3. Central Research Questions and Hypotheses

The following chapter presents the central research questions and hypotheses of the present study. Hypotheses may roughly be divided into three parts. The first part concerns the question whether the situation under study is indeed conceived as a stressor by participants. Accordingly, expectations about levels and changes of the main outcome variables which include situation-specific outcomes state Positive and Negative Affect before and after surgery are proposed. Additionally, hypotheses about level and change of more distal outcomes are presented where suitable (i.e., when multiple measurements took place).

The second part presents research questions and hypotheses leading up to the question about the mediator status of coping variables between independent variables (personality traits: N, E, O), and dependent variables (situation-specific and distal). According to the two broad classifications of outcome variables, this part covers hypotheses on both situation-specific and distal outcomes around cataract surgery. Also hypotheses on expected coping-age relations are further specified in this part.

Finally, the third part of the Hypotheses section is then concerned with two more content-free aspects of coping, namely selective coping and total range of coping strategies endorsed.

3.1. A Stressor Indeed?

3.1.1. Expected Changes in State Affect Pre- to Post-Surgery

Negative Affect (NA). The present study relies mainly on multiple measurements of state affect, to determine whether or not the context investigated, is conceived as a stressful situation indeed. Affect measurements varied in temporal proximity to the proposed acute physical stressor, i.e., cataract surgery.

State Negative Affect is expected to show an increase in all participants as the surgery draws nearer. Such increases in NA as part of the anticipation, especially of a physical stressor, are well replicated in stress and anxiety literature (see e.g., Slangen, Krohne, Stellrecht, & Kleemann, 1993). On a subfacet level, anxiety is hypothesized to claim the

dominant position among negative emotions at both measurement points pre-surgery. Due to the passing of the acute stressor, state Negative Affect is expected to show a marked decrement once the stressful situation is over. Looking at subfacets again, anxiety should show the largest decrease when compared to sadness, anger, or guilt immediately following surgery. State Negative Affect shortly following the occurrence of the acute stressor is expected to be lower than state Negative Affect on a random day at least six weeks post-surgery, which in turn should be considerably lower than NA shortly before surgery.

Changes in State Negative Affect Pre- and Post-Surgery

State Negative Affect is expected to increase for all participants pre-surgery. On a subfacet level, NA-Anxiety is expected to be the dominant emotion and show marked increase between the two pre-surgery measurement points.

State Negative Affect is predicted to show a marked decrement for all individuals immediately post-surgery. This decrease should mainly be due to a drop in the NA-Anxiety subfacet.

Random day State Negative Affect is predicted to be considerably lower than before surgery, however slightly higher than immediately after the surgery.

Positive Affect. With respect to state Positive Affect pre-surgery, no directed hypotheses are proposed. Both a stable state Positive Affect as well as an increasing state Positive Affect may occur due to hopes and excitement caused by long-term advantages of the initial stressor. Post-surgery, participants are expected to exhibit a notable increase in Positive Affect due to the passing of a potential physical threat. On a subfacet level, Joviality is expected to show the steepest increase from pre- to immediately post-surgery when compared to Self-Assurance, Attentiveness, and Low Fatigue. Pre-surgery, due to the multifaceted demands of the environment, Attentiveness is expected to hold the dominant position among positive emotions.

As an accumulated score, Positive Affect on a random day should be markedly higher than Positive Affect before surgery.

Changes in State Positive Affect Pre- to Post-Surgery

Pre-surgery, PA-Attentiveness should be the highest ranking subfacet of Positive Affect when compared to PA-Self-Assurance, PA-Low Fatigue, or PA-Joviality.

Generally, an increase in state Positive Affect is expected after surgery. On a subfacet level, PA-Joviality is expected to show the steepest increase.

Positive Affect on a random day is expected to be significantly higher than in anticipation of the surgery.

Positive and Negative Affect are expected to be independent of one another at all measurement points in time. In accord with a number of findings on affect (e.g., Staudinger et al., 1999), Positive Affect is expected to be higher than Negative Affect at all times.

