

Identity Crises in Love and at Work: Dispositional Optimism as a Durable Personal Resource

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Crises in intimate relationships and at work are highly stressful situations in which self-understandings are threatened due to basic changes in one's life situation. Although self-esteem may be useful for weathering crises, I introduce dispositional optimism as a psychological resource that may help maintain self-esteem and, more importantly, enhance coping because it tends to be activated, not depleted, by personal crises. Results based on the 2004 General Social Survey (GSS) demonstrated that dispositional optimism was associated with higher levels of self-esteem and self-rated health; its effect on these outcomes intensified (rather than diminished) around the time of relationship crises, and was stronger for women than for men. Optimism was more vital to self-rated health than self-esteem during either type of crisis, suggesting it may be a uniquely durable psychological resource in coping with crises.

BACKGROUND

Divorce or separation and involuntary job loss are frequently experienced in the contemporary United States (Amato 2010; Kalleberg 2009). From a self and identity perspective, these events may be defined as crises, or situations in which meanings and beliefs attached to the self are disconfirmed due to impending or anticipated changes in social status (Burke and Stets 2009). To

weather crises, individuals draw upon psychological resources such self-esteem and mastery. However, as Pearlin, Menaghan, Lieberman and Mullan (1981) have noted, stress may lead to diminishment of self and thus to diminishment of certain psychological resources based in the self-concept.

In this study, I introduce and examine dispositional optimism as a durable psychological resource. Although previous investigations of optimism have highlighted its link to social network formation, attainment, and delinquency outcomes (e.g., Andersson 2012; Hitlin and Elder 2007; Kao and Thompson 2003), dispositional optimism has yet to be investigated within the context of the identity stress process. Dispositional optimism is defined as a stable expectation that good things will happen across a variety of complex life situations (Carver, Scheier and Segerstrom 2010). Expecting good things to happen is linked to directing attention to positive features of difficult situations and to coping effectively even despite anxiety and physiological distress (Carver et al. 2010; Scheier, Carver and Bridges 1994). While self-based psychological resources such as self-esteem and mastery are volatile in the face of social stress and thus do not consistently support effective coping (Cast and Burke 2002), dispositional optimism is anchored in general expectancies rather than self-beliefs and thus should be more durable.

In prior research, dispositional optimism has been found to enhance coping and health above and beyond self-esteem, emotional stability, and other psychological resources (Carver et al. 2010; Solberg Nes and Segerstrom 2006). Despite this, some research has found that the efficacy of optimism differs according to demographic group, stressor, and/or indicator of psychological or physical well-being (Rasmussen, Scheier and Greenhouse 2009). Therefore, I specifically examine how optimism may shape relationship and work crisis outcomes.

This paper has two aims. First, I assess the extent to which optimism contributes to the maintenance of psychological resources that are less stable (i.e., self-esteem), both generally and among those who have recently suffered a crisis. Second, I evaluate the extent to which optimism and self-esteem affect perceived health status. Across both of these aims, I differentiate the effects of dispositional optimism by crisis domain (relationship versus work) and gender.

The Stress Process: Regulating Identities in Love and at Work

Identity standards are meanings that are assigned to the self in the performance of a given role. For instance, when acting as a spouse, one may see oneself as traditionally masculine or feminine or as responsible for providing emotional support, humor, or income or for undertaking tasks such as shopping or doing yard work (Burke and Stets 2009:226). At work, one may see oneself as possessing a certain level of skill and performance ability and as trying to uphold various habits and qualities that are characteristic of one's occupation (Burke and Stets 2009; Stets and Harrod 2004).

For crises in intimate relationships and at work, distress is likely to be very high because intimate and work-related roles tend to be highly salient within an individual's hierarchy of roles (Burke and Stets 2009; Stryker 1980). Meanwhile, these roles tend to be highly organized because they incorporate fine, specific skills that are distinctive to getting along with cherished individuals or negotiating specialized work environments, making readjustment quite difficult. To the extent that identity confirmation is disrupted, distress and a lowered sense of self-esteem and mastery ensue (e.g., Cast and Burke 2002, Stets and Cast 2007).

