



## Present-fatalistic time perspective and life satisfaction: The moderating role of age



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### ABSTRACT

Present-fatalistic time perspective refers to a fatalistic, helpless, and hopeless attitude toward the future and life, and researches have suggested it was negatively associated with life satisfaction. However, age may moderate such an association. In the current study, participants aged 12 to 84 years ( $N = 1598$ ) finished measures of present-fatalistic time perspective and satisfaction with life. Then moderation analysis was conducted to examine whether age would moderate the association between the present-fatalistic time perspective and life satisfaction. Results indicated that age played a moderating role in the association between the present-fatalistic time perspective and life satisfaction across the lifespan. Specifically, present-fatalistic time perspective and life satisfaction were negatively correlated in participants with younger and middle age, but not correlated in older participants. The limitations of this study and future directions are discussed.

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### 1. Introduction

Life satisfaction, the cognitive component of subjective well-being (Diener, Emmons, Larsen, & Griffin, 1985), refers to an individual's assessment of his/her quality of life on the basis of his/her own unique set of criteria (Shin & Johnson, 1978). It was reported that participants with a higher level of life satisfaction have less emotional and behavioral problems (Suldo & Huebner, 2006). Life satisfaction has also been found to be related to locus of control. While people with high internal control experience greater current life satisfaction, those with high external control report lower current life satisfaction (Klonowicz, 2001).

Time perspective is defined as the “nonconscious process whereby the continual flows of personal and social experiences are assigned to temporal categories, or time frames, that help to give order, coherence, and meaning to those events” (Zimbardo & Boyd, 1999, p.1271), and includes past-positive, past-negative, present-hedonistic, present-fatalistic, and future time perspectives. Present time perspective has been found to predict alcohol and illicit drug use (Chavarría, Allan, Moltisanti, & Taylor, 2015) and risky driving (Zimbardo, Keough, & Boyd, 1997), whereas future time perspective has been found to predict

environmental engagement (Milfont, Wilson, & Diniz, 2012). Furthermore, past time perspective has been associated with social support (Holman & Zimbardo, 2009). Some researchers have reported that present-fatalistic time perspective is negatively correlated with happiness and subjective well-being (Stolarski, Matthews, Postek, Zimbardo, & Bitner, 2014).

Present-fatalistic time perspective has been argued to have the greatest negative impact on an individual in that it is “a fatalistic, helpless, and hopeless attitude toward the future and life” (Zimbardo & Boyd, 1999, p.1275). Consistent with the view proposed by Zimbardo and Boyd (1999), an empirical study showed that the present-fatalistic time perspective was positively correlated with maladaptive psychological outcomes, such as negative affect and tense arousal (Stolarski et al., 2014). As for the relationship between present-fatalistic time perspective and life satisfaction, researchers have found that participants with higher present-fatalistic time perspective report lower levels of subjective well-being (Zhang, Howell, & Stolarski, 2013) and lower life satisfaction (Zhang & Howell, 2011). Sailer et al. (2014) found that present-fatalistic time perspective of young adults (mean age 29.74 years) was significantly negatively related to their past satisfaction with life, present satisfaction with life, and psychological well-being.

However, most of the previous studies on present-fatalistic time perspective have been conducted in young adults (Sailer et al., 2014;

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Stolarski et al., 2014; Zhang et al., 2013) and their results may not generalize to older adults. In fact, one study on the association between present-fatalistic time perspective and life satisfaction among the older adults, researchers did not replicate the finding that present-fatalistic time perspective was statistically negatively related to life satisfaction (Desmyter & De Raedt, 2012). As people age, they are increasingly limited by biological and societal life-course constraints (Hay & Diehl, 2010; Hunt, Wisocki, & Yanko, 2003; Schulz, Heckhausen, & Locher, 1991). For example, elderly people are more likely to suffer from chronic illness, functional losses and impairments. At the same time, the shrinking of social and material resources experienced by elderly people creates societal constraints. However, despite these pressures, older people still generally report higher life satisfaction than those who are younger, a phenomenon known as the “satisfaction paradox” (Diener, Suh, Lucas, & Smith, 1999). The phenomenon may be due to the ability of older adults to keep a balance between primary and secondary control, which may be the key to psychological health while aging (Heckhausen & Schulz, 1995).

The life-span theory of control proposed a dual-process model in which it is suggested that people adapt their behavior to age-related changes in control striving (Heckhausen & Schulz, 1995; Rothbaum, Weisz, & Snyder, 1982). The dual-process model divides control into primary and secondary components. Primary control involves attempts to change the world to meet personal desires or needs while secondary control refers to bringing the self in line with environmental forces. Unlike primary control, secondary control helps people to accept adverse events and it may be more appropriate when the situation is filled with painful but irreversible events (Rothbaum et al., 1982). In view of the “satisfaction paradox”, it is possible that secondary control is more frequently used and more adaptive for older adults because of their decline in physical and psychological functioning. In fact, a cross-sectional study with adults aged 18 to 84 years supported this proposition, showing that secondary control increased with age, and was highest for the oldest participants (Peng, 1993). Further research has also indicated that compensatory secondary control strategies become more adaptive in late life (Chipperfield, Perry, & Menec, 1999).