3.1.2. Change in Longer-Term Outcome Measures: Well-Being

According to a number of publications in ophthalmologic research, general life satisfaction is enhanced following cataract surgery (Javitt, Wang, Trentacost, Rowe, & Tarantino, 1997). Enhanced life satisfaction is proposed to be partly a result of increased visual acuity post-surgery. In the present research, it is thus expected that the mean life satisfaction should be higher post-surgery than pre-surgery. Furthermore, it is expected that a substantial amount of change in life satisfaction will be explained by change in visual acuity in the eye operated on.

Depressive symptoms post-intervention, on the other side, are also expected to be related to change in visual acuity. Fagerstöm (1994) reported negative associations between depression and visual acuity in the operated eye only after patients underwent

cataract surgery. She reasoned that a renewed fear of blindness as a consequence of a moderate surgical outcome contributes to depressive symptoms in the aftermath of the surgical intervention.

Longer-Term Well-Being and Visual Acuity

Mean life satisfaction is higher post-surgery than pre-surgery.

Change in visual acuity is expected to explain some of the change variance in life satisfaction from pre- to post-surgery as well as significant variance proportions of depressive symptoms post-surgery.

3.1.3. Change in Longer-Term Outcome Measures: Functional

Ophthalmologic studies investigating outcomes of cataract surgery unanimously report significant decrements in vision-related functional limitations following surgery. Among other factors, a significant part of this change variance should be explained by the change in visual acuity due to the intervention. In contrast, studies on surgical outcomes generally do not assess changes in number of vision-dependent activities pursued. In addition to an expected drop in functional limitations, an increase in number of heavily vision-dependent activities is expected post-intervention.

Vision-Related Functional Status and Visual Acuity

Functional limitations experienced while performing vision-dependent activities are expected to decrease following surgery.

On average, the total number of heavily vision-dependent activities pursued is expected to increase post-surgery.

(continued)

Both developments are expected to be explained partly by change in visual acuity from pre- to post-surgery.

3.2. Personality: Prediction of Outcomes During the Situation and Beyond?

3.2.1. Personality Traits and Situation-Specific Outcomes

The State Affects. Neuroticism and Negative Affect are closely related (see Section 2.3.2.). According to literature on Neuroticism and state affect, emotionally labile persons report more anxiety in a variety of stressful situations when compared to emotionally stable persons. Differential states and increases in Negative Affect are expected for individuals scoring high on Neuroticism as compared to those scoring low on Neuroticism. Furthermore, the increase in state Negative Affect pre-surgery is expected to be steeper for individuals high in Neuroticism as opposed to individuals low in Neuroticism (see e.g., Bolger, 1990). According to predictions by state-trait anxiety theory, no associations are expected between Neuroticism and state Negative Affect on a random day, six weeks after surgery.

Extraversion, on the other side, has been reported to be associated with better emotional adaptation with regard to stressful situations (McCrae & Costa, 1986; Watson & Clark, 1997). Since extraverts are presumed to be more reward-oriented (Lucas, Diener, Grob, Suh, & Shao, 2000; Watson & Clark, 1997), they are expected to focus especially on the likely positive long-term consequences of the operation. Moreover, findings point to more challenge appraisals in Extraverts facing a potentially stressful situation (Watson & Clark, 1997). According to Folkman and Moskowitz (2000), appraising a potentially stressful situation as a challenge is associated with positive emotions rather than the experience of distress. It is thus hypothesized that Extraversion should be positively associated with Positive Affect pre-surgery. In accord with Caspi and Moffit's (1993) proposal that ambiguous and threatening life transitions accentuate rather than overpower preexisting traits, Extraversion is not expected to be positively related with state Positive Affect on a random day long after the operation.

