengaged coping strategies (Chang, 1998; Blondin & Gaudreau, 2004). Optimism has also been found to be negatively related to the use of denial and the attempt to distance oneself from the problem (Scheier et al., 1986). Pessimism has been reported to be associated with the use of overt denial, substance abuse and coping responses that lessen awareness of the problem (Billingsley, Waehler, and Hardin, 1993). The results of this study concur with previous research in that, optimistic participants tended to use more engaged coping, which indirectly led to higher life satisfaction.

However, the third hypothesis was not supported. This study did not find an indirect effect of pessimism on life satisfaction, being mediated by disengaged coping. One plausible explanation may again come down to religion. Yiengprugsawan et al. (2010) found high scores for the importance of religion when facing problems, as well as belief in the importance of karma among Thai cohort members. Generally, Thais accept their lot in life without resentment. There is a sense of determinism in their approach towards life, which comes from the Buddhist concept of karma. That is, one's past deeds bring repercussions, both bad and good, to one's present life. Difficulty and suffering are believed to be a result of bad karma, while prosperity and well-being results from good karma. Therefore, there is a lot of acceptance to life's adversities and even pessimists may use less of disengaged coping (wishful thinking, self criticism, and denial) when dealing with problems.

However, there was a negative relationship between disengaged coping and life satisfaction. Even though there was no indirect relationship of pessimism on life satisfaction, mediated by coping styles. Participants who used more disengaged coping strategies had lower levels of life satisfaction. One explanation could be that Thai pessimists use different coping strategies from Western pessimists when coping with stress. Chang and Asakawa (2003) also found that Asian American pessimists used more engaged coping than Caucasian American pessimists in stressful situations. Although, it appears that Thai pessimists did not employ more disengaged coping, however, the results concur with most research in that, the more disengaged coping was employed, lower would be their life satisfaction and well-being.

Another reason to explain why Thai pessimists did not significantly use more disengaged coping could be due to social support. Studies have found that social support contributes considerably to overall happiness, life satisfaction and health (Borgonovi, 2008; Steptoe and Diez Roux, 2008). Family is central to Thai life, it is not uncommon for newly-married couples to live with their extended family. This gives a strong sense of unity and social support. The role of perceived social support as a protective factor for mental disorders is well established (Cohen, 2004). Aside from reducing the incidence of mental illness, perceived social support also reduces general stress (Lindorff, 2000) and has positive effects on somatic health (Uchino, Cacioppo, & Kiehl-Glaser, 1996). The sense of community, connectedness, and friendship may prompt engaged style coping of social support, expression of emotions and problem solving.

In Thailand, displays of emotion in public, such as anger or anxiety is frowned upon. Despite how displeased or upset a person might feel, a Thai will always intend to maintain a positive, friendly and carefree attitude, a sense of humor, and a smile. Research has found that the simple act of a smile, authentic or forced, tricks your brain into thinking that you're actually

happy and triggers happy memories, further improving mood (Schnall & Laird, 2003). This kind of coping and attitude towards life may be another reason why Thai pessimists did not yield the same results in coping strategies as the Western population.

Another plausible reason could be problems in the translation process. The complications when translating study instruments from the source language into the target language could stem from the translator's unfamiliarity with the research area; differences in words, idioms, and colloquialisms understood in English but in another language does not make sense; the syntax used in the back translation may make the translation confusing for the monolingual target participants (Guillemin, 1995). This may be the case for the translation of the CSI, as only 16 items were retained out of 36 for the corrected item-total correlations. Participants in the study may have found it difficult to understand the question and may not have answered the questions accurately to their true feelings and attitudes. This could be another potential reason why the study did not find an indirect influence of optimism-pessimism on life satisfaction, mediated by disengaged coping.

Implications

This study has implications to possible positive social change on the individual, organizational, and at the societal level. Although, optimism-pessimism did not have a direct effect on life satisfaction, the results of the study propose that the style of coping used to manage stress can have a positive or negative effect on well-being. Optimists gravitated towards using engaged-style coping, consequently, resulting in higher life satisfaction. Those who used disengaged-style coping found to have lower life satisfaction. Due to the positive effects of optimism and healthy coping skills, this suggests a promising area of intervention. Albeit, optimism did not have a direct effect on life satisfaction, however, there was an indirect effect

through the use of engaged-style coping. Therefore, optimism interventions may still be valuable and have a positive influence on life satisfaction. For example, The Penn Resilience Project which teaches children to recognize negative thinking and generate alternative, optimistic thoughts found significant improvements in mood and academics (Jaycox, Reivich, Gillham & Sligman, 1994). The lesson is not designed to turn pessimistic children into optimistic ones, instead attempts to allow children to increase their level of optimism through flexible thinking and coping skills. Therefore, there are also practical implications, as these skills could also be taught to adults. Thai professionals and various Institutions could benefit from such interventions, to provide such skills to improve the well-being of individuals. Furthermore, Sergeant and Mongrain (2014) found that online optimism intervention improved multiple aspects of well-being. Some of the skills cultivated from the intervention included, positive reappraisal of life events, goal-setting practices, and feelings of self-efficacy. The first two skills are considered engaged-style coping, and self-efficacy will promote healthy coping through motivation and the belief in their capabilities to solve problems and manage life stresses. These skills may also help decrease the suicide rates mentioned in the statement of the problem. Therefore, increasing awareness and spreading these valuable skills could help individuals build resilience and thrive to their fullest capabilities. This could help individuals on a personal level, which may help improve the attitude and development of Institutions, and hopefully have a positive change on society as a whole.

Limitations

This present study was designed to explore the relationship between dispositional optimism, coping strategies and life satisfaction. However, each stressful event is unique and the coping process will also be individual and complex. This leads to the first implication, in this

study, all the participants had different problems, and so coping would depend on the severity and frequency of the problem. Therefore, by allowing the participants to choose their own stressful event removed control from the study. Future studies may want to have all participants under the same stressful situation. For example, finding a sample size in the medical setting, where participants are undergoing the same surgical procedure, or even in an academic setting during exam period. If all the participants were undergoing the same stressful event, the measurement of optimism-pessimism, coping styles and life satisfaction may have yielded different results.

The second limitation could be the use of online self-report questionnaire and the quantity of questions that were used in the study. With a total of 94 questions, participants may lose focus easily and rush the answers without giving sufficient thought to the question. However, even if the participants answered the questionnaires thoroughly, the participants could also be biased in their answers. It is possible that participants would respond in a socially expected manner to fall into normative expectations, which might not be according to their actual attitude. Specifically, to meet social expectations, participants might report higher life satisfaction, more engaged-style coping and an optimism outlook than they actually believe.

The third limitation could be in the translation process. Cultural translations are considered to be one of the most essential and most complicated (Ulvydiene, 2013). There are often many problems encountered when translating study instruments from the language of origins into the target language. Weeks, Swerissen, & Belfrage (2007) also found that translations into Asian languages were most problematic. Therefore, the translation in this study may not have been conveyed effectively to the monolingual participants. One possible reason could be that the study items were being translated too literal from the source language to the

target language. A main issue appears to be that comparable measures are needed to ensure that the level of data contamination is minimized and the reliability and validity of the data collected is maximized (Weeks, Swerissen, & Belfrage, 2007).

