LIFE ORIENTATION TEST –Revised (LOT-R)

Reference:

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

Description of Measure:

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

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

Abstracts of Selected Related Articles:

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

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

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

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

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

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

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

Scale:

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

A = I agree a lot
B = I agree a little
C = I neither agree nor disagree
D = I disagree a little
E = I disagree a lot

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

Scoring:

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