Furthermore, health is bound to suffer, for a number of reasons. Negative emotion and distress, especially strong emotions like anger, depression, and anxiety, incite inflammatory responses that accelerate the disease process (Suls and Bunde 2005). In addition, distress lessens available cognitive resources, leading to engagement in poor health behaviors such as overeating or substance abuse (Baumeister, Vohs and Tice 2007). Meanwhile, distress renders meaningful social interaction more difficult, which leads to the weakening of existing social support systems that indirectly bolster mental and physical health (Umberson, Crosnoe and Reczek 2010). Thus, I treat health as a comprehensive, ultimate outcome of the identity stress process. Meanwhile, following prior research, I treat self-esteem as an intermediate outcome (see Figure 1).

Hypothesis 1 (Main Effect of Crises). Relationship- and work-related crises will be negatively related to self-esteem and health.

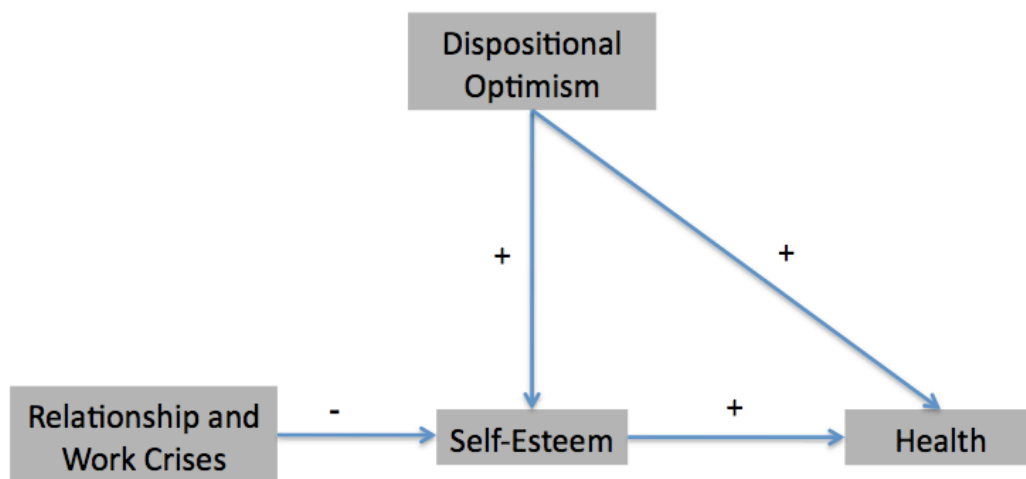


Figure 1. Conceptual Diagram of the Identity Stress Process.

Note: The “+” and “-” refer to hypothesized relationships among crises, psychological resources and health. In this article, self-esteem is treated as a dependent variable in models of identity confirmation and as an independent variable in models of self-rated health.

Psychological Resources: Self-Esteem and Optimism

Although self-esteem and dispositional optimism both may buffer stress and both are linked to positive emotion (Judge 2009; Segerstrom and Sephton 2010), they hold different ramifications for crisis outcomes. In particular, whereas self-esteem may deplete in response to identity stress, dispositional optimism refers to stable positive expectations that are not anchored in feelings about the self or its social situation (Carver et al. 2010).

Although many definitions exist (Swann, Chang-Schneider and McClarty 2007), self-esteem is typically defined as a “positive evaluation of the self” (Cast and Burke 2002:1042) that is contingent on others’ evaluations and situational outcomes. Viewing the self favorably is an identity resource because positive self-views make it more likely that ensuing interactions go favorably (i.e., support meanings associated with the self; Stets and Cast 2007). Although self-esteem may remain stable across time, such stability is likely to depend on an interpersonal “opportunity structure” (Swann 1983:36) within which self-meanings can reliably be verified. That is, self-esteem has been shown to fluctuate considerably due to psychosocial processes such as belongingness and social acceptance (Leary 2007).

