OPTIMISM: PHYSICAL AND MENTAL HEALTH OPTIMISM AND ITS RELATIONSHIP WITH PHYSICAL AND MENTAL HEALTH

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Abstract

Various researches have been carried out optimism as a psychological phenomenon. Optimists are people who anticipate future outcomes to be positive. Conversely, pessimistic people are those who display more negative anticipations for the future. Positive and negative expectations regarding the future play an important role in understanding the vulnerability to psychological disorders and physical illness as well. A significant positive connection arises between optimism and coping strategies emphasized on social support and insistence on positive facets of stressful events. By employing of specific strategies, optimism also influences quality of life indirectly. Many researchers also confirmed that the optimistic people showed a higher level of life as compared to those with low levels of optimism. Optimism may also significantly impacts physical and mental wellbeing of individuals by the promotion of a healthy life style patterns and also by adaptive behaviours linked with greater decision making, flexible approach and problem solving capability. This paper focuses on optimism and its important constructs. This paper is also an attempt to explore the relationship of optimism with physical health, mental health, coping, quality of life and adaptation to purpose, healthy life style and risk perception.

Keywords: Optimism, physical health, mental health, coping strategies.

Scheier and Carver (1985) defined optimism as "the global generalized tendency to believe that one will generally experience good versus bad outcomes in life". Optimism refers disposition to anticipate the greatest and viewsituations and circumstances in a positive manner. There are various benefits of optimism. Thefirst and foremost benefit of optimism is that it naturally advancesa more positive and favourable mood& emotions, which further helps to beat off depression, tension, negativity and anxiety. The Second benefit of optimism is that it promotes better persistence in the face of difficult problems which in turn is likely to outcomein greater accomplishments and achievements The third benefit of optimism is that optimisticpeople actually bettertake care oftheir physical and mentalhealth better as compared to pessimistic people. Optimists are more likely to look up for information instructions regarding potentialphysical & mental health perils change&modify their behaviour to evade those perils. Optimistic individuals are thosewho display more positive expectations for the future. In the contrary, pessimistic individuals are those who expect future outcomes to be negative (Scheier, Carver & Bridges 1992). Peterson (2000) confirmed that optimism playa significant role in positive mood, consistency perseverance, efficientproblem solving, and scholastic as well as professional success.

Constructs of Optimism: There are two main constructs of optimism namely, the explanatory or attributional optimism and the dispositional optimism.

Explanatory or Attributional Optimism

The explanatory or attributional style of optimism applies previous experiences to anticipate eventual results. According to Seligman (1991) explanatory or attributional

style comprises of three main facets namely, permanence, pervasiveness and personalization. Permanenceis the faith that the reasons behind the unfavourable occurrences are permanent. Individuals high on this facet think in terms of always and never when they examine the possibility of unfavourable occurrences. Pervasiveness or globality looks at either the individual believes the bad or good event as specific or universal. Optimistic people believes that negative events have specific causes, whereas positive or favourableevents will embellisheverything he does, the pessimistic people considers that unfavourableoccurrenceshave universal causes and that positive events are caused by specific determinants. (Seligman, 1991). In personalization or locus of causality of explanatory or attributional style of optimism, occurrences can be attributed to whether intrinsic or extrinsic causes. People can blame themselves for the unfavourable events (an intrinsic cause), or can attribute other individuals or circumstances as the extrinsic causes of the unfavourable event. According to Seligman (1991) this facet has less peculiar effect than the other twoaforementioned facets specifically, pervasiveness and permanence, because personalization only limits how we feel about ourselves while the other two facets limits what we do how long we are incapable and crosswise how many situations or circumstances.

Dispositional Optimism

The dispositional optimism examines the direct convictions people have about forthcoming life events without taking into consideration previous experiences. It assesses disposition or temperament. It considers optimistic faith anticipation regarding forthcoming events whereas the attributional optimism attempts to comprehend the reasons why individuals are optimistic or pessimistic by analysing the interpretations for previous unfavourable events. The dispositional optimism is a more direct study of the optimistic attribute than attributional optimism because it measures the extent of optimism or pessimism an individual shortly possesses rather than considering interpretations from previous situations (Rabiega& Cannon, 2001). One important merit of direct assessment is that it particularly targets the accurate construct of concerns and anticipations. In the contrary, attributions are always a step away in the plausible series from the anticipations that are captious (Carver and Scheier, 2003). Farther, the direct measure of optimism permits researchers to ponder optimism along with other determinants which advances physical as well as psychological wellbeing (Rabiega& Cannon, 2001).

