

Optimism and PTSD: A Review

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ABSTRACT

This comprehensive review investigates the intricate relationship between optimism and post-traumatic stress disorder (PTSD), providing essential insights for mental health interventions. The study explores the potential protective role of optimism in navigating traumatic experiences by synthesizing findings from diverse research samples, including survivors of motor vehicle accidents, war veterans, and individuals exposed to various traumas. The literature review encompasses studies investigating dispositional optimism's influence on stress reactions, and the moderating role of optimism in the relationship between traumatic exposure and PTSD symptoms. This research reflects the association between optimism and levels of PTSD symptoms concerning trauma. Most research studies revealed that optimism is negatively related to distress and intrusive thoughts in response to trauma. We also noted that there is no correlation between optimism and trauma. It was also concluded that females have a higher risk of PTSD experience than males due to differences in affective and cognitive processing of trauma situations.

Keywords: PTSD, PTG, Optimism, Trauma

Optimism is defined as a self-reported general expectancy of good things to happen relative to bad things (Scheier, Carver, & Bridge, 1994).

“PTSD can be defined as intrusive memories of the traumatic event experienced by an individual, often accompanied by high threat vigilance, avoidance of interpersonal relationships, anxiety, and impairment of concentration and memory.” (Keane, Zimering, & Caddell, 1985).

Post Traumatic Growth

Post-traumatic growth can be defined as the individual experience of positive changes or betterment of lifestyle that came out of the difficulties in an individual's life. It is an outcome of coping and trauma.

Positive psychological growth and transformation as a result of a traumatic incident are known as posttraumatic growth (PTG) (Ho et al., 2011). PTG appears to emerge as a result of

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Optimism and PTSD: A Review

effective coping mechanisms. Positive coping techniques such as hope and optimism are important in developing PTG. PTG is defined as an increase in personal functioning and well-being compared to before the individual was exposed to a traumatic incident. It leads to enhanced life happiness, more meaningful interpersonal interactions, and a greater sense of personal strength in the individual (Bostock, Sheikh & Barton, 2009).

Experiencing trauma

Norris (1990) broke down the trauma experience into five key elements or aspects connected to an individual's traumatic event experience. The first aspect is a loss like loss of property and people; the higher the loss is, the more significant's impact of the event. The second aspect is the scope of the event, which is also imperative, as the more people who are affected injured, or killed will impact the individual's reactions to the traumatic event. Third, the threat to life and physical integrity relating to the experience of trauma (Norris, 1990).

Psychological distress and PTSD symptoms are related to the degree to which an individual's life is threatened—fourth, the feeling of being blamed affects an individual's distress levels. Sixth is the event's familiarity which helps to reduce psychological anguish, most noticeable in natural catastrophe scenarios, where victims anticipate the calamity and know what to expect, making them more likely to overcome hardship faster since they have previously done so in the past (Norris, 1990).

Optimism in trauma

The relationship between optimism and trauma has been studied in a variety of categories of people who have faced hardship. People's perceptions of their ability to cope allow them to have an optimistic attitude toward life and expect good things to happen as they influence their settings. (Benight & Bandura, 2004). Optimism has been linked to positive psychological functioning (self-efficacy, self-esteem) and with a positive effect on PTSD symptoms following tragic events (Carver et al., 2005). Optimism has been shown to shield survivors against the harmful effects of traumatic events like war (Besser et al., 2015), terrorism, and battle (Ai et al., 2006). These studies show that optimism has a favourable impact on the harmful effects of trauma.

Dispositional Optimism

“Dispositional optimism is a generally stable expectation that good things will happen” Carver, Scheier, & Segerstrom (2010). Dispositional optimism is a personality attribute that refers to the assumption that one's outcomes will be positive in general. When optimistic people have to deal with challenging but manageable situations, they are more likely to employ problem-focused techniques like planning. In contrast, they are more likely to use emotion-focused strategies like cognitive restructuring when dealing with uncontrollable events. (Nes & Segerstrom, 2006). In one study, low PTSD level was directly linked with dispositional optimism, which was seen after natural disasters (earthquakes) in New Zealand (Kuijer, Marshall, & Bishop, 2013).

