

1. Introduction

Research on coping over the life-span suggests that even in old age, the range of strategies and the number of interindividual differences exhibited in coping with threatening events are enormous. Stunned, one observes the spiritually crisp 78-year-old lady, who has lost her husband just 8 months ago, appreciating a nice spring day, hanging on to goals, interests, and concern for her family. On the other hand, there is the 75-year-old neighbor, who, suffering from a broken arm, keeps complaining about the bitterness of life in old age and enjoys only memories of times long passed.

As is still true for older persons, throughout the entire life-span there exists a vast variety of behaviors individuals exhibit when confronted with a potentially stressful situation. Coping researchers suggest that such outcomes are effects of people's coping efforts to alleviate the stressful impact of a situation, either by altering characteristics of the situation itself or by regulating their emotional reactions (e.g., Lazarus, 1966, 1991). From the viewpoint of this research tradition, coping is a process explanation for interindividual differences in stress outcomes. Here, coping is conceptualized as diverse, changing, and, to a large degree, shaped by situational demands and people's appraisals of these demands as well as their personal means available to confront them.

Going through various stages of theoretical developments that will be outlined in the Theoretical Background chapter below, coping research has produced a vast amount of findings. On very different levels of "resolution," e.g., macro-level versus micro-level coping, and assuming different degrees of stability, i.e., trait versus situation-specific coping, people's efforts to deal with stressful situations have been recorded and examined. Studies took into account different qualities as well as different quantities of stressful encounters in surveys, field experiments, and laboratory experiments by inducing stress, observing stress, asking to recall stress, asking to become stressed, etc. Findings are tremendous in quantity, many inconclusive and lacking replicability, and all of them begging for a broader frame of description and explanation.

Personality researchers, on the other hand, have pointed to stable and enduring dispositions which in their view explain why some persons are more vulnerable to stressful situations than others. Neuroticism, for example, is suggested to be linked to individual differences in emotional reactivity to stress (Costa & McCrae, 1985, 1987). Moreover, there is a growing body of evidence from very different populations, linking broad personality dispositions, such as, Neuroticism or Extraversion, but also lower-level or more specific traits, such as,

Optimism to specific ways of coping and change thereof in a variety of potentially taxing situations.

Looking at findings brought forth by both lines of research, there is thus evidence for *both* diversity and flexibility, but also predictable order to the way individuals deal with stress.

Taking a life-span perspective, Skinner and Edge (1998) point to yet another indicator of stability in the way people cope with adverse situations. In an essay on "Reflections on Coping and Development," the authors underscore that despite the often-claimed broad variety and flexibility in behavior under stress, coping is fairly resistant to intervention attempts, i.e., it is hardly malleable by external forces. Skinner and Edge offer an explanation for this overt contradiction:

"This makes sense if coping is not primarily a "strategy" but instead represents a mode of adaptation which is embedded in the organisation of an individual's action. [...] Just like adaptive coping, maladaptive coping is a systematic product of current organization, and includes motivated responses, such as avoiding others when stressed, concealing from others when one has a problem, or becoming helpless in the face of difficulties. These maladaptive ways of coping also reflect a history and are themselves the product of thousands of interactions with the social and material environment."

(Skinner & Edge, 1998, p. 363)

Essentially, Skinner and Edge stress one likely area of common ground between research on life-span development and coping research, common ground that is often neglected by the latter, which views the context as a main explanatory source to human behavior: *Individuals have a history*, a history that is undoubtedly formed, among others, by context, learned means-ends contingencies, and experiences with social interactions, but also by stable, enduring, and to some degree even biologically determined dispositions. As parts of individual histories, personality dispositions may yield a more or less stable and potentially organizing force to what is often described as a confusing, self-contradicting bulk of evidence produced by research on coping.

As an effort at one possibility of integration, the present study was designed to further explore two propositions. The first proposition relates to possible connections between seemingly more stable (higher-order personality traits) and more transient forces (situation-specific coping) in handling taxing situations in old age explicitly. Secondly, it was intended to find out about the interplay between both forces with regard to the adaptation to the situation. The

project was guided strongly by two studies which presented congruent findings on the former but conflicting evidence on the latter proposition. Both will be mentioned briefly here and discussed in more detail in later sections.

Studying college students, Niall Bolger (1990) reported evidence for situation-specific coping processes mediating the associative relationship between one higher-order personality disposition (Neuroticism) and psychological outcome in a taxing situation. In a study with older participants, McCrae and Costa (1986) failed to show mediating effects of coping. Their findings indicated that the relation between coping and psychological outcome is spurious, i.e., it disappeared mostly when NEO-personality traits were accounted for. This led the authors to suggest that above and beyond higher-order personality traits (i.e., Neuroticism, Extraversion, and Openness), coping is a rather weak predictor of emotional adaptation to stress, if not an "epiphenomenon of personality." Other studies also found coping to be a weaker predictor with regard to mental and physical health aspects when compared to personality dispositions (e.g., Hemenhover & Dienstbier, 1998). While reasons for this conflicting evidence have so far been offered (Aldwin & Yancura, in press; Bolger, 1990), none have actually been explicitly tested. The present study among other aims will make an attempt to contribute to this discussion.

What Suls, David, and Harvey (1996) call the "third generation of coping research," is aimed at acknowledging complexity while sorting it into a meta-structure (of higher-order personality traits) that has been well established over almost 20 years of research. Some encouraging findings have been reported (Bolger, 1990; O'Brien & DeLongis, 1996; Watson & Hubbard, 1996), showing evidence for Bolger's conclusion that "coping is personality in action under stress." But prospective research on this subject is still rare, especially when it comes to the interplay of personality and coping in old age.

Since one central interest of the present research is concerned with coping in elderly persons, a typical late-life study setting is employed that involves potential harm to the physical well-being of an individual. The physical stressor investigated here is cataract surgery. The cataract is a very prevalent eye disease in older persons (e.g., Tesch-Römer & Wahl, 1996). To date, cataract surgeries range among the most common surgical interventions in Germany (German Federal Statistical Office, Federal Health Monitoring System, 2001). Incidence data suggest that a typical onset of this disease takes place in late mid life to early old age. The disorder itself involves a loss of lens transparency, resulting in symptoms such as blurred vision, sensitivity to light and glare, increased nearsightedness, and distorted images in either eye. Although cataract surgeries are now opted for at a fairly early stage of the disease by most

patients, among this population there still is a very broad age range which spans from mid life to old age. Due to tremendous medical advances in the field, cataract surgeries are nowadays performed in both in- and out-patient settings. If hospitalization is opted for, patients are usually released within 48 hours of the surgery.

For the purpose of this study, the cataract surgery setting was chosen for a number of reasons which will be further elaborated below. In short, the operation yields a study setting that contains high ecological validity as a stressor. The surgical procedure is highly standardized. Moreover, the disorder itself is connected with an objective long-term threat, i.e., blindness, if an operation is avoided. Cataract surgery may thus be described as a very specific, but nevertheless extremely common stressor with which a great number of people are confronted at some point during the latter part of their life. How individuals come to terms with this specific life event will be investigated on the basis of the "coping as a personality process" paradigm.

In this sense, variables are assessed that are understood to have stable as well as dynamic components, i.e., personality traits, coping strategies, and as outcomes, different aspects of well-being spanning varying time-frames. Cataract patients were tested four times during an approximately six- to seven-week period around their scheduled surgery.