

Personality and social psychology essay sample

[Psychology](#)



**ASSIGN
BUSTER**

The comparison of quality of life and coping styles was made more meaningful by the fact that three optimism groups, high, moderate and low, had distinctly different means scores. Optimism proved to be an important trait-like quality for understanding differences in perceived quality of life and in coping. The highly optimistic students' profiles portray a very effective style rather than a defensive, response bias style. High optimists endorsed the highest overall quality of life (Scheier et al., 1989), found similar results for highly optimistic patients dealing with heart conditions. Secondly, these highly optimistic patients dealing with heart conditions. Secondly, these highly optimistic students were more satisfied with their quality of life than were low optimists/pessimists.

There were also gender differences in quality of life. Women were significantly more satisfied with their quality of life. Women students seem to be more psychologically minded and also concerned with social relationships. In terms of coping styles, women used more religion, venting, and emotion-focused measures. Many of these results are not surprising in that attention to feelings and religion is consistent with women's gender roles.

Men placed more importance on their quality of life resources, but were less satisfied and thus seem to not be meeting their own standards. In terms of coping, men used more acceptance and humor. The acceptance factor is interesting as it is in contrast with male students' dissatisfaction in quality of life. Perhaps the quality of life discrepancy represents standards used by men to measure performance expectations for their lives while acceptance and humor may be more useful in adapting to external pressures. The coping

<https://assignbuster.com/personality-and-social-psychology-essay-sample/>

patterns for men seem to be less intuitive and therefore are interesting, new findings. There were no gender differences in the use of negative styles and, in fact, both groups utilized negative styles far less often compared to positive coping styles (Bandura, 1986).

In terms of academic performance, women had higher GPA scores than men. The coping and quality of life patterns in this study appear to be fairly consistent. Both optimists and pessimists could be expected to maintain their level of quality of life satisfaction since high optimists are actively engaged in creating their lives and pessimists are disengaged and more passive.

The optimist may be secretly envied, but he is publicly despised. His pronouncements are regarded as expressions of simple-minded blindness or as cynical propaganda. Optimism is not regarded as intellectually respectable. It was not always so: there have been times when optimism was not merely considered worthy of rational argument, but was widely accepted by thinking men. Now, however, we react with a growing embarrassment to passages. And our embarrassment obliterates distinctions; 'optimism' is a dirty word: all optimists are grey in the dark. Nor it can be claimed that we have graduated to a more realistic pessimism; for that, after all, would be to admit optimism into the arena of rational argument. Life, in our vision, is not admitted to be tragic-merely absurd (Scheier & Carver, 1985).

Most religious are optimistic. There is a minimal sense in which a man may be said to be an optimist, but hardly a supporter of optimism. Thus a man may make no claims, but merely describe situations in a 'positive' rather

than a 'negative' way, and the question of justification may not even arise. The classic example is the man who describes a bottle as 'half-full' rather than 'half-empty' where there is no dispute about water-level, about the value of water for life or about whether this is the last bottle or not (Schulz et al., 1988). The man may not see any necessity to justify his description, in which case it is absurd to suggest that he should give one, and rational discussion is out of place. The situation may be agreed to be desperate, but the bottle is 'half-full.'

Of course, the man may be prepared to offer a justification, but can only offer a pragmatic defense—such as that defining an ambivalent situation in positive terms generally helps to give one confidence to cope with it more adequately. This is open to rational discussion and is not necessarily quickly or easily settled, but the issue is psychological rather than philosophical. Whatever the answer, this defense will be independent of and thus auxiliary to any justification of optimism as a credo; to support optimism as a rule of mental hygiene is not to be a supporter of optimism in the philosophical sense (Schier & Carver, 1985).

Someone who declares that the world is in a bad state, and even that it will get worse, may nevertheless be an optimist. Medieval Christian society was optimistic in looking to the next world for relief from the prison of this one. But one who passes a harsh judgment on contemporary life need not be a Utopian to count as an optimist: genuine hope of improvement is positive enough. Utopian or not, if optimism is not to be empty and facile, this hope itself requires some justification, which should form part of the statement of the facts: a Florence Nightingale will rest her case on the probable effects of <https://assignbuster.com/personality-and-social-psychology-essay-sample/>

bullying one's tame statesmen and disarming Royal Commissions; a Condorcet will rely on the perfectibility of man; a Sumner on the inevitable march of progress. Whether hope of actual improvement is sufficient for one who judges present conditions harshly to be termed an optimist is not clear-it would certainly seem somewhat strained to call a doctor optimistic whose patients are all dying of horrible diseases, merely because he knows that he can lessen their agony to some extent (Marshall et al., 1992).