Future Studies

Based on the findings and limitations, the present study would like to offer the following recommendations to future studies. First, ideally, avoiding the use of convenience sampling would also be optimal, as research has found the advantages of this sampling strategy does not offset its consequential disadvantages (Bornstein, Jager, & Putnick, 2013). Bornstein, Jager, & Putnick (2013) found that population-based probability sampling is the most desirable strategy, but potentially cost and resource prohibitive for many researchers; however, due to the cost and effort required to plan and execute of such sampling instrument, researchers could recruit a quota or homogeneous sample, by that improving the characteristics of their sample and study.

Secondly, the translation process could be improved to ensure that the study instruments are accurate, easily understood, and culturally appropriate to the target audience. To improve the translating process, the current researcher recommends using the standard method. First, translating the original version into the target language and then having another translator back translated. Then, having a committee of bilingual look over the two translated versions, as the mistake of one member may be caught by another. Lastly, conducting a field test where participants of the pilots are selected to represent the sample that would be tested. Weeks, Swerissen, & Belfrage (2007) proposes that by using a combination of translation techniques, it not only ensures the quality of the instruments but also helps to ensure the reliability and validity of the data collected by them.

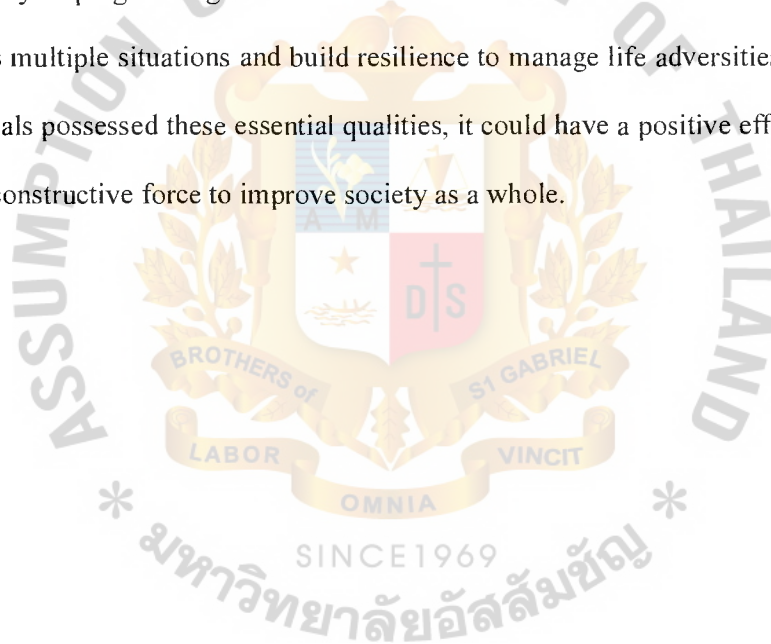
Lastly, Participants may have become impatient and indifferent to answering the

questionnaires due to the length and redundancy of some of the instruments, the CSI in particular. For this reason, the present researcher would like to suggest a shorter version for the assessment of coping strategies. Brief COPE Inventory was developed to assess an extensive range of coping responses, and appropriate to differentiate effective and ineffective coping. Another assessment that may provide further insight is a religion and spirituality scale. Campbell (1976) who developed the happiness scale as an indicator of subjective well-being did not place great significance to the role of religion in life satisfaction. However, reanalysis of the data found that religion was very important and had a big impact to life satisfaction (Bufford, Paloutzian and Ellison, 1991). Furthermore, Buddhism plays a large role in the day-to-day life of Thais, therefore this study would like to recommend the inclusion of a religion and spiritual assessment. For example, employ the Personal Well-being Index (PWI) instead of the Satisfaction with Life Scale (SWLS). The PWI assesses the level of life satisfaction as a whole and includes eight life domains, as the importance of religion and spirituality on life satisfaction was largely underestimated, it was later added as the last domain.

Conclusions

The most significant finding of this study is the importance of employing optimal coping. Consistent with previous researches, coping is a major factor in the relation between stressful events and well-being. This study found that coping was the biggest factor in predicting the degree of life satisfaction. The more engaged-style coping was employed, higher the life satisfaction and the more disengaged-style coping was employed, lower the life satisfaction. However, Thai pessimists did not appear to employ more disengaged coping and in contrast to most researches, this study did not find a direct influence of optimism-pessimism on life satisfaction. Further investigation may be needed to explain the factors that could lead to the

discrepancies in results. Interestingly, there was an indirect effect of optimism on life satisfaction, being mediated by engaged coping. Numerous researches confirm the benefits of having a positive outlook and the employment of productive coping. For this reason, institutions should be prompted to incorporate optimism intervention programs within their organizations. These interventions aim to provide skills that generate positive flexible thinking and the employment of engaged coping strategies. However, future research may want to develop culturally appropriate interventions for the Thai population. Attaining an optimistic outlook and utilizing healthy coping strategies are valuable skills because of its versatility, as it can be applied across multiple situations and build resilience to manage life adversities. By and large, if more individuals possessed these essential qualities, it could have a positive effect on individuals but also be a constructive force to improve society as a whole.



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Appendix A

Survey Questionnaire (English version)

Informed Consent

Purpose:

This present study is part of a master-level thesis which intends to explore the influences of dispositional optimism-pessimism and coping strategies on life satisfaction among Thais. The primary researcher is a graduate student in counseling psychology, Assumption University. Your voluntary participation of the study will contribute toward a better understanding of the direct and indirect relationship of dispositional optimism-pessimism on life satisfaction, being mediated by coping strategies

This study has been approved by the graduate thesis committee of the University's graduate School of Psychology. If you have any questions or difficulties regarding the research study or the questionnaires, please contact the researcher, Yanika Hoontrakul at email: y.hoontrakul@gmail.com or tel. 0817337520

Procedures

To be eligible, you must be a Thai aged above 18 years. You will be asked to complete a series of questionnaires which takes approximately 25 minutes to complete.