Furthermore, stronger dispositional optimism has improved stress and trauma coping (Carver, Scheier, & Segerstrom, 2010). High levels of dispositional optimism have been linked to higher levels of well-being and lower levels of PTSD and other trauma-related disorders like depression, dissociation, and anxiety in traumatized people (Ai et al., 2015).

Explanatory Model

The theories of attribution and learned helplessness inform the notion of optimism as an explanatory style (Seligman, 1990). External, unstable, and particular causes are typically attributed to failures and bad occurrences in an optimistic explanatory style; internal, stable, and global causes are usually attributed to negative events in a pessimistic explanatory style. Seligman (2003) sees the fundamental difference between optimistic and pessimistic explanatory styles in how they judge the causes of success or failure the pervasiveness of good and bad occurrences, and the capacity to retain and develop optimism.

Cognitive Processing Model

Horowitz proposed a cognitive-processing hypothesis of PTSD (1986), based on information processing research and psychodynamic theory, mentioned that an individual is overwhelmed by their traumatic experience after initial anguish or shock, leading to the activation of defence mechanisms (those outlined by Freud), which keep the traumatic memory in the unconscious and generate symptoms of denial and numbness. Furthermore, he said that people have a completion tendency, which causes trauma memories to be brought into awareness through flashbacks and dreams; for example, when integrating the traumatic experience into the individual's pre-existing schema, periods of denial and intrusion alternate.

The cognitive model of post-traumatic stress disorder: Ehlers and Clark (2000)

Ehlers and Clark (2000) believed that negative assessments of what happened underlying the development of PTSD are based on classical cognitive theory. They claim that PTSD patients have extremely negative perceptions of external threats, seeing the world as a dangerous place, and internal threats, seeing themselves as helpless, leading to misreading situations. PTSD develops when a traumatic memory triggers a sensation of impending danger, exacerbated by overly negative assessments of what occurred. They further contend that some stimuli become firmly connected with specific reactions and that the condition will persist unless they are treated. Individuals are frequently unaware of their particular triggers, and the therapy developed from this model places a strong emphasis on identifying them and then devising experiments to overcome them.

METHODOLOGY

Objective

Through a thorough analysis of the body of prior research, this study seeks to comprehensively evaluate and assess the connection between optimism and post-traumatic stress disorder (PTSD).

Procedure

PsycINFO, PsycARTICLES, PubMed, Springer, Taylor & Francis, Researchgate, Google Scholar, and other databases were searched for published articles on the subject of Optimism and Trauma or PTSD between 2001 and till present. 16 papers were included in the review out 36 papers which was reviewed.

Rationale

This review seeks to investigate the connection between optimism and post-traumatic stress disorder (PTSD), offering crucial insights for mental health interventions. It reveals the possible shielding effect of optimism in surviving stressful events through a review of the research. The results provide important information for mental health practitioners and governments, as traumatic incidents are commonplace throughout the world. Examining post-traumatic growth also deepens our understanding and serves as a foundation for solutions

supported by research. This study is topical given the worldwide issues we face today, including the COVID-19 epidemic. It paves the way for more research and treatments in the fields of trauma-focused mental health and positive psychology.

REVIEW OF LITERATURE

According to (Zoellner.T, 2008), Neither optimism, which represents the illusory side, nor the two characteristics of openness, which represent the constructive side, were substantially connected to PTG. The relationship between optimism and PTG was inverse, implying that Motor Vehicle Accident (MVA) survivors who had low optimism had higher PTG than those who had high optimism. The method used was a regression analysis; the participants included in this study were German survivors who had gone through an MVA 6 months before the testing, i.e., from the 232 sample size, only 132 were given assessments and taken as the final sample for this study.