In contrast, dispositional optimism denotes stable and positive general outcome expectancies that are largely independent of self- and relationship-based processes (Carver et al. 2010; Solberg Nes and Segerstrom 2006). Previous research mostly suggests that self-esteem fluctuates in response to relationship and work crises whereas optimism does not. Assad, Donnellan and Conger (2007) find that optimism continues to operate independently even in intimate relationships and that, in contrast to more dynamic personal resources such as self-

esteem, is not volatile in the face of relationship setbacks (see also Neyer and Asendorpf 2001). Optimism also may be important to persistence during work crises. Kaniel, Massey and Robinson (2010) have recently found using longitudinal data that dispositional optimists, relative to pessimists, spend less time searching for jobs, receive offers more quickly, and are more likely to be promoted once hired. Segerstrom (2007) similarly found an association between dispositional optimism and financial success.

In summary, although situational importance is shaped by self-related information such as personal goals and identities important to the self, optimism underlies engaged coping regardless of self-relevant feedback. Put differently, optimism motivates persistence within situations that matter to the self without being depleted by feelings or attitudes towards the self (Carver et al. 2010). Engagement during threatening life situations among optimists is likely to be facilitated by multiple pathways, including buffered reactivity to social stressors (Terrell, Ruiz and Garofalo 2010), heightened attentional bias for positive stimuli (Segerstrom 2001), perceived social support (Srivastava et al. 2006), and by health-protective behaviors and lowered physical symptoms (Rasmussen et al. 2009).

Hypothesis 2 (Main Effect of Optimism). Dispositional optimism will be positively associated with self-esteem and health.

Carrying this logic further, previous research suggests that dispositional optimism may serve as a psychological resource in the identity stress process via two key pathways. First, its importance to identity verification and health processes should *intensify* due to engaged coping styles that are activated by identity stressors and that involve attending productively to negative information and emphasizing positive information. Second,

relative to self-esteem, optimism should be *durable*: that is, it should make stronger and more consistent contributions to health processes because it is activated, not depleted, by crises.

Hypothesis 3 (Intensification of Optimism). Dispositional optimism will lessen the negative association between relationship and work-related crises and levels of self-esteem and health. (That is, crises will increase the positive association between optimism and levels of self-esteem and health.)

Hypothesis 4 (Durability of Optimism). Dispositional optimism will be positively associated with health around the time of relationship and work crises, whereas self-esteem will not be associated with health.

Demographic Variables and Stress Process Outcomes

Studies on identity stress posit that lower-status individuals (e.g., women relative to men) are less likely to experience confirmation of their identities during interaction (Cast et al. 1999; Stets and Harrod 2004) and thus should benefit more from psychological resources. Although women should benefit more from dispositional optimism than men, men and women report equivalent levels of dispositional optimism (Scheier et al. 1994; Vollmann et al. 2011). Moreover, Thoits (1995) overviews research indicating that women may be more susceptible than men to negative outcomes in the wake of network events (including relationship troubles) whereas men are more susceptible than women to work-related stressors.

Hypothesis 5 (Gendered Benefits). Women will glean larger increases in self-esteem and health from optimism than will men.

Hypothesis 6 (Gendered Crises). Women will exhibit larger decreases in self-esteem and health from relationship crises than will men, whereas men will exhibit larger decreases in these same outcomes from work-related crises than will women.

Hypothesis 7 (Gendered Benefits and Crises). The effects of dispositional optimism on self-esteem and health will be strongest when women experience crises in relationships and when men experience crises in work.

To ensure that the calculated effects of crises on self-esteem and health are not due to other factors, a variety of control variables are necessary. For instance, younger, less educated, and minority individuals are less enabled in the maintenance of their spousal/partner and worker identities (Stets and Harrod 2004). Therefore, it is important to control for these demographic factors in models of the identity stress process. Further, it is important to control for the presence of young children, as childraising has been shown to diminish parental well-being and to conflict with relationship and/or work roles (Umberson, Pudrovska and Reczek 2010).

Method

To examine the role of dispositional optimism in the identity stress process, I utilize the 2004 General Social Survey (GSS; Davis, Smith and Marsden 2008). The GSS is a broad assessment of the social attitudes and behaviors of the non-institutionalized, English-speaking U.S. population age 18 and over, based on a random sample of households.