Please read the following instructions before you begin:

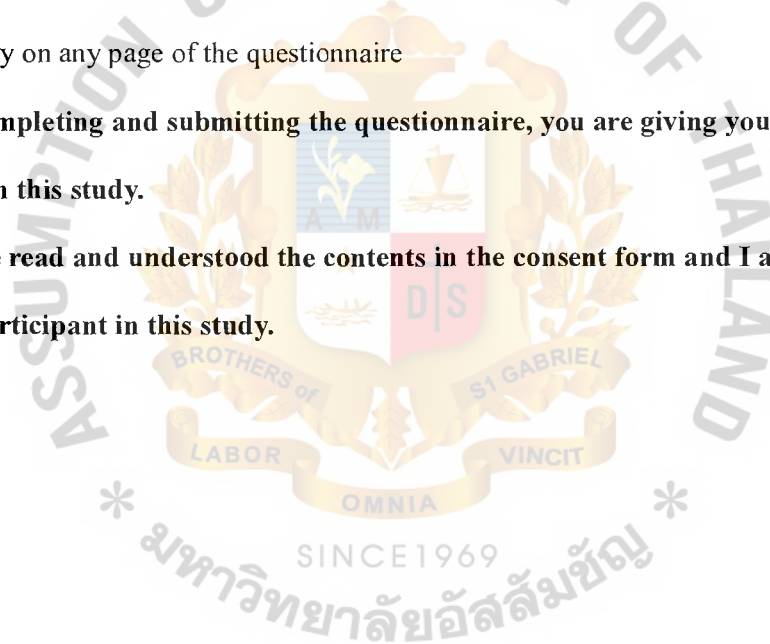
- You are a Thai national aged 18 and above
- Your participation of this study is voluntary and you may choose to withdraw at any time
- Please complete the questionnaire, as incomplete ones will be excluded from the study
- Please answer each question truthfully, as there are no right or wrong answers
- To protect your anonymity, you will not be asked to give any kind of personal questions

that could lead to your identity and your answers will be kept confidential

- Some questions may be challenging to answer due to the relevance. Please answer to the best of your ability, and as accurately as possible
- The information given in this study will be used for research purposes only
- Some questions may evoke uncomfortable feelings, as they explore your personal attitudes and experiences. Remember that your answers will be kept anonymous.
- The information you have provided will be kept strictly confidential. To ensure anonymity, please do not write down your name or any information that could lead to your identity on any page of the questionnaire

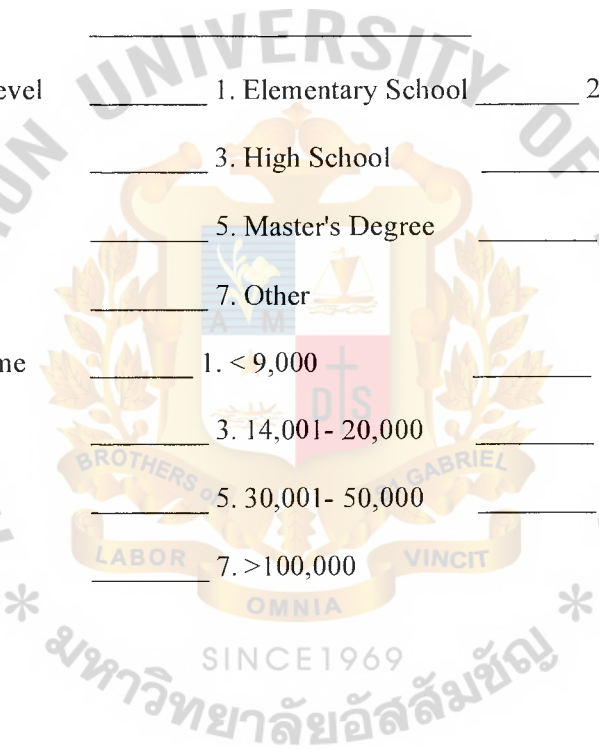
By completing and submitting the questionnaire, you are giving your consent to be a participant in this study.

I have read and understood the contents in the consent form and I agree to be a voluntary participant in this study.



Part 1. Background Information

1. Age: _____
2. Gender _____ 1. Male _____ 2. Female
3. Marital Status: _____ 1. Married _____ 2. In a relationship
_____ 3. Single _____ 4. Divorced
_____ 4. Widowed
4. Occupation: _____
5. Educational Level _____ 1. Elementary School _____ 2. Secondary School
_____ 3. High School _____ 4. Bachelor's Degree
_____ 5. Master's Degree _____ 6. Doctoral Degree
_____ 7. Other
6. Monthly Income _____ 1. < 9,000 _____ 2. 9001- 14,000
_____ 3. 14,001- 20,000 _____ 4. 20,001- 30,000
_____ 5. 30,001- 50,000 _____ 6. 50,001- 100,000
_____ 7. >100,000



Part 2. The Life Orientation Test (LOT-R)

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.

0 = Strongly disagree

1 = Agree

2 = Neutral

3 = Disagree

4 = Strongly Disagree

- _____ 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.
- _____ 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.
- _____ 8. I don't get upset too easily.
- _____ 9. I rarely count on good things happening to me.
- _____ 10. Overall, I expect more good things to happen to me than bad.

Part 3. The Coping Strategy Inventory (CSI)

The purpose of this questionnaire is to find out the kinds of situations that trouble people in their day-to-day lives and how people deal with them.

Take a few moments and think about an event or situation that has been very stressful for you during the last month. By stressful we mean a situation that was troubling you, either because it made you feel bad or because it took effort to deal with it. It might have been with your family, with school, with your job, or with your friends.

Once again, take a few minutes to think about your chosen event. As you read through the following items please answer them based on how you handled your event.

Please read each item below and determine the extent to which you used it in handling your chosen event. Please do not mark on this inventory. Please use the provided answer sheet in the following manner.

- a. Not at all
- b. A Little
- c. Somewhat
- d. Much
- e. Very Much

- _____ 1. I just concentrated on what I had to do next; the next step.
- _____ 2. I tried to get a new angle on the situation.
- _____ 3. I found ways to blow off steam.
- _____ 4. I accepted sympathy and understanding from someone.
- _____ 5. I slept more than usual.
- _____ 6. I hoped the problem would take care of itself.

- _____ 7. I told myself that if I wasn't so careless, things like this wouldn't happen.
- _____ 8. I tried to keep my feelings to myself.
- _____ 9. I changed something so that things would turn out all right.
- _____ 10. I looked for the silver lining, so to speak; tried to look on the bright side of things.
- _____ 11. I did some things to get it out of my system.
- _____ 12. I found somebody who was a good listener.
- _____ 13. I went along as if nothing were happening.
- _____ 14. I hoped a miracle would happen.
- _____ 15. I realized that I brought the problem on myself.
- _____ 16. I spent more time alone.
- _____ 17. I stood my ground and fought for what I wanted.
- _____ 18. I told myself things that helped me feel better.
- _____ 19. I let my emotions go.
- _____ 20. I talked to someone about how I was feeling.
- _____ 21. I tried to forget the whole thing.
- _____ 22. I wished that I never let myself get involved with that situation.
- _____ 23. I blamed myself.
- _____ 24. I avoided my family and friends.
- _____ 25. I made a plan of action and followed it.
- _____ 26. I looked at things in a different light and tried to make the best of what was available.
- _____ 27. I let out my feelings to reduce the stress.
- _____ 28. I just spent more time with people I liked.

