

OPTIMISM AND COUNSELLING, SUBJECTIVE
WELLBEING AND MENTAL AS WELL AS PHYSICAL HEALTH

By

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A thesis submitted in partial fulfillment of the requirements for the degree of

Masters of Counselling (MC)

City University of Seattle

Vancouver BC, Canada site

May 16, 2019

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Abstract

It is common for people to say either I am unhappy or I just want to be happy. So what makes people happy? This is a question that interests me and I also find that it interests many people as well. Sometimes individuals potentially hope that happiness may be achieved through material means where the individual thinks that if they had more money to buy things they would be happier. I think not. I think that happiness may actually be related to optimism and through inner exploration of oneself. Something else that I have realized is that people may be happier when they experience good thoughts or feelings. If good thoughts or feelings possibly enable people to feel happy then I think good thoughts or feelings and happiness are related to being positive or optimistic. As a student completing the masters of counselling program I also noticed that there are many elements of counselling that relate to optimism, especially the idea that it is important for clients to feel hopeful for the future. I also noticed that it may be common for clients to want happiness or to want to no longer feel unhappy anymore, like most people also wish for. Thus I find it very crucial to study what optimism really is and how humans can possibly use optimism to obtain greater life satisfaction through different factors that optimism is related to. I also found that these different factors could be a part of different counselling theories, components of subjective wellbeing as well as factors related to good physical or mental health.

Acknowledgements

First and foremost, I would like to thank my mother. She is the most incredible woman I have ever met. She has been there for me no matter what, even during my dark teenage years. I would not be where I am today without my mom. She always believes in me. One of my favourite words of encouragement I hear from my mom is “you always get it done.” After hearing those few words, I always remember that I can do it, whatever it is that I am feeling challenged by at the time. Next I would like to thank my family and friends. They are my support network. Especially my brother who challenges me but loves me dearly. Also my friends who listen to my troubles and encourage me when I feel like I cannot overcome my obstacles. I would also like to thank my professors and colleagues. Thank you for challenging me as well as supporting me along my journey in the masters of counselling program. I have learned so many valuable lessons and had so many meaningful conversations with the wonderful faculty of City University of Seattle in both Vancouver as well as the Langford campus, where I initially started the program. Thank you Bruce Hardy, my thesis advisor, I am so fortunate to have met you and had your support throughout the masters of counselling program as well as throughout writing this thesis. I would also like to thank Glen Griggs for being such a positive role model for myself as a student as well as my faculty reader. In addition, I would like to thank cohort 11 for being my comrades throughout the masters of counselling program as well as my peers and the counselling interns apart of group supervision at City University of Seattle in Vancouver. Finally, I would like to thank my group counselling supervisor and also the director of City University of Seattle in Vancouver, Chantelle Stewart Lam and my individual site supervisor and internship coordinator, Jacqueline Mann, I have been so fortunate to be a counselling intern through the City University of Seattle Vancouver counselling clinic at South Vancouver Neighbourhood House, this would

not have been possible without your support and encouragement that enabled me to apply for this internship position and also throughout my internship. Also, thank you Colin Sanders for being my practicum instructor, it has been really great getting to know you and learn from you and your experiences. I have been so lucky to have such a supportive and understanding team of people that have influenced my life in the past three years of the masters of counselling program.

Dedication

This manuscript thesis is dedicated to a dear friend of mine and also dedicated to my father. I doubt that I would have applied for this program if I did not meet such a special guy. He was the happiest boy, with the brightest smile, who always made me feel better when I was sad, he always reminded me that I was amazing and everyone thought so too, may you rest in peace.

Dad, although our time spent together was cut short, I wish you could see me today and the woman I have become, I hope you would be proud and I am so thankful I had the opportunity to know you for the short time that we had, may you also rest in peace.

Table of Contents

Abstract.....2

Acknowledgements.....3

Dedication.....5

CHAPTER I: INTRODUCTION.....9

 Purpose.....9

 Significance.....9

 Theoretical Framework.....10

 Method.....11

 Why Optimism.....11

 Definition of Optimism.....13

 Being Positive or Optimistic and Its Possible Benefits.....15

 Situating the Author.....18

 Limitations and Scope.....18

 Organization of Remaining Chapters.....19

CHAPTER II: OPTIMISM AND COUNSELLING THEORIES.....21

 1.Introduction: Optimism and Counselling Theories.....21

 2.Mindfulness.....21

 3.Solution Focused Therapy.....23

 4.Narrative Therapy.....25

 5.Cognitive Behavioural Therapy.....26

 6.Gottman Couples Therapy.....29

 7.“I-thou” Exchange.....30

8.Attachment Theory.....	31
9.Attunement.....	32
10.Summary.....	33
CHAPTER III: OPTIMISM AND SUBJECTIVE WELLBEING.....	34
1.Introduction: Why Optimism may be Favourable for Subjective Wellbeing.....	34
2.Mindset.....	36
3.Gratitude Practice.....	40
4.Self-Efficacy.....	42
5.Resiliency.....	42
6.Instilling Hope.....	44
7.Self Compassion.....	45
8.Optimism and Sisu.....	48
9.Summary.....	48
CHAPTER IV: OPTIMISM AND HEALTH.....	50
1.Optimism and Physical or Mental Health.....	50
2.Optimism, Physical or Mental Health and Wellness or Coping.....	55
3.Optimism, Physical or Mental Health and Reducing Stress.....	58
4.Optimism, Physical or Mental Health and Possibly Preventing Learned Helplessness and Depression.....	64
5.Optimism, Physical or Mental Health and Humour or Laughter.....	68
6.Optimism, Physical or Mental Health and Savouring the Moment.....	68
7.Summary.....	69
CHAPTER V: DISCUSSION.....	71

Clinical Implications and Recommendations.....	71
Limitations and Future Research.....	72
Personal Reflections.....	73
Conclusion.....	74
REFERENCES.....	75

Chapter I Introduction

“Psychology has badly neglected the positive side of life” (Seligman, 2002, p.6). Apparently, “for every one hundred journal articles on sadness, there is just one on happiness” (Seligman, 2002, p.6). I have noticed this trend and I would like to take a different approach. Therefore, this paper is a manuscript thesis pertaining to the concept of optimism. In addition, this thesis is about how optimism could possibly be beneficial for the greater being of people in general. In my first chapter I will discuss the definition of optimism and why I find this to be a good topic for my thesis as well as some of the limitations of this thesis. In my second chapter I will discuss the concept of optimism and how it can be observed or related to different counselling theories and approaches or concepts. In my third chapter I will discuss optimism and its relation to subjective wellbeing otherwise known as happiness. Moreover, in my fourth chapter I will discuss how optimism and good mental as well as physical health are related to each other. Finally, in chapter five, my conclusive chapter, I will summarize what I have learned through writing this thesis and possible future research is discussed.

Purpose

The purpose of this thesis is to investigate the value of optimism and positivity for individuals, couples and people in general and how it may possibly be beneficial for everyone. The concept of optimism is observed through the relation between optimism and different counselling theories, optimism and subjective wellbeing and also through the possible connection between optimism and physical or mental health.

Significance

The reason why the concept of optimism is important is because it is often present or observable when facilitating counselling sessions. It is important for therapists to encourage

clients to feel optimistic or hopeful for their current lives or future (Kotze, E. et al., 2012, p.358).

Where, “optimism and hope are quite well understood, they have been objects of thousands of empirical studies, and best of all, they can be built” (Seligman, 2002, p.83). This is because,

“optimism and hope cause better resistance to depression when bad events strike, better performance at work, particularly in challenging jobs, and better physical health” (Seligman,

2002, p.83). If clients felt hopelessness they may not feel inclined to work towards making positive changes in their lives, which may enable them to feel that they have little control over their lives and possibly enable them to be more likely to experience spells of depression.

Therefore, clients would feel stuck and would not grow as individuals. Thus I find it detrimental to explore the concept of optimism and how it is observable in different counselling approaches, how it possibly relates to subjective wellbeing and how it possibly relates to physical and mental health.

Theoretical Framework

This thesis is supported by the fact that, “there is evidence that optimistic thinking is correlated with better mental health” (Good Therapy, 2019). Also, it is observable that “in recent years, there has been a flurry of research into the benefits of optimism, and many people are interested in learning how to be more optimistic” (Good Therapy, 2019). In addition, “optimistic people tend to have more positive thoughts, be more helpful, and view the future in a positive light” (Good Therapy, 2019). When frustrating situations occur, optimistic people tend to recognize the positive attributes of the situation (Good Therapy, 2019). We also know that, “people experiencing depression tend to be overwhelmed by negative, pessimistic thoughts that then exacerbate depression” (Good Therapy, 2019). Also, “some mental health professionals work to help people develop healthy, positive thought processes to combat depression” which is why I

feel that it is important to study and facilitate research on optimism related to counselling or positive psychology (Good Therapy, 2019). Since optimistic thinking is correlated with better mental health, this is one of the reasons it may be beneficial to investigate the potential connections between optimism possibly being found in different counselling theories, when an individual experiences subjective wellbeing through optimism or when an individual experiences good physical or mental health related to optimism.

Method

The method of this thesis is to extensively explore different literature about the concept of optimism and how optimism might be recognized in different counselling theories, possibly related to subjective wellbeing and how it is potentially beneficial for good mental and physical health. Furthermore, the concept of positive psychology is a new phenomenon and further research is needed in this field to support the claims I have made in this thesis.

This is a manuscript thesis. In this thesis chapters two, three, and four can be read as individual papers. Whereas, the introduction is important because the concept of optimism is defined and the conclusion is necessary in order to collectively support the introduction, chapters two, three and four in the argument that optimism is possibly beneficial for the overall wellbeing of individuals and may be encouraged during counselling sessions.

Why Optimism

I decided to choose optimism as a thesis topic because I have always been fascinated by this concept. I have found that there may be many benefits of being positive or optimistic, because during particular circumstances one is able to decide between a positive reaction or thought and a negative reaction or thought. In addition, another reason why I decided and thought this would be a good thesis topic choice was because back when I was in high school I

saw a therapist when I was experiencing some challenges. Furthermore, I think the idea of therapy was good for me to do. But, I felt that the therapist was continuously stirring up the pot of my negative emotions and past difficult memories. I felt I was not moving forward, I felt stagnant. I also found that the therapist was focusing too much on the negativity of my past instead of highlighting the strengths and skills I possessed in the present and my potential of having a positive, bright future.

Then a few years later, when I overcame those previous challenges I found a book in a bookstore. This book was about how optimism can help individuals with depression. I thought it sounded interesting. I read the book and found it was helpful for when I was experiencing present challenges. I still continue to look over the book when I feel the need to. Also, in the past few months I have noticed that I have become a more optimistic person and I wonder if this may be because I have done this research for my thesis. Moreover, a few people have told me before that I am and can be a positive person and they enjoy my energy.

During the masters of counselling program, outside of school I went to a psychology conference where I attended a lecture done by a psychology professor on character strengths and subjective wellbeing (Anjum, A. and Amjad, N., 2016). I thought it was very fascinating and I learned about some of the things that help people flourish. I also met an interesting professor who I connected with and we talked about the concept of optimism and flourishing. After attending this psychology conference, I realized I was interested in learning more about optimism and subjective wellbeing.

Then during my research methods and statistics course apart of the masters of counselling program, I wrote a paper on what I thought may help people flourish through counselling. One of the studies I found to support my paper was a study facilitated with Turkish college students as

human subjects (Sivis-Cetinkaya, R., 2013). This study highlighted that there are a number of different variables or factors that may have influenced individuals measured levels of subjective wellbeing (essentially happiness) and I realized most of those qualities were positive qualities too (Sivis-Cetinkaya, R. (2013). I also learned that there are a number of different tests that may be able to measure those qualities or factors (Sivis-Cetinkaya, R., 2013).

This led me to become more curious about the possible relation or connection between optimism and subjective wellbeing. As I previously mentioned a few years ago I found the book *Positive Psychology for Overcoming Depression* by Miriam Akhtar. In her book on a number of occasions I noticed that she often referenced Martin Seligman, who I discovered was on the board of the American Psychological Association. Once I started my thesis, I knew I had to research this psychologist, Martin Seligman and I found a number of different books he wrote about optimism and positivity, subjective wellbeing as well as happiness. This is how my curiosity initially developed in this topic area and it continues to grow and influence my own life as well as through my counselling practice and I hope that it can be of interest to my readers as well as people in the field of counselling or psychology.

Through doing this thesis, I have learned so much about the value and benefits of optimism. I see value in being positive and optimistic in counselling as well. I know that some qualities of a therapist may be unconditional positive regard for clients and being able to encourage and help clients to feel hope for their present and future. As this hope may help them overcome their challenges if they believe in themselves and believe things can get better and also believe that they currently have the skills and tools to do so with my assistance or on their own, once they have mastered such skills and gained more confidence in themselves.

Definition of Optimism

Here I will present a definition of optimism. I am aware that optimism can be a challenging word or concept to define. I find that the concept of optimism is quite broad, ambiguous as well as vague. Therefore, there are many different definitions of optimism and here I will present a few. One definition is that “optimism is the tendency to think positively” (Good Therapy, 2019). Or, “optimism is an expectation for positive or desirable outcomes to occur” (Grove, 2014, p.2). Another definition of optimism is, “an inclination to put the most favorable construction upon actions and events or to anticipate the best possible outcome” (Merriam-Webster, 2019). When I looked up optimism in a google search, it was defined as, “hopefulness and confidence about the future or the successful outcome of something” (Google, 2019). Another definition produced by *Oxford Mini Dictionary & Thesaurus* is, “a tendency to take a hopeful view of things” (Livingstone, C., 2002, p.459).