A study aimed to explore the relationship between dispositional optimism and stress in reaction to the trauma. The sample included 159 participants exposed to traumatic events (people working at crash sites) with an age range of 18-68 years. The results showed that although being exposed to trauma, having an optimistic view of life is stable as participants were assessed three times after a few months. Also, higher dispositional optimism was related to distress at every three points, even as the participants' distress levels decreased. (Dougall. An et al., 2001).

It was reported in a paper titled “How do social support and optimism moderate the relationship between traumatic exposure and PTSD symptoms?” (Wojcierowska, 2015). The sample size was 108 people, and only 100 samples were taken for correlational analysis, multiple regression, and moderation analysis. The results showed that Optimism did not moderate the relationship between exposure to any traumatic events in the last 12 months.

The following study was to find the role of childhood sexual abuse, social support, and optimism in the development of post-traumatic traumatic stress disorder; the sample included 427 women recruited from rape crisis centres in Coachella Valley communities. The age range was from 18 to 55 years. It was found that there is a negative relationship between optimism level and PTSD. (Monahan, 2008).

The researcher studied the role of dispositional optimism in the severity of PTSD symptoms following a traumatic event in adulthood after exposure to abuse and neglect during childhood. The sample size of this study was 108, aged from 18 to 60 years. It was recruited from visiting the ED (Emergency Department) in Ohio, USA, within 48 hours after the occurrence of a traumatic event. The finding of this study indicates that the severity of childhood abuse was linked to a lower level of optimism, which was linked to more severe PTSD symptoms.

A study by Gil and Weinberg 2015 titled Coping Strategies and Internal Resources of Dispositional Optimism and Mastery as Predictors of Traumatic Studies studied 827 Israeli students exposed to lifetime trauma. The findings of the study indicated that those high on the dispositional optimism trait reported a lower risk of PTSD symptoms after such exposure.

In a study, the researchers tried to explore and understand the relationship between war-related experiences, optimism, and trauma. The sample size was 444, of which 314 people were men and 128 people were women, who were aged between 20 to 70 years, and were former refugees from Liberia, which is a country in West Africa. It was found that there is no

Optimism and PTSD: A Review

significant relationship between optimism and war and between optimism and trauma. (Acquaye et al., 2018).

The study titled “Dispositional Optimism Buffers Combat Veterans from the Negative Effects of Warzone Stress on Mental Health Symptoms and Work Impairment (Thomas et al., 2011) surveyed 2,439 soldiers before their 12 months of deployment to Iraq. The symptoms of post-traumatic stress disorder (PTSD), depression, battle exposure, deployment demands, and occupational impairment were all assessed. Soldiers with stronger dispositional optimism had lesser correlations between combat exposure and PTSD symptoms, PTSD and depression symptoms, and deployment demands. The following study focused on finding the association between dispositional optimism with trauma experience and PTSD. The sample included over 300 participants (Lithuanians) with an age range of 18-73 years with the specificity of three generations that is youngest, middle, and oldest (mean age of 21.95, 47.50, and 66.26 years respectively). In the result, it was found that the participants with more optimism had fewer PTSD symptoms despite going through a highly traumatic event quite recently, so there was a negative relation between optimism and symptoms of PTSD (Rasytine. M, Gailiene. D et al., 2014).

The researchers in the following research did a longitudinal study to understand the protective role of optimism and posttraumatic stress symptomology on optimism protective effects. The data for this study came from a prospective survey of ministry staff (n = 256), which was conducted 1, 2, and 3 years after the 2011 Oslo bombing. The findings revealed that degrees of exposure and optimism had a significant influence on the initial levels of post-traumatic stress. There were no correlations between optimism and the pace of change in symptoms of post-traumatic stress. (Birkeland, Blix, Solberg & Heir, 2016).