With regard to Openness to Experience and affective adaptation to the potential stressor, no directed hypotheses are proposed at this point. Evidence points to higher tolerance

for ambiguity in open individuals. Given the still somewhat limited degree of predictability of the situational outcome from an individual's standpoint, individuals sporting higher tolerance for ambiguity should be better off than their counterparts. On the other hand, the few studies relating Openness to specific affect components present contradicting results. In a study by Costa and McCrae (1984) positive associations between Openness and Positive as well as Negative Affect were found. In this study, Openness was not significantly related to Affect Balance. McCrae and Costa (1991) report positive relations of Openness with Positive Affect and negative relations with Negative Affect. In a study examining elderly persons adjusting to the relocation to a public housing facility, Carp (1985) did not find Openness related to a general happiness scale. Note, however, that happiness represents an affectively complex construct, with aspects of high Positive and low Negative Affect. With regard to relations between Openness and affect, no directed hypotheses are proposed.

Personality Predicts the Affects

Neuroticism should be positively related to Negative Affect especially in anticipation of the surgery. Moreover, a steeper increase of Negative Affect immediately prior to surgery is expected for emotionally labile persons.

Due to a tendency to attend to reward situations and given a statistically fairly high likelihood for a rewarding long-term outcome of the acute stressor, Extraversion is assumed to be associated with higher state Positive Affect in anticipation of the stressor.

Coping Satisfaction. Individuals high in Neuroticism (N) react most intensely to stressors. They tend to be ill at ease with ambiguous situations and admit to react with very steep increases of anxiety when facing potential threat (e.g., Bolger, 1990; Watson et al., 1994). Moreover, emotionally labile persons tend to engage in coping strategies that have been shown to be associated with higher Negative Affect while dealing with problematic situations. For persons high in Neuroticism, this again might be an indicator for subjective dissatisfaction with their own coping efforts. Accordingly, a

negative relationship between Neuroticism and subjective satisfaction with coping is predicted.

Neuroticism and Coping Satisfaction

Neuroticism is expected to be negatively related to coping satisfaction.

3.2.2. Personality Predicts Longer-Term Outcomes

Depressive Symptoms and Life-Satisfaction. In their tripartite model of anxiety and depression, Clark and Watson (1991) point to the complex affective nature of depressive symptoms as assessed by most syndrom checklists. The authors hold that both anxiety and depression have a common pool of non-specific Negative Affect variance. Furthermore, they contend that the defining feature of depression as opposed to anxiety is a lack of Positive Affect (anhedonia). This mixture of high Negative and low Positive Affect is crucial for predictions relating Neuroticism and Extraversion to depressive symptoms. As was pointed out in Section 2.3.2., Neuroticism and Negative Affect as well as Extraversion and Positive Affect are presumed to share common temperamental origins. Accordingly, Neuroticism is usually associated with different forms of Negative Affect measures (state or trait to varying degrees), but not Positive Affect. Vice versa, Extraversion is usually highly correlated with Positive, but not with Negative Affect. As for depressive symptoms as possible longer-term consequences of the situation examined in this study, it is thus expected that they are highly positively associated with Neuroticism. Since depressive symptoms are affectively complex, containing not only high Negative but also low Positive Affect, they are predicted to be negatively related to Extraversion.

Similarily, life satisfaction is believed to be among other components, affectively complex in nature, containing both aspects of high Positive and low Negative Affects (see Watson & Clark, 1992b). Thus, Neuroticism is predicted to be negatively correlated with life satisfaction, whereas more Extraversion is proposed to be related with higher life satisfaction at all times.

Openness to Experience is not expected to be associated with either depressive symptoms or life satisfaction.

Personality and Longer-Term Well-Being

Neuroticism is expected to be positively associated with depressive symptoms, but negatively with life satisfaction as long-term consequences of the operation.

Extraversion is predicted to be negatively related with depressive symptoms, but positively with life satisfaction.

Vision-Related Functional Status. With regard to the prediction of states and changes in vision-related functional status by personality traits, only very limited predictions can be made. Concerning the degree of limitation due to visual impairment, Neuroticism is predicted to be positively related with it, especially pre-intervention, as emotionally labile persons have a tendency to report greater discomfort and hence complain more when chronically impaired. As Costa and McCrae (1987) put it, with emotionally labile persons and disease, 'the bark may be worse than the bite'. Regarding limitations due to visual impairment, no further predictions are proposed.