Outcomes

Self-rated health (Comprehensive outcome). To assess health, I utilize a four-category measure of self-rated health (“Would you say your own health, in general, is excellent, good,

fair, or poor?"). While this is a subjective measure, it correlates highly with more objective measures of health status and morbidity (Grol-Prokopczyk, Freese and Hauser 2011).

Self-esteem (Intermediate outcome). Some respondents completed a partial version of Rosenberg's (1965) self-esteem scale. Statements were "On the whole, I am satisfied with myself," "I feel that I'm a person of worth, at least equal to others," "All in all, I am inclined to feel I'm a failure," "I wish I could have more respect for myself," and "At times I think I'm no good at all" (1 = strongly agree, 2 = agree, 3 = disagree, 4 = strongly disagree; alpha = .71). I reverse-coded responses as necessary so that higher values denoted higher levels of self-esteem.

Crises and Optimism

Love and work crises. To score the presence of a relationship-oriented crisis during the previous year, I noted whether the respondent had "serious trouble with your husband/wife/partner," "separate(d) from your husband/wife/partner," or "obtain(ed) a divorce or separation" during the previous twelve months (0 = no crisis, 1 = presence of crisis). To score the presence of a work-oriented crisis, I noted whether the respondent had been "fired or permanently laid off," "demoted or switched to a less favorable position," "passed over for a promotion," or had "serious trouble" with their boss within the previous year (0 = no crisis, 1 = presence of crisis).

Dispositional optimism. Some respondents completed a partial version of the Life Orientation Test-Revised, which is routinely used to measure dispositional optimism (Carver et al. 2010). Items included "I'm always optimistic about my future," "I hardly ever expect things to go my way," "Overall, I expect more good things to happen to me than bad," and "I rarely count on good things happening to me" (1 = strongly agree, 2 =

agree, 3 = disagree, 4 = strongly disagree; alpha = .62; Kivimäki et al. 2005). As for self-esteem, I reverse-scored items so that higher values denoted higher levels of optimism.

Control Variables

Emotional stability. Emotional stability refers to low trait levels of moodiness and anxiety. It is important to control for emotional stability to ensure that optimism's effects are calculated above and beyond a lack of negative emotion (Carver et al. 2010). As part of the module assessing self-esteem, respondents rated themselves as "A person who often feels sad and blue" (1 = a very good description, 2 = a good description, 3 = a fair description, 4 = not a very good description, 5 = not a good description at all). Because very few respondents elected categories 1-3, I entered emotional stability into models as an indicator (referring to those with a self-reported lack of trait sadness ["5"]; 36.2% of sample).

Sociodemographic variables. Age (in years) at interview ranged from 18 to 89. Education (in years) ranged from 0 to 20 or more. Sex was measured as male (0) or female (1). Race was measured in a three-category format (White, Black, Other). For marital status, I noted whether the respondent was currently married at the time of the interview. Income was measured on a 23-point self-reported scale of ordered brackets. These brackets ranged in designation from "Under \$1,000" to "\$110,000 or over" and ranged in width from \$1,000 to \$15,000. For analyses, I recoded this variable into a continuous measure by substituting bracket midpoints. The presence of children was measured as the respondent's self-reported number of children.

Results

Descriptive statistics for self-rated health, psychological resources, personal crises and demographic control variables are presented in Table 1.

Table 1. Survey-weighted Descriptive Statistics for Indices and Demographic Variables

| | Percentage | M | SD |
|----------------------------------|------------|----------|----------|
| Self-rated health (1-4) | | 3.2 | 0.7 |
| Self-esteem (5-20) | | 16.5 | 2.5 |
| Dispositional optimism (4-16) | | 12.2 | 2.0 |
| Emotional stability (1-5) | | 4.2 | 0.8 |
| Relationship crisis ^a | 12.0 | | |
| Work crisis ^a | 11.2 | | |
| Education | | 14.2 | 2.7 |
| Age | | 41.2 | 13.3 |
| Income | | 38,261.6 | 29,520.3 |
| Number of children | | 1.5 | 1.5 |
| Female | 46.9 | | |
| Black | 12.9 | | |
| Other Race | 7.8 | | |
| Married | 55.4 | | |

Note: N = 710.