Apart from the typical dictionary definitions there are also a number of other definitions of optimism. Another definition is that, “optimism is a generalized expectancy for positive outcomes that appears to be trait-like and predicts how people cope with stress” (Aspinwall and Tedeschi, 2010, p.5). Also, “optimism, relates to how positively an individual expects their future to be” (Scheier and Carver 1985 as found in Sivis-Cetinkaya, 2013, p.318). In addition, it is said that, “optimism is basically expecting positive future events in one’s life, while pessimism is basically expecting negative future life events” (Peterson, 2000; Scheier & Carver, 1985, 1993 as, found in Reeve, 2015, p.457). Moreover, “optimism refers to the belief that things are going to be okay, that the future holds good things” (Neff, K., 2011, p.255).

It is proposed that, “numerous studies have examined optimism as a correlate of mental and physical health, and there is strong evidence for its wide-ranging benefits” (Grove, 2014, p.2). Thus, “from a mental health perspective, optimism is associated with lower daily hassle

scores and lower levels of perceived stress” (Grove, 2014, p.2). Moreover, “studies across a wide range of populations (e.g., students, working professionals, victims of violence, medical patients, caregivers) have shown that optimism is also associated with lower levels of anxiety and depression” (Grove, 2014, p.2). Also, “in addition, greater perception of control, fewer mood disturbances, less loneliness, higher levels of life satisfaction, and high levels of self-esteem have been observed as correlates of optimism” (Grove, 2014, p.2). Furthermore, “healthier lifestyle habits, fewer physical symptoms, better physical functioning, and lower levels of pain have been documented among individuals high in optimism” (Grove, 2014, p.2). Something else to recognize is that, “optimism correlates positively with positive affect and life satisfaction of college students” (Robinson and Snipes 2009, Bailey et al., 2007; Chuah 2010 as found in Sivis-Cetinkaya, 2013, p.318). Also, “optimism refers to the belief that things are going to be okay, that the future holds good things” (Neff, K., 2011, p.255). It is observed that, “optimists usually work diligently toward their goals, secure in the assumption that their efforts will bear fruit” (Neff, K., 2011, p.255). Finally, “research shows that self-compassionate people are much more optimistic than those who lack self-compassion” (Neff, K., 2011, p.255).

Being Positive or Optimistic and Its Possible Benefits

More recently, “over the past decade, eminent psychologists such as Martin Seligman and Mihaly Csikzentmihalyi have become increasingly interested in the way that positive emotions like love, joy, curiosity, and hope can help to maximize health and well-being” (Neff, K., 2011, p.255). Thus, “generally known as the “positive psychology” movement, its focus is on understanding the factors that lead to mental health rather than mental illness—on cultivating strengths rather than eliminating weaknesses” (Neff, K., 2011, p.255). Moreover, “research shows that self-compassionate people experience more positive emotions in their lives—such as

enthusiasm, interest, inspiration, and excitement—than those who are self-critical” and, “they also report being much happier” (Neff, K., 2011, p.255). Also, “positivity represents the positive emotions in life: joy, gratitude, serenity, interest, hope, pride, amusement, inspiration, awe and love” (Frederickson, 2009 as found in Reeve, 2015, p.459). Where, “the broaden-and-build” theory of positivity proposes that positive emotional experiences first broaden the person’s momentary thought-action repertoires, and this greater open-mindedness second leads to actions that build or grow the sort of personal resources” (Cohn & Frederickson, 2009 as, found in Reeve, 2015, p.459). Also, “broaden” means that people become more open-minded and more cognitively flexible, as the positive emotionality widens or expands what thoughts come to mind, thereby enhancing creativity, problem solving, and the urges to explore and play” (Isen & Daubman, 1984; Isen et al., 1985; Isen & Daubman, & Nowicki, 1987 as, found in Reeve, 2015, p.459). Thus, “this broadening of cognition and experience allows people to engage in the sort of actions that build mental resources (facilitate learning), social resources (facilitate relationships), and physical resources (facilitate health)” (Frederickson, 2009 as, found in Reeve, 2015, p.460).

There may be, “an upward spiral to positive functioning because positive emotions engender ways of thinking and acting that grow the sort of strengths that make it more likely to experience positive emotions in the first place” (Reeve, 2015, p.460). Also, “the broaden-and-build theory of positive emotion was created to explain the conditions under which people flourish and grow, rather than flounder and stagnate” (Reeve, 2015, p.460). In addition, “to flourish it seems that we need our experiences of positive emotions to outweigh our experiences of negative emotions” (Reeve, 2015, p.460). Also, “in her early work, Frederickson observed people and groups and noted when flourishing and personal/social growth occurred and when it did not” (Reeve, 2015, p.460). Thus, “she found that a stream of experience in which positive

emotions occurred at least three times as often as did negative experiences was the tipping point to positivity” (Reeve, 2015, p.460). Furthermore, “for Frederickson (2009), the three-to-one ratio of positive emotions to negative emotions (the exact ratio was 2.9 to 1) was a necessary condition for positive emotions to accumulate and compound each other in such a way as to create the crucial tipping point at which floundering became flourishing” (Reeve, 2015, p.460). A “pervasive tendency to see ourselves in a positive light is associated with well-being and enhanced performance” (Reeve, 2015, p.457). Also, “optimists tend to believe that their actions will lead to positive outcomes” thus, “believing this, they tend to exert greater effort to attain those sought-after outcomes and then tend to use relatively effective, proactive, and preventive problem-solving strategies while trying to do so” (Carver, Scheier, Miller & Fulford, 2009 as found in Reeve, 2015, p.457).

Something that is important to acknowledge, despite some peoples’ assumptions, is that, “there is little evidence that being happy or optimistic makes people oblivious to important negative information” (Aspinwall and Tedeschi, 2010, p.7). Also it is believed that “optimism can be taught and learned” (Seligman, Reivich, Jaycox & Gillham, 1995 as, found in Reeves, 2015, p.458). Where, “optimism is generally taught through cognitive strategy” (Reeve, 2015, p.458). But, “Peterson (2006) argues that learned optimism is hard work” (Reeve, 2015, p.458). It is said that, “people who are optimistic live more worthwhile lives than do people who are not optimistic” (Reeve, 2015, p.458). Also, “when equipped with greater optimism, the more positive expectations and emotions open the door to ways of coping and performing that are more productive than are the competing ways of coping and performing” (Reeve, 2015, p.458). Neff proposes that, “self-compassionate people are more optimistic because they know that if problems occur, they can deal with them” because, “they have the emotional strength needed to

cope with whatever arises” (Neff, K., 2011, p.255). She also says that, “if you’re able to comfort yourself every time something painful happens, staying centred and not running away with reactivity, you can start to *trust* yourself” (Neff, K., 2011, p.256). Therefore, “you can more easily find inner courage when hard times hit, knowing that you can get through almost anything with the help of your own compassionate support” (Neff, K., 2011, p.256). Another concept relevant to optimism is life satisfaction, where, “life satisfaction refers to an overall sense of contentment with how one’s life has developed, the feeling that one’s life has meaning and value” (Neff, K., 2011, p.265). Thus, “when you apply the soothing balm of self-compassion to your broken bits—your failures and disappointments—you can integrate your sorrow into a deep, rich, and satisfying acceptance of what it means to live a human life” (Neff, K., 2011, p.256).

Situating The Author

Considering the fact that I have my own individual perception on the idea of optimism, I am aware that I may have some biases when writing this thesis. For this reason, it is important that I gathered research and evidence to support my case. Although, I understand that because this is still a new area of research there are limitations for my thesis. I am still very excited and interested in presenting my research on the topic of optimism in this thesis and I hope that this paper can be of interest and possibly assistance to others and their understanding of the concept of optimism and the possible benefits of it.

Limitations and Scope

Some of the limitations in this thesis are that this is a manuscript thesis and not a traditional thesis. I have not used human subjects in this project. I have not collected raw data from research participants. I think it would have been advantageous to facilitate a study where I

did ask research participants to complete different surveys answering different questions on a Likert scale about optimism. I think it also could have been beneficial to interview different research participants on their experiences of optimism. Also, I think it could have been helpful to facilitate a longitudinal study where individuals are trained in optimism and then asked to follow up five years from now, possibly measuring their levels of subjective wellbeing or happiness. Although most of these methods would have taken an extensive amount of time and would have been much more, costly and possibly difficult to control for as optimism may be contributed to by many different factors and because there are lots of different definitions it may be hard to measure optimism. In addition, I would say that optimism is difficult to control for in a research study as it is quite a broad concept that involves so many different factors and interpretations. Moreover, I think it could have also been helpful to facilitate different counselling approaches and then tested clients on self-report measures of optimism. In order to do such studies, I would have been required to obtain approval by the ethics review board because I would be working with counselling clients who are human subjects. I think all of these different experiments could provide value for investigating the possible benefits of optimism. Knowing that I have not facilitated these types of research obtaining raw data from these methods of experiment I believe there are limitations to this thesis. I also still find that there is lots of value to this thesis as it can be informative and is supported by my research.

Organization of Remaining Chapters

For the remainder of the chapters I will proceed to talk about optimism and different concepts. In chapter two I will introduce optimism and how it may be observed through different counselling theories. In chapter three I will investigate the possible connection between optimism and subjective wellbeing or different factors that are related to subjective wellbeing. In

chapter four I will highlight the possible connections between optimism and good physical or mental health. Finally, in my conclusion I will discuss this thesis and entertain possible future areas of research related to optimism.

Chapter II: Optimism and Counselling Theories

1. Introduction: Optimism and Counselling Theories

There are a number of different counselling theories and practices that emphasize the importance of being optimistic in order to encourage clients to be hopeful and facilitate positive changes in their lives in order to overcome their life obstacles, problems or issues. Some of these counselling theories include solution focused therapy, narrative therapy and cognitive behavioural therapy. In this paper I will explore the different counselling theories or counselling concepts that highlight positive approaches that can help encourage clients to facilitate positive changes in their lives and thinking patterns.

2. Mindfulness

When individuals practice mindfulness they may also be practicing optimism, it is said that “the approach is learning to experience being present with awareness, acceptance and attention” (White, 2014 as, found in Barley & Lawson, 2016, p.854). Moreover, “inspired by Eastern spiritual practices of meditation, namely Buddhism and Zen, mindfulness is understood as practising focused attention, specifically, remaining aware of and deliberately attuned to the present moment” (Cormier, Nurius & Osborn, 2017, p.7). In addition, “although often confused with meditation, it is not” because, “rather than “zoning out” or retreating from the present moment, mindfulness is a “way of living awake, with your eyes wide open” (Dimidjan & Linehan, 2009, p.425 as found in Cormier, Nurius & Osborn, 2017, p.7). Thus, “this means that it is an attentional skill or a way of paying attention on purpose” (Cormier, Nurius & Osborn, 2017, p.7). Where, “rather than trying to change uncomfortable thoughts or feelings, the individual practices accepting these, without judgement” (Barley & Lawson, 2016, p.854).

Something else important to acknowledge about mindfulness is that, “it therefore is not “mindlessness” but instead, “it is a heightened state of consciousness wherein the focus of attention is on in-the-moment perceptual experience” where one is, “to be fully immersed in the textured detail of the concentrated now” (Cormier, Nurius & Osborn, 2017, p.7). Therefore, when listening to another person speak, the individual is not predicting what the other person is going to say, but instead they are actively attending to each word the person is saying, they are also reminding oneself that they should be giving their undivided attention while the other person is speaking in order to get the most out of the listening experience, because that way they are better able to more completely understand what the other person is trying to say. Also, “the practice of mindfulness has been found to be associated with physiological changes that can contribute to overall wellbeing” where “these include changes in grey matter concentration in brain regions that regulate emotion, learning, and memory, and also improved immune functioning” (Holzel et al, 2011& 2012 as, found in Barley & Lawson, 2016, p.854). Something also significant about mindfulness is that, “persons who consistently practice mindfulness experience a greater sense of control over their feelings and mood, their behaviours (e.g., not acting on impulses), and their attitudes (e.g., more hopeful)” (Cormier, Nurius & Osborn, 2017, p.8). Also, “for example, primary care physicians training over 1 year in mindfulness skills reported improved personal wellbeing, including decreased burnout and improved mood (Krasner et al., 2009 as, found in (Cormier, Nurius & Osborn, 2017, p.8). Finally, in “Cashwell’s (2009) survey of counseling student interns” it was, “found that these students, high mindfulness scores predicted greater empathy and greater self-efficacy” (Cormier, Nurius & Osborn, 2017, p.8).

Something else that is positive about mindfulness is that, “David and Hayes (2011) reviewed additional benefits of mindfulness from the research literature, including relationship satisfaction, improved physical functioning and increased patience” (Cormier, Nurius & Osborn, 2017, p.8). Mindfulness is not only helpful for clients, but it can also be helpful for therapists as it is a positive or optimistic perspective in counselling because as noted, “counselling students who had taken a graduate level course that focused on mindfulness and self-care reported similar benefits and also spoke of the positive effects of mindfulness specific to their work with clients, such as increased calm and comfort with silence and reduced fears of inadequacy and incompetence” (Cormier, Nurius & Osborn, 2017, p.8).

3. Solution Focused Therapy

Another type of counselling therapeutic approach or concept that involves optimism when working with clients is solution focused therapy. Solution focused therapy “shifts the focus from problem solving to a complete focus on solutions” (Corey, G., 2009, p.377). In addition, “there are advantages to a positive focus on solutions and on the future” (Corey, G., 2009, p.379). This is because “if clients can reorient themselves in the direction of their strengths using solution-talk, there is a good chance therapy can be brief” (Corey, G., 2009, p.379). Solution focused therapy can also, “[utilize] client resources by building on what clients are already doing that is working for them and reinforcing those behaviors” (Franklin, Corcoran, Nowicki & Streeter, 1997, p.247).