Turning to changes and states in numbers of activities, Openness to Experience is expected to be a significant positive predictor of number of activities pursued post-intervention as well as change in number of activities pursued from pre- to post-intervention. McCrae and Costa (1997) define "the need for experience" as the motivational core of Openness. They conclude from their own research that open individuals are not mere passive recipients of a barrage of experiences, but are intrinsically motivated to seek out or create for themselves a variety of stimuli or novel situations. One central element of this motivational feature is an open individual's appreciation for the arts. McCrae and Costa cite Canaday (1980, p. 5) when they refer to "*to clarify, intensify, or otherwise enlarge our experience*" as the central function of the arts. The authors claim that this is the "*quintessential aim of open men and women*" (McCrae & Costa, 1997). Aside from the motivational aspect, the authors also claim a

structural feature of open individuals' minds which can be characterized as an enhanced permeability of consciousness. As "symptoms" of this structural permeability, McCrae and Costa list that open persons have access to more thoughts, feelings, and impulses in awareness and can maintain these simultaneously. They are further characterized by the ability for perceptual synasthesia, the capacity for absorption and deeply focused attention. All hallmarks of the structural and motivational aspects of Openness, especially the intrinsic need for experience, point to an increased importance of accessability of sensual information by open persons. If vision as a central sensory feature worsens, but is subsequently recovered (through surgical intervention), open individuals are expected to make a greater and more rapid effort at expanding their field of activity as a response to reduced visual impairment.

Personality and Vision-Related Functional Status

Emotionally labile persons are expected to report greater vision-related limitation than emotionally stable persons, especially prior to the intervention.

Post-intervention, Openness is expected to be positively related to the number of vision-dependent activities. Moreover, this trait is expected to account for a significant part of change variance concerning number of activities from pre- to post-intervention.

3.3. Age and Situation-Specific Coping versus Dispositional Coping

With regard to associations between chronological age and coping, two different predictions are proposed. According to a contextual interpretation of age differences in coping that is supported by findings, for example, by Folkman and Lazarus (1980) and McCrae (1982), age differences in coping are the result of changes in what people must cope with as they age. Hence, for situation-specific coping no (cross-sectional) associations with chronological age are expected. Looking at dispositional coping however, associations with age might arise. Specifically, findings point to an increase in what Brandtstädter and Renner (1990) termed "accommodative" coping and a decrease

in "assimilative" coping as people age. Assimilative coping is defined as involving instrumental behavior aimed at changing characteristics of a potentially stressful situation, it is represented by what is termed "Active Coping" (i.e., active coping and planning) in the present study. Accommodative coping, on the other hand, comprises more palliative behavior which is aimed at "soothing" rather than changing anything (e.g., readjustment of personal standards, turning away from unrealistic goals, etc.). It is most closely represented by what is called "Focusing on the Positive" (containing strategies such as acceptance, positive reframing, and humor) here. The present study, due to its more cross-sectional nature with regard to coping, can contribute only very little to the debate about whether coping changes with age as a result of contextual factors (no real change) or due to intrinsic maturation processes (real change). However, age-associated dispositional coping and a lack of age-associated situation-specific coping might point to the more contextual explanation. As dispositional coping efforts most likely represent cross-situational tendencies that -to a limited degree- may be vunerable to or even malleable by different present roams of experience, they are from a contextual viewpoint, somewhat ironically, more likely to show relations with age.

Coping and Age Associations

Situation-specific coping is not expected to exhibit relations with chronological age. Dispositional coping, especially active forms of coping and focusing on positive aspects, are expected to yield correlations with chronological age.

