

Optimism, Hope and Mental Health: Optimism, Hope, Psychological Well-Being and Psychological Distress among Students, University of Pune, India

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Abstract—The purpose of the current study is to examine the relationships between hope, optimism and mental health (psychological well-being and psychological distress) among students. A total of 222 students (132 males and 90 females) at the University of Pune from India completed inventories Revision of the Life Orientation Test (LOT-R), the Trait Hope Scale (THS) and the Mental Health Inventory (MHI) that assessed their optimism, hope and psychological well-being and psychological distress. The results of the study showed that optimism and hope were significantly correlated with each other. Optimism is positively related to psychological well-being and optimism is negatively related to psychological distress. Also, hope was positively related to psychological well-being. However, the findings suggest that optimism and hope could influence on mental health.

Keywords—Hope, optimism, psychological distress, psychological well-being.

I. INTRODUCTION

DISPOSITIONAL optimism was derived from Carver and Scheier's [1] model of behavioral self-regulation, which suggests that actions are greatly influenced by expectations about the consequences of those actions [2]. Optimists habitually hold positive expectancies for the future, whereas pessimists expect negative outcomes. These expectancies are believed to influence an individual's affective experience (i.e., negative vs. positive mood state), and are considered to be stable characteristics that the individual will display consistently across time and context [3]-[5]. The anthropologist Lionel Tiger defined optimism as:

“A mood or attitude associated with an expectation about the social or material future – one which the evaluator regards as socially desirable, to his (or her) advantage, or for his (or her) pleasure”.

Optimism is therefore regarded as a cognitive, affective and motivational construct [6].

Seligman [7] suggested that optimism is goal-related in that optimistic people attempt to avoid negative outcomes and strive towards positive and desired outcomes. Scheier and Carver [7] defined optimism as the expectation that positive outcomes will come about. Optimistic people believe that they will be able to take actions that will ensure these outcomes. When obstacles or blockages to goal attainment occur, those individuals high in optimism tend to experience less distress

and more confidence in approaching these situations and will persist despite obstacles because they believe that they will succeed [7].

According to a goal setting framework, there are two major notions for hope: 1) hope is fueled by the perception of successful agency related to goal (a sense of successful in meeting goals), and 2) hope is influenced by perceived availability of successful pathways for goal achievement (a sense of being able to find or generate successful way to meet goal). In classic text, hope defined as a cognitive set that is based on a reciprocally derived sense of successful (a) goal-directed determination (agency) and (b) planning of ways to meet a goal (pathways) [8].

Hope theory [9] defines hope as cognitions regarding one's expectations and ability to attain important goals. Like optimism, hope involves the expectation that the goals can be attained, but hope also involves cognitions about one's determination and commitment to attain the goal, and the plans and strategies for attaining them. More than just “positive thinking,” hope emphasizes a person's agency and capacity to work towards attainment of goals. This emphasis is made explicit in the two separable but related components articulated in the definition of hope as “a cognitive set that is based on a reciprocally-derived sense of successful agency and pathways” [9].

Hope and optimism [10] are two widely-researched personality traits consisting of cognitions that desired future outcomes are likely to occur. These trait cognitions are thought to influence goal-directed behaviors, which affect goal achievement and psychological well-being, including positive and negative emotions. Research in academic settings has generally supported both theories. Higher hope predicts better academic performance among high school and college students, even when controlling for innate ability [10]. Moreover, higher hope is associated with greater psychological well-being among students. Similarly, optimism is linked to better goal-directed performance and well-being. For example, optimism has been shown to predict better academic performance, less stress, and better physical and psychological adjustment among undergraduates [10].

Despite the similarities between hope and optimism, there is an important conceptual distinction. Hope involves thoughts about one's ability to bring goals to fruition, including the ability to generate routes to reach goals (i.e., pathways) and the motivation to use those routes. In contrast, optimism involves generalized expectancies for future outcomes,

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without regard for one's personal control in affecting those outcomes. Consequently, hope and optimism may have different associations with goal achievement and psychological well-being across situations, depending on the extent to which outcomes are controllable. In highly-controllable situations, hope may be a stronger predictor of performance and well-being than optimism [10].