Another optimistic quality about solution focused therapy is that, “solution-focused therapists...do not focus on pathology, but instead pay close attention to patterns around exceptions to problems as a means of resolving the presenting problems of clients” (Berg & Hopwood, 1991; Kiser, Piercy & Lipchick, 1993 as, found in Franklin, Corcoran, Nowicki &

Streeter, 1997, p.247). It is believed that, “there are exceptions to every problem” and “by talking about the exceptions, clients can get control over what had seemed to be an insurmountable problem” (Corey, G., 2009, p.379). Therefore, “the climate of these exceptions allows for the possibility of creating solutions” and “rapid changes are possible when clients identify exceptions to their problems” (Corey, G., 2009, p.379). Moreover, “a therapist conducting a solution-focused interview routinely initiates a search for exceptions” because “exceptions, in this situation, are defined as whatever is happening when the complaint is not” (De Shazer, 1987, p.58). This is because, as can be seen when using the solution focused approach in couples’ therapy, “the result of searching for exceptions, and finding them, in case after case has taught us that there are times when either or both partners in a relationship are satisfied” where “at some times and in some contexts, [the couple] already [knows] how to have a satisfactory relationship” (De Shazer, 1987, p.58). This is why it is important to, “ask couples, as early in the first session as possible, to describe what happens and what they are doing when they both feel satisfied” (De Shazer, 1987, p.58).

Something else that can be recognized is that “complaints frequently have exceptions” and “these exceptions can be useful in designing interventions and promoting solutions” (De Shazer, 1987, p.58). The same is found when using the solution focused approach with individuals. Although some individuals may highlight their problems or issues, it may be possible for the solution focused therapist to assist the client in finding exceptions to their problems, because problems are not always evident all the time. Something else that is optimistic when using solution focused therapy is that the therapist may help the client, “explore what they might be doing differently when they are improving” here the therapist is highlighting the positives that the client is doing (Franklin, Corcoran, Nowicki & Streeter, 1997, p.247).

Furthermore, “the essence of therapy involves building on clients’ hope and optimism by creating positive expectations that change in possible” (Corey, G., 2009, p.378). Next we will explore how narrative therapy can also be a more optimistic or positive approach to counselling, this approach has some similarities to solution focused therapy as it is also a post-modern therapeutic counselling approach.

4. Narrative Therapy

Narrative therapy is another therapeutic counselling approach that highlights the positives when working with clients. In narrative therapy the, “narrative therapists assume that all people are resourceful and have strengths, and they do not see “people” as having problems but rather see problems as being imposed upon people” (Gehart, 2018, p.429). Something else that is significant about optimism found in narrative therapy is that “narrative therapists view problems as problems and people as people, they have a deep abiding optimism and hope for their clients” (Monk et al., 1997; Winslade & Monk, 1999 as, found in Gehart, 2018, p.432). In addition, “their hope and optimism are not sugar-coated, naïve wishes but instead are derived from their understanding of how problems are formed—through language, relationship, and social discourse—and from having confidence that their approach can make a difference” (Gehart, 2018, p.432). Moreover, “by separating people from problems, they quickly connect with the “best” in the client, which reinforces a sense of hope and optimism” (Gehart, 2018, p.432).

Another aspect of narrative therapy that encourages optimism in counselling is that “therapists are encouraged to establish a collaborative approach with a special interest in listening respectfully to clients’ stories; to search for times in clients’ lives when they were resourceful; to use questions as a way to engage clients and facilitate their exploration; to avoid diagnosing and labeling clients or accepting a totalizing description based on a problem; to assist

clients in mapping the influence a problem has had on their lives; and to assist clients in separating themselves from the dominant stories they have internalized so that space can be opened for the creation of alternative life stories” (Corey, 2009, p.388). Something else that is significant when considering optimism in narrative therapy counselling is that narrative therapists, “invite the client to see his or her story from a different perspective by offering alternative meanings for events” as well narrative therapists may help clients “discover moments when the client wasn’t dominated or discouraged by the problem by [searching] for exceptions to the problem” (Corey, 2009, p.389).

In addition, narrative therapists may, “ask the client to speculate about what kind of future could be expected from the strong, competent person that is emerging” because, “as the client becomes free of problem-saturated stories of the past, he or she can envision and plan for a less problematic future” (Corey, 2009, p.389). Finally, another reason why narrative therapy may be an optimistic approach found in counselling is because narrative therapists may, “listen to signs of strength and competence in an individual’s problem saturated stories” as well the therapist may assist the client to, “build a new story of competence and document these achievements” (Corey, 2009, p.390). So far we have explored mindfulness, solution focused therapy and narrative therapy and how these counselling approaches can be from a more optimistic or positive perspective, next we will explore cognitive behavioural therapy which encourages clients to change their maladaptive thoughts to more, healthy thinking patterns so that they can become happier and more satisfied with their lives and overcome their mental disorders in this way.

5. Cognitive Behavioural Therapy

Another type of counselling approach that may encourage more optimistic or positive thinking patterns is cognitive behavioural therapy. In cognitive behavioural therapy it is important to recognize that negative thinking habits can prevent clients from experiencing positive changes in their lives to occur. This is because “individuals who come to therapy do have the capability of behaving effectively, even though this effectiveness may be temporarily blocked by negative cognitions” (Corey, G., 2009, p.379). In addition, “problem-focused thinking prevents people from recognizing effective ways they have dealt with their problems” in the past (Corey, G., 2009, p.379). Some attributes of cognitive behavioural therapy that can be seen as more optimistic or positive perspectives found in counselling is that, “psychological distress is largely a function of disturbances in cognitive processes” where there is, “a focus on changing cognitions to produce desired changes in affect and behaviour” (Corey, 2009, p.275). Furthermore, “to a large degree, cognitive behavioural therapy is based on the assumption that a reorganization of one’s self-statements will result in corresponding reorganization of one’s behaviour” (Corey, 2009, p.275).

One type of cognitive behavioural therapy that may be from a more optimistic counselling perspective is rational emotive behaviour therapy. Rational emotive behaviour therapy is considered to be one of the first types of cognitive behavioural therapy approaches (Corey, 2009, p.275). In rational emotive behaviour therapy, “the basic assumption is that people contribute to their own psychological problems, as well as to specific symptoms, by the way they interpret events and situations” (Corey, 2009, p.275). Another assumption of rational emotive behaviour therapy is that, “people have predispositions for self-preservation, happiness, thinking and verbalizing, loving, communion with others, and growth and self-actualization” (Corey, 2009, p.277). These are all positive experiences that humans have the potential of engaging in.

Something interesting that rational emotive behaviour therapy highlights that can be seen from an optimistic perspective found in counselling is that by, “taking for granted that humans are fallible, REBT attempts to help them accept themselves as creatures who will continue to make mistakes yet at the same time learn to live more at peace with themselves” (Corey, 2009, p.277). It is also said that, “Ellis insists that blame is at the core of most emotional disturbances” thus, “therefore, to recover from neurosis or a personality disorder, we had to better stop blaming ourselves and others” (Corey, 2009, p.277). Moreover, “instead, it is important that we learn to fully accept ourselves despite our imperfections” (Corey, 2009, p.277). Something else that is optimistic or more of a positive approach found in cognitive behavioural therapy is the concept of cognitive restructuring. Where, “cognitive restructuring is a central technique in cognitive therapy that teaches people how to improve themselves by replacing faulty cognitions with constructive beliefs (Ellis, 2013 as, found in Corey, 2009, p.278). Furthermore, “*restructuring* involves helping clients learn to monitor their self-talk, identify maladaptive self-talk, and substitute adaptive self-talk for their negative self-talk” (Corey, 2009, p.279). In addition, “Ellis (1996, 2001b) maintains that we have the capacity to significantly change our cognitions, emotions and behaviours” (Corey, 2009, p.279). Finally,

“in sum, *philosophical restructuring* to change our dysfunctional personality involves these steps: (1) fully acknowledging that we are largely responsible for creating our own emotional problems; (2) accepting the notion that we have the ability to change these disturbances significantly; (3) recognizing that our emotional problems largely stem from irrational beliefs; (4) clearly perceiving these beliefs; (5) seeing the value of disputing such self-defeating beliefs; (6) accepting the fact that if we expect to change we had better work hard in emotive and behavioural ways to counteract our beliefs and the

dysfunctional feelings and actions that follow; and (7) practicing REBT methods of uprooting or changing disturbed consequences for the rest of our life (Ellis, 1999, 2001b, 2002 as, found in Corey, 2009, p.279).

Although cognitive behavioural therapy is not necessarily a post-modern approach like solution focused therapy or narrative therapy, there are many beneficial attributes about cognitive behavioural therapy that can be more optimistic when helping clients restructure their thinking patterns. Next we will talk about Gottman couples' therapy that is another counselling approach or concept that can be more optimistic or from a positive perspective when working with clients.

6. Gottman Couples' Therapy

Gottman couples' therapy is another approach that highlights the positives when counselling. Here is an example that emphasizes the importance of Gottman couples' therapy and why it can be an optimistic approach when working with clients, "Sam noted that when he had become defensive in the past week, Allison had apologized and said that she was tired" (Nelson as found in Gurman, 2010, p.57). In this example, "Gottman would call this a repair attempt" (Nelson as found in Gurman, 2010, p.57). The therapist, "told [Sam and Allison] that apparently they had learned how to attempt repairing their interaction on their own" (Nelson as found in Gurman, 2010, p.57). In addition, the therapist "noted that it did not seem difficult for them to contemplate acting in ways that were different from their families of origin, a sign of potential hope" (Nelson as found in Gurman, 2010, p.57). Furthermore, it is said that, "the Gottman Method for Healthy Relationships [as an integrated approach] helps couples to be able to manage marital relationships and develop problem-solving skills" where "these skills make couples more flexible in their relationships and help them achieve a high degree of emotional stability and a peaceful life" (Davoodvandi, Nejad & Farzad, 2018, p.140).

Also something else that may be helpful for clients during counselling that is proposed by John. M. Gottman could be when clients are encouraged by the therapist to try and do five positives interactions for every one negative interaction. This is because there is importance of trying to have a 5:1 positive to negative interactions ratio (Benson, 2018). Where for one negative interaction (comment or action) the couple could attempt to make five positive interactions (by complimenting one another, showing displays of affection such as a hug or a kiss, or a pat on the back, saying please and thank you). As this ratio is important and can be beneficial for helping their marriage (Benson, 2018).

Here we have briefly investigated how Gottman couples' therapy can be helpful when working with clients from a more optimistic or positive perspective, next we will discuss the "I-thou" exchange or concept and how this can be an optimistic perspective when working with clients.

7. "I-thou" Exchange

Another counselling concept that highlights the positives or is an optimistic approach is the concept of the "I-thou" exchange. It is believed that, "healthy couple relationships are conceptualized by a striving to reach what Buber (1970) called I-thou encounter: a connection characterized by an intense subject-to-subject bond, in which at a given moment each person may experience and appreciate the other without reference to personal needs or desires" (Shapiro as found in Gurman, 2010, p.402). Furthermore, "the resulting relationship takes on a spiritual dimension that is greater than the individuals" (Shapiro as found in Gurman, 2010, p.402). Where, "individuals engaging in an "I-thou" relationship experience each other as having a unity of being, and each person's relationship is to the other's whole being" (Shapiro as found in Gurman, 2010, p.402). Also, "there is mutuality and reciprocity of I-thou" (Shapiro as found in

Gurman, 2010, p.402). Moreover, “the therapist helps a couple develop the subject-to-subject relationship by engaging each, as much as possible in a therapeutic I-thou relationship and then redirects the clients to relate in that manner with [each other]” (Shapiro as found in Gurman, 2010, p.402). Thus, “this is done by joining with the clients in their current subjective realities, honoring those for their value, and confronting the psychological cost of maintaining them and their associated behaviours” (Shapiro as found in Gurman, 2010, p.402). Therefore, “it is important to note that true intimacy and I-thou relationships require a balance of closeness and solitude” (Shapiro as found in Gurman, 2010, p.403). Moreover, it is said that, “the goal of existential therapy is to give partners an opportunity to opt consciously and openly for connection times and alone times” (Shapiro as found in Gurman, 2010, p.403).

8. Attachment Theory

Another concept or counselling approach that can highlight the positives or may be more optimistic is attachment theory. It is said that, “attachment researchers in association with infant mental health workers are now devising interventions that effectively alter the affect-communicating capacities of mother-infant systems, and thereby the attachment experiences of high risk dyads” (Schoore, 2002, p.24). Where, “early interventions that are timed to critical periods of development of the right brain, the locus of human stress response, can facilitate the maturation of neurobiologically adaptive stress coping systems, and thereby have lifelong effects on the adaptive capacities of developing self” (Schoore, 2002, p.24). Furthermore, “early treatment and prevention programs, if expanded onto a societal scale, could significantly diminish the number of individuals who develop pathological reactions of mind and body to catastrophic life events” (Schoore, 2002, p.24). Thus, “these efforts could, in turn, make deep inroads into not only altering the intergenerational transmission of posttraumatic stress disorders

but improving the quality of many lives throughout all stages of human development” (Schoore, 2002, p.24). This is why it may be beneficial and helpful for clients to develop a secure attachment with their therapists, so that clients can use therapists as a model and develop secure attachments with other significant persons in their lives if not already, thus nurturing their relationships with others for the benefit of themselves and others. This is because, “practicing the language of secure attachment, which is really the “language of love,” may aid therapists in nurturing the client’s shift towards an earned secure attachment” (Heller as found Manley, R., 2016, p.12).