3.4. Coping: Prediction of Outcomes During the Situation and Beyond?

3.4.1. Situation-Specific Coping Predicts Affect and Coping Satisfaction

Making use of strategies that focus on the positive aspects of the stressful situation is proposed to predict mainly Positive Affect during the stressful encounter (Folkman & Moskowitz, 2000). These strategies do not attempt to alter aspects of the situation itself, but rather to cognitively restructure the representation of it, for instance, by positively reframing aspects of the situation or by approaching them with humor. Such strategies

should thus be especially effective when dealing with low control situations (Terry & Hynes, 1998). It is assumed that persons making much use of these coping responses should report both higher Positive Affect in anticipation of a potentially stressful situation and higher coping satisfaction when compared to those who do not.

On the other hand, active, problem-focused coping strategies deal with characteristics of the situation at hand and try to change them (Folkman, Lazarus, Gruen, & DeLongis, 1986). In a low control situation, efforts to actively change the stressor or make plans on how to deal with it should lead to failure, frustration, and higher distress (Terry & Hynes, 1998). It is assumed that persons who employ such strategies should also report lower coping satisfaction.

According to results by McCrae and Costa (1986), a group of coping strategies referred to as 'neurotic coping' (e.g., wishful thinking, self-blame) exhibited negative associations with coping efficacy. A number of other authors have found similar groups of strategies, mostly including denial or self-blame, to go hand in hand with increases in stress and anxiety in particular in response to major academic and health stressors (Bolger, 1990; Terry & Hynes, 1998). In the present study, strategies like denial, self-blame, or venting are thus expected to be related negatively with coping satisfaction and positively with Negative Affect especially in anticipation of the acute stressor.

With regard to strategies that aim at seeking social support to cope, no directed hypotheses are formed. Earlier findings suggest associations with both good and poor outcomes. While Schröder, Schwarzer, and Konertz (1998) find beneficial aspects of support seeking for cardiac patients anticipating and recovering from surgery, notably, support seeking is not always associated with better outcomes. Aldwin and Yancura (in press) point out that social support conceptualized as social integration (e.g., Berkman & Syme, 1994) or social disclosure (Smythe, 1998) is almost always associated with better mental and physical outcomes. On the other side, seeking social support or support utilization, as it is sometimes called, is often associated with poorer outcomes (Aldwin & Yancura, in press). Monroe and Steiner (1986) maintain that both perception and utilization of support may represent more proximal associations with personality traits than do network size and support quality components. They too mention that measures based on support perception versus support utilization yield discrepant outcomes in relation to psychological symptoms. In that high perceived support is

associated with few psychological symptoms, high support utilization predicts greater levels of symptoms. Cohen and Wills (1985) suggest the fact that stress increases the probability of both distress and support utilization might explain this discrepancy. Monroe and Steiner also stress the possibility that support seeking might bring about a host of consequences ranging from helpful interactions through disappointment to conflict and rejection. They underscore that at this level, personality might determine in part under what circumstances the individual requests support (thus the probability of receiving support) or how and whom the individual asks for support.

Situation-Specific Coping Predicts the Affects and Coping Satisfaction

Focusing on the positive aspects of the situation at hand (i.e., positive reframing, acceptance, humor) should be related with more Positive Affect at all times surrounding surgery.

Also, focusing on the positive should lead to high coping satisfaction.

Employing evasive coping strategies (i.e., venting, denial, self-blame) should be associated with higher Negative Affect prior to surgery.

Evasive coping should also predict less satisfaction with coping employed prior to surgery.

Using active coping strategies (i.e., planning, active coping) in a low control situation is expected to predict higher Negative Affect prior to surgery.

Using active coping strategies in anticipation of the surgery should lead to lower satisfaction with coping.

3.4.2. Dispositional Coping Predicts Long-Term Outcomes

With regard to envisioned longer-term outcomes of the intervention, aside from personality traits, habitual coping is tested as a main alternative predictor. Keeping in mind the generally beneficial situation following cataract surgery, with the central physical stressor (surgery) gone, visual acuity improved or at least on its way, and risk of post-surgical complications low, this begs the question: Would persons need to cope at all? Does habitual coping have any chance to contribute to the prediction of emotional well-being or even functional status? The answer is: yes most likely, but for two reasons.