Optimism is one's beliefs about the outcome of these goal-directed behaviors and is directly concerned with the confidence one has, or the optimism one has that goals will be obtained. Theories of optimism have many similarities to Hope Theory, and optimism has been shown to be conceptually related to hope. Specifically, both theories emphasize goals and outcomes as important, and both are based on the assumption that behavior is motivated by goals [7].

Theories of optimism, unlike hope theory, do not address the origins of pathways or agency thinking, but focus on the expectations of individuals [7]. In short, optimism addresses the belief one has that goals will be achieved and hope addresses how those goals will be achieved and also motivates one to pursue those goals. Hope involves the ability to create paths to achieving goals and the motivation to follow those paths; optimism involves the belief that those goals will be achieved. Hope is more about action in motion and optimism is about belief in the future. Bryant and Cvigros [18] stated that hope has to do with self-efficacy and optimism involves positive reappraisal of predicted outcomes.

Perhaps not surprisingly, a large body of research suggests that optimists enjoy higher levels of subjective well-being [11]. Optimism in first-year college students for example predicts better adjustment, fewer symptoms of depression, and higher levels of well-being, lower attrition rates, and larger perceptions of social support [18]. Dispositional optimism has been linked to a range of positive psychological and physical health outcomes including lower levels of reported depression, fewer somatic complaints, and fewer symptoms of psychological distress and optimism positively associated with greater life satisfaction [12]-[16].

Optimists also enjoy higher well-being than pessimists in the absence of stressors. Although the mechanisms for this advantage are less well characterized, it is likely that the same active orientation that leads optimists to be resilient to stress also leads to greater well-being in the absence of stress [17]. Optimism is negatively related to depressive symptomatology both in the general population and in populations with various chronic conditions, such as cardiovascular disease [18]. Optimism was related to self-esteem, low depression, low negative emotions, and life satisfaction [13], [19]. Ben-Zur [20] found that optimism was negatively associated with negative affect and positively associated with positive affect among adolescents.

Hope also has been negatively correlated with psychological problems and positively correlated with well-being, positive health-related coping, and adjustment to health problems [21]. The researchers have reported that the trait hope was negatively associated with depression and positively

associated with life satisfaction [13]. Research has found that hope is correlated with positive emotions, as well as with self-worth, and lower levels of hope have been found to correlate with higher levels of anxiety [7], [22].

II. METHOD

A. Participants

Participating in this study, 222 respondents (132 males, 90 females) were sampled from the University of Pune, postgraduate student cohorts in India. Ages ranged from 20 years to 35 years at the start of the study ($M = 23.64$, $SD = 3.3$). Participants completed the questionnaires in a phase, over the duration of almost one month. They completed the Optimism, Hope and Mental Health Questionnaires.

B. Measures

Optimism: Optimism was assessed by using the LOT-R [23]. The LOT-R is a 10-item scale that includes three positive items (e.g., "I'm always optimistic about my future") and three negative items (e.g., "If something can go wrong for me, it will"). Four filler items are not used in scoring. Responses are made using the following options: 0) strongly disagree, 1) disagree, 2) neutral, 3) agree, and 4) strongly agree. Negative items are reverse scored and summed with positive items, and the scale has strong predictive and discriminative validity [14]. The internal reliability reported by the original authors was 0.78, while others report lower internal reliability of 0.60 [1].

Hope: The Hope Scale (HS) [24] is a 12-item Likert-type scale with four items assessing pathways, four items assessing agency, and four distracters. The HS yields separate scores for the Pathways and Agency Subscales, or the entire Hope Scale can yield one score. In this respect, confirmatory factor analyses across multiple college student samples support using the agency and pathways subscale in creating a higher order hope factor [25]. Response options range from 1 = definitely false to 8 = definitely true. Both Cronbach's alpha (from 0.74 to 0.84) and test-retest reliabilities (0.73–0.82 over an 8–10-week period) are acceptable for the eight items in the two hope subscales. Validity of the HS for use among undergraduate student and the adult community populations has been established through 10 years of empirical research as described previously. In the current study, the alpha for the combined hope scale was 0.77, and the alphas for the Agency and Pathways subscales were 0.79 and 0.69, respectively [26].