9. Attunement

Another counselling concept that is from an optimistic or positive perspective when found in counselling clients is attunement. Furthermore, “the client accesses the therapist’s nervous system as a template from which to further develop their own capacity for self-regulation” where, “it is essential that therapists learn to sense into and be aware of their own somatic responses, a capacity that is part of what has been termed “evolved embodiment” and “somatic competency” (Manley, R., 2014, p.28). Moreover, “the clinical applications of work in mindfulness have been significant contributions and we view this state as essential to good therapeutic attunement” (Manley, R., 2014, p.28). Something that can be facilitated during a therapy session which may help clients experience attunement is where, “the essential skill is the capacity to track sensation moment to moment in the therapy session” (Manley, R., 2014, p.29). Thus, “that is, encouraging clients to notice the attending sensations when they experience activation and to follow these sensations” this is because, “we work with clients to further develop their capacity to recognize and name sensation in the here and now” (Manley, R., 2014, p.29). In addition, “limiting or titrating the degree of activation in a session is important as it

enables the client to remain within the “window of tolerance” (Manley, R., 2014, p.29). This is because, “the more kindled the nervous system the more likely that relatively low amounts of stress will push them into hyper-arousal or hypo-arousal” (Manley, R., 2014, p.29). Therefore, it is important for therapists to work with clients on practicing attunement in short intervals or increments in order for the client to stay within the window of tolerance, instead of experiencing hyperarousal or hypo-arousal for long periods of time during the session, because it is important for clients to learn how to stay within their window of tolerance or get back to their window of tolerance outside of the counselling sessions and during their regular lives when they need to. This may be possible if they previously practice this in counselling sessions with their therapist.

10. Summary

In this chapter we have explored a number of different counselling theories or concepts that highlight optimistic or positive perspectives found in therapeutic approaches. First we explored the optimistic perspectives of mindfulness, then we looked at positive aspects of: solution focused therapy, narrative therapy, cognitive behavioural therapy, Gottman couples’ therapy, the “I-thou” exchange, as well as attachment theory and attunement. Although these are all different types of counselling theories or concepts, each approach is able to assist the client by highlighting positive aspects of the individual, their relationships or their behavioral patterns. This may remind the clients who are attending therapy that things may not always be so bad, even though sometimes it may feel like things are always problematic, there may be a light beyond the storm. It is important to remind clients of such optimistic perspectives, in order to give client’s hope for a bright future and encourage clients that they have the stamina or will power to overcome their life challenges. This may encourage clients to remember that they are resilient and they have the tools as well as strengths so that they are able to overcome life

challenges in the future without the assistance of a counsellor. In this way each different counselling approach or concept has some element or elements that are considered to be from an optimistic or positive perspective. Therefore, the fact that each different approach has some element that highlight the positives during therapy, means that each approach or concept has something in common when helping clients overcome their life struggles, challenges or obstacles in a similar way because of that commonality.

Chapter III: Optimism and Subjective Wellbeing (happiness)

1. Introduction: Why Optimism may be Favourable for Subjective Well-Being

In this chapter I will explore why optimism is related to subjective well-being and the different concepts related to optimism and subjective well-being including: mindset, gratitude practice, self-efficacy, resiliency, instilling hope, self-compassion and *sisu*.

It is proposed that “the happiness of the human species has always been at the focus on attention of the humanities since Plato and Seneca” (Zhang, Miao, Sun, Xiao, Ren, Xiao and Peng, 2014, p.758). Also, “for the last [few] decades, there is a considerable body of research that has concentrated on [subjective] well-being (SWB) which...reflects an affective and cognitive evaluation of life happiness and satisfaction” (Campbell et al. 1976; Cummins 2002 as found in Zhang, Miao, Sun, Xiao, Ren, Xiao and Peng, 2014, p.758). Moreover, “SWB refers to a generalized assessment in which individuals compared the quality of their lives on the basis of their own self-imposed standard” (Zhang, Miao, Sun, Xiao, Ren, Xiao and Peng, 2014, p.758). Where, “SWB is a general concept rather than a single construct that [is based] on subjective positive elements in evaluating life” (Diener et al. 1999 as found in Zhang, Miao, Sun, Xiao, Ren, Xiao and Peng, 2014, p.758). Also, “it contains two independent factors: a cognitive and an affective component” (Zhang, Miao, Sun, Xiao, Ren, Xiao and Peng, 2014, p.758). Therefore, “the cognitive component of SWB is regard of life satisfaction, or the subjective cognitive evaluation of one’s quality of life as a whole” (Diener et al. 1985 as found in Zhang, Miao, Sun, Xiao, Ren, Xiao and Peng, 2014, p.758). Whereas, “the affective component includes positive and negative affect” (Zhang, Miao, Sun, Xiao, Ren, Xiao and Peng, 2014, p.758). Thus, “individuals will report high scores on SWB if their perceived life circumstances are in line with their own standard” (Zhang, Miao, Sun, Xiao, Ren, Xiao and Peng, 2014, p.758). In addition,

“Diener et al. (1999) maintain that abundant SWB is a necessary characteristic of the good society and the good life” (Zhang, Miao, Sun, Xiao, Ren, Xiao and Peng, 2014, p.758). In addition, “the area of SWB is of fundamental importance to the behavioral sciences as evidence has accumulated to show which causally influences key characteristics of a good life such as health and longevity” (Diener and Chan 2011; Conversano et al. 2010; Rius-Ottenbeim et al. 2013 as, found in Zhang, Miao, Sun, Xiao, Ren, Xiao and Peng, 2014, p.758). Thus, “with the rise of positive psychology, happiness has become a major topic of interest” (Sivis-Cetinkaya, 2013, p.317). It is observable that “the positive psychology movement has been pervading almost all areas of counseling” (Sivis-Cetinkaya, 2013, p.318).

Another definition of subjective wellbeing is that “in the research literature, happiness is typically conceptualized as *subjective wellbeing* which is defined by a hedonic (affective) aspect and a contentment (cognitive) aspect” (Strack et al. 1991; Veenhoven as, found in Sivis-Cetinkaya, 2013, p.317). Where, “the affective aspect of subjective wellbeing relates to the degree of pleasant, positive feelings experienced by the person, whereas the cognitive aspect relates to the level of contentment one has towards life” (Diener 2000; Diener et al. 1999 as, found in Sivis-Cetinkaya, 2013, p.317). Therefore, “both aspects of positive affect and satisfaction with life are typically examined in wellbeing studies” (Diener 1994 as found in Sivis-Cetinkaya, 2013, p.318). Thus, “there has been an increasing effort to understand factors that contribute to subjective wellbeing” (Sivis-Cetinkaya, 2013, p.318). Furthermore, “research suggests that a complex array of factors, both internal and external, contribute to a person’s subjective wellbeing” (Sivis-Cetinkaya, 2013, p.318). Moreover, “researchers with a positive psychology perspective generally focus on the link between subjective wellbeing and internal factors; i.e., psychological strengths” (Diener and Seligman 2002; Furnham and Petrides 2003;

Hayes and Joseph 2003 as found in Sivis-Cetinkaya, 2013, p.318). Where, “psychological strengths such as the concepts of gratitude, self-esteem, self-efficacy and optimism seem to be related to subjective wellbeing” (Snyder and Lopez, 2002 as, found in Sivis-Cetinkaya, 2013, p.318). Moreover, “both dispositional optimism and attributional styles [are] significantly correlated with subjective well-being” (Zhang, Miao, Sun, Xiao, Ren, Xiao and Peng, 2014, p.757). Also, there are, “paths from positive and negative attributional styles to subjective well-being through optimism” (Zhang, Miao, Sun, Xiao, Ren, Xiao and Peng, 2014, p.757). Furthermore, “attributional styles [may] influence subjective well-being; this provides valuable evidence on how to promote subjective well-being in positive psychology” (Zhang, Miao, Sun, Xiao, Ren, Xiao and Peng, 2014, p.757)

2. Mindset

Optimism and its connection to subjective wellbeing may be observed as a mindset where, “happiness is the state of experiencing positive emotions” (Sood, A., 2015, p.25). It is also said that, “happiness depends on two key ingredients: feeling safe and feeling worthy” (Sood, A., 2015, p.25). Thus, “when you feel physically or emotionally unsafe or have low self-worth, no material gain can provide lasting happiness” (Sood, A., 2015, p.25). Also, “once you feel safe and worthy, pleasant immersive experiences, creative work, meaningful pursuits and altruistic thoughts and actions all enhance happiness” (Sood, A., 2015, p.25). It is also said that, “research shows that up to 50 percent of our happiness depends on our conscious choices that, with time, become enduring habits” (Sood, A., 2015, p.25). Something else that is important to consider is that, “most material gains, on the other hand, provide happiness only for a short time because of our tendency to quickly discount the good and rearrange our expectations” (Sood, A., 2015, p.25). Moreover, “our tendency to discount the good and inflate the bad pushes away

happiness” (Sood, A., 2015, p.25). Furthermore, “happiness is a habit” where, “some of us are born with it; others have to choose it” (Sood, A., 2015, p.26). But, “unfortunately, many don’t realize they have to make the choice” or it is possible “if they do realize it, they don’t find a good path” (Sood, A., 2015, p.26). It is beneficial to know that, “a lot of happiness is up to you and your choices” (Sood, A., 2015, p.26). Although, “several situations in life, such as the loss of a loved one, a health crisis or financial insecurity, are bound to make you unhappy” but in contrast to this, “in many situations, you have a choice” (Sood, A., 2015, p.26). So, “if you are beside yourself because of spilled milk on the dining table, a leaky faucet or weak coffee, then you aren’t prioritizing happiness” (Sood, A., 2015, p.26).

Thus, “a healthy insight into life’s challenges is a good first step toward making happiness a priority” (Sood, A., 2015, p.26). It may be important that people, “do not postpone your happiness, waiting for a day when life will be perfect and all of your stressors will disappear” thus “if you wait because you are too busy or stressed, you might wait a lifetime” (Sood, A., 2015, p.27). This is because, “your opportunity to live as well as you can, is in this very moment” and “if you let go of this opportunity, you might come back to it, maybe a decade later” but then “you will lose precious time in the process” (Sood, A., 2015, p.27). It is possible that, “you [may] push happiness away when you feel too much stress” because, “stress is your struggle with what is” (Sood, A., 2015, p.28). Moreover, “stress starts with not having what you want or not wanting what you have” (Sood, A., 2015, p.28). Also, “if you like what you have and love those who belong to you, you’ll have minimal stress” (Sood, A., 2015, p.28). It is believed that there is a connection between optimism and subjective wellbeing. Where, “the positive psychology approach to improving wellbeing therefore involves actively trying to improve life, and is rooted in nurturing existing strengths and resilience, rather than trying to correct deficits”

(Barley & Lawson, 2016, p.854). It was beneficial when “positive psychology emerged as a new branch of science in the late 1990s as an attempt to rebalance the field and apply the scientific method to question such as what it takes for us to feel good and function well” (Akhtar, 2012, p.26). In addition, “positive psychology deals with the negative in the main by looking at positive ways of coping and through exploring areas such as resilience- how to bounce back from life’s tough times and thrive in periods of adversity” (Akhtar, 2012, p.26).

It is said that, “a person’s subjective wellbeing (how they think they are doing) can be more important than their externally assessed objective wellbeing” (Barley & Lawson, 2016, p.854). Also, “positive psychology interventions have been found to be effective for improving wellbeing and for reducing depressive symptoms” (Barley & Lawson, 2016, p.854). It is “possible to develop optimism even if you were born a pessimist” this is because “pessimism isn’t fixed” (Akhtar, M., 2012, p.112). This may give individuals “the confidence that life [can] change and ultimately put [individuals] on track for greater happiness” (Akhtar, M., 2012, p.112).

Furthermore, “both optimism and pessimism influence the way we think and feel when we encounter problems” (Akhtar, M., 2012, p.112). Where, “optimists expect good outcomes even in difficult situations, which leads to a relatively positive mix of feelings, whereas pessimists expect bad outcomes and this yields more negative feelings, such as anxiety, anger, sadness and despair” (Akhtar, M., 2012, p.112). Moreover, “one of the most uplifting discoveries to emerge from this area of research is that you can develop into a more optimistic individual—in spite of the legacy of your genes, upbringing or experience of life” (Akhtar, M., 2012, p.112). Thus, “things are more flexible than we might imagine” (Akhtar, M., 2012, p.112). As Miriam Akhtar emphasizes, “now I’m a practising optimist and testimony to its many mood-enhancing

benefits” (Akhtar, M., 2012, p.112). Also Miriam Akhtar says, “practicing’ [is] something [she] still does consciously as a form of psychological self-defence” (Akhtar, M., 2012, p.112).

Therefore, “that’s why optimism is worth developing, because it acts as a shield that protects you from spiralling down into depression” (Akhtar, M., 2012, p.113). Finally, “pessimism often grows to gruesome proportions, while optimism is more delicate and needs nurturing for it to develop” (Akhtar, M., 2012, p.113).

According to Chris Peterson, “persons who make stable, global and internal explanations for bad events are seen as pessimists, whereas persons who make unstable, specific, and external explanations for bad events are seen as optimists” (Larson, R.J. & Buss, D.M., 2014, p.562). Also, “optimism/pessimism is viewed as a trait-like dimension along which people differ” where, “optimists believe that life events are unstable and specific and that what they do actually influences outcomes in life” but “pessimists on the other hand, believe that they are pretty helpless when it comes to bad events, that bad events have long-lasting causes that adversely affect many aspects of their lives (i.e., they blow things out of proportion)” (Larson, R.J. & Buss, D.M., 2014, p.562). Furthermore, “consequently pessimists believe that their behavior is not related to the outcomes of their life” (Larson, R.J. & Buss, D.M., 2014, p.563).

