

Optimistic Outlook and Its Relation with Physical and Psychological Symptom Reporting

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ABSTRACT

This empirical paper presents a correlation between optimism and physical and mental health. Optimism is a positive variable and is found very much beneficial for maintaining health in several studies. Actually optimism is the belief that good things will happen and this belief can help a lot for physical wellbeing, psychological well-being, coping and stress management. Present study was undertaken on mothers and their children. Sample was comprised of 300 people. There were 75 chronically ill children and their mothers (75) and 75 normal healthy children and their mothers (75). All children were aged between 8-12 years. Chronically ill children were those, who were suffering from any chronic disease. Mother's optimism was measured through LOT and physical and mental health was assessed by PGIHQN1 (physical symptom reporting and psychological symptom reporting). Results revealed that optimism is very significantly correlated with physical and psychological symptom reporting. In all the three groups (combined, ill, and healthy) mothers who were optimistic reported fewer physical and psychological symptoms of illness. Thus it can be said that mothers felt physically and psychologically healthier with their optimistic outlook.

Keywords: *Optimism, Physical symptom reporting, Psychological symptom reporting*

Optimism is a positive trait of any human being. Optimism is related with our belief system. Optimists say that glass is half full and pessimists say that glass is half empty. So things are the same but perception is different. Optimists see positive side of any event and this view help them very much in maintaining balance in life. Optimism is the belief that good things will happen. Scheier and carver, 1992 propose that personality trait of optimism has beneficial effects on physical and mental health. They define this trait of dispositional optimism, as a stable generalized expectation that desired and favorable happening will take place. Carver & Scheier (1981) view these expectancies as most important and say that person may hold favorable expectancies for any number of reasons, because of personal efficacy, because the person is

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lucky, because he or she is favored by god or any other reason. In every case result should have optimistic orientation that means positive things will happen.

It is true that people's actions are generally affected by their beliefs about the probable outcomes of those actions, even when doing so is difficult. When outcomes seem sufficiently unattainable people reduce their efforts and eventually disengage themselves from those goals. Thus outcome expectancies have major implication for behaviors, either continued striving behaviors or giving up and running away behaviors (Roth & Cohen, 1986). This kind of mechanism is self regulation of behavior (Carver & Scheier, 1981).

Positive and negative expectations regarding the future are important for understanding the vulnerability to mental disorders as well as to physical illness. A significant positive relation emerges between optimism and coping strategies. Optimism has also indirect influence on quality of life. Studies report that optimism may significantly influence mental and physical well being by the promotion of a healthy life style as well as adaptive behaviors

Studies reported that optimism may be very beneficial for physical and mental well being. Reker and Wong (1983) found that persons assessed earlier as optimists (compared to pessimists) reported fewer symptoms at the time of the two year follow up, along with more positive physical, psychological and general well being. Scheier & Carver (1985) found in their study on student population during stressful time (semester exams) that optimists reported significantly fewer physical symptoms than did pessimists across time. It was also found that optimistic subjects were healthier and happier than their non optimistic counterparts. Martinez 2006 found that optimists also under reported negatively valance information (susceptibility to stress and symptoms) and over reported positively valance information. (Preventive health behavior). Thus optimistic outlook of mother will be very beneficial in the case of chronically ill child as well as normal healthy child. Therefore optimism concept should be integrated in treatment and prevention programs respectively for psychological and physical health to improve well being.

Many studies have found that optimism is correlated with better physical well being compared to pessimism. Moreover, in contrast with optimism, pessimism is correlated with excessive somatic complaints .In a study, an inverse correlation was reported between dispositional optimism and risk of cardiovascular death (Giltay etal, 2006). Actually optimism is a protective factor for physical and psychological well being. Scheier & Carver (1991) replicated these findings on adaptation to college. In another study Scheier etal (1989) reported that compared to pessimists, optimists were significantly less likely to have developed new Q – waves in their ECG as a result of surgery. It was also found in this study that optimists normalized their lives in general more quickly than pessimists.

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Psychological well being and mental health were also found significant in case of optimism. Carver and Gaines (1987) found an inverse prospective association between optimism and postpartum depression with expectant mothers. Scheier et al (1989) reported a relationship between optimism and subjective well being on CABS patients and said that optimists reported lower levels of hostility and depression than did pessimists. Optimists also reported a much more favorable quality of life at the time of 6 months follow up. Pozo et al (1990) found an inverse relationship between optimism and postsurgical distress. Several other studies showed that optimism is related with coping, positive health habits, symptom reporting and explanatory style. Optimists explained bad events with external, unstable and specific causes than pessimists did. Recent studies have found an inverse correlation between optimism and depressive symptoms (Hart et al, 2008) and also between optimism and suicidal ideation (Hirsch et al, 2007). Thus it seems that optimism has an important moderating role in association between feelings of loss of hope and suicidal ideation (Hirsch et al, 2007). They have recently studied the association between dispositional optimism and depression in victims of a natural disaster.

