RELATIONSHIP BETWEEN BELIEF IN GOOD LUCK AND GENERAL HEALTH

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Summary.—62 undergraduate university students were administered the 12-item Belief in Good Luck Scale of Darke and Freedman and the General Health Questionnaire of Goldberg and Williams. Scores on belief in good luck showed a significant correlation of -.29 with anxiety and -.35 with depression but correlations were not significant for somatic symptoms (.15) and social dysfunction (.15).

Within the literature, there are traditionally two psychological explanations of luck. The first is luck as an external, unstable factor within social events or achievement outcomes (Rotter, 1955, 1966; Weiner, Frieze, Kukla, Reed, Rest, & Rosenbaum, 1972). Here, luck is perceived as uncontrollable and having little influence on future expectations as well as a rational belief. Thus, luck is thought to have no influence on the psychological well being and health of the individual. The second explanation is luck as a personal attribute, as an internal and stable factor (Darke & Freedman, 1997b). In this explanation luck is often seen as an irrational belief, typically considered maladaptive (Ellis, 1971, 1973) and is thought to have a detrimental effect on individual’s psychological well-being and health (Rotter, 1966; Seligman, 1975).

Some researchers, however, have begun to reevaluate the latter assumption that beliefs surrounding luck are necessarily maladaptive and instead have speculated that they may be adaptive as these positive illusions can lead to feelings of confidence, control, and optimism (Taylor & Brown, 1988; Darke & Freedman, 1997a). As part of this reevaluation Darke and Freedman (1997a) developed a 12-item Belief in Good Luck Scale to measure such beliefs and assess their implications for perceptions of control. They reported that items on the scale showed a good internal reliability (α=.85) and significantly correlated with locus of control scores but not with scores on self-esteem, desire for control, and achievement motivation. These findings provided both convergent and discriminant validity for the scale. Despite the development of the scale, there has been no examination of whether belief in good luck is adaptive in psychological well being and health so an examination between the relationship in belief in good luck, psychological well being, and health is required.

Undergraduate students (14 men, 38 women, and 10 undisclosed) of ages 18 to 44 years (M = 21.4, SD = 5.24) were administered the 12-item Belief in Good Luck scale (Darke & Freedman, 1997a) and the General Health Questionnaire (Goldberg & Williams, 1991). Items such as ‘I consider myself to be a lucky person’ were scored on a 6-point scale anchored by ‘strongly disagree’ and ‘strongly agree’. The General Health Questionnaire contains four subscales that measure aspects of general health, Severe Depression, Anxiety, Somatic Symptoms, and Social Dysfunction.

A significant negative Pearson product-moment correlation coefficient obtained for higher scores on the Belief in Good Luck scale and lower scores on the Severe Depression (r = -.35,