Another definition of optimism is offered by Scheier and Carver (1985; Carver and Scheier, 2000 as, found in Larsen, R.J. & Buss, D.M. 2014, p.563). Here, “these researchers emphasize dispositional optimism as the expectation that good events will be plentiful in the future, and that bad events will be rare in the future” (Larsen, R.J. & Buss, D.M., 2014, p.563). Furthermore, “for example, optimists are likely to believe that they will achieve success in most areas of their lives” where, “this definition emphasizes not explanatory style but expectations for the future” (Larsen, R.J. & Buss, D.M., 2014, p.563).

3. Gratitude Practice

Another concept that seems to be related to optimism is gratitude practice. Where “gratitude is considered to be both an attitude and an emotional state of appreciation towards one’s life” (Emmons and Crumpler 2000 as, found in Sivis-Cetinkaya, 2013, p.318). Also, “gratitude is a concept that defines one’s ability to find aspects in life to appreciate, and be thankful/grateful for” (Sivis-Cetinkaya, 2013, p.318). Moreover, “gratitude is an emotional state and an attitude toward life that is a source of human strength in enhancing one’s personal and relational well-being” (Emmons and Crumpler, 2000, p.56). Another definition of gratitude may be that, “gratitude has been conceptualized as an emotion, a virtue, a moral sentiment, a motive, a coping response, a skill, and an attitude” (Emmons and Crumpler, 2000, p.56). Also, “gratitude is an emotional response to a gift” (Emmons and Crumpler, 2000, p.56). Where, “it is the appreciation felt after one has been the beneficiary of an altruistic act” (Lazarus & Lazarus, 1994 as, found in Emmons and Crumpler, 2000, p.56). Moreover, “social psychologist Fritz Heider (1958), provided a common-sense view that people feel grateful when receiving a benefit that was intended by another person” (Emmons and Crumpler, 2000, p.56). Thus, “gratitude does not necessarily require an interpersonal context” (Emmons and Crumpler, 2000, p.57). This is because, “for instance, the farmer who has experienced weeks of rain is grateful when the sun comes out” (Emmons and Crumpler, 2000, p.57).

Also, “one can feel grateful for avoiding a mistake” (Emmons and Crumpler, 2000, p.57). Furthermore, “gratitude is a source of human strength, an “aspect of human flourishing” with implications for personal and relational well-being” (Roberts, 1987 as, found in Emmons and Crumpler, 2000, p.57). In addition, “as a virtue, gratitude is a disposition to feel and express consistently the emotion of thankfulness across situations and over time, and to do so

appropriately” (Emmons and Crumpler, 2000, p.57). Where, “to date the bulk of research shows that gratitude seems to be a strong predictor of subjective wellbeing of college students” (Emmons and McCullough 2003; Rey 2009; Watkins et al. 2003 as, found in Sivis-Cetinkaya, 2013, p.318). Something else that is interesting is that, in a study, “it was shown that grateful thinking improved mood” (Watkins, Woodward, Stone and Kolts, 2003, p.431). Moreover, “research indicates that gratitude is important to people and “grateful” appears to be a highly valued trait” (Gallup, 1998 as, found in Watkins, Woodward, Stone and Kolts, 2003, p.432). Thus we may benefit if we recognize that “gratitude may be a strength important to the good life” (Watkins, Woodward, Stone and Kolts, 2003, p.432). Also, “gratitude might be important to emotional well-being” (McCullough, Emmons & Tsang, 2002; Watkins, in press as found in Watkins, Woodward, Stone and Kolts, 2003, p.432). Thus, “a grateful person may not experience grateful feelings at any given moment, but he/she will be more likely to experience gratitude in particular situations” (Watkins, Woodward, Stone and Kolts, 2003, p.432). Moreover, “grateful individuals have a lower threshold for gratitude” (Watkins, Woodward, Stone and Kolts, 2003, p.432). Therefore, “this analysis implies that a science of gratitude should embark on studies of both the state and trait of gratitude” (Watkins, Woodward, Stone and Kolts, 2003, p.432). Thus, “grateful affect may be defined as a feeling of thankful appreciation for favors received, and trait gratitude would be the predisposition to experience this state” (Guralnik, 1971, p.327 as found in Watkins, Woodward, Stone and Kolts, 2003, p.432).

4. Self-Efficacy

Something else that may go hand in hand with optimism and subjective well-being is the concept of self-efficacy. The concept of self-efficacy “was developed by Bandura (1986)” (Larsen, R.J. & Buss, D.M., 2014, p.563). Moreover, “self-efficacy is the belief that one can do

the behaviors necessary to achieve a desired outcome” (Larsen, R.J. & Buss, D.M., 2014, p.563).

In addition, “self-efficacy also is the confidence one has in one’s ability to perform the actions needed to achieve a specific outcome” (Larsen, R.J. & Buss, D.M., 2014, p.563).

Another definition is that self-efficacy, “relates to one’s general perception of personal power to accomplish tasks successfully” (Bandura 1977; Maddux 2002 as found in Sivis-Cetinkaya, 2013, p.318). Therefore, “for example, someone’s belief and confidence that he or she can climb Mt. Everest—this subjective feeling, the positive expectation about performing behaviors necessary to climb the mountain—is self-efficacy” (Larsen, R.J. & Buss, D.M., 2014, p.563). Also, “self-efficacy is related to positive affect and satisfaction with life” (Salanova et al. 2011; Tong and Song 2004, Coffman and Gilligan 2002; O’Sullivan 2011; Steca et al. 2009 as, found in Bandura 1977; Maddux 2002 as found in Sivis-Cetinkaya, 2013, p.318).

5. Resiliency

Something else that may be related to optimism and subjective wellbeing is the concept of resiliency. It is believed that, “resilience is your ability to prevent, withstand and bounce back from adversity” (Sood, A., 2015, p.37). Also, “it helps you bend but not break” (Sood, A., 2015, p.37). In addition, “research shows that resilience is related to taking on a challenge rather than getting overwhelmed, having a sense of control and finding meaning in what you are doing” (Sood, A., 2015, p.38). Also, “resilience has four domains: physical, cognitive, emotional and spiritual” (Sood, A., 2015, p.38). Where, “physical resilience is maintaining the best possible health” also, “cognitive resilience is maintaining focus amid stress”, moreover, “emotional resilience is approaching life’s challenges with a realistic, flexible and balanced disposition, and having good control over emotions” and finally, “spiritual resilience is finding an anchor in higher meaning and a selfless perspective” (Sood, A., 2015, p.38).

The presence of “physical resilience is being strong and healthy, and recovering quickly from illness or injury” (Sood, A., 2015, p.38). In order to have physical resilience one must, “have an active lifestyle, healthy eating, adequate sleep, nurturing relationships, optimal self-care, timely medical and preventive care, and a good handle on stress” as these “all contribute to physical resilience” (Sood, A., 2015, p.38). In order for an individual to have cognitive resilience “this is your ability to maintain focus in the midst of stress” because “focus, insight and decision-making suffer during excessive stress” (Sood, A., 2015, p.38). Moreover, “emotional resilience is the experiencing of positive emotions and recovering quickly from negative emotions” (Sood, A., 2015, p.39). One way of having emotional resilience is by dealing with adversity and trying to make the best out of your limitations, “by approaching rather than withdrawing from challenges” (Sood, A., 2015, p.39). Lastly, “spiritual resilience is the ability to maintain a higher meaning and selfless perspective despite facing adversity and disappointments” (Sood, A., 2015, p.39). It means, “when life throws an obstacle in your path, spiritual resilience helps you recover and get back on the highway” (Sood, A., 2015, p.39).

Furthermore, there are two possible steps in the path to resilience, this includes: self-discovery and self-transformation (Sood, A., 2015, p.40). Where, “self-discovery involves discovering your stressors, understanding the concepts of human stress, resilience and happiness, and knowing the workings of your brain and the mind” (Sood, A., 2015, p.40). It is said that, “dispositional optimists tend to engage more frequently in approach-oriented forms of coping, to be flexible in their use of adaptive coping strategies in regard to controllability of stressors, and to have greater perceived capability to manage potentially traumatic events” (Aspinwall and Tedeschi, 2010, p.5).

6. Instilling Hope

Another concept related to optimism and subjective wellbeing is the concept of instilling hope. It is believed in counselling that, “we are sustained in the work when we can be fully and relationally engaged, stay connected with hope and be of use to clients across time” (Reynolds, V., 2010, p.250). Also, “reasonable hope is an allied construct” (Kotze, E., Hulme, T., Geldenhuys, T. & Weingarten, K., 2012, p.358). In addition, “aware and empowered, a person is more likely to be able to summon the actions that manifest reasonable hope” (Kotze, E. et al., 2012, p.358). Moreover, “reasonable hope is a practice that is undertaken in the context of relationship, always maintaining that the future is open, uncertain, and influenceable” (Kotze, E. et al., 2012, p.358). Furthermore, “reasonable hope seeks goals and pathways and is able to accommodate doubt, contradictions, and despair” (Kotze, E. et al., 2012, p.358). Thus, “this emphasizes a shift away from hope as a *feeling*, to an *action* that one or more persons can do themselves or on behalf of those stricken with hopelessness” (Kotze, E. et al., 2012, p.358). Where, “people may feel despair, but “do” hope” (Weingarten, 2010 as, found in Kotze, E. et al., 2012, p.358).

7. Self-Compassion

Another concept related to optimism and subjective wellbeing is the concept of self-compassion. It is believed that, “happiness is found when we go with the flow of life, not when we rail against it, and self-compassion can help us navigate these turbulent rapids with a wise, accepting heart” (Neff, 2011, p.35). Thus, “if you are a habitual self-critic, remember that your behavior actually represents a convoluted form of self-care, an attempt to keep yourself safe and on track” (Neff, 2011, p.34). Thus, “the best way to counteract self-criticism, therefore, is to understand it, have compassion for it, and then replace it with a kinder response” (Neff, 2011, p.34). Thus by letting ourselves be moved by the suffering we have experienced at the hands of

our own self-criticism, we strengthen our desire to heal” (Neff, 2011, p.34). Furthermore, “eventually, after banging our heads against the wall long enough, we’ll decide that enough is enough and demand an end to our self-inflicted pain” (Neff, 2011, p.34). Also, “fortunately, we can actually provide ourselves with the security and nurturance we want” (Neff, 2011, p.34).

Thus, “we can recognize that weakness and imperfection are part of the shared human experience” (Neff, 2011, p.34). Moreover, “we can feel more connected to our fellow life travelers who are just as flawed and vulnerable as we are” (Neff, 2011, p.34). So, “at the same time, we can let go of the need to feel better than others” and instead, “we can see through the self-serving distortions that inflate our own egos at others’ expenses” (Neff, 2011, p.35). Also, “compassionate witnessing of self and other occurs when one moves into an aware and empowered position” (Weingarten, 2003 as, found in Kotze, E., Hulme, T., Geldenhuys, T. & Weingarten, K., 2012, p.358).

In addition, according to Neff, “the research that [her] colleagues and [her] have conducted over the past decade shows that self-compassion is a powerful way to achieve emotional well-being and contentment in our lives” (Neff, 2011, p.12). Thus, “by giving ourselves unconditional kindness and comfort while embracing the human experience, difficult as it is, we avoid destructive patterns of fear, negativity and isolation” (Neff, 2011, p.12). Also, “at the same time, self-compassion fosters positive mind states such as happiness and optimism” (Neff, 2011, p.13). This is because, “the nurturing quality of self-compassion allows us to flourish, to appreciate the beauty and richness of life, even in hard times” (Neff, 2011, p.13). This is possible because, “when we soothe our agitated minds with self-compassion, we’re better able to notice what’s right as well as what’s wrong, so that we can orient ourselves toward that which gives us joy” (Neff, 2011, p.13). Also, according to Neff, “in her book *Emotional*

Alchemy: How the Mind Can Heal the Heart, Tara Bennett-Goleman uses the metaphor of alchemy to symbolize the spiritual and emotional transformation that's possible when we embrace our pain with caring compassion" (Neff, 2011, p.13). Thus, "when we give ourselves compassion, the tight knot of negative self-judgment starts to dissolve, replaced by a feeling of peaceful, connected acceptance—a sparkling diamond that emerges from the coal" (Neff, 2011, p.13).

Something else that is important about self-compassion is that it, "is an incredibly powerful tool for dealing with difficult emotions" (Neff, 2011, p.109). This is because, "it can free us from the destructive cycle of emotional reactivity that so often rules our lives" (Neff, 2011, p.109). Also, "self-compassion provides emotional resilience and enhances well-being" (Neff, 2011, p.109). Thus, "by changing the way we relate to ourselves and our lives, we can find the emotional stability [needed] to be truly happy" (Neff, 2011, p.109). Moreover, "one of the most robust and consistent findings in the research literature is that people who are more self-compassionate tend to be less anxious and depressed" (Neff, 2011, p.110). This is because, "the relationship is a strong one, with self-compassion explaining one-third to one-half of the variation found in how anxious or depressed people are" (Neff, 2011, p.110). Where, "this means that self-compassion is a major protective factor for anxiety and depression" (Neff, 2011, p.110). In comparison, "self-criticism and feelings of inadequacy are implicated in the experience of depression and anxiety" (Neff, 2011, p.110). This is because, "when we feel flawed, incapable of handling the challenges life throws our way, we tend to shut down emotionally in response to fear and shame" (Neff, 2011, p.110). This may be due to the fact that, "this process is quite natural" because, "research has demonstrated that our brains have a negativity bias, meaning we're more sensitive to negative than to positive information" (Neff, 2011, p.110). Thus, "when

evaluating others or ourselves, for instance, negative facts are given more weight than positive ones” (Neff, 2011, p.110).