Relationship between Optimism and Physical Health: Despite the very few number of researches published on this subject matter, the relationship between optimism and physical health is very prominent. Various researchers have found that there is a positive correlation between optimism and better physical well-being as compared to pessimism. In contrast with optimism, pessimism is positively related with excessive somatic complaints (Marinez-Correa et al., 2006). Giltay et al., (2004)conducted a study onelderly male and females aged between 65-85 years and found that the dispositional optimism predicted less probability of mortality in general and of cardiovascular mortality in particular. These data have been confirmed in a longitudinal study on a population of males aged between 64 - 84 years and foundanegative correlationbetween dispositional optimism and the risk of

cardiovascular death (Giltay et al., 2006). In reference to oncological patients, Schulz et al. (1996) reported that high scores on the pessimism items of the LOT (a measure of dispositional optimism) (Scheier& Carver, 1985) significantly predicted premature death in young patients with breast cancer as compared tooptimists. Allison, Guichard, Fung & Gilain (2003) found among patients with neck and head cancer, optimists exhibited significantly better survival a year after diagnosis when compared with pessimists. Though optimism is usually considered to be a protective determinant with regard to well-being and physical as well as psychical health (Scheier& Carver, 1985). Schofield et al., (2004) observed that optimism did not anticipate lower mortality rates among lung cancer patients. Tomakowsky et al., (2001) examined the relationship between the dispositional optimism (Scheier& Carver, 1985) and the attributional optimism (Peterson & Seligman, 1987 and Peterson & Avila, 1995). The results of their study showedthat both constructs of optimism were related with an improvement of the symptomatology of AIDS. Nonetheless, in the long term, higher level of the attributional typewere correlated with a significant impairment of the immune defence system. Milam et al., (2004) found that higher levels of optimism do not confer any clinical recovery to AIDS patients, though moderate levels of p optimism were found to be correlated with more effectual immune systems. Segerstrom (2005) and Segerstrom (2006) investigated two hypotheses that may interpret these results that the disappointment hypothesis refers to which tenacious and unmanageable stressors lower the favourable anticipations that are typical of optimistic individuals and thus consequently control over the stress determinants, leading to diminish in immune defence. Engagement hypothesis speculating that more optimistic individuals are more easily drawn to trying to clear up a difficulty whereas pessimistic individuals tend to let the matter drop, hence, ending up with more exposed to stress.

Relationship between Optimism and Mental Health: Positive and negative anticipations about the future are very significant for apprehending the vulnerability to mental disorders specifically mood disorders. Various researches (Chang&Sanna, 2001; Hart, Vella & Mohr 2008 and Hirsch, Conner & Duberstein, 2007) have found a negative correlation between optimism and depressive symptoms and also found an inverse correlation between optimism and suicidal ideation. As such, optimism seems to play a significant moderating role in the correlation between feelings of loss of hope and suicidal ideation (Hirsch & Conner,2006). Similarly, Van der Velden et al.,(2007) have recently observed the link between dispositional optimism and depression in victims of a natural disaster and found that pessimistic people nurtured little hope for the future and were more at peril for depressive and anxiety disorders, with consequent impairment of societalfunctioning and quality of lifeas compared to optimistic people. The role of optimism in the quality of life has also been examined in various depressive disorders arising in patients suffering from somatic diseases for example acute coronary syndrome in which a significant negative association was found between thelevel of satisfaction in life and dispositional optimism and also found depressive symptoms arising after the cardiovascular event on the other hand (Steele & Wade, 2004). Giltay et al., (2006) raised the matter of applying psychotherapy to

promote and encourage an optimistic disposition in pessimistic individuals, hence developing an efficient strategy to fight depression. Basoglu, Sclcioglu, Livanou, Kalender&Acar (2005) observed that evenone single session of cognitive-behavioural therapyenhances the sense of control and coping with immobilizing turmoil that ensure after a natural disaster, may contribute to improving individual's well-being. This kind of intervention focused on convalescing an effective coping strategy and regaining control may be important for pessimistic victims as they are more prone to evade obstacles and give upinstead of attempt to regain control of their lives (Giltay et al., 2006)