^aCrisis prevalence rates are based on an analytic subsample (N = 453).

Outcome measures (self-esteem and self-rated health) had considerably high means but substantial variation. Relationship crises were reported by 12.0% of the weighted analytic sample and work crises by 11.2% of the sample ($n_s = 52$ and 49 , respectively). Men and women were equally likely to report either type of crisis.

Hypothesis 1 (main effect of crises) predicted that relationship- and work-related crises would be negatively related to self-esteem and self-rated health. In support of this hypothesis, relationship crises were negatively associated with self-esteem and health net of control

variables. Similarly, work crises were linked to lower levels of self-esteem. However, they were not linked to lower levels of health. In sum, then, Hypothesis 1 mostly received support.

Hypothesis 6 (gendered crises) qualified the general argument of Hypothesis 1, stating that women would exhibit larger decreases in self-esteem and health from relationship crises than would men, whereas men would exhibit larger decreases in these same outcomes from work-related crises than would women. Gender-specific results supported only the especially adverse effect of relationship crises on self-esteem for women; all other combinations did not reach significance. Thus, Hypothesis 6 received only weak support.

According to Hypothesis 2 (main effect of optimism), dispositional optimism should be positively associated with self-esteem and health. Indeed, optimism significantly predicted higher levels of self-esteem as well as higher levels of health net of control variables. Hypothesis 5 (gendered benefits) qualified this general claim by predicting that women in particular would glean larger increases in self-esteem and health from optimism than would men. Indeed, gender-specific models supported this hypothesis. Next, Hypothesis 3 (intensification of optimism) predicted that crises would intensify or increase the positive association between optimism and levels of self-esteem and health. Indeed, optimism's effects on self-esteem and health were both stronger with the presence of a relationship crisis. However, no intensification emerged for work crises. Thus Hypothesis 3 received only partial support.

Hypothesis 4 (durability of optimism) held that optimism, because it is durable, would be positively associated with health around the time of relationship and work crises, whereas self-esteem, because it is more volatile, would not be associated with health. In support of this argument, optimism contributed more positively to health around relationship crises whereas

self-esteem did not. For work crises, optimism showed a significant main effect on health whereas self-esteem did not. Thus, Hypothesis 4 received overall support.

Finally, Hypothesis 7 (gendered benefits and crises) posited that the effects of optimism on self-esteem and health would be strongest when women experienced relationship crises and when men experienced work crises. Models showed that the association between optimism and self-esteem is especially pronounced among women who reported relationship crises. However, this same pattern did not hold for health. Expected patterns for men experiencing work crises did not emerge. Thus Hypothesis 7 received only limited support.

Discussion

Dispositional optimism is relatively independent of the situation and of the self. As such it is activated, rather than depleted, by identity stress situations. Findings provided strong support for the general role of optimism in maintaining self-esteem and health amid crises in love and at work. However, analyses revealed the differing importance of optimism depending on crisis type, gender, and the interaction between these two social contexts. For instance, results suggested that dispositional optimism may be more important to the psychological and physical well-being of women than that of men. Among women, dispositional optimism may motivate cooperative and persistent action despite structural disadvantages.

Crises generally negatively affected self-esteem and health, which is consistent with the claim that crises are social situations characterized by high levels of identity-relevant stress. This is not to dismiss the possibility that crises may ultimately be beneficial rather than detrimental under some life circumstances (e.g., Wheaton and Reid 2008). However, seemingly

unproblematic role exits may still entail increases in distress. Meanwhile, role negotiation and accumulation are core factors in personal adjustment, making psychological resources such as dispositional optimism important to identity maintenance and accumulation even in more ordinary circumstances.