A study aimed to investigate optimism's role in post-traumatic distress related to the 9/11 terrorist attack. The sample included 457 students with an average age of 29 years. The results revealed that optimism is the protective factor, especially for the group at risk of this disaster/attack. Also, risk participants who were acquainted with a victim of the attack had high optimism or had a positive attitude and showed low severity of PTSD symptoms like avoidance, re-experiencing, and arousal symptoms (Ai. A., 2006).

The study titled “Optimism, Coping, and Posttraumatic Stress Severity in Women in the Childbearing Year ” analyzed the telephonic interview of 1518 nulliparous women from a study titled “Psychobiology of PTSD & Adverse Outcomes of Childbearing.” The research studied two coping variables; in four trauma-exposed group cohorts, two coping variables (active and avoidant) were investigated, as well as four trauma exposure group cohorts (PTSD-positive, gram-positive, nonexposed, and partial PTSD). The relation between demographics, trauma-exposure groups, optimism, and PTSD was explored. The findings indicate that the trauma-exposed and nonexposed groups expressed much less optimism than the PTSD-positive group. Additionally, factors such as socioeconomic position, optimism, and several reported traumas influenced the intensity of PTSD. Higher active coping, less avoidant coping, and less somatization were indicated by those women who expressed more optimism (Sandra A.; Seng, Julia S., 2013).

The study “Optimism and Posttraumatic Stress Disorder in Childbearing Women” aimed to see if the level of optimism differed between pregnant women with PTSD, those with trauma exposure but no PTSD, and those with no trauma exposure but no PTSD, as well as to see if PTSD-related characteristics were linked to the level of optimism in the PTSD group. Results

Optimism and PTSD: A Review

indicated that Women with lifelong PTSD who fulfilled DSM-IV diagnostic criteria scored considerably lower on the LOT-R measure of optimism than women who had trauma exposure but no PTSD or women who had no trauma exposure (Oetting & J, 2006).

In a study, the aim was to find whether positive expectancy like optimism protects against PTSD. The study systematically reviewed information from different articles and dissertations with inclusion criteria of The LOT or optimism and PTSD samples. The results revealed that optimism is moderately related to PTSD, and there is a negative association between optimism and the level of PTSD symptoms (Gallagher. W., Long. L & Phillips. C., 2019).

A study aiming to find the relationship between optimism and personal recovery after exposure to trauma due to a tornado included 3216 participants who experienced a severe tornado (April 2011) above 18 years. The tools used were LOT-R (1994) for dispositional optimism and a 7-item scale derived from DSM-IV criteria (1999) for assessing PTSD symptoms. The results found that Post-traumatic stress was related to home damage income and low optimism as important factors predicting PTSD symptoms. Hence dispositional optimism and symptoms of PTSD were found to be negatively related (Carbone. E & Echols. E., 2017).

The following study explores the relationship between perceived stress, PTSD symptoms, and Post-traumatic growth (PTG) related to the COVID-19 lockdown. There were 167 participants (Greek) aged 18-70 years. The tools used were the LOT-R (1994); Impact event scale (IES) (avoidance behaviors and the intrusiveness of memories of traumatic events); and the Post-traumatic growth inventory- PTGI (1996), including domains like spiritual --existential change and appreciation of life. The results revealed that the higher the avoidance behaviours, the higher the manifestation of PTG dimensions like changes in life appreciation, spirituality, and personal strength. Hence positive relationship was derived between optimism and higher PTG manifestation factors. It also found that females have a higher risk of PTSD experience than males due to differences in affective and cognitive processing of trauma situations (Flora Koliouli. F & Canellopoulos. L., 2021).

DISCUSSION

The study investigates the role optimism plays in dealing with stress related to trauma. Hope is one of the VIA- Inventory of Strength. Optimistic thinking is a part of this character strength. Given the contemporary world scenario, it is safe to say that humankind is not at its best. The world was starting to recover from the pandemic when the war broke out.