If an optimist is not relying on predictions of future change, either in this life or the next, then he must at least claim that there is a preponderance of good over evil, happiness over misery, when the world is considered as a whole. This is vague but there is one version of it which seems to be a fortiori optimistic, and the reaction to which is an important factor in the general mistrust of optimism. Such a philosophy certainly seems to fulfill our third criterion, for it does not place perfection merely in the future: it claims that this is the best of all possible worlds.

Psychologists have approached the notion of positive thinking from a variety of perspectives. Common to most views, though, is the idea that positive thinking in some way involves holding positive expectancies for one's future. Such expectancies are thought to have built-in implications for behavior. That is, the actions that people take are thought to be greatly influenced by their expectations about the likely consequences of those actions. People who see desired outcomes as attainable continue to strive for those outcomes, even when progress is slow or difficult. When outcomes seem sufficiently unattainable, people withdraw their effort and disengage themselves from their goals. Thus, people's expectancies provide a basis for

<https://assignbuster.com/personality-and-social-psychology-essay-sample/>

engaging in one of two very different classes of behavior: continued striving versus giving up (Bandura, 1986).

People can hold expectancies at many levels of generality. Some theoretical views focus on expectancies that pertain to particular situations, or even to particular actions. Such an approach allows for considerable variation in the positivity of one's thinking from one context to the next. Thus, a person who is quite optimistic about recovering successfully from a car accident may be far less optimistic about landing the big promotion that is up for grabs at work.

Positive and negative thinking began with a focus on situation-specific expectancies, but over the years we began to consider expectancies that are more general and diffuse. We believe that generalized expectancies constitute an important dimension of personality, that they are relatively stable across time and context. The dimension is optimism and construe it in terms of the belief that good, as opposed to bad, things will generally occur in one's life.

A growing number of studies have examined the effects of dispositional optimism on psychological well-being. Optimists routinely maintain higher levels of subjective well-being during times of stress than do people who are less optimistic. Optimistic women were less likely to become depressed following childbirth. A variety of factors were assessed when the students first arrived on campus, including dispositional optimism. Optimism had a substantial effect on future psychological well-being: Higher levels of optimism upon entering college were associated with lower distress. Notably,

the effects of optimism in this study were distinct from those of the other personality factors measured, including self-esteem, locus of control, and desire for control. Thus, an optimistic orientation to life seemed to provide a benefit over and above that provided by these other personality characteristics (Plomin et al).

If the effects of optimism were limited to making people feel better, perhaps such findings would not be very surprising. The effects of optimism seem to go beyond this, however. There is at least some evidence that optimism also confers benefits on physical well-being. Optimism was negatively related to physiological changes reflected in the patient's electrocardiogram and to the release of certain kinds of enzymes into the bloodstream. Both of these changes are widely taken as markers for myocardial infarction.

Optimism was also a significant predictor of the rate of recovery during the immediate postoperative period. Optimists were faster to achieve selected behavioral milestones of recovery, and they were rated by medical staff as showing better physical recovery. The advantages of an optimistic orientation were also apparent. Optimistic patients were more likely than pessimistic patients to have resumed vigorous physical exercise and to have returned to work full-time. Moreover, optimists returned to their activities more quickly than did pessimists. In sum, optimists were able to normalize their lifestyles more fully and more quickly than were pessimists. It is important to note that all of the findings just described were independent of the person's medical status at the outset of the study. Thus, it was not the

case that optimists did better simply because they were less sick at the time of surgery (Schulz et al., 1988).

If an understanding can be gained of why optimists do better than pessimists, then perhaps psychologists can begin to devise ways to help pessimists do better. One promising line of inquiry concerns differences between optimists and pessimists in how they cope with stress. Research from a variety of sources is beginning to suggest that optimists cope in more adaptive ways than do pessimists. Optimists are more likely than pessimists to take direct action to solve their problems, are more planful in dealing with the adversity they confront, and are more focused in their coping efforts. Optimists are more likely to accept the reality of the stressful situations they encounter, and they also seem intent on growing personally from negative experiences and trying to make the best of bad situations (Abramson, 1978). In contrast to these positive coping reactions, pessimists are more likely than optimists to react to stressful events by trying to deny that they exist or by trying to deny that they exist or by trying to avoid dealing with problems. Pessimists are also more likely to quit trying when difficulties arise (Schulz et al. 1988).