Thus in the light of above cited studies it can be hypothesized that optimists will have better physical and mental health and will report lesser physical and psychological complaints. In this study the main objective was to see the relationship between optimism and physical and psychological symptom reporting of mothers.

METHODOLOGY

Sample

The sample comprised of three hundred persons. There were two groups of children between the ages of 7 and 13 years and their mothers. Group I consisted of 75 chronically ill children and their mothers 75 and Group II consisted of 75 normal healthy children and their mothers (75). Group II served as a control group. In Group I ; children who were suffering from some type of chronic illness like TB, epilepsy, kidney trouble, rheumatic heart disease, congenital heart disease, sickle cell anemia and asthma were included. In both groups children from different socioeconomic classes – low, medium, and high were interviewed.

Instruments

Two measures were used in this study,

- 1. LOT for optimism of mother:** LOT is a measure of optimism developed by Scheier & Carver (1985) The LOT consisted of 13 items. Out of these, nine items are related with dispositional optimism and four are filler items. Five items are phrased in positive way (item number 1,4,5,11 & 13) (e.g. “In uncertain times, I usually expect the best”) and four are phrased negatively (item number 3,8,9,12) (e.g. “ if something can go wrong for me, it will”). Filler items are (2, 6, 7 & 10) like, “I like to be with my friends”. Respondents were asked to answer each item by indicating the extent of their agreement on a 5 point Likert type scale, ranging from “strongly agree” (5) to “strongly disagree”(1).

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Negatively phrased items were scored in a reversed manner. Thus the answer “strongly agree” was awarded a score of “1” and “strongly disagree was awarded a score of “5”.

The total sum of the scores obtained on the 5-point. Scale gives the optimism score of the respondent. Scores of the filler items were not taken in the total sum of the score of dispositional optimism. Scores ranged between 9 to 45 on this scale and high score was a symbol of high optimism.

2. PGI Health questionnaire N-1 (PGIHQ-N1)

This questionnaire of Verma Wig & Pershad, 1985) was used to assess mother’s neurotic tendencies and their reporting of physical and psychological complaints. It is an indigenous tool for distinguishing between neurotic / psychiatric and normal subjects having physical and psychological complaints. It comprises 38 items and is divided into two sections. A (Physical distress, 16 items) and B (psychological distress, 22 items). Responses to this questionnaire fall into two categories –yes and no. Reliability of this test was assessed by the test retest and spit half methods and worked out to 0.88 and 0.86 respectively. It was observed that the total score of PGI-HQN1 was highly correlated with similar traits on other scale. The validity score with the MPI (N scale) was found to be 0.72

Procedure

Many pediatricians and pediatric surgeons of the city were contacted and subjects were selected from their outpatient clinics so as to collect data on chronically ill children and their mothers. These children and their mothers were interrogated individually and relevant information was obtained using different instruments. Healthy children and their mothers were contacted at their homes.

RESULTS

Collected data was scored and correlations between mother’s optimism and her physical and psychological complaint reporting were computed. This correlation was depicted in table No. 1. It was found that correlation between mother’s optimism and her symptom reporting is significant.

Table No. 1 Correlations between mother’s optimism and her symptom reporting

Combined Group			Healthy Group			Ill Group		
Physical	Psychological	Total	Physical	Psychological	Total	Physical	Psychological	Total
-.30**	-.13**	-.42**	- .19	-.26*	-.25*	-.36**	- .53**	-.54**

Mother’s optimism is significantly and negatively correlated with her symptom reporting. It was found in all the three groups. Mother’s psychological symptom reporting appears more important than physical symptom reporting. In the chronically ill group, correlations between mother’s optimism and her complaint reporting were found more significant and higher degree.

DISCUSSION

Empirical data of the present study very strongly poses that optimism is related with physical and mental health. Optimistic individuals have fewer physical and psychological complaints with their life. If there is any problem like illness of her child then also, mothers with optimistic outlook help themselves to cope with the situation. Optimism gives mental support to them. Another side is that if mother has optimistic outlook then it is quite in line that she will expect more from her child. In case of chronic illness of her child she will also be optimistic about treatment and curve of the illness. A study (O'Brien et al. 1995) also reported that optimistic subjects were healthier and happier than their non optimistic counterparts. Optimists also under reported negatively valence information (susceptibility stress and symptoms) and over reported positively valence information. (Preventive health behavior). Thus optimistic outlook of mother will be very beneficial in the case of chronically ill child and as well as for normal healthy child. Thus optimism variable should be integrated in treatment and prevention programs respectively.

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