Additionally, the climate crisis has resulted in relatively unstable climate conditions, putting the people dependent on nature for their livelihood in jeopardy, not to forget the frequent forest fires. These events could be a significant source of distress to an individual. Optimism is a popular character strength and has the potential to be both a coping and protective factor against stress due to a traumatic event. Through this review, we explore the scope of optimism when encountering a stressful or traumatic event in an individual.

Optimism is broadly explained using both a personality trait and an explanatory style. Most researchers took dispositional optimism as their variable and, at times, came up with other variables such as social support, personal recovery, etc. Another recurring variable in studies on Optimism and Post Traumatic Stress is Post Traumatic Growth.

Optimism and PTSD: A Review

A negative correlation was found between Optimism and PTSD or trauma in all the papers, except in one research conducted on Liberian war refugees. The literature review findings indicate no correlation between optimism and trauma. The results demonstrated that exposure levels and optimism had a substantial impact on the initial levels of post-traumatic stress. Still, optimism and the rate of change in post-traumatic stress symptoms had no link. These findings suggest that optimism can help reduce excessive exposure to avoidance and numbing. Dysphoric arousal symptoms, but not intrusions or anxious arousal symptoms; according to these findings, individuals with a high level of optimism may still have intrusions and tense arousal after a traumatic event. Still, they may be better equipped to cope with them, avoiding avoidance, numbness, and dysphoric arousal.

Furthermore, gender differences in the vulnerability towards developing the symptoms of PTSD were found; females are more vulnerable to developing the negative trauma response than males. It was also found that exposure to a traumatic reply in childhood is linked to a lower level of optimism, related to a high level of PTSD symptoms.

CONCLUSION

This research reflects the association between optimism and levels of PTSD symptoms concerning trauma. Most research studies revealed that optimism is negatively related to distress and intrusive thoughts in response to trauma. We also noted that there is no correlation between optimism and trauma. It was also concluded that females have a higher risk of PTSD experience than males due to differences in affective and cognitive processing of trauma situations.

REFERENCES

- Acquaye, H. E., Mitchell, M. D., Saliba, Y., Oh, S., & Heard, N. (2018). Optimism in trauma and growth: a path analysis of former war-related displaced persons. *Journal of Pedagogical Research*, 2(1), 16-29.
- Ai, A. L., Evans-Campbell, T., Santangelo, L. K., & Cascio, T. (2006). The Traumatic Impact of September 11, 2001, Terrorist Attacks and the Potential Protection of Optimism. *Journal of Interpersonal Violence*, 21(5), 689–700. <https://doi.org/10.1177/0886260506287245>
- Ai, A. (2006). The Traumatic Impact of September 11, 2001, Terrorist Attacks and the Potential Protection of Optimism. *Journal of Interpersonal Violence*, 21(5), 689–700. doi:10.1177/0886260506287245
- Birkeland, M. S., Blix, I., Solberg, Ø., & Heir, T. (2017). Does optimism act as a buffer against posttraumatic stress over time? A longitudinal study of the protective role of optimism after the 2011 Oslo bombing. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9(2), 207–213. <https://doi.org/10.1037/tra0000188>
- Carbone, E & Echols, E. (2017). Effects of optimism on recovery and mental health after a tornado outbreak. *Psychology & Health*, 32(5), 530–548. doi:10.1080/08870446.2017.1283039
- Chen, J., Christ, N. M., Shih, C.-H., Xie, H., Grider, S. R., Lewis, C., ... Wang, X. (2021). Dispositional optimism mediates relations between childhood maltreatment and PTSD symptom severity among trauma-exposed adults. *Child Abuse & Neglect*, 115, 105023. doi:10.1016/j.chiabu.2021.105023
- Dougall, An et al., (2001). Optimism and Traumatic Stress: The Importance of Social Support and Coping., 31(2), 223–245. doi:10.1111/j.1559-1816.2001.tb00195.x
- Ehlers, A., & Clark, D. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, 38(4), 319-345. DOI: 10.1016/s0005-7967(99)00123-0
- Flora Koliouli, F & Canellopoulos, L., (2021). Dispositional optimism, stress, post-traumatic stress disorder, and post-traumatic growth in the Greek general population facing the