8. Optimism and Sisu

Something else that I find to be relevant to optimism and subjective well-being is the concept of sisu. Sisu is a Finnish word which is important to me and my cultural background as I am half Finnish. This word is not directly translatable to English. It is proposed that, “sisu is a unique Finnish concept” (Sisu Group, 2017). Where, “it stands for the philosophy that what must be done will be done, regardless of what it takes” (Sisu Group, 2017). Also, “sisu is a special strength and persistent determination and resolve to continue and overcome in the moment of adversity...an almost magical quality, a combination of stamina, perseverance, courage, and determination held in reserve for hard times” (Sisu Group, 2017). It is relevant because, “in the past Finns were obliged to struggle against nature and against foreign intruders” (Sisu Group, 2017). Thus, “the early settlers found inspiration in the Finnish landscape, sky and in mythological heroes who taught them it was possible to overcome obstacle” (Sisu Group, 2017). Finally, “in more recent time the same sources have been the basic source of inspiration for athletes, artists, designers and architects who have made Finland known to the world” (Sisu Group, 2017).

9. Summary

In this paper I have explored different concepts that are related to optimism and subjective wellbeing (happiness). The different concepts that I have explored are why optimism is possibly favourable for subjective wellbeing, mindset, gratitude practice, self-efficacy, resiliency, instilling hope, self-compassion and sisu. Although I have researched and investigated

these topics and their relation to optimism and subjective wellbeing it would be beneficial to implement and explore further research in these areas.

Chapter IV: Optimism and Physical as Well as Mental Health

1. Introduction: Optimism and Physical or Mental Health

In this chapter I will discuss the possible connection between optimism and physical or mental health. I will explore the connection between optimism and wellness or coping, optimism and reducing stress, optimism and humour or laughter, the possible connection between optimism and preventing learned helplessness and depression as well as the connection between optimism and savouring the moment.

It is proposed that there may be a connection between optimism and physical or mental health. Where, “optimists experience better psychological and physical health, undertake more health-promoting behaviors, show greater persistence and more effective problem solving, and are more socially popular” (Scheier & Carver, 1992; Peterson et al., 1998; Peterson, 2000 as found in Reeve, 2015, p.458). This may be because through increased school achievement, better personal health and growth in interpersonal relationships, optimism can give people a sense of hope and motivation (Seligman, 1991 as found in Reeve, 2015, p.458). Thus, “many theorists using various optimism constructs have examined the correlation between this difference and physical health and wellbeing” (Larson, R.J. & Buss, D.M., 2014, p.565). Also as mentioned before optimism is an essential component of wellbeing that is important for health (Barley and Lawson, 2016, p.852). Moreover, “as a summary, optimism in general has been shown to predict good health as measured by self-report, ratings of general health made by the participants’ physicians, the number of visits to the doctor, survival time after heart attacks, immune system functioning, faster rehabilitation after breast cancer surgery, and longer life” (Carver et al., 1993; Scheier & Carver, 1992; Scheier et al., 1999 as found in Larson, R.J. & Buss, D.M., 2014, p.565).

In addition, “optimism is found to correlate with a number of positive health behaviors, such as exercising regularly, avoiding fatty foods, drinking only in moderation or not at all, and responding to a cold with appropriate action (e.g., resting and taking fluids)” (Larson, R.J. & Buss, D.M., 2014, p.565). Interestingly, “the typical correlations between optimism and health or health behaviors tend to run between 0.20 and 0.30” but, “because this research is correlational, we cannot really know the causal mechanisms involved in the health-optimism link” (Larson, R.J. & Buss, D.M., 2014, p.565). Furthermore, “optimism may relate to a lower likelihood of becoming ill, to developing an illness of a lesser severity, to a faster recovery, or to a decreased likelihood of relapse” (Larson, R.J. & Buss, D.M., 2014, p.565).

In a research study done on optimism and health by Peterson, Seligman, and colleagues in 1998 that examined “more than 1000 individuals over a 50-year period” the “researchers discovered that the participants who scored in the more pessimistic direction were more likely to die at an earlier age than the optimistic participants were” (Larson, R.J. & Buss, D.M., 2014, p.566). Thus, “it seems that pessimists, especially male pessimists [according to their research study], have a habit of being in the wrong place at the wrong time” (Larson, R.J. & Buss, D.M., 2014, p.565). Although, “however, it seems likely that they were in the wrong situation, and moreover it is likely that pessimists, especially males, frequently choose to be in the wrong situation” (Larson, R.J. & Buss, D.M., 2014, p.566). Thus, “the link between pessimism and a greater likelihood of mishaps appeared to be due to a preference for potentially hazardous situations and activities on the part of the pessimists” because “perhaps pessimists are motivated to escape their gloomy moods by choosing exciting but risky situations and activities” (Larson, R.J. & Buss, D.M., 2014, p.566).

Therefore, “because of optimism’s obvious health benefits, psychologist Marty Seligman and his colleagues are attempting to develop therapeutic ways to increase people’s level of optimism” (2002; Seligman & Peterson, 2003 as found in Larson, R.J. & Buss, D.M., 2014, p.566). Furthermore, “in particular, Seligman has introduced a “pessimism prevention” program for use in grade schools” where, “the program teaches cognitive and social problem-solving skills that are based on optimistic principles” (Larson, R.J. & Buss, D.M., 2014, p.566). In addition, “the program has been found to be effective at preventing symptoms of depression in low-income minority middle-school students and mainland China adults” (Cardemil, Reivich & Seligman, 2002, Yu & Seligman, 2002 as found in Larson, R.J. & Buss, D.M., 2014, p.566).

Furthermore, “in the last five years, laboratories around the world have produced a steady flow of scientific evidence that psychological traits, particularly optimism, can produce good health” (Seligman, 2006, p.172). Thus, “the evidence makes sense of—and supersedes—the torrent of personal stories in which states ranging from laughter to the will to live appear to help health” (Seligman, 2006, p.172).

It is proposed that, “optimists resist helplessness” (Seligman, 2006, p.173). In addition, optimists, “do not become depressed easily when they fail” and they, “do not give up easily” (Seligman, 2006, p.173). Also, “across a lifetime, an optimistic person will have fewer episodes of learned helplessness than a pessimistic person will” (Seligman, 2006, p.173). Thus, “the less learned helplessness experienced, the better shape the immune system should be in” (Seligman, 2006, p.173). Moreover, it is suggested that, “the first way in which optimism might affect your health across your lifetime is by preventing helplessness and thereby keeping immune defenses feistier” (Seligman, 2006, p.173). One of the ways that “optimism should produce good health” is by, “sticking to health regimens and seeking medical advice” (Seligman, 2006, p.173). It is

believed that, “optimists who readily take matters into their own hands, are more likely to take action that prevents illness or get it treated once illness strikes” (Seligman, 2006, p.173).

Something else that is important to know is that, “it has been shown statistically that the more, bad events a person encounters in any given period, the more illness he will have” (Seligman, 2006, p.173). Moreover, “people who in the same six months move, get fired, and get divorced are at a greater risk for infectious illness—and even for heart attacks and cancer—than are people who lead uneventful lives” (Seligman, 2006, p.173). Therefore, “this is why when major change occurs in your life, it is important to have checkups more frequently than usual” (Seligman, 2006, p.173). It is proposed that, “even if you are feeling fine, it is particularly important to watch your health carefully when you change jobs, leave a relationship, or retire, or when someone you love dies” (Seligman, 2006, p.173). Apparently, pessimists, “encounter more bad events in life” (Seligman, 2006, p.174). This is because, “they are more passive, they are less likely to take steps to avoid bad events and less likely to do anything to stop them once they start” (Seligman, 2006, p.174). Thus, “putting two and two together, if pessimists have more bad events and if more bad events lead to more illness, pessimists should have more illness” (Seligman, 2006, p.174).

Another “reason that optimists should have better health concerns [is] social support” (Seligman, 2006, p.174). This is because, “the capacity to sustain deep friendships and love seems to be important for physical health” (Seligman, 2006, p.174). Where, “middle-aged people who have at least one person whom they can call in the middle of the night to tell their troubles to, go on to have better physical health than friendless people” (Seligman, 2006, p.174). Also, “unmarried people are at a higher risk for depression than couples” (Seligman, 2006, p.174). Moreover, “even ordinary social contact is a buffer against illness” (Seligman, 2006, p.174).

Furthermore, “people who isolate themselves when they are sick tend to get sicker” (Seligman, 2006, p.174). Thus, there is “statistically a regular cost of loneliness: higher risk for disease, particularly the recrudescence of those diseases which never completely go away” and “pessimists have [this] same problem” (Seligman, 2006, p.174). This is because, “they become passive, more easily when trouble strikes, and they take fewer steps to get and sustain social support” (Seligman, 2006, p.174). Therefore, “the connection between lack of social support and illness provides...a reason to believe that optimistic explanatory style is likely to produce good health” (Seligman, 2006, p.174).

It is believed that, “the skills of enjoying positive emotion, being engaged with the people you care about, having meaning in life, achieving your goals, and maintaining good relationships are entirely different from the skills of not being depressed, not being anxious, and not being angry” (Seligman, 2011, p.182). Also, “these dysphorias get in the way of well-being, but they do not make well-being impossible; nor does the absence of sadness, anxiety, and anger remotely guarantee happiness” (Seligman, 2011, p.182). Thus “the takeaway lesson from positive psychology is that positive mental health is not just the absence of mental illness” (Jahoda, M. 1958). Furthermore, “positive mental health is a presence: presence of positive emotion, the presence of engagement, the presence of meaning, the presence of good relationships, and the presence of accomplishment” (Seligman, 2011, p.183). Therefore, “being in a state of mental health is not merely being disorder free; rather it is the presence of flourishing” (Seligman, 2011, p.183). It is remarkable to notice that “[the] increased emphasis on positive phenomena has generated a corresponding upswing in scientific and lay interest in such topics as positive affect, meaning, mastery, personal growth, forgiveness, gratitude, hope, optimism, and spirituality, their

relation to mental and physical health, and their potential for applications to promote well-being and health” (Aspinwall and Tedeschi, 2010, p.4).

In addition, sometimes, “people create meaning in response to a health crisis (e.g., cancer)” (Baumeister and Vohs, 2002 as, found in Reeve, 2015, p.459). Where, “success is not our greatest achievement but, rather, it is facing a difficult life challenge with dignity and integrity” (Reeve, 2015, p.459). Thus, “people who successfully create meaning within a crisis typically do so by first framing the event as a burden or bad event” (Reeve, 2015, p.459). Afterwards, “they then explain how that bad event set in progress a developmental trajectory in which the bad event is ultimately translated into a positive one” (Reeve, 2015, p.459). Moreover, “in doing so they essentially use the burden as a springboard to create a self-endowed with strengths such as purpose, moral goodness, and strong efficacy” (McAdam, Diamond, de St. Aubin, & Mansfield, 1997 as, found in Reeve, 2015, p.459). Whereas, “in contrast people who do not counter life’s burdens with a purpose, moral goodness, and efficacy (i.e., meaning) are significantly more likely to suffer mental pathology in the wake of the bad event” (McAdams, 1993, 1996, as found in Reeve, 2015, p.459). Furthermore, “from this point of view, the act of creating meaning helps prevent future sickness (e.g., depression)” (Reeve, 2015, p.459).

2. Optimism, Physical and Mental Health and Wellness or Coping

Something else that is significant about optimism and mental or physical health is that, “optimism is also associated with positive health behaviors, better recovery from certain medical procedures, positive changes in immune system functioning, and improved survival rates” (Aspinwall and Tedeschi, 2010, p.5). It is also proposed that, “three recent meta-analyses have concluded that optimism and/or subjective well-being (typically assessed by measures of positive affect) have a reliable, positive, and prospective relationship to multiple short-term and long-

term health outcomes in both healthy and ill samples” (Aspinwall and Tedeschi, 2010, p.6). In addition, “in their examination of psychosocial factors that may influence health among women with breast cancer, Antoni, Carver, and Lecher cite dispositional optimism, benefit-finding, social support, and anxiety reduction as resilience factors and also construct a model to account for how these variables might affect stress physiology” (Aspinwall and Tedeschi, 2010, p.6). Moreover, “they suggest that such psychosocial variables relate to neuroendocrine and immune system regulation and, in turn, affect tumor growth through stress-induced dysregulation” (Aspinwall and Tedeschi, 2010, p.6). Where, “accordingly, they suggest that development of more approach-focused coping strategies, anxiety reduction techniques, and social skills training that improves ability to utilize social support could have a salutary effect on immune system functioning” (Aspinwall and Tedeschi, 2010, p.6). Also, “a study of a group intervention that involved teaching these types of strategies to breast cancer patients found reductions in cortisol that were associated with increases in benefit-finding among participants” (Aspinwall and Tedeschi, 2010, p.6).

Another interesting finding is that, “an important development in the study of positive phenomena and health has been the study of positive beliefs and states within the laboratory stress challenge paradigm” (Aspinwall and Tedeschi, 2010, p.7). Moreover, “such research suggests that both pre-existing and experimentally induced forms of positive thinking (self-enhancement and self-affirmation, respectively) have similar salutary effects on stress physiology” (Aspinwall and Tedeschi, 2010, p.7). Where, “specifically, a laboratory stress challenge paradigm demonstrated that high self-enhancers—people who view themselves in a more positive light than others view them—had lower cardiovascular responses to stress and more rapid recovery, as well as lower baseline cortisol levels” (Aspinwall and Tedeschi, 2010,

p.7). Also, “self-enhancers appear to have high self-esteem, optimism, and belief in their ability to master situations, and this, in turn, may lower hypothalamic—pituitary axis activity” (Aspinwall and Tedeschi, 2010, p.7).