Relationship between Optimism and Coping: According to Lazarus and Opton (1966) "Coping refers to those mechanisms and mental processes enacted by the individual as an adaptive response to reduce the stress deriving from a threatening situation". Previous researches (Scheier et al., 1986) found that there is a significant positive relationbetween optimism and different aspects of life for instance coping strategies focalized on the problem, looking for social support and emphasis of the positive aspects of the stressful situation. Nes&Segerstrom (2006) found that there is a positive correlation between dispositional optimismand those coping strategies ideated to eliminate, reduce or manage the stressors and inversely correlated with those employed to ignore, avoid or distance oneself from stressors and emotions. Lower levels of dispositional optimism were noticed in students who were particularly susceptible to the usual complications encountered in academic environments and who developed fanaticism or even enmity towards the school(Boman& Yates, 2001). Also in the work environment a positive relation was found between optimism and performance moderated by the affirmative influence that optimism has on coping strategies (Strutton& Lumpkin,1992). A large number ofstudies(Scheier et al., 1986; Rasmussen et al., 2006; Scheier Carver & Bridges,1992 & Worsch & Sacheier,2003) have accepted that theoptimistic individuals tend to apply coping strategies that centralize on the problem more frequently as compared to pessimistic individuals. When these strategies cannot be accomplished, optimistic individuals resort to adaptive strategies that centralize on the emotions, for instance, acceptance, humour and positive re-assessment of the situation. Through execution and application of particular coping strategies, optimism wields an indirect impacton the quality of life. Schou et al., (2005) conducted a study on women with breast cancer and found that optimistic women showed coping strategies characterized by acceptance of the situation, emphasis of the affirmative aspects and attempts to lighten their condition with a sense of humour, showing evident positive outcomes on their quality of life. In contrary, the pessimistic women responded with emotions of barrennesser and loss of hope which significantly deteriorated their quality of life.

Relationship among Optimism, Quality of Life and Adaptation of Purpose: Quality of lifeis the standard of health, comfort and happiness experienced by an individual or group. Wrosch and Scheier(2003) evidenced thattwo main variables are capable of influencing quality of life namely optimism and adaptation of purpose. Both plays fundamental role in adaptive management of captious circumstances in life and of goals to reach as well. There is evidence(Sacheier& Carver,1992 &Scheier& Carver, 2003)that optimists present a higher level of quality of life as compared to

those with lower levels of optimism or pessimists. It has been shown that in the presence of serious pathological conditions, optimistic patients adapt better to stressful situations as compared to pessimistic patients, with positive repercussions on their quality of life. For instance, Scheier & Matthews & Owens (1989) conducted a study on a sample of patients who underwent an aortic-coronary bypass and found that there is a significant positive correlation between optimism and quality of life in the six months following the operation. The optimistic patients showed amore quick clinical recovery during the period of hospitalization and a rapid return to daily routine after getting discharge from hospital. Pais-Ribeiro et al., (2007)conducted a study onpatients affected with epilepsy and observed that as compared to pessimistic individuals optimistic individuals showed an improved perception of their physical and mental health and reported higher level of quality of life. Kung et al., (2006) investigated the relationship between optimism-pessimism and quality of life in patients with cancer of the neck, head or thyroid. In all the group of patients, optimism was positively correlated with better quality of life in both the scales of the physical and mental components of the MMPI (Minnesota Multiphasic Personality Inventory) (Hathaway& Mckinley, 1940), in six of the eight subscales of the SF-12 (12item Short Form Health Survey) (Ware, Kosinski & Keller,1996) and of the SF-36 (36-item Short Form Health Survey) (Ware,1993). Rasmussen et al., (2006) &Worsch&Sacheier (2003) conducted a studyon women with breast cancer and found that optimism was associated with better quality of life in context of emotional, functional and socio-familial well-being.