- _____ 29. I didn't let it get to me; I refused to think about it too much.
- _____ 30. I wished that the situation would go away or somehow be over with.
- _____ 31. I criticized myself for what happened.
- _____ 32. I avoided being with people.
- _____ 33. I tackled the problem head-on.
- _____ 34. I asked myself what was really important and discovered that things weren't so bad after all.
- _____ 35. I let my feelings out somehow.
- _____ 36. I talked to someone that I was very close to.
- _____ 37. I decided that it was really someone else's problem and not mine.
- _____ 38. I wished that the situation had never started.
- _____ 39. Since what happened was my fault, I really chewed myself out.
- _____ 40. I didn't talk to other people about the problem.
- _____ 41. I knew what had to be done, so I doubled my efforts and tried harder to make things work.
- _____ 42. I convinced myself that things aren't quite as bad as they seem.
- _____ 43. I let my emotions out.
- _____ 44. I let my friends help out.
- _____ 45. I avoided the person who was causing the trouble.
- _____ 46. I had fantasies or wishes about how things might turn out.
- _____ 47. I realized that I was personally responsible for my difficulties and really lectured myself.
- _____ 48. I spent some time by myself.

- _____ 49. It was a tricky problem, so I had to work around the edges to make things come out OK.
- _____ 50. I stepped back from the situation and put things into perspective.
- _____ 51. My feelings were overwhelming and they just exploded.
- _____ 52. I asked a friend or relative I respect for advice.
- _____ 53. I made light of the situation and refused to get too serious about it.
- _____ 54. I hoped that if I waited long enough, things would turn out OK.
- _____ 55. I kicked myself for letting this happen.
- _____ 56. I kept my thoughts and feelings to myself.
- _____ 57. I worked on solving the problems in the situation.
- _____ 58. I reorganized the way I looked at the situation, so things didn't look so bad.
- _____ 59. I got in touch with my feelings and just let them go.
- _____ 60. I spent some time with my friends.
- _____ 61. Every time I thought about it I got upset; so, I just stopped thinking about it.
- _____ 62. I wished I could have changed what happened.
- _____ 63. It was my mistake and I needed to suffer the consequences.
- _____ 64. I didn't let my family and friends know what was going on.
- _____ 65. I struggled to resolve the problem.
- _____ 66. I went over the problem again and again in my mind and finally saw things in a different light.
- _____ 67. I was angry and really blew up.
- _____ 68. I talked to someone who was in a similar situation.
- _____ 69. I avoided thinking or doing anything about the situation.

_____ 70. I thought about fantastic or unreal things that made me feel better.

_____ 71. I told myself how stupid I was.

_____ 72. I did not let others know how I was feeling.



Part 4. The Satisfaction with Life Scale (SWLS)

Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

7 - Strongly agree

6 - Agree

5 - Slightly agree

4 - Neither agree nor disagree

3 - Slightly disagree

2 - Disagree

1 - Strongly disagree

- _____ 1. In most ways my life is close to my ideal.
- _____ 2. The conditions of my life are excellent.
- _____ 3. I am satisfied with my life.
- _____ 4. So far, I have gotten the important things I want in life.
- _____ 5. If I could live my life over, I would change almost nothing

Appendix B

Survey Questionnaire (Thai Version)

ใบยินยอม

วัตถุประสงค์

งานวิจัยชิ้นนี้เป็นส่วนหนึ่งของงานปริญญาโทของนางสาว ญาณิภา นตรกุล นักศึกษาปริญญาโท สาขาจิตวิทยา ให้ค่าปรึกษา คณะจิตวิทยา มหาวิทยาลัยอัสสัมชัญ การวิจัยนี้มีวัตถุประสงค์เพื่อหาความสัมพันธ์ระหว่างการมองโลกในแง่บวกหรือการมองโลกในแง่ลบและการรับมือกับปัญหาชีวิตที่ส่งผลต่อความพึงพอใจในชีวิตความสมัครใจของท่านที่จะร่วมในงานวิจัยนี้จะช่วยในการเพิ่มความเข้าใจเรื่องความสัมพันธ์ทั้งทางตรงและทางอ้อมระหว่างการมองโลกในแง่บวกและการมองโลกในแง่ลบ การรับมือกับปัญหาในชีวิตและความพึงพอใจในชีวิตโดยรวม

ทั้งนี้ทางคณะจิตวิทยา มหาวิทยาลัยอัสสัมชัญ

ได้ตรวจสอบและอนุญาตให้ผู้วิจัยดำเนินการวิจัยนี้ได้หากท่านมีคำถามเกี่ยวกับการกรอกแบบสอบถามหรืองานวิจัยโดยรวมท่านสามารถสอบถามได้ที่ผู้วิจัย นางสาว ญาณิภา นตรกุล โทร 0817337520 หรือ email y.hoontrakul@gmail.com

ขั้นตอนการวิจัย

เพื่อเข้าร่วมงานวิจัยนี้ท่านจะต้องเป็นคนไทยอายุ 18 ปีขึ้นไป

ในการเข้าร่วมงานวิจัยนี้ท่านจะต้องตอบชุดแบบสอบถามซึ่งจะใช้เวลาประมาณ 25 นาทีในการตอบ

- กรุณาอ่านข้อมูลด้านล่างนี้อย่างละเอียดก่อนเริ่มตอบแบบสอบถาม
- ท่านสมัครใจที่จะเข้าร่วมงานวิจัยนี้และสามารถยกเลิกหรือถอนตัวจากการกรอกแบบสอบถามได้ทุกเมื่อ
- กรุณาตอบคำถามให้ครบทุกข้อ แบบสอบถามที่ได้รับการตอบไม่ครบจะถือเป็นโมฆะ
- กรุณาตอบแบบสอบถามตามความเป็นจริงให้มากที่สุดและตรงกับความรู้สึกของท่านที่สุด

ไม่มีคำตอบที่ถูกหรือผิดในแบบสอบถาม

- เพื่อเป็นการปกปิดตัวตนของท่าน

ท่านไม่ต้องให้ข้อมูลส่วนตัวใดใดที่สามารถระบุตัวตนของท่านได้ เช่น ชื่อ หรือ ที่อยู่

และคำตอบของท่านจะถูกเก็บเป็นความลับ

- ท่านอาจจะมีอุปสรรคในการตอบคำถามบางข้อ

เนื่องจากการเข้าเรื่องของชีวิตและปัญหาของท่าน

แต่กรุณาตอบให้ตรงละดีที่สุดเท่าที่จะทำได้

- คำถามบางข้ออาจทำให้ท่านรู้สึกไม่สบายใจ เนื่องจากเป็นคำถามเกี่ยวกับทัศนคติหรือประสบการณ์ของท่าน

ทั้งนี้ข้อมูลทุกอย่างที่ท่านกรอกจะได้รับการเก็บเป็นความลับและไม่ถูกนำไปเผยแพร่ต่ออย่างเด็ดขาด

- เพื่อการปกปิดตัวตนของท่าน

กรุณาอย่าเขียนชื่อหรือสัญลักษณ์แสดงตัวตนของท่านลงในหน้าใดของแบบสอบถามที่ท่านได้รับ