Habitual coping is likely to predict as much outcome variance as it usually does in studies relating dispositional coping to emotional well-being and functional status measures, even if the stressor(s) of reference is (are) long past (e.g., McCrae & Costa, 1986) or in the absence of one concrete stressor of reference (e.g., Staudinger & Fleeson, 1996).

Furthermore in the particular setting under study, some part of both the emotional and functional outcome variance is likely due to the particular consequences associated with cataract surgery (e.g., varying degrees of surgical outcome or visual acuity, lack of appropriate corrective lenses, vision-related hassle situations).

Predicting Longer-Term Well-Being. The work by Fagerström (1994) has shown that objective surgical outcome, i.e., variance in the increase of visual acuity, systematically covaries with depressive symptoms two months post-surgery. This indicates that there is also some cataract-surgery-specific part of the emotional outcome variance that is likely to be associated with the habitual manner in which individuals cope. As for specific prediction, a group of coping strategies including mainly denial and self-blame has been shown to increase long-term Negative Affect following a number of different stressful events (e.g., Carver et al., 1993), they generally contribute to heightened Negative Affect and are in close alliance with Neuroticism (see below). They should predict more depressive symptoms and less life-satisfaction pre- as well as post-surgery. As for coping by habitually focusing on the positive side of taxing circumstances, this should be associated with more life-satisfaction prior to surgery, as it should buffer day to day

levels of frustration caused by, among other factors, visual impairment. Also, a general positive association with longer-term well-being measures past surgery is expected here. No directed hypotheses are proposed for possible relations between long-term well-being and dispositional active or support coping.

Dispositional Coping Predicts Longer-Term Well-Being

Dispositional evasive coping (denial, self-blame, venting) is expected to be associated with higher depressive symptoms six weeks post-surgery. Evasive coping is also assumed to be negatively related with life-satisfaction at all times of measurement.

Habitual focus on positive coping (i.e., humor, acceptance, positive reframing) should be associated with better long-term well-being (more life satisfaction, less depressive symptoms) pre- as well as post-surgery.

Predicting Vision-Related Functional Status. As for functional outcome measures, both aspects examined here, i.e., number of heavily vision-dependent activities pursued and intensity of limitation experienced while engaging in said activities might only show very limited associations with habitual forms of coping. Especially dispositional forms of active coping should be likely candidates for the prediction of aspects of vision-related functional limitations. Generally, pursuing problems in an active manner and planning ahead, i.e., trying to actively control the problem should be beneficial in terms of range of activities both before and after cataract surgery, since planning should facilitate the pursuit of an activity even with visual impairment. On the other hand, active copers should encouter more difficulties pursuing their vision-dependent activities, particularly when visual impairment is still pronounced (i.e., pre-surgery). With respect to other forms of dispositional coping and possible associations with vision-related functional status, no directed hypotheses are proposed.

Dispositional Coping Predicts Vision-Related Functional Status

Habitual forms of active coping are expected to predict the pursuit of more vision-dependent activities pre- as well as post-surgery.

Active coping should also be associated with higher vision-related intensity of limitation pre-surgery.

3.5. Differential Effects Regarding Personality and Coping

Regarding associations between personality traits Neuroticism, Extraversion, Openness to Experience, and both situation-specific and dispositional coping, expectations are based on empirical findings reported thus far. Costa, Somerfield, and McCrae (1996) summed their own findings in this statement: "Individuals high in N react badly to stress, blaming themselves, and taking it out on others. They indulge in wishful thinking and become passive and withdrawn. Extraverts respond like extraverts, talking, joking, and relating to others. People open to experience rethink the problem from different perspectives seeking new information and trying novel solutions." (p. 53)

Neuroticism, Extraversion, and Openness Predict Coping

Neuroticism should be positively associated with coping modes (dispositional and situation-specific) defined as evasive coping here, including venting, self-blame, and denial; also, it is expected to be negatively related to positive forms of coping, like positive reframing, acceptance, and humor.