Relationship among Optimism, Healthy Lifestyle and Risk Perception: Through promotion of a healthy lifestyle, optimism may significantly influence physical well-being. In fact, it is considered that optimism expedites adaptive behaviours as well as cognitive responses that consent negative information to be elaborated more expertly and that are linked with greater adaptability and problemsolving capability (Aspinwall, Richter & Hoffman, 2001). Various researches have observed the correlations between optimism and healthy behaviours. In particular Steptoe et al., (2006)conducted astudy onmales and females aged between 65 – 80 years andfound that optimism was positively correlated with healthy behaviours for instance abstaining from regular smoking, lessen consumption of alcohol, the habit ofbrisk walk and regular physical activity, regardless of demographical determinants, present psycho-physical conditions and body mass. A recent cohort studyconducted by Giltay et al., (2007) which investigated 545 males aged between 64 - 84 for fifteen years revealed thatthere is a significant negative correlation between dispositional optimism and death for cardio-vascular diseases, with a reduction of 50% of the risk of cardio-vascular death in the optimists. McKenna et al., (1993)demonstrated that considering themselves to have a higher peril of contracting pathologies associated with smokingas compared to non-smokers, nevertheless perceived sucha peril as inferior when compared to the average number of smokers (optimistic bias). Numerous recent researches (Weinstein, Marcus & Moser, 2005)have confirmed that smokers have a significantly lower perception of peril as compared tonon-smokers..It was found that the smokers with unrealistic optimism likely to accept that smoking

only for few years they would not arouse any peril to lung cancer and that developing lung cancer depends only on genesiological predisposition (Dillard, McCaul& Klein, 2006). Furthermore, in realistic optimistic individuals hardly considered the hypothesis of giving up smoking in order to lessen the peril of cancer.

Conclusion

Optimism is a penchant to anticipate favourable things in the future. From the aforementioned literature, it is very clear that optimism is a mental attitude that greatly effects physical and mental health and coping with daily life activities. By employing an adaptive management of personal goals and development and by using effective coping strategies, optimists experience more success in their lives as compared to pessimists.

References

- Allison, P.J., Guichard, C., Fung, K.,&Gilain, L. (2003). Dispositional optimism predicts survival status 1 year after diagnosis in head and neck cancer patients. *Journal of Clinical Oncology*, 21(3),543-548.
- Aspinwall, L.G., Richter, L.,&Hoffman, R.R. (2001). Understanding how optimism works: an examination of optimists' adaptive moderation of belief and behaviour. In: Chang EC, editor. *Optimism and pessimism*. Washington: American Psychological Association.
- Basoglu, M., Salcioglu, E., Livanou, M., Kalender, D., & Acar, G. (2005). Single-session behavioral treatment of earthquake-related Post-traumatic Stress Disorder: a randomized waiting list controlled trial. *Journal of Traumatic Stress.*, 8(1),1-11.
- Boman. P.,& Yates, G.C. (2001). Optimism, hostility, and adjustment in the first year of high school. *British Journal ofEducational Psychology*, 71(3),401-411.
- Carver, C.S., &Scheier, M. (2003). Optimism. In S. J. Lopezand C.R. Snyder (Eds.) *Positive Psychological Assessment: A Handbook of Models and Measures.* (pp.76-89). Washington, D.C.: American Psychological Association.
- Chang, E.C.,&Sanna, L.J. (2001). Optimism, pessimism, and positive and negative affectivity in middle-aged adults: a test of a cognitive-affective model of psychological adjustment. *Psychology and Aging*, 16(3), 524-31.
- Dillard, A.J., McCaul, K.D.,& Klein, W.M.(2006). Unrealistic optimism in smokers: implications for smoking myth endorsement and self-protective motivation. *Journal Health of Communication*, 11(1),93-102.
- Giltay, E.J., Geleijnse, J.M., Zitman, F.G.,&BuijsseKromhout, D.(2007). Lifestyle and dietary correlates of dispositional optimism in men: the Zutphen Elderly Study. *Journal of Psychosomtic Research*, 63(5),483-90.
- Giltay, E.J., Geleijnse, J.M., Zitman, F.G., Hoekstra. T., &Schouten, E.G. (2004). Dispositional optimism and all-cause and cardiovascular mortality in a prospective cohort of elderly dutch men and women. *Achives of General Psychiatry*, 61 (11),1126-35.
- Giltay, E.J., Kamphuis, M.H., Kalmijn, S., Zitman, F.G.,&Kromhout, D.(2006). Dispositional optimism and the risk of cardiovascular death: the Zutphen Elderly Study. *Archives of Internal Medicine*, 166(4), 431-6.
- Hart,S.L., Vella, L., &Mohr, D.C. (2008). Relationships among depressive symptoms, benefit-finding, optimism, and positive affect in multiple sclerosis patients after psychotherapy for depression. *Health Psychology*, 27(2),230-8.
- Hathaway, S.R., & McKinley, J.C. (1940). The MMPI Manual. New York: Psychological Corporation.