การตอบแบบสอบถามและส่งกลับมายังผู้ทำการวิจัยจะถือว่าท่านได้ยินยอมในการเข้าร่วมวิจัยนี้โดยสมัครใจ

ข้าพเจ้าได้อ่านข้อความในใบยินยอมเข้าร่วมในงานวิจัยและเข้าใจเป็นอย่างดีแล้ว

ข้าพเจ้าสมัครใจที่จะเข้าร่วมในงานวิจัยนี้

ส่วนที่ 1 ข้อมูลส่วนตัว

1. อายุ _____
2. เพศ: _____ 1. ชาย _____ 2. หญิง
3. สถานะภาพสมรส _____ 1. แต่งงาน _____ 2. มีแฟน
 _____ 3. โสด _____ 4. หย่า
 _____ 5. หม้าย
4. อาชีพ _____
5. การศึกษา _____ 1. ประถมศึกษา _____ 2. มัธยมต้น
 _____ 3. ปวช./ ปวส _____ 4. มัธยมปลาย
 _____ 5. ปริญญาตรี _____ 6. ปริญญาโท
 _____ 7. ปริญญาเอก
6. รายได้ต่อเดือน: _____ 1. < 9,000 _____ 2. 9001- 14,000
 _____ 3. 14,001- 20,000 _____ 4. 20,001- 30,000
 _____ 5. 30,001- 50,000 _____ 6. 50,001- 100,000
 _____ 7. >100,000

ส่วนที่ 2 แบบทดสอบการมมองชีวิต

ขอให้ท่านตอบคำถามเกี่ยวกับตัวท่าน

โดยให้ท่านประเมินระดับความคิดเห็นต่อข้อคำถามโดยมีระดับวัดความคิดเห็นดังต่อไปนี้

0 หมายถึง ไม่เห็นด้วยมากที่สุด

1 หมายถึง ไม่เห็นด้วย

2 หมายถึง เฉยๆ ไม่ใช่ทั้งเห็นด้วยหรือไม่เห็นด้วย

3 หมายถึง เห็นด้วย

4 หมายถึง เห็นด้วยมากที่สุด

ขอให้ท่านตอบคำถามตามความรู้สึกที่แท้จริง

โดยคำตอบของแต่ละข้อไม่จำเป็นต้องมีความเกี่ยวเนื่องกัน คำถามทั้งหมดไม่มีคำตอบที่ถูกหรือผิด

- _____ 1. ในเวลาที่ไม่รู้ว่าอะไรจะเกิดขึ้น ฉันมักจะคาดหวัง ถึงผลลัพธ์ที่ดีที่สุด
- _____ 2. ฉันเป็นคนที่ผ่อนคลายได้ง่าย
- _____ 3. ฉันคิดว่าจะเกิดความผิดพลาดกับตัวเองเสมอ
- _____ 4. ฉันมักจะคิดบวกเสมอเมื่อนึกถึงอนาคตของตัวเอง
- _____ 5. ฉันมีความสุขมากกับเพื่อนๆ
- _____ 6. เป็นเรื่องสำคัญสำหรับฉันที่จะต้องทำอะไรทำอยู่ตลอด
- _____ 7. ฉันแทบไม่เคยฉันแทบไม่เคยคาดหวังว่าสิ่งต่างๆจะเป็นไปตามที่ฉันต้องการ
- _____ 8. ฉันไม่ใช่คนที่จะอารมณ์เสียได้ง่าย
- _____ 9. ฉันแทบจะไม่เคยคาดหวังว่าสิ่งดีดีจะเกิดขึ้นกับตัวเอง
- _____ 10. ในภาพรวมแล้ว ฉันคาดหวังว่าจะมีสิ่งดีเกิดขึ้นกับตัวฉันมากกว่าสิ่งที่ไม่ดี

ส่วนที่ 3 แบบวัดในการรับมือแก้ปัญหา

จุดประสงค์ของแบบสอบถามนี้

เพื่อที่จะได้ทราบถึงสถานการณ์ต่างๆที่ทำให้คนไม่สบายใจในชีวิตประจำวัน

และการรับมือต่อสถานการณ์นั้นๆ

ขอให้ท่านใช้เวลาสักครู่ในการนึกถึงเหตุการณ์หรือสถานการณ์ที่ทำให้ท่านเกิดความเครียดเป็นอย่างมากในช่วงเดือนที่ผ่านมา

ความเครียดในที่นี้หมายถึงเหตุการณ์ที่ทำให้ท่านรู้สึกไม่สบายใจ

อาจจะเป็นความรู้สึกผิดหรือเหนือที่ต้องรับมือกับเหตุการณ์นั้น

เหตุการณ์ดังกล่าวอาจจะเกี่ยวกับครอบครัว หรือโรงเรียน หรืองาน หรือเพื่อนก็ได้

ขอให้ท่านใช้เวลาสักครู่เพื่อนึกถึงเหตุการณ์ที่ท่านได้เขียนถึงก่อนหน้านี้

ในแต่ละหัวข้อต่อไปนี้ขอให้ท่านตอบโดยคำนึงถึงวิธีที่ท่านรับมือกับเหตุการณ์ดังกล่าว

1. ไม่เลย
2. เล็กน้อย
3. ปานกลาง
4. มาก
5. มากที่สุด

- _____ 1. ฉันตั้งใจคิดว่าจะต้องทำอะไรต่อไป
- _____ 2. ฉันพยายามเปลี่ยนมุมมอง เกี่ยวกับสถานการณ์ดังกล่าว
- _____ 3. ฉันหาวิธีระบายความโกรธ
- _____ 4. ฉันน้อมรับในความเห็นอกเห็นใจและความเข้าใจที่คนอื่นมีให้
- _____ 5. ฉันนอนหลับมากกว่าปกติ
- _____ 6. ฉันคาดหวังว่าปัญหาจะคลี่คลายด้วยตัวเอง