The Mental Health Inventory (MHI): The Mental Health Inventory [27] is a 38-item measure designed for use in clinical or non-clinical samples. It yields three subscales (anxiety, depression, and loss of behavioral/emotional control) contributing to a global psychological distress scale, and three subscales (general positive affect, emotional ties, and life satisfaction) contributing to psychological well-being. The alphas for the two global scales ranged from 0.92 to 0.96, and test-retest reliabilities were 0.56 to 0.64 over a one-year period [25]. Veit and Ware [25] used confirmatory factor analysis in supporting two- and five-factor solutions in various adult community samples. Ostroff et al. confirmed only the two-

factor solution among the adolescent subset in Veit and Ware's original sample. Heubeck and Neill [25] similarly found support for only the two-factor solution in a sample of Australian adolescents and recommended this factor structure for future research in adolescent populations. Accordingly, we used the two-factor solution in the current study. An example of psychological distress item is: "How often, during the past month, have you felt so down in the dumps that nothing could cheer you up?" An example of psychological well-being item is: "How much of the time, during the past month, have you felt cheerful and light-hearted?"

C. Data Analysis

The data were analyzed and evaluated by using SPSS 19.00 (Statistical Package for Social Sciences). Mean and standard deviation were used as descriptive analysis. Pearson's correlation coefficient was used to study the relationship optimism, hope and mental health and its dimensions with psychological well-being and life psychological distress.

III. RESULTS

Table I presents the means and standard deviations of the study variables.

TABLE I
MEAN AND STANDARD DEVIATIONS OF THE STUDY VARIABLES (N=222)

Variable	Mean	SD
Optimism	14.23	5.02
Hope	48.74	8.47
Psychological Well-being	49.17	10.16
Psychological Distress	59.41	14.70

In order to study the relationship of mental health and its dimensions (psychological well-being and psychological distress) with the hope and optimism in the postgraduate students, Pearson's correlation coefficient was used. The correlation is presented between the research variables in Table II.

TABLE II
CORRELATION AMONG OPTIMISM, HOPE, PSYCHOLOGICAL WELL-BEING AND PSYCHOLOGICAL DISTRESS

Variable I, II, III and IV	I	II	III	IV
I-Optimism	1.00			
II-Hope	-0.23**	1.00		
III-Psychological Well-being	0.24**	0.28**	1.00	
IV-Psychological Distress	-0.20**	-0.13*	-0.35**	1.00

**P < 0.01 *P < 0.05

As expected, optimism and hope were significantly and positive correlated ($r = 0.23$, $p < 0.01$), and both optimism and hope were significantly correlated with psychological well-being ($r = 0.24$, $p < 0.01$, and $r = 0.28$, $p < 0.01$, respectively). Optimism and hope were also significantly and negatively correlated with psychological distress ($r = -0.20$, $p < 0.01$, and $r = -0.13$, $p < 0.05$, respectively). Eventually, psychological well-being and distress were significantly and negatively correlated ($r = -0.35$, $p < 0.01$).

As specified from correlation analysis, there is a positive

and significant correlation between psychological well-being and hope with optimism. And also there is a negative correlation between optimism and hope with psychological distress.

IV. DISCUSSION

The purpose of the present research was to study the relation between optimism, hope and mental health in students. The results of the present research indicated that there is a significant relationship between optimism, hope and psychological distress and psychological well-being among the students.

The results of the study indicated that optimism is positively related to psychological well-being and optimism is negatively related to psychological distress. The results are consistent with this view; numerous studies have found that optimism is associated with well-being [4]. Optimism is negatively related to depressive symptomatology in the general population [15], [18], and optimism has been found to be associated with greater life satisfaction [19]. Additionally, the relationships between pessimism and negative affect, and between optimism and positive affect, are well established in the literature [28].

The results of this study showed that there was a positive correlation between the optimism and hope, but the magnitude obtained was slightly lower than those obtained by Gibb, Holleran and Snyder [13]. This means that generally the two constructs of optimism and hope were related, even though ideally, hope and optimism should be more independent so that they are not redundant constructs. Also, hope was positively related to psychological well-being. The results are consistent with previous studies; hope has been negatively correlated with psychological problems and positively correlated with well-being [13], [7].

The study of the relation between optimism, hope and mental health is of importance, since it allows us to understand the ways that optimism and hope relate to personal beliefs in shaping outcome expectations. However, optimism and hope could influence on mental health.

ACKNOWLEDGMENT

The authors would like to thank the students who participated in the survey.

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