- Hirsch, J.K.,&Conner, K.R. (2006). Dispositional and explanatory style optimism as potential moderators of the relationship between hopelessness and suicidal ideation. *Suicide Life Threat Behaviour.* 36(6),661-9.
- Hirsch, J.K., Conner, K.R.,&Duberstein, P.R. (2007). Optimism and suicide ideation among young adult college students. *Archives of Suicide Research*, 11(2)177-85.
- Kung, S., Rummans, T.A., & Colligan, R.C. (2008). Association of optimism-pessimism with quality of life in patients with head and neck and thyroid cancers. *Mayo Clinic Proceedings*, 81 (12)1,545-52.
- Lazarus, R.S., & Opton, E.M. (1996). A study of psychological stress: a summary of theoretical formulations and experimental findings. In: Spielberger CD, editor. *Anxiety and Behavior*. New York: Academic Press, pp. 225–62.
- Martínez-Correa, A., Reyes del Paso, G.A., García-León, A., & González-Jareño, M.I. (2006). Relationship between dispositional optimism/pessimism and stress coping strategies. *Psicothema*, 18(1),66-72.
- McKenna, F.P., Warburton, D.M., & Winwood, M. (1993). Exploring the limits of optimism: the case of smokers' decision making. *The British Journal of Psychology*, 84(3),389-94.
- Milam, J.E., Richardson, J.L., Marks, G., Kemper, C.A.,&McCutchan, A.J. (2004). The roles of dispositional optimism and pessimism in HIV disease progression. *Psychological Health*, *19*,167-81.
- Nes, L.S., & Segerstrom, S.C. (2006). Dispositional optimism and coping: a metaanalytic review. *Personality and Social Psychology Review*, 10(3),235-51.
- Pais-Ribeiro, J. Da Silva, A.M., Meneses, R.F.,& Falco, C. (2007). Relationship between optimism, disease variables, and health perception and quality of life in individuals with epilepsy. *Epilepsy Behaviour*, 11(1),33-8.
- Peterson, C. (2000). The future of optimism. American Psychologist, 55, 44-55.
- Peterson, C.,& De Avila, M.E. (1995). Optimistic explanatory style and the perception of health problems. *Journal of Clinical Psychology*, *51(1)*,128–32.
- Peterson, C.,&, Seligman M.E. (1987). Explanatory style and illness. *Journal of Personality*, 55(2),237-65
- Rabiega, J., & Cannon, B. (2001). The relationship of optimism with psychological and physicalwell-being. *Journal of Psychology and Behavioural Sciences*. Volume 15. Retrieved on June 24, 2005 from: http://alpha.fdu.edu/psychweb/vol16-17/rabiega.pdf
- Rasmussen, H.N., Wrosch, C., Scheier, M.F.,&Carver, C.S. (2006). Self-regulation processes and health: the importance of optimism and goal adjustment. *Journal ofPersonalityDisorder*,74(6),1721-48.
- Scheier, M.F., & Carver, C.S. (1985). Optimism, coping, and health: assessment and implications of generalized outcome expectancies. *Health Psychology*, 4(3),219-47.
- Scheier, M.F., & Carver, C.S. (1992). Effects of optimism on psychological and physical well-being: theoretical overview and empirical update. *Cognitive Therapy Research*, 16, 201-28.
- Scheier, M.F., & Carver, C.S. (2003). Self-regulatory processes and responses to health threats: effects of optimism on well-being. In: Suls J, Wallston KA, editors. *Social psychological foundations of health and illness*. Blackwell: Oxford; 2003. pp. 395-428.