- _____ 7. ฉันบอกตัวเองว่าถ้าไม่ปล่อยปละละเลยเหตุการณ์แบบนี้คงไม่เกิดขึ้น
- _____ 8. ฉันพยายามที่จะเก็บความรู้สึกไว้ในใจโดยไม่ให้ใครรู้
- _____ 9. ฉันเปลี่ยนแปลงบางอย่างเพื่อให้สถานการณ์ดีขึ้น
- _____ 10. ฉันพยายามมองเหตุการณ์ในมุมบวก
- _____ 11. ฉันทำบางอย่างเพื่อให้ เรื่องนั้นออกไปจากจิตใจ
- _____ 12. ฉันได้พบกับคนที่เป็นผู้รับฟังที่ดี
- _____ 13. ฉันทำตัวปกติเหมือนไม่มีอะไรเกิดขึ้น
- _____ 14. ฉันหวังว่าปาฏิหาริย์จะเกิดขึ้น
- _____ 15. ฉันได้ตระหนักว่าฉันเป็นคนนำปัญหานี้มาสู่ตัวเอง
- _____ 16. ฉันใช้เวลาอยู่คนเดียวมากขึ้น
- _____ 17. ฉันยึดมั่นในจุดยืนและต่อสู้เพื่อให้ได้ในสิ่งที่ฉันต้องการ
- _____ 18. ฉันพูดปลอบใจตัวเองเพื่อที่จะได้รู้สึกดีขึ้น
- _____ 19. ฉันปลดปล่อยความรู้สึกออกมา
- _____ 20. ฉันระบายความรู้สึกของตัวเองให้คนอื่นฟัง
- _____ 21. ฉันพยายามลืมเหตุการณ์ทั้งหมด
- _____ 22. ฉันได้แต่หวังว่าไม่น่าไปข้องเกี่ยวกับเหตุการณ์นี้เลย
- _____ 23. ฉันโทษตัวเอง
- _____ 24. ฉันพยายามไม่เจอเพื่อนและครอบครัว
- _____ 25. ฉันวางแผนและทำตามแผนที่วางไว้
- _____ 26. ฉันมองเหตุการณ์จากอีกมุมมองหนึ่งและพยายามทำสิ่งที่ดีที่สุดเท่าที่จะทำได้
- _____ 27. ฉันปลดปล่อยความรู้สึกเพื่อลดความเครียด
- _____ 28. ฉันใช้เวลาอยู่กับคนที่ฉันชอบมากขึ้น

- _____ 29. ฉันพยายามไม่คิดมากและไม่ให้มันกระทบจิตใจมากนัก
- _____ 30. ฉันหวังว่าเหตุการณ์นี้จะผ่านพ้นไป หรือจบลง
- _____ 31. เรื่องราวที่เกิดขึ้นทำให้ฉันตำหนิตัวเอง
- _____ 32. ฉันหลีกเลี่ยงการอยู่กับผู้คน
- _____ 33. ฉันจัดการกับปัญหาโดยไม่ลังเล
- _____ 34. ฉันถามตัวเองว่าอะไรเป็นสิ่งที่สำคัญจริงๆ และค้นพบว่าสิ่งต่างๆ ไม่ได้เลวร้ายอย่างที่
คิด
- _____ 35. ฉันปล่อยวางความรู้สึกได้ ด้วยวิธีการบางอย่าง
- _____ 36. ฉันได้พูดคุยกับคนที่สนิทมาก
- _____ 37. ฉันตัดสินใจว่านี่คือปัญหาของคนอื่นไม่ใช่ของฉัน
- _____ 38. ฉันหวังให้เหตุการณ์นี้ไม่เกิดขึ้นเลยตั้งแต่ต้น
- _____ 39. เนื่องจากสิ่งที่เกิดขึ้นเป็นความผิดของฉันฉันตำหนิตัวเองเป็นอย่างมาก
- _____ 40. ฉันไม่ได้คุยกับใครถึงปัญหานี้เลย
- _____ 41. ฉันรู้ว่าฉันต้องทำอะไรให้เหตุการณ์คลี่คลายฉันจึงตั้งใจมากขึ้นและพยายามมากขึ้น
เพื่อให้มันดีขึ้น
- _____ 42. ฉันบอกกับตัวเองว่าสิ่งต่างๆ มันไม่ได้แย่อย่างที่คิด
- _____ 43. ฉันปลดปล่อยความรู้สึกของตัวเอง
- _____ 44. ฉันให้เพื่อนๆ ช่วยเหลือ
- _____ 45. ฉันหลีกเลี่ยงคนที่เป็นผู้ก่อปัญหา
- _____ 46. ฉันวาดฝันว่าเหตุการณ์จะจบลงอย่างไร
- _____ 47. ฉันรับผิดชอบว่าฉันคือเหตุผลของความยากลำบากนี้และฉันก็ตำหนิตัวเองเป็นอย่าง
มาก

- _____ 48. ฉันใช้เวลาบางส่วนโดยลำพัง
- _____ 49. มันเป็นปัญหาที่ค่อนข้างจะแก้ยากฉันจึงต้องแก้ไขด้วยหลากหลายวิธีการทุกอย่างถึงจะคลี่คลาย
- _____ 50. ฉันต้องก้าวออกมาจากเหตุการณ์เพื่อจะได้มีมุมมองต่างๆที่กว้างขึ้น
- _____ 51. ความรู้สึกของฉันมันล้นจนระเบิดออกมา
- _____ 52. ฉันขอคำแนะนำจากเพื่อนหรือญาติที่เคารพ
- _____ 53. ฉันทำเหมือนเหตุการณ์นี้เป็นเรื่องเล็กๆและไม่ยอมที่จะจริงจังกับมัน
- _____ 54. ฉันหวังว่าถ้าฉันรอนานอีกหน่อยสิ่งต่างๆจะคลี่คลายด้วยตัวเอง
- _____ 55. ฉันตำหนิตัวเองที่ทำให้เรื่องนี้เกิดขึ้น
- _____ 56. ฉันเก็บความคิดและความรู้สึกไว้คนเดียว
- _____ 57. ฉันตั้งใจที่จะแก้ไขปัญหาให้ได้ในเหตุการณ์นี้
- _____ 58. ฉันเรียบเรียงความคิดและมุมมองใหม่เพื่อที่จะทำให้สถานการณ์ไม่เลวร้ายอย่างที่เห็น
- _____ 59. ฉันตั้งสติที่จะเข้าใจความรู้สึกตัวเองและปลดปล่อยความรู้สึกพวกนั้นออกมา
- _____ 60. ฉันใช้เวลาบางส่วนกับเพื่อนๆ
- _____ 61. ฉันจะอารมณ์เสียทุกครั้งทีนึกถึงเหตุการณ์นี้ฉันก็เลยเลิกนึกถึงมัน
- _____ 62. ฉันหวังว่าฉันจะเปลี่ยนเหตุการณ์ที่เกิดขึ้นได้
- _____ 63. เรื่องนี้เกิดเพราะความผิดพลาดของฉันทันทีจึงสมควรที่จะรับผลกรรมที่ตามมา
- _____ 64. ฉันไม่ได้บอกรับหรือเพื่อนเลยเกี่ยวกับเหตุการณ์ที่เกิดขึ้น
- _____ 65. ฉันแก้ปัญหาด้วยความยากลำบาก
- _____ 66. ฉันวกไปวนมากับการแก้ปัญหาฉันเห็นสิ่งต่างๆในอีกแง่มุมมองหนึ่ง
- _____ 67. ในตอนนั้นฉันโกรธและควบคุมอารมณ์ไม่อยู่
- _____ 68. ฉันได้คุยกับคนที่ อยู่ในสถานการณ์คล้ายๆกัน

- _____ 69. กับสถานการณ์ที่เกิดขึ้นฉันพยายามไม่คิดและไม่ทำอะไรเลย
- _____ 70. ฉันพยายามนึกถึงแต่เรื่องดีๆ เรื่องเพื่อฝันที่ทำให้ฉันรู้สึกดีขึ้น
- _____ 71. ฉันบอกกับตัวเองว่าฉันนี้โง่เหลือเกิน
- _____ 72. ฉันเก็บความรู้สึกไว้คนเดียว ไม่ได้บอกใครเลย