We now know that these coping differences are at least partly responsible for the differences in distress that optimists and pessimists experience in time of stress. Optimists were more likely than pessimists to rely on active coping techniques and less likely to engage coping orientations were both related to later adjustment, whereas active coping was associated with better adjustment. Further analysis revealed that these two coping tendencies mediated the link between optimism and adjustment. Thus, optimists did

<https://assignbuster.com/personality-and-social-psychology-essay-sample/>

better than pessimists at least partly because optimists used more effective ways of coping with problems (Scheier et al., 1989).

A similar conclusion is suggested by a study of breast cancer patients that we and our colleagues recently completed. Throughout this period, optimism was associated with a coping pattern that involved accepting the reality of the situation, along with efforts to make the best of it. Optimism was inversely associated with attempts to act as though the problem was not real and with the tendency to give up on the life goals that were being threatened by the diagnosis of cancer. Further analyses suggested that these differences in coping served as paths by which the optimistic women remained less vulnerable to distress than the pessimistic women throughout the year (Aspinwall & Taylor).

At present, not much is known about the origins of individual differences on this dimension. The determinants must necessarily fall in two broad categories, however: nature and nurture. On the nature side, the available evidence suggests that individual differences in optimism-pessimism may be partly inherited. Optimism and pessimism in the general population seems due to genetic influence. On the environmental side, less is known. It is certainly reasonable to argue that optimism and pessimism are partly learned from prior experiences with success and failure.

On the environmental side, less is known. It is certainly reasonable to argue that optimism and pessimism are partly learned from prior experiences with success and failure. To the extent that one has been successful in the past, one should expect success in the future. Analogously, prior failure might

breed the expectation of future failure. Children might also acquire a sense of optimism from their parents, for example, through modeling. That is parents who meet difficulties with positive expectations and who use adaptive coping strategies are explicitly or implicitly modeling those qualities for their children. Pessimistic parents also provide models for their children, although the qualities modeled are very different. Thus, children might become optimistic or pessimistic by thinking and acting in ways their parents do.

Parents might also influence children more directly by instructing them in problem solving. Parents who teach adaptive coping skills will produce children who are better problem solvers than children of parents who do not. To the extent that acquiring adaptive coping skills leads to coping success, the basis for an optimistic orientation is provided. We have recently begun a program of research designed to examine how coping strategies are transmitted from parent to child, with particular emphasis on the manner in which parental characteristics affect the kinds of coping strategies that are taught (Cantor & Norem, 1989).

There are at least two ways in which an optimistic orientation might lead to poorer outcomes. First, it may be possible to be too optimistic, or to be optimistic, or to be optimistic in unproductive ways. For example, unbridled optimism may cause people to sit and wait for good things to happen, thereby decreasing the chance of success. Second, optimism might also prove detrimental in situations that are not amenable to constructive action. Optimists are prone to face problems with efforts to resolve them, but perhaps this head-on approach is maladaptive in situations that are

<https://assignbuster.com/personality-and-social-psychology-essay-sample/>

uncontrollable or that involve major loss or violation of one's world view. Optimists also use a host of emotion-focused coping responses, including tendencies to accept the reality of the situation, to put the situation in the best possible light, and to grow personally from their hardships. Given these coping options, optimists may prove to have a coping advantage even in the most distressing situations.

Defensive pessimism may be useful because it helps to buffer the person against future failure, should failure occur. In addition, defensive pessimism may help the person perform better because the worry over anticipated failure prompts remedial action in preparation for the event. Defensive pessimism does seem to work. That is, the performance of defensive pessimists tends to be better than the performance of real pessimists, whose negative expectations are anchored in prior failure (Norem & Cantor, 1989). On the other hand, defensive pessimism never works better than optimism. Moreover, this style apparently has some hidden costs: People who use defensive pessimism in the short run report more psychological symptoms and a lower quality of life in the long run than do optimists. Such findings call into serious question the adaptive value of defensive pessimism.

The concept of optimism, as discussed here, does not stand apart from the rest personality psychology. There are easily noted family resemblances to several other personality constructs and approaches that have arisen in response to the same questions that prompted our line of theorizing. Two well-known examples are attribution style and self-efficacy. It may be useful to briefly note some similarities and differences between our conceptualization and these other approaches.