In addition, “results from interventions with cancer patients and experiments in which positive beliefs are induced suggest that adaptive capability on the psychological and physiological levels may be linked and that further scientific investigation of such links may improve our understanding of the multiple pathways involved” (Aspinwall and Tedeschi, 2010, p.7). Where, “such links may occur through appraisal and coping mechanisms whereby those who are more optimistic and more-able to find benefit or experience growth are more-able to use challenge rather than threat appraisals of adverse events and to process their experiences with adverse events using deliberate, reflective rumination mechanisms” (Aspinwall and Tedeschi, 2010, p.7). Thus, “in this way, illness may be transformed from a miserable, frightening event to be endured to one that has meaning” and, “when this occurs, there may be more of a focus on intrinsic goals, leading to a reduction in anxiety and more positive affect” (Aspinwall and Tedeschi, 2010, p.7). This is because, “both intrinsic goals and positive affect, in turn, have been associated with more robust immune system responses” (Aspinwall and Tedeschi, 2010, p.7). According to, “programmatic research by Isen and her colleagues [this research] shows, for example, that induced positive affect, compared to a neutral condition, promotes more thorough and efficient medical decision-making, greater flexibility in judgement, and better management of real versus hypothetical risks” (Aspinwall and Tedeschi, 2010, p.7).

Another interesting finding is that, “with respect to favorable expectations reported by people managing illness and other forms of adversity, it is now recognized that optimistic beliefs are not only common among people managing life-threatening illnesses, but also frequently associated

with better psychological adaptation, better health practices, and better immune [system functioning]” (Aspinwall and Tedeschi, 2010, p.9).

Something else that is possibly beneficial about the connection between optimism and physical or mental health is that, “these findings suggest that research at the interface of positive psychology and health psychology should focus not only on the presence of positive thoughts and feelings among people managing serious illness, but also on the precise role that such feelings may play in managing both the illness itself and the psychological and social demands it may create” (Aspinwall and Tedeschi, 2010, p.9). Moreover, “the joint activation of positive and negative thoughts and feelings may allow people to process the negative thoughts and feelings surrounding a severe stressor” where, “in this view, consistent with the ideas noted earlier, the experience of positive thoughts and feelings is central to the effective management of negative thoughts and feelings, not simply a distraction or a nicety” (Aspinwall and Tedeschi, 2010, p.9). But, “an important implication of this line of reasoning is that interventions that seek to promote positive emotions, expectations, or life changes among people managing serious illness or loss may do more than distract people from their troubles: they may play an important role in the effective management of their situation” (Aspinwall and Tedeschi, 2010, p.9).

3. Optimism, Physical and Mental Health and Reducing Stress

Another way that optimism may possibly be beneficial when found in mental or physical health is through the relation between optimism and reducing stress. It is said that, “life inflicts the same setbacks and tragedies on the optimist as on the pessimist, but the optimist weathers them better” (Seligman, 2006, p.207). This may be because the, “optimist bounces back from defeat, and, with his life somewhat poorer, he picks up and starts again” (Seligman, 2006, p.207). Whereas, “the pessimist gives up and falls into depression” (Seligman, 2006, p.207).

Furthermore, “because of his resilience, the optimist achieves more at work, at school, and on the playing field” (Seligman, 2006, p.207). Something that is important and good to acknowledge is that, “pessimists can learn the skills of optimism and permanently improve the quality of their lives” (Seligman, 2006, p.207). Also, “even optimists can benefit from learning how to change” because “almost all optimists have periods of at least mild pessimism, and the techniques that benefit pessimists can be used by optimists when they are down” (Seligman, 2006, p.207).

Moreover, “becoming an optimist consists not of learning to be more selfish and self-assertive, and to present yourself to others in overbearing ways, but simply of learning a set of skills about how to talk to yourself about your setbacks from a more encouraging viewpoint” (Seligman, 2006, p.207). It is significant to acknowledge that, “learning the skills of optimism [does not] mean sacrificing realism” (Seligman, 2006, p.208). Instead, “they don’t purvey an absolute, unconditional optimism for you to apply blindly in all situations; they offer a flexible optimism” that, “[aims] to increase your control over the way you think about adversity” (Seligman, 2006, p.208).

Also, “in recent years, some researchers have taken interest in the positive emotions, and positive appraisals, as well as how these can have a protective function” (for a review, see Tedeschi, Park & Calloun, 1998 as, found in Larson, R.J. & Buss, D.M., 2014, p.564). Moreover, “the general hypothesis is that positive emotions and positive appraisals may lead to a lowered impact of stress on health” (Larson, R.J. & Buss, D.M., 2014, p.564).

In addition,

“several decades ago, Lazarus, Kanner, and Folkman (1980) speculated that positive emotions played three important roles in the stress process; (1) they may sustain coping efforts; (2) they may provide a break from stress; and (3) they may give people time and

opportunity to restore depleted resources, including the restoration of social relationships” (Larson, R.J. & Buss, D.M., 2014, p.564).

Furthermore, “psychologist Barbara Frederickson has led the way in the search for the effects of positive emotions on stress and illness” thus, “she has proposed a “broaden and build model” of positive emotions, suggesting that positive emotions broaden the scope of attention, cognition, and action” (Larson, R.J. & Buss, D.M., 2014, p.564). The broaden part “helps the person see more options in stressful situations, think about alternatives, and try different ways of coping with the stress” (Larson, R.J. & Buss, D.M., 2014, p.565). Whereas, “the “build” part of her model suggests that positive emotions help a person build reserves of energy, as well as build up social resources, especially in terms of how positive emotions help a person build a social support network” (Larson, R.J. & Buss, D.M., 2014, p.564). Finally, “she proposes that positive emotions are important in facilitating adapting coping and adjustment to stress” (Fredrick, 1998, 2000 as, found in Larson, R.J. & Buss, D.M., 2014, p.564).

In another project of “experimental research, Fredrickson and Levenson (1998) found that the experience of positive emotions, following a period of acute stress, facilitated recovery from that stress” (Larson, R.J. & Buss, D.M., 2014, p.564). More, “specifically, these researchers examined cardiovascular reactivity to anxiety and threat manipulations, and they found that participants who underwent a positive emotion following this stress showed faster heart rate and blood pressure recovery than did the participants who did not get the positive mood induction” (Larson, R.J. & Buss, D.M., 2014, p.564).

Further research done by, “psychologists Susan Folkman and Judith Moskowitz (2000) have built on Fredrickson’s ideas and have suggested several important mechanisms in determining whether people will experience positive emotions during periods of severe stress”

(Larson, R.J. & Buss, D.M., 2014, p.565). Moreover, “caring for someone with a chronic debilitating disease such as AIDS or Alzheimer’s disease can be extremely stressful and often leads the caregiver to suffer physical costs from the stress and strain” (Larson, R.J. & Buss, D.M., 2014, p.564). These researchers, “from their study of such caregivers, Folkman and Moskowitz have identified three coping mechanisms that are capable of generating positive emotion during stress, as opposed to coping strategies that mainly provide relief from negative emotions.

According to Folkman and Moskowitz, “the first positive emotion coping strategy is called positive reappraisal, a cognitive process whereby a person focuses on the good in what is happening or has happened. Forms of this positive coping strategy include seeing opportunities for personal growth and seeing how one’s own efforts can benefit other people. By changing how they interpret what is happening to them, people actually change the meaning of situations such that the adversity, in fact, gives them strength” (Larson, R.J. & Buss, D.M., 2014, p.564).

Thus, “in their study of AIDS caregivers, Folkman and Moskowitz found that the caregivers who were able to positively reappraise the situation (e.g., “I will emerge from this challenge a stronger and better person”) showed better adjustment both during caregiving and even after the death of their partners” (Moskowitz et al., 1996 as, found in Larson, R.J. & Buss, D.M., 2014, p.564).

The second positive coping strategy that was recognized by Folkman and colleagues is problem-focused coping (Larsen, R.J. & Buss, D.M., 2014, p.524). This strategy is where the individual uses their thoughts and behaviours to handle stress (Larsen, R.J. & Buss, D.M., 2014, p.524). This method is helpful because the individual has some control over the results (Larsen,

R.J. & Buss, D.M., 2014, p.524). According to Folkman and Moskowitz this method is helpful when situations seem uncontrollable (Larsen, R.J. & Buss, D.M., 2014, p.524). During the AIDS caregiver study, lots of caregivers provided care for people who were terminally ill where the circumstances could not change (Larsen, R.J. & Buss, D.M., 2014, p.524). Despite the challenge of caring for terminally ill persons, some caregivers found that they were able to focus on things they could control (Larsen, R.J. & Buss, D.M., 2014, p.524). Some examples of things caregivers were able to do were making to-do lists which included things like: getting prescriptions filled, giving their partner their medications and changing their partners bed sheets (Larsen, R.J. & Buss, D.M., 2014, p.524). By developing these to-do lists and being able to check off the accomplished tasks, this gave caregivers the chance to experience feeling important and significant because they felt they had some control in an otherwise overwhelming and challenging situation (Larsen, R.J. & Buss, D.M., 2014, p.524). Thus, “in short, focusing on solving problems, even little ones, can give a person a positive sense of control even in the most stressful and uncontrollable circumstances” (Larsen, R.J. & Buss, D.M., 2014, p.524).

Finally, “the third positive coping mechanism is called creating positive events and is defined as creating a positive timeout from the stress. This can be done in a number of ways. Often, all it takes is to pause and reflect on something positive, such as a compliment received, a pleasing or humorous memory, or a sunset. These sorts of timeouts can give a person a momentary respite from the chronic stress. Many of the AIDS caregivers took time to remember positive events or to plan positive events, such as taking their partners for scenic drives. Some of the caregivers reported using humor to find some positive relief. It has long been thought that humor can be a tension reducer

and that it may contribute to mental and physical health” (Meninger, 1963 as, found in Larson, R.J. & Buss, D.M., 2014, p.565).

Although, “this focus on positive emotions and their role in health and illness is new, and the research is in very early stages” it is still important to recognize that, “many of the early findings are intriguing but also raise new questions for research” (Larson, R.J. & Buss, D.M., 2014, p.565). Thus, “for example, do different kinds of positive emotions—such as excitement, happiness, or contentment—play different roles in the stress process? Are the positive emotions most helpful in coping with particular kinds of stress? And finally of particular interest to personality psychologists are questions about differences among people in the ability to generate positive emotions while coping with stress” (Affleck & Tennen, 1996 as, found in Larson, R.J. & Buss, D.M., 2014, p.565). Other questions may include, “who are the people who can generate humor, for example, during periods of coping? Are specific personality traits, such as extraversion or optimism, uniquely related to positive emotion coping styles?” (Larson, R.J. & Buss, D.M., 2014, p.565).

Another important question, which is one motivation for my research, is whether it is possible that, “psychologists [or maybe counsellors could] develop brief and targeted interventions to increase positive affect for persons experiencing serious life stress?” (Larson, R.J. & Buss, D.M., 2014, p.565). Moreover, “preliminary studies suggest that positive affect interventions are feasible and may be effective at helping people cope with stress” (Moskowitz, 2011 as, found in Larson, R.J. & Buss, D.M., 2014, p.565). Finally, “these important questions point the way for the personality researchers of the future, who will undertake the necessary studies to understand why it is that some people manage to survive disaster, hardship and misfortune with some degree of positivity” (Larson, R.J. & Buss, D.M., 2014, p.565).

As Seligman proposes, “I [do] not wish to advocate optimism, recommending its use to counter every trouble” (Seligman, 2018, p.211). Furthermore, “**flexible**” **optimism**, [is] a way of thinking that [gives] pessimism its due” (Seligman, 2018, p.211). Also, “pessimism has evolutions behind it and seems to be the default response to troubles” because, “in a reality full of danger, loss and trespass, pessimism is a virtue” (Seligman, 2018, p.211). But, “having learned the skills of optimism by disputing catastrophic thoughts, how—in any given situation—do you decide whether to deploy optimism?” (Seligman, 2018, p.212). Seligman proposes that you could, “ask yourself, “how dire are the consequences of failure here?” If the consequences are small, use optimism” (Seligman, 2018, p.212). When “equipped with self-serving bias of an illusion of control, people with an optimistic explanatory style readily ignore negative self-related information, impose distorting filters on incoming information, and interpret positive and negative outcomes in self-protecting ways” (Reeve, 2015, p.294). Also, “an optimistic explanatory style is functionally an asset, because a “mentally healthy person appears to have the enviable capacity to distort reality in a direction that enhances self-esteem, maintains beliefs in personal efficacy, and promotes an optimistic view of the future” (Taylor & Brown, 1988 as, found in Reeve, 2015, p.295).

4. Optimism, Physical and Mental Health and Possibly Preventing Learned Helplessness or Depression

Another concept that is related to optimism and mental or physical health is the concept of learned helplessness or depression. It seems that there is a connection between the perception of optimism and learned helplessness or depression and also the sense of control an individual has over events that happen in their lives. I find it is beneficial to explore this topic.

It is believed that, “optimists perceive that they are at a lower risk of such negative events than the average person is” (Larson, R.J. & Buss, D.M., 2014, p.565). These perceived negative events may include, “dying in a plane crash, being diagnosed with cancer, having a heart attack, and being hit by lightning” (Larson, R.J. & Buss, D.M., 2014, p.565). Something notable or, “interesting, however, is that most people generally underestimate their risks, with the average person rating his or her risk as below what is the true probability” (Larson, R.J. & Buss, D.M., 2014, p.565). Furthermore, “this has been referred to as the optimistic bias, and it may actually lead people in general to ignore or minimize the risks inherent in life or to take more risk than they should” but, “nevertheless, people differ dramatically from each other in their perceptions of the risks associated with everyday life, with pessimistic persons overestimating the risks, relative to optimistic persons” (Larson, R.J. & Buss, D.M., 2014, p.565).