Work crises did not negatively impact health. This could be due to competing beneficial processes of role exit and negotiation, or to the fact that stress at work is offset by identity accumulation in other domains. Previous research finds that unemployment in particular is detrimental to health outcomes. Within the current sample, unemployment was only one of the several work-related crises examined, which could help explain why a negative health effect did not emerge. Due to the fact that crises lessen psychological resources that are based in the self-concept, the importance of durable resources such as dispositional optimism to self-esteem and health should intensify during such crises. Analyses revealed intensification effects for relationship-oriented crises but not for work-oriented crises, generally echoing Pearlin and Schooler's (1978) original finding that personal resources are of limited utility for occupational stressors and are more valuable for coping with relationship-based stressors.

Gender-specific theorizations of the identity stress process received mixed support and thus provide stimulating grounds for future research. In particular, models did not suggest that men are especially harmed by work-related crises in terms of self-esteem or health, or that men especially benefit from optimism contemporaneously with work-related crises. In contrast, as hypothesized, women demonstrated larger decreases in self-esteem in response to relationship crises and optimism was especially important to women for self-esteem maintenance around the time of such crises, though these same effects did not hold for health.

These mixed findings highlight core debates within the stress-process literature. For relationship crises in particular, research has found that while network events are particularly distressing for women (Thoits 1995), men exhibit more emotional distress and heightened disease risk in response to marital adversity (Kiecolt-Glaser and Newton 2001). Contemporary divisions of labor situate both men and women in high-status occupations, rendering it more likely that men and women have salient worker identities and thus are similarly disturbed by work-related crises.

Of key theoretical interest, models of health allowed for the simultaneous assessment of multiple psychological resources. As hypothesized, optimism made stronger contributions to health during either type of crisis than did self-esteem. Although empirical support was stronger for relationship- than for work-related crises, this finding is consistent with the key theoretical claim that dispositional optimism is a personal resource that is largely independent of the situation and the self, making it ideal for navigating the identity stress process. At the same time, emotional stability sometimes made contributions to self-esteem or perceived health comparable to those afforded by optimism, which illustrates the importance of integrating complementary aspects of personality into models of identity adjustment. In fact, emotional stability is taken to capture the avoidance domain of personality whereas optimism taps the approach domain; the approach-avoidance theory of motivation and personality posits that both domains have early origins in the life course and that both are needed to predict behavior and well-being adequately (Elliot, Gable and Mapes 2006; Hitlin, Andersson, and Elder forthcoming).

One alternative explanation for the observed durability of optimism relative to self-esteem is that optimism produces biased reporting of one's health. Consistent with this counter

explanation, a recent meta-analysis found that optimism exerts a larger effect on subjective health than on physical health, though both effects are highly significant (Rasmussen et al. 2009). Future research that includes a variety of health indicators will help refine theory on how and when dispositional optimism influences health more robustly than self-esteem and emotional stability. Moreover, future research should enlist a longitudinal design in order to make sure that life crises and chronic identity disconfirmation do not lead to lower levels of dispositional optimism (Segerstrom 2007).

A second alternative explanation centers on the fact that pathways linking self-esteem to health may differ from those linking dispositional optimism to health. In particular, although both psychological resources likely contribute to health through positive affect and positive health behaviors (Cohen and Pressman 2006), these psychological resources may shape health processes differently in a way that is not captured by subjective measurements of health.

In addition, identity disconfirmation during relationship and work crises will need to be assessed more directly. In the present research, the presence of a crisis was assumed to instigate problems with identity maintenance. However, direct assessment of this pathway should be carried out by measuring identity meanings associated with worker and spouse identities and then examining discrepancies between these meanings and situational meanings. Direct assessment is important because there may be considerable variability in the extent to which individuals experience relationship and work crises as identity-disconfirming.

In conclusion, results suggest that being optimistic in fact supports the verification and health outcomes of role-based identities. The importance of dispositional optimism to personal adjustment appears to be stronger for women, and to intensify during crises involving the spousal or partner identity. Furthermore, optimism seems to be an especially durable psychological

resource in the wake of personal crises relative to self-esteem. Through intensification and durability pathways, dispositional optimism may help safeguard – to quote Freud – “the cornerstones of our humanness.”

Author Bio

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