<https://assignbuster.com/personality-and-social-psychology-essay-sample/>

Self-efficacy expectancies are people's expectations of being either able or unable to execute desired behaviors successfully. Although there are obvious similarities between self-efficacy and optimism-pessimism, there are also two salient differences. One difference involves the extent to which the sense of personal agency is seen as the critical variable underlying behavior. Our approach to dispositional optimism intentionally deemphasizes the role of personal efficacy. Statements on self-efficacy make personal agency paramount.

The second difference concerns the breadth of the expectancy on which the theory focuses. Efficacy theory holds that people's behavior is best predicted by focalized, domain-specific expectancies. Dispositional optimism, in contrast, is thought to be a much generalized tendency that has an influence in a wide variety of settings. Interestingly, relevant research suggests that both types of expectancies are useful in predicting behavior (Scheier et al., 1989).

Understanding of the nature and effects of optimism is still in its infancy, and there is much more to learn. For example, although the effects of optimism seem attributable in part to differences in the ways optimists and pessimists cope with stress; this cannot be the complete answer. It is impossible to account fully for differences between optimists and pessimists on the basis of this factor alone.

Similarly, more work is needed to tease apart the effects of optimism from the effect of related variables. As noted earlier, a number of personality dimensions bear a conceptual resemblance to optimism-pessimism. Some of

these dimensions, such as personal coherence, hardiness, and learned resourcefulness, have appeared in the literature only recently. Other dimensions, such as neuroticism, self-esteem, and self-mastery, have a longer scientific past. Given the existence of these related constructs, it is reasonable to ask whether their effects are distinguishable. This question cannot be resolved easily on the basis of one or two studies alone. An answer must await the gradual accumulation of evidence from many studies using different methodologies and assessing different outcomes (Scheier & Carver, 1985).

There does seem to be a power to positive thinking. It surely is not as simple and directs a process as believing in something making it so. But believing that the future holds good things in store clearly has an effect on the way people relate to many aspects of life.

References:

Abramson, I. Y.; Seligman, M. E. P.; & Teasdale, J. D. (1978). Learned Helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology, 87*, 49-74.

Aspinwall, L. G., & Taylor, S. E. Modeling cognitive cognitive adaptation: A Longitudinal investigation of the impact of individual differences and coping on college adjustment and performance. *Journal of Personality and Social Psychology* (in press).

Bandura, A. (1986). Social foundations of thought and action: A social cognitive theory

Englewood Cliffs, NJ: Prentice-Hall.

Cantor, N., & Norem, J. K. (1989). Defensive pessimism and stress and coping.

Social Cognition, 7, 92-112.

Marshall, G. N.; Wortman, C. B.; Kusulas, J. W.; Hervig, L. K.; & Vickers, R. R., Jr. (1992).

Distinguishing optimism from pessimism: Relations to fundamental

Dimensions of mood and personality. Journal of Personality and Social

Psychology, 62, 1067-1074.

Plomin, R.; Scheier, M. F.; Bergemen, C. S.; Pedersen, N. L.; Nesselroade, J. R.;

& McClearn, G. E. Optimism, pessimism and mental health: A twin/adoption analysis. Personality and Individual Differences (in press).

Scheier, M. F., & Carver, C. S. (1985). Optimism, coping, and health: Assessment

And implications of generalized outcome expectancies. Health Psychology, 4, 219-247.

<https://assignbuster.com/personality-and-social-psychology-essay-sample/>

Scheier, M. F.; Matthews, K. A.; Owens, J. F.; Magovern, G. J.; Lerebvre, R.;
Abbott, R. C.;

& Carver, C. S. (1989). Dispositional optimism and recovery from coronary
artery bypass surgery: The beneficial effects of optimism on physical and
psychological well-being. *Journal of Personality and Social Psychology*,
57, 1024-1040.

Scheier, M. F., & Carver, C. S. (1992). Effects of optimism on psychological
and physical
Well-being: Theoretical overview and empirical update. *Cognitive Therapy
And Research*, 16, 201-228.

Schulz, R.; Tompkins, C. A.; & Rau, M. T. (1988). A longitudinal study of the
Psychosocial impact of stroke on primary support persons. *Psychology
And Aging*, 3, 131-141.