Optimism and PTSD: A Review

- COVID-19 crisis. *European Journal of Trauma & Dissociation*, doi:10.1016/j.ejtd.2021.100209
- Gallagher, Matthew W., Long, L & Phillips, C., (2019). Hope, optimism, self-efficacy, and posttraumatic stress disorder: A meta-analytic review of the protective effects of positive expectancies. *Journal of Clinical Psychology*, jclp.22882–doi:10.1002/jclp.22882
- Gil, S., & Weinberg, M. (2015). Coping strategies and internal resources of dispositional optimism and mastery as predictors of traumatic exposure and PTSD symptoms: A prospective study. *Psychological Trauma: Theory, Research, Practice, and Policy*, 7(4), 405–411. <https://doi.org/10.1037/tra0000032>
- Horowitz, M.J. (1993). Stress-Response Syndromes. In: Wilson, J.P., Raphael, B. (eds) *International Handbook of Traumatic Stress Syndromes*. The Plenum Series on Stress and Coping. Springer, Boston, MA. https://doi.org/10.1007/978-1-4615-2820-3_4
- Jonathan I. Bisson (2009). Psychological and social theories of post-traumatic stress disorder. 8(8), 290–292. doi:10.1016/j.mppsy.2009.05.003
- Keane, T. M., Zimering, R. T., & Caddell, J. M. (1985). A behavioural formulation of posttraumatic stress disorder in Vietnam veterans. *The Behavior Therapist*, 8, 9- 12.
- Monahan, R. (2008). The role of childhood sexual abuse, social support, and optimism in developing post-traumatic stress disorder. Retrieved 22 April 2022, from <https://scholarworks.lib.csusb.edu/etd-project/3406>
- Rasytine, M, Gailiene, D et al. (2014). Trauma experience, psychological resilience and dispositional optimism: Three adult generations in Lithuania. *Psychology*. 49. 20-33.
- Rauch, S. A. M., Defever, E., Oetting, S., Graham-Bermann, S. A., & Seng, J. S. (2013). Optimism, coping, and posttraumatic stress severity in women in the childbearing year. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(1), 77–83. <https://doi.org/10.1037/a0022214>
- Scheier, M. F., Carver, Ch. S., & Bridges, M.W. (2002). Optimism, pessimism and psychological well-being. In Chang, E.C. Ed. (2002). *Optimism & Pessimism*. APA, Washington, DC.
- Scheier, M.F., Carver, Ch.S., & Bridges, M.W. (1994). 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.
- Seligman et al. (1988). Explanatory style change during cognitive therapy for unipolar depression. *Journal of Abnormal Psychology*, 97, 13 – 18.
- Tanja Zoellner; Sirko Rabe; Anke Karl; Andreas Maercker (2008). Posttraumatic growth in accident survivors: openness and optimism as predictors of its constructive or illusory sides. 64(3), 245–263. doi:10.1002/jclp.20441
- Thomas, J. L., Britt, T. W., Odle-Dusseau, H., & Bliese, P. D. (2011). Dispositional optimism buffers combat veterans from the adverse effects of warzone stress on mental health symptoms and work impairment. *Journal of Clinical Psychology*, 67(9), 866–880. <https://doi.org/10.1002/jclp.20809>
- Wojciewowska, B. (2015). How do social support and optimism moderate the relationship between traumatic exposure and PTSD symptoms?: a thesis presented in partial fulfilment of the requirements for the degree of Master of Arts in Psychology at Massey University, Albany, New Zealand. Retrieved 21 April 2022, from <https://mro.massey.ac.nz/handle/10179/7014>

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Conflict of Interest

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Optimism and PTSD: A Review

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