- Scheier, M. F., Carver, C. S., & Bridges, M. W. (1992). Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): A reevaluation of the life orientation test. *Journal of Personality and Social Psychology*, 67, 1063-1078.
- Scheier, M.F., Matthews, K.A.,&Owens, J.F. (1989). Dispositional optimism and recovery from coronary artery bypass surgery: the beneficial effects on physical and psychological well-being. *Journal of Personality and Social Psychology*, 57(6),1,024-40.
- Scheier, M.F., Weintraub, J.K.,& Carver, C.S. (1986). Coping with stress: divergent strategies of optimists and pessimists. *Journal of Personality and Social Psychology*, 51(6),1257-64.
- Schofield, P., Ball, D., &Smith, J.G. (2004). Optimism and survival in lung cancer patients. *Cancer*, 100(6),1276-82.
- Schou, I., Ekeberg, O.,&Ruland, C.M.(2005). The mediating role of appraisal and coping in the relationship between optimism-pessimism and quality of life. *Psycho-Oncology*, 14(9),718-27.
- Schulz, R., Bookwala, J., Knapp, J.E., Scheier, M.F., & Williamson, G.M. (1996). Pessimism, age and cancer mortality. *Psychological Aging*, 11(2), 304-9.
- Segerstrom, S.C. (2005). Optimism and immunity: do positive thoughts always lead to positive effects? *Brain Behavior and Immunity*, 19(3), 195-200.
- Segerstrom, S.C. (2006). How does optimism suppress immunity? Evaluation of three affective pathways. *Health Psychology*, 25(5),653-7.
- Seligman, M. E. P. (1991). Learned Optimism: How to Change Your Mind and Your Life. New York: Free Press.
- Steele, A., & Wade, T. D. (2004). The contribution of optimism and quality of life to depression in an acute coronary syndrome population. *EuropeanJournal of Cardiovascular Nursing*, 3(3),231-7.
- Steptoe, A., Wright, C., Kunz-Ebrecht. S.R., & Iliffe, S. (2006). Dispositional optimism and health behavior in community-dwelling people: associations with healthy ageing. *British Journal of Health Psychology*, 11(1),71-84.
- Strutton, D., &Lumpkin, J. (1992). Relationship between optimism and coping strategies in the work environment. *Psychological Reports*, 71(3), 1179-86.
- Tomakowsky, J., Lumley, M.A., Markowitz, N., & Frank, C. (2001). Optimistic explanatory style and dispositional optimism in HIV-infected men. *Journal of Psychosomatic Research*, 51(4),577-87
- Van der Velden, P.G., Kleber, R.J., Fournier, M., Grievink, L., Drogendijk, A., &Gersons, B.P. (2007). The association between dispositional optimism and mental health problems among disaster victims and a comparison group: a prospective study. *Journal of Affective Disorders*, 102(1-3)35-45
- Ware, J.E. (1993). SF-36 Health survey: manual and interpretation guide. Boston: Nimrod Press.
- Ware, J.E., Kosinski, M., & Keller, S.D. (1996). A 12-Item Short-Form Health Survey: construction of scales and preliminary tests of reliability and validity. *Medical Care*, 34(3),220-33.
- Weinstein, N.D., Marcus, S.E.,&Moser, R.P.(2005). Smokers' unrealistic optimism about their risk. *Tobacco Control*, 14(1),55-9.
- Wrosch, C., &Scheier, M.F. (2003). Personality and quality of life: the importance of optimism and goal adjustment. *Quality of Life Research*, 12(1),59-72.