Older adults who adopt secondary control strategies also tend to have more flexible goals and adjust them more frequently to cope with problems in daily life (Heckhausen & Schulz, 1995). The model of assimilative and accommodative coping proposes a dual-process framework to explain how individuals use coping strategies adaptively (Brandtstädter, 2009; Brandtstädter & Rothermund, 2002). In the assimilative mode, a person exerts efforts to modify the circumstances to fit in with his or her goals and in the accommodative mode, personal goals are adjusted to fit the current constraints and circumstances (Brandtstädter, 2009). The core distinction between the two modes is that assimilative activities seek to ‘solve’ a problem whereas accommodative processes aim to ‘dissolve’ a problem (Bailly, Gana, Hervé, Joulain, & Alaphilippe, 2014). The tenacious adherence to the goals help people to keep motivated to solve problems, but the potential advantage for a person to hold a assimilative mode may disappear and even lead to helplessness when there is a big gap between goals and personal capacities (Brandtstädter, 2009). In contrast, the accommodative mode facilitates individuals to adopt a flexible adjustment to the previous goal, thus helping them to revise it to a more appropriate goal. It has been reported that a greater tendency to adopt an accommodative flexibility mode than an assimilative tenacity mode is positively associated with advancing age (Niessen, Heinrichs, & Dorr, 2009; Piazza, Charles, & Almeida, 2007). Moreover, older adults with more flexible goal adjustment reported higher life satisfaction and lower depression (Bailly, Hervé, Joulain, & Alaphilippe, 2012; Heyl, Wahl, & Mollenkopf, 2007; Niessen et al., 2009). Based on these findings, it may be suggested that adopting an accommodative mode is particularly important and advantageous for older adults.

Fatalism, similar to external control, is the belief that the outcome of events is beyond personal control and is predetermined by external

forces, like fate and predestination (Straughan & Seow, 1998). People seeking secondary control often have an external locus of control, which means they are more likely to show a fatalistic attitude toward life (Rothbaum et al., 1982). Both secondary control and accommodative mode emphasize the importance of realizing the limitation of human beings and deriving meaning from uncontrollable experiences or aversive life changes so as to better understand and accept them (Averill, 1973; Brandtstädter, 2009).

Fatalism has special meaning in Chinese culture. To some extent, fatalism is ‘the very essence’ of Chinese mentality (Abbott, 1970), and has a profound influence in traditional Chinese culture. Fatalism in Chinese culture mainly originated from the thoughts of Confucianism, Buddhism and Taoism. They all advocated the acceptance for uncontrollable experiences or aversive life change as a wisdom (Ch’en, 1964; Cheng, Lo, & Chio, 2010; Palsane & Lam, 1996). Thus, the Chinese traditional philosophy rooted in fatalism denoted that the fatalism in China has a unique meaning thus it is valuable to study the association between fatalism and life satisfaction.

In view of the underlying construct of secondary control and accommodative mode, we may speculate that fatalism may be far less negative for older adults than younger people because the older are better at deriving meaning from uncontrollable experiences and to accept them. Namely, age may be an important moderating factor in the association between life satisfaction and the present-fatalistic time perspective.

### 1.1. The present study

The present study mainly aimed to examine whether age moderate the association between life satisfaction and the present-fatalistic time perspective. In addition, we were interested in the development of life satisfaction and the present-fatalistic time perspective across the lifespan. Regarding that older adults are better at deriving meanings from uncontrollable experiences and accepting them, and it may make the present-fatalistic time perspective less negative for them, thus we hypothesized that the strength of the negative relationship between present-fatalistic time perspective and life satisfaction was stronger among those participants with young age and middle age as compared to those participants with older age.

## 2. Method

### 2.1. Participants and procedure

A total of 1598 individuals participated in this study. The participants were recruited from middle schools, universities, and communities in Beijing, Jiaozuo, and Wuhan in China. Several trained experimenters were recruited from different regions to distribute the questionnaires to primary and middle school students, undergraduates, postgraduates, and community residents. Participants completed the hard copy questionnaires individually. It took about 10–30 min to complete the questionnaires. Participants over 60 years were screened by the Chinese version of the Mini-Mental State Examination (MMSE) to exclude cognitive disorders (Wang, Zhang, Zhai, Chen, & Zhao, 1989). No participants reported a history of psychiatric illness, neurological illness, drug/alcohol abuse/dependence, or brain injury. All participants (745 males, 853 females) were aged between 12 and 84 years old ( $M = 34.36$ ;  $SD = 18.42$ ); the perceived economic condition was assessed by “How do you think about your current family economic condition?”. The average score in the study was 2.79 ( $SD = 0.66$ ), with higher scores representing better perceived economic condition (range 1–5). The average education years were 11.14 ( $SD = 3.97$ ) (range 0–20). Seven participants’ perceived economic condition data and 31 participants’ education years data were missing.

This study was approved by the ethics committee of the corresponding author’s affiliation. Written informed consent was obtained from

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