Extraversion should positively predict (situation-specific and dispositional) support seeking and focus on positive coping, including positive reframing, humor, and acceptance. (continued)

Openness to Experience should most likely be positively associated with both situation-specific and dispositional forms of active coping which includes planning as a substrategy.

3.6. Coping as a Personality Process?

One interest of the present study was to examine the interplay of the personality traits Neuroticism, Extraversion, and Openness with a number of coping responses assessed in both a situation-focused manner (prior to surgery) as well as in a somewhat decontextualized version (dispositional, six weeks post-surgery). The aim was to explore how much *higher-order personality traits* and *coping responses* contributed to the adaptation to a specific stressful encounter and its consequences.

According to Bolger (1990), coping strategies reported by participants in the context of a stressful situation were expected to take on independent predictor status, being associated with personality factors on the one hand and explaining independent variance of the outcome on the other.

However, when measured in a more decontextualized, dispositional manner, would coping still predict independent outcome variance when the NEO-personality traits are accounted for? Discussing his own results, Bolger proposed that McCrae and Costa's (1986) failure to find a mediational role of coping might have been a result of their study design. Assessing coping retrospectively (on average 21 months after the distressing encounter), might have led to an inaccurate recall of the target situation and associated coping responses. Referring to findings by Peterson (1980), Bolger proposed that McCrae and Costa's methodology resulted in participants' reporting their habitual coping styles rather than specific past coping responses. This in turn caused coping to lose its independent predictor status when the superordinate personality measures were controlled. However, the proposition that effects of dispositional forms of coping on, for instance, emotional outcome measures are spurious once higher-order personality factors are controlled has not been explicitly tested.

Coping as a Personality Process?

Situation-specific coping is expected to mediate partly the direct effects of personality traits on situation-specific outcome measures during the stressful situation.

Regarding dispositional coping, it is not expected to take on a mediator status between personality traits and long-term functional as well as emotional outcomes. Furthermore, dispositional coping is predicted to lose its independent predictor-status once personality variables are controlled.

3.7. 'Content-Free' Aspects of Coping: Selective Coping and Total Range of Coping

With respect to more "content-free" aspects of coping, only two concepts were of interest in the present study, namely selective coping versus total range of coping. Krohne (1986, 1996) suggests that persons endorsing a *high range of coping strategies*, or so-called "unsuccessful copers," find themselves unable to reduce stress, and therefore should report worse outcome and higher dissatisfaction with their own coping efforts. Similarily, Staudinger and Fleeson (1996) predict that "non-selective flexibility" of coping, that is, the uncritical use of a large number of different coping strategies, should not promote a person-situation fit and hence be less adaptive.
What Staudinger and Fleeson called "selective flexibility" and what is simply called *selective coping* in the present study (i.e., selecting a moderate number of coping styles from the repertoire that fit the special demands of a challenging situation) should benefit a person-situation fit and thus be more adaptive.

Content-Free Measures of Coping Predict Outcome

Selective coping should be associated with more positive emotional outcomes, including higher Positive Affect surrounding the stressful event as well as less depressive symptoms post-event. (continued)

Selective coping should also be positively related to more coping satisfaction.

A *high total range* of endorsed coping is expected to be associated with higher Negative Affect surrounding surgery and more depressive symptoms as distal outcomes.

High total ranges of coping endorsed are predicted to be negatively related with coping satisfaction.

Both content-free aspects of coping are expected to predict outcome variance above and beyond content coping.

Concerning possible relations between both forms of content-free coping and vision-related funtctional status, as well as differential prediction by the personality traits Neuroticism, Extraversion, and Openness to Experience, no directed hypotheses are proposed at this point. Above and beyond findings regarding their adaptivity, too little is known about these content-free characteristics of coping to advance directed expectations about differential prediction. Further associations involving selective coping and total range of coping are examined exploratively.