ส่วนที่ 4 แบบวัดความพึงพอใจในชีวิต

ขอให้ท่านพิจารณาข้อความด้านล่างทั้ง

5 ข้อ ท่านอาจจะเห็นด้วยหรือไม่เห็นด้วย โดยให้ขอท่านประเมินระดับความคิดเห็นต่อข้อความดังกล่าว ด้วยการระบุหมายเลขของคำตอบจาก 1 - 7 ลงในช่องว่างหน้าข้อความทั้ง

5 ข้อ ข้อคำถามดังกล่าวไม่มีถูกหรือผิดเป็นเพียงการประเมินความคิดเห็นที่มีต่อสถานการณ์ของท่านเท่านั้น

7 หมายถึง เห็นด้วยมากที่สุด

6 หมายถึง เห็นด้วย

5 หมายถึง ค่อนข้างเห็นด้วย

4 หมายถึง เฉยๆ ไม่ใช่ทั้งเห็นด้วยหรือไม่เห็นด้วย

3 หมายถึง ค่อนข้างไม่เห็นด้วย

2 หมายถึง ไม่เห็นด้วย

1 หมายถึง ไม่เห็นด้วยมากที่สุด

_____ 1. โดยภาพรวมแล้วชีวิตของฉันใกล้เคียงกับอุดมคติที่ฉันนึกฝันไว้

_____ 2. สภาพชีวิตต่างๆ ของฉันดีมาก

_____ 3. ฉันมีความพึงพอใจในชีวิตที่เป็นอยู่

_____ 4. จวบจนกระทั่งปัจจุบันนี้ฉันได้รับสิ่งที่สำคัญตามที่ฉันต้องการในชีวิตแล้ว

_____ 5. ถ้าฉันสามารถย้อนเวลากลับไปยังชีวิตในอดีตที่ผ่านมาได้ ฉันก็แทบจะไม่อยากแก้ไข

อะไรมันเลย

Appendix C

Demographic Profile of Respondents

Descriptive Statistics						
	Age	Gender	Marital Status	Education	Income	
N Valid	204	204	204	204	204	
Missing	0	0	0	0	0	
Mean	39.7	1.6	2.1	4.2	3.7	
Median	36.0	2.0	2.0	5.0	3.0	
Std. Deviation	12.6	0.5	1.1	1.5	1.8	
Range	62	1	4	6	6	
Minimum	19	1	1	1	1	
Maximum	81	2	5	7	7	



Frequency Table

Age of Participants				
	Frequency	Percent	Valid Percent	Cumulative Percent
19	2	1.0	1.0	1.0
20	2	1.0	1.0	2.0
21	3	1.5	1.5	3.4
22	2	1.0	1.0	4.4
23	5	2.5	2.5	6.9
25	3	1.5	1.5	8.3
26	8	3.9	3.9	12.3
27	3	1.5	1.5	13.7
28	7	3.4	3.4	17.2
29	8	3.9	3.9	21.1
30	11	5.4	5.4	26.5
31	7	3.4	3.4	29.9
32	8	3.9	3.9	33.8
33	11	5.4	5.4	39.2
34	4	2.0	2.0	41.2
35	7	3.4	3.4	44.6
36	13	6.4	6.4	51.0
38	12	5.9	5.9	56.9
39	6	2.9	2.9	59.8
40	4	2.0	2.0	61.8
41	6	2.9	2.9	64.7
42	4	2.0	2.0	66.7
43	3	1.5	1.5	68.1
44	7	3.4	3.4	71.6
45	1	0.5	0.5	72.1
46	3	1.5	1.5	73.5
47	1	0.5	0.5	74.0
48	2	1.0	1.0	75.0
49	4	2.0	2.0	77.0
50	1	0.5	0.5	77.5
51	3	1.5	1.5	78.9
52	2	1.0	1.0	79.9
53	6	2.9	2.9	82.8
55	4	2.0	2.0	84.8
56	2	1.0	1.0	85.8
57	2	1.0	1.0	86.8
58	4	2.0	2.0	88.7
59	1	0.5	0.5	89.2
60	3	1.5	1.5	90.7
61	1	0.5	0.5	91.2
62	5	2.5	2.5	93.6
63	8	3.9	3.9	97.5
64	1	0.5	0.5	98.0
66	1	0.5	0.5	98.5
68	1	0.5	0.5	99.0
69	1	0.5	0.5	99.5
81	1	0.5	0.5	100.0
Total	204	100	100	-

Gender of Participants

	Frequency	Percent	Valid Percent	Cumulative Percent
Male	81	39.7	39.7	39.7
Female	123	60.3	60.3	100
Total	204	100	100	-

Marital Status of Participants

	Frequency	Percent	Valid Percent	Cumulative Percent
Married	76	37.3	37.3	37.3
In a relationship	47	23.0	23.0	60.3
Single	61	29.9	29.9	90.2
Divorced	15	7.4	7.4	97.5
Widow	5	2.5	2.5	100.0
Total	204	100	100	-

Education of Participants

	Frequency	Percent	Valid Percent	Cumulative Percent
Elementary School	12	5.9	5.9	5.9
Middle School	28	13.7	13.7	19.6
Technical certificate	22	10.8	10.8	30.4
High School	30	14.7	14.7	45.1
Bachelor's Degree	79	38.7	38.7	83.8
Master's Degree	29	14.2	14.2	98.0
Doctoral Degree	4	2.0	2.0	100.0
Total	204	100	100	-

Income of Participants

	Frequency	Percent	Valid Percent	Cumulative Percent
<9,000	14	6.9	6.9	6.9
9001- 14,000	56	27.5	27.5	34.3
14,001- 20,000	44	21.6	21.6	55.9
20,001- 30,000	18	8.8	8.8	64.7
30,001- 50,000	29	14.2	14.2	78.9
50,001- 100,000	30	14.7	14.7	93.6
100000	13	6.4	6.4	100.0
Total	204	100	100	-

Appendix D

Analysis Output – Reliability Analysis

Scale: Life Orientation

Case Processing Summary			
		N	%
Cases	Valid	204	100.0
	Excluded ^a	0	.0
	Total	204	100.0

a. List-wise deletion based on all variables in the procedure.