Also, “in a thirty-five-year-long study of one hundred Harvard graduates, pessimists were in fact found to be less likely than optimists to give up cigarettes, and more likely to suffer illness” (Seligman, 2006, p.173). Moreover, “learned helplessness and depression are similar in that the same expectations cause both: the individual expects that bad events will occur, and there is nothing she can do to prevent their occurrence” (Rosenhan & Seligman, 1984 as, found in Reeve, 2015, p.291). Furthermore, “learned helplessness and depression also share common symptoms (passivity, low self-esteem, loss of appetite)” (Reeve, 2015, p.291). In addition, “depressed individuals sometimes see events in their lives as less controllable than do individuals who are not depressed” (Reeve, 2015, p.291). Thus, “perhaps the root of depression lies in a depressed individual’s inability to recognize that he has more control over his life outcomes than he knows” (Reeve, 2015, p.291). Where, “in the face of trauma, the natural and typical human response is one of highly mobilized emotion (e.g., fear, anger, assertiveness, frustration)” thus,

“afraid people struggle vigorously to overcome, escape, counteract, or do whatever is necessary to cope effectively” (Reeve, 2015, p.290). Also, “over time, however, an unrelenting onslaught of environmental unresponsiveness leads people to view coping as futile” (Reeve, 2015, p.290). Where, “once fear-mobilized emotionality is believed to be unproductive, depression-related emotionality takes place” (Reeve, 2015, p.290). Then, “once the person becomes convinced that there is nothing that can be done to escape the trauma, the resulting expectation makes energy-mobilizing emotions less likely and make energy-depleting emotions (e.g., listlessness, apathy, depression, more likely)” (Reeve, 2015, p.290).

Furthermore, “findings show that learned helplessness doesn’t just affect behavior; it also reaches down to the cellular level and makes the immune system more passive” (Seligman, 2006, p.173). In a study about rats that had tumours, “one of the reasons Visintainer’s helpless rats did not fight off tumors might be that their very immune defenses had been weakened by the helplessness experience” (Seligman, 2006, p.173). In addition, it is proposed by Seligman that it may be possible that some pessimists might believe that, “sickness is permanent, pervasive, and personal” they may also say, “nothing I do matters...so why do anything?” (Seligman, 2006, p.173). Therefore, “such a person is less likely to give up smoking, get flu shots, diet, exercise, go to the doctor when ill, or even follow medical advice” (Seligman, 2006, p.173).

Lightman proposes that, “the principle behind POWER Optimism is simple, but profound” (Lightman, 2004, p.5). She claims that, “you create the thoughts, feelings and actions that affect your life, and you have the power to change them to make your life happier and more successful” (Lightman, 2004, p.5). She urges that this is possible, “by changing the way you interpret—or understand—the events that happen in your life” (Lightman, 2004, p.5). Lightman also mentions that, “people who interpret the events in their lives based on a negative perspective

usually get stuck in fear, sadness and anger” (Lightman, 2004, p.5). Thus, “they start expecting the worst in every situation and, more often than not, they find it” (Lightman, 2004, p.5). So, “they stagnate, and stop growing” (Lightman, 2004, p.5). Whereas, “on the other hand, people who use positive attitude to evaluate situations become more open—things seem more possible, more feasible” (Lightman, 2004, p.5). Thus, “they learn, grow and change” (Lightman, 2004, p.5). Furthermore, “this is because our moods are [a] combination of thoughts, feelings and actions” (Lightman, 2004, p.5). Thus, “you’ve probably experienced this for yourself just going about your life” (Lightman, 2004, p.5). For example, “think about how, when you’re in a bad mood, you are more likely to have negative thoughts and feelings” where, “you may find yourself becoming defensive, snappish and short-tempered” (Lightman, 2004, p.5). Also, “everything seems awful” (Lightman, 2004, p.5). It is possible that, “if another driver cuts your car off, you might get enraged and yell at him for being so impatient and rude” (Lightman, 2004, p.5). In comparison, “on the other hand, when you are in a good mood, your thoughts, feelings and behaviors are, correspondingly, more positive” (Lightman, 2004, p.6). This is because, “you feel cheerful, creative and generous” (Lightman, 2004, p.6). Thus, “when you’re in a good mood and a car cuts you off, you probably shake your head, laugh at how important some people [think they] are and simply watch the other driver go on his way” (Lightman, 2004, p.6).

It is important to acknowledge that possibly through practicing optimism, “high subjective well-being is a state that many desire, some achieve, and a few despise as an unnecessary luxury or even a detriment” (Deiner, 2011, p.33). Moreover, “given its clear and compelling relation to physical health and longevity, we need to begin thinking of societal [subjective wellbeing] as something that is indeed desirable and beneficial” (Deiner and Chan,

2011, p.33).

5. Optimism, Physical and Mental Health and Humour or Laughter

Another concept that is related to optimism and mental or physical health is humor or laughter. It is said that, “scientific research has shown that laughter may have both preventive and therapeutic values” (Mora-Ripoll, 2011, p.170). Also, “laughter is an essential component of human happiness, and its absence is a pathology that is related to maladaptive and other dysfunctional behaviors” (Mora-Ripoll, 2011, p.171). In addition, “to date there is sufficient evidence to suggest that laughter has positive, quantifiable, physiological and psychological effects on certain aspects of health” (Mora-Ripoll, 2011, p.174). Also, “moreover, proponents of ‘positive psychology’ have identified humor and laughter as one of the 24 positive personal values and attributes” (Mora-Ripoll, 2011, p.174). Thus, “simulated laughter techniques (i.e. “laughter yoga) can be easily implemented in traditional clinical settings for health and patient care” (Mora-Ripoll, 2011, p.174). Finally, “the following seems to be...good advice for both patients and health care professionals: “add simulated laughter to your working and daily life, remember to laugh regularly, share your laughs and help others laugh too” (Mora-Ripoll, 2011, p.174).

6. Optimism, Physical and Mental Health and Savouring the Moment

Something else that is relevant to optimism and mental or physical health is the concept of savouring the moment. Where savouring the moment may imply, “when good things happen, people naturally feel joy for it,” says Fred Bryant, a social psychologist at Loyola University Chicago” (Kennelly, 2019). Also, Fred Bryant’s, “research however, suggests that we don’t always respond to these “good things” in ways that maximize their positive effects on our lives” (Kennelly, 2019). In addition, “Bryant is the father of research on “savouring,” or the concept

that being mindfully engaged and aware of your feelings during positive events can increase happiness in the short and long run” (Kennelly, 2019). He claims, “it is like swishing the experience around...in your mind,” says Bryant author of the 2006 book, *Savoring: A New Model of Positive Experience*” (Kennelly, 2019). Furthermore, “his research and the research of others—like Erica Chadwick, who recently completed a dissertation on savoring at Victoria University in New Zealand, and Jordi Quoidback, a post-doctoral fellow at Harvard University—[have] identified myriad benefits to savoring, including stronger relationships, improved mental and physical health, and finding more creative solutions to problems” (Kennelly, 2019). Bryant, “has distilled his research into 10 succinct ways for us to develop savoring as a skill” (Kennelly, 2019). These include: “share your good feelings with others, take a mental photograph, congratulate yourself, sharpen your sensory perceptions, shout it from the rooftops (which includes: laughing out loud, jumping up and down and shouting for joy when something good happens), comparing the outcome to something worse, getting absorbed in the moment, counting your blessings and giving thanks, avoiding killjoy thinking, and reminding yourself how quickly time flies” (Kennelly, 2019).

7. Summary

In this chapter I have introduced the concepts of optimism, physical and mental health and their possible connection to one another. I have further proposed that there is a possible connection between optimism and wellness or coping, optimism and reducing stress, optimism and possibly preventing learned helplessness and depression, the possible connection between optimism and humor or laughter with mental or physical health as well as the connection between optimism and physical or mental health by savouring the moment. Although I have

done research on these different topics, it would be beneficial to further explore these research areas as these are new evolving topics of interest.

Chapter V: Discussion

In the past few chapters I have introduced a number of different topics related to the concept of optimism and positivity. In the first chapter I introduced the topic of optimism and positivity, in the second chapter I explored the concept of optimism and counselling theories, in the third chapter I explained the possible connection between optimism and subjective wellbeing, in the fourth chapter I described the possible connection between optimism and mental and physical health. In addition, as I have explained throughout this thesis, the purpose of this thesis is to highlight the fact that there are a number of different possible advantageous benefits of practicing different things that can encourage oneself, our counselling clients and society in general to have an optimistic or positive outlook in life. In this final chapter I will discuss possible clinical implications and recommendations, limitations of this thesis and possible future research, my personal reflections and further explore the conclusion of why optimism may be beneficial.

Clinical Implications and Recommendations

I see many possible benefits of encouraging optimism within counselling. I think that clients could definitely benefit if therapists are able to work from an optimistic lens. Clients initially seek counselling in hopes of making positive changes in their lives. Clients hope that counselling will help them and this is one of the reasons why they attend counselling in the first place. By developing a positive relationship between therapist and client this encourages the client that the therapist is hopeful that they can make positive changes and the client also desires to gain hope in themselves and their lives through counselling. The concept of counselling is optimistic if you think about it. Where, optimism is very much present in the action of counselling because hope is important in order for clients to feel that counselling has been helpful for them and that they have

hope in themselves for positive changes to occur. I also think it is important and helpful to highlight clients' strengths, remind clients of their skills, point out exceptions to clients' different issues as found in solution focused therapy, encourage clients to see different narratives or perspectives as is observed through narrative therapy, show clients that they are able to change their maladaptive thinking by encouraging clients to learn to develop more positive thoughts instead of maladaptive, negative thoughts thus leading to a change in behavior as cognitive behavioural therapy emphasizes. These are all optimistic approaches found in counselling and there are many more. By highlighting the positives instead of dwelling on the negatives, this can also encourage people to feel happier and flourish, it may also help clients possibly feel happier with their partners too as Gottman suggests to have a 5:1 positive to negative interaction ratio as this may be an indication of successful marriages. Therefore, I think that the concept of optimism has many clinical implications in the field of counselling as well as psychology. I think that it would be beneficial for more counsellors to learn more about this phenomenon too.

Limitations and Future Research

As I mentioned before there are a number of different types of studies that could be facilitated to better support my argument. But I find that many of these different research studies would have been more expensive, also more time consuming and possibly hard to control for or measure because optimism is such a broad concept with multiple definitions. In addition, if I was to practice optimism when facilitating different counselling approaches during counselling sessions, I fear that it may be ethically concerning to collect research data because of the importance of confidentiality and there may be a potential risk of accidentally breaking confidentiality by facilitating the research study. As long as the study is approved by the ethical review board then this would be possible to facilitate though and I suspect that if a researcher was to facilitate this

study it would be important not to use any real names or other identifiers that could reveal a clients' identity. But I think that in the future there will be a number of studies about optimism that can further support the argument I have emphasized throughout my thesis that there are many possible benefits of encouraging individuals to practice optimism if possible during applicable circumstances and possibly assisting clients in acquiring good mental health by using a strength based or positive approaches during counselling.

Personal Reflections

The topic of optimism is important for me because since the first time I went to a counsellor as a client, I noticed that I wished there was more optimism encouraged by my counsellor. Thus throughout my journey as a counselling student and counselling intern I find it mandatory for me to encourage optimism and hope for my clients. This is because when I attended counselling I did not feel hopeful for myself. I felt stuck. I felt that things would not change. Thus I think that it is important to me as a counsellor to emphasize an optimistic approach when working with clients, so that my clients feel that there is hope for their present and future lives, so that they may feel that things will change in a positive direction.

Through writing this thesis I have had many insights. I have realized that sometimes it can be hard to be optimistic. At times I have had lots of self-awareness about how pessimistic I might be and I noticed that I have been pessimistic and then I may feel guilty about it. At times I noticed myself avoiding writing my thesis because I had doubts of whether I was able to be optimistic myself but then I remembered the concept of flexible optimism as was introduced in chapter four, and the reality that sometimes it is difficult to be optimistic and that reassures me that we are human and negative emotions are also a necessary part of life too. But then there are other times when I am optimistic and I realize that I feel good about myself and I am also happy.

It is something I am constantly questioning, my optimism or pessimism. I feel that this thesis has helped me learn the possible benefits of being optimistic, also some ways of how to practice being more optimistic and this thesis has also assisted me with learning to approach counselling from more of a strength based or optimistic approach. I found writing this thesis to be challenging but also eye opening to what it is like to be aware of when I am optimistic or not and when it is important in the clinical setting to be optimistic and encourage clients to have hope for their present and future lives. I also think that there is lots of further research that needs to be done in the field of counselling and optimism to know more about this topic area.

Conclusion

I believe optimism was a good choice of thesis topic because it has been shown to be related to different mental and physical health benefits. I see value in having positive relationships with partners, children, family, relatives, friends, peers, and coworkers. I think that thinking positively or optimistically may enable having positive relationships and positive interactions with other people, encouraging us to help each other grow as individuals, thus leading us to flourish as individuals and as people in the community. By thinking positively or optimistically we are envisioning an enjoyable future and we may also possibly be working towards helping one another experience an enjoyable future too. By being pleasant with one another we are helping each other do well and succeed while we are also encouraging ourselves to do well too. We are working towards a bright future. Recognizing our strengths and the strengths of others, thus hopefully creating a positive future for ourselves and other people that influence our lives. Instead of dwelling on our problems we are opening our eyes to what is going well and how we can do more of it so that we can flourish and so that other people can flourish as well.

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