Reliability Statistics	
Cronbach's Alpha	N of Items
.716	6

Item-Total Statistics				
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
LOT1	17.6471	6.289	.398	.719
LOT3	17.7304	6.090	.326	.708
LOT4	17.0000	6.690	.342	.698
LOT7	17.7941	6.967	.370	.688
LOT9	17.3971	6.999	.394	.672
LOT10	16.8431	6.162	.360	.715

Reliability

Scale: Life Satisfaction**Case Processing Summary**

		N	%
Cases	Valid	204	100.0
	Excluded ^a	0	.0
	Total	204	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.786	5

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
LS1	14.1667	20.445	.507	.764
LS2	14.4020	19.010	.670	.718
LS3	14.8088	18.894	.640	.724
LS4	14.1471	17.377	.668	.710
LS5	13.2598	18.311	.414	.815

Reliability

Scale: Engaged Coping

Case Processing Summary

		N	%
Cases	Valid	204	100.0
	Excluded ^a	0	.0
	Total	204	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.902	25

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
CP1	79.8775	156.630	.498	.899
CP9	80.0343	154.575	.519	.898
CP17	79.9657	157.974	.389	.901
CP25	80.1520	156.602	.421	.900
CP33	80.1324	157.357	.406	.901
CP41	79.8627	155.725	.513	.898
CP49	80.2157	156.062	.482	.899
CP57	79.9461	154.938	.551	.898
CP2	80.1618	153.476	.572	.897
CP10	79.8186	155.735	.514	.898
CP18	80.1814	152.514	.510	.899
CP26	79.7402	156.341	.529	.898
CP34	80.0049	157.581	.444	.900
CP42	79.9559	155.294	.494	.899
CP50	80.0539	152.416	.623	.896
CP58	79.9902	154.394	.616	.897
CP66	80.6324	157.682	.357	.902
CP3	80.7108	152.029	.495	.899
CP11	80.1618	150.895	.576	.897
CP19	80.6667	156.755	.398	.901
CP27	80.2598	152.262	.583	.897
CP35	80.2451	155.772	.455	.900
CP43	80.3578	151.837	.622	.896
CP51	81.0000	157.862	.322	.903
CP59	80.2255	155.417	.540	.898

Scale: Disengaged Coping**Case Processing Summary**

		N	%
Cases	Valid	204	100.0
	Excluded ^a	0	.0
	Total	204	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.867	17

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
CP21	44.6716	104.369	.465	.861
CP14	44.8627	106.464	.317	.869
CP22	44.6961	102.567	.542	.857
CP30	43.8039	109.617	.329	.866
CP38	44.5490	107.126	.330	.867
CP46	44.5098	106.842	.406	.863
CP54	44.6618	109.585	.283	.868
CP62	44.4559	106.939	.404	.863
CP7	44.3529	104.505	.456	.861
CP15	44.9510	102.796	.563	.857
CP23	45.1225	101.448	.618	.854
CP31	44.9412	102.016	.653	.853
CP39	44.9167	102.018	.591	.855
CP47	44.9755	100.743	.681	.852
CP55	45.0441	99.136	.719	.849
CP63	44.7647	102.654	.523	.858
CP71	45.3480	104.691	.470	.861

RELIABILITY

/VARIABLES=CP21 CP14 CP22 CP30 CP38 CP46 CP62 CP7 CP15 CP23 CP31 CP39 CP47
CP55 CP63 CP71
/SCALE('DC') ALL
/MODEL=ALPHA
/SUMMARY=TOTAL.



Appendix E

Means and Standard Deviations of Key Variables

Means

Report				
	Life Satisfaction	Engaged Coping	Disengaged Coping	Optimism
Mean	4.4608	3.2751	2.6501	3.4804
N	204	204	204	204
Std. Deviation	1.05636	.48839	.44346	.46485

MEANS TABLES=lifesatisfaction EngagedCoping DISEngagedCoping Optimismnew BY Gender
/CELLS=MEAN COUNT STDDEV.

Means and Standard Deviations

Report					
Gender		Life Satisfaction	Engaged Coping	DisEngaged Coping	Optimism
1.00	Mean	4.3683	3.2221	2.6043	3.5264
	N	82	82	82	82
	Std. Deviation	1.00932	.41314	.48207	.41032
2.00	Mean	4.5230	3.3107	2.6808	3.4495
	N	122	122	122	122
	Std. Deviation	1.08649	.53172	.41473	.49742
Total	Mean	4.4608	3.2751	2.6501	3.4804
	N	204	204	204	204
	Std. Deviation	1.05636	.48839	.44346	.46485

Appendix F

Path Analysis via Multiple Regression

Regression

Dependent Variable: Life Satisfaction

Variables Entered/Removed^a

Model	Variables Entered	Variables Removed	Method
1	Optimism, DisEngaged Coping, Engaged Coping ^b		Enter

a. Dependent Variable: Life Satisfaction

b. All requested variables entered.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.302 ^a	.091	.078	1.01455

a. Predictors: (Constant), Optimism, DisEngaged Coping, Engaged Coping

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	20.664	3	6.888	6.692	.000 ^b
	Residual	205.862	200	1.029		
	Total	226.526	203			

a. Dependent Variable: Life Satisfaction

b. Predictors: (Constant), Optimism, DisEngaged Coping, Engaged Coping

Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	4.645	.708		6.558	.000
Engaged Coping	.474	.156	.219	3.040	.003
DisEngaged Coping	-.683	.169	-.287	-4.035	.000
Optimism	.021	.157	.009	.134	.894

a. Dependent Variable: Life Satisfaction

REGRESSION

/MISSING LISTWISE

/STATISTICS COEFF OUTS R ANOVA

/CRITERIA=PIN(.05) POUT(.10)

/NOORIGIN

/DEPENDENT EngagedCoping

/METHOD=ENTER Optimismnew.

Regression

Dependent Variable: Engaged Coping

Variables Entered/Removed^a

Model	Variables Entered	Variables Removed	Method
1	Optimism ^b		Enter

a. Dependent Variable: Engaged Coping

b. All requested variables entered.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.204 ^a	.042	.037	.47932

a. Predictors: (Constant), Optimism

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.011	1	2.011	8.755	.003 ^b
	Residual	46.410	202	.230		
	Total	48.421	203			

a. Dependent Variable: Engaged Coping

b. Predictors: (Constant), Optimism

Coefficients ^a					
Model		Unstandardized Coefficients		Standardized Coefficients	Sig.
		B	Std. Error	Beta	
1	(Constant)	2.530	.254		.000
	Optimism	.214	.072	.204	.003

a. Dependent Variable: Engaged Coping

REGRESSION
 /MISSING LISTWISE
 /STATISTICS COEFF OUTS R ANOVA
 /CRITERIA=PIN(.05) POUT(.10)
 /NOORIGIN
 /DEPENDENT DisEngagedCoping
 /METHOD=ENTER Optimismnew.

Regression

Dependent Variable: Disengaged Coping

Variables Entered/Removed^a

Model	Variables Entered	Variables Removed	Method
1	Optimism ^b	.	Enter

a. Dependent Variable: DisEngaged Coping

b. All requested variables entered.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.117 ^a	.014	.009	.44153

a. Predictors: (Constant), Optimism

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.542	1	.542	2.782	.097 ^b
	Residual	39.380	202	.195		
	Total	39.922	203			

a. Dependent Variable: DisEngaged Coping

b. Predictors: (Constant), Optimism

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.263	.234		9.668	.000
	Optimism	.111	.067	.117	1.668	.097

a. Dependent Variable: Disengaged Coping

