CHAPTER I

I. INTRODUCTION

This research focuses on obtaining a better understanding of the sociological and psychological matters related to characteristics of optimism/pessimism and psychological well-being. The pervasive role of social factors in the natural history of well-being and disease is well-known. It is well-researched that adequate social condition is associated with fostering the quality of life and health. For instance, education is one of the social factors that impacts physical and psychological well-being. People with higher levels of education experience lower levels of psycho-physiological distress (Kessler, 1982; Pearlin et al. 1981; Ross and Joan Huber, 1985).

Furthermore, social psychologists have demonstrated the power of social condition and social relationships on behavior and attitude of people. Also, the primary aim of health psychology is to foster and maintain the well-being of individuals, communities, and societies. As the role of social factors in health is becoming more crucial, health psychology is working beyond the individual levels. According to health psychology theories, the health of a human being is shaped by historical, political, and economic forces (Marks, 2000). So the health of individuals is influenced by communities to which they belong and the socio-economic status (SES) is an important factor in well-being and is usually defined in terms of occupation, income, and education; however, SES is complex and traditionally has been analyzed from a sociological perspective.

On the other hand, since World War II, psychology concentrates on repairing damage and exclusive attention to pathology and neglects to address the issues that improve the lives of
people who are free of overt mental dysfunction. Psychologists did not know much about what makes a person optimistic, kind, giving, content, engaged positively in daily life.

To address this, the president of the America Psychological Association (APA) in 1998 suggested that there should be a thorough study of the strengths and virtues and the psychologists should work towards developing interventions that can help people become happier (Seligman et al., 2004).

Therefore, the concept of well-being has been increasingly investigated leading to a new field in psychology called positive psychology with the aim of studying the nature of happiness, well-being and the conditions that foster them (Seligman and Csikszentmihalyi, 2000).

The positive psychology movement was started in the U.S.A. by Seligman and Csikszentmihalyi. They attempted to study the positive aspects of human experience, positive individual traits, and positive institution in order to improve the quality of life and prevent various pathologies which arise when life is unproductive and meaningless.

Positive psychology dedicated the increasing scope of psychological research and practice so that it focuses not just on problem alleviation, but also on helping people to enhance their lives, for example, by experiencing greater well being.

Seligman and Csikszentmihalyi (2000) are considered to be the founder of positive psychology, which is the scientific study of positive functioning. The aim of positive psychology is to discover and promote the factors that help individuals and communities to flourish. This new movement in psychology represents a new commitment to the part of research to focus on psychological health.

For decades, psychology focused on human failing, but the idea of human strengths gives rise to positivity in psychotherapy. While psychotherapists have practiced goodness of human
nature, social sciences have been slow in adopting those ideas. Seligman is well-known for his work, learned optimism. He propose that people can learn to be more optimistic by practicing cognitive skills that includes internally disputing that negative messages that they send themselves.

Seligman started teaching optimistic skill to children and adults in order to build people’s strengths and challenging weaknesses. Because positive psychology is based on this idea that people can learn optimism. When they are taught to hold optimistic views, they are less likely to suffer from depression and will lead more productive and happier lives.

After World War II, psychology became a science that mainly focused on healing, it concentrated on repairing damage using disease model of human functioning. This almost exclusive attention to pathology overlooked the idea of flourishing an individual and a community. It neglected the possibility that building strength is the most potent technique in therapy.

This arrangement carried with much substantial benefit to present psychology and practitioners. There have been enormous progresses in the understanding of the therapy for mental disorder, at least 14 mental illnesses, and making the lives of all people better and nurturing genius.

Seligman (1998) believes that psychology has come to see itself as a mere health professions, and it became a victimlogy. He proposes that it is our task to teach young people to find pleasure in the right things; this task has fallen on our shoulders as psychologists. Currently the large applied discipline of psychotherapy exists to treat psychological problems.
Seligman (1998) believes that by nurturing human capacity, rather than mental illness, we are able to prevent mental illnesses. In other words, by building human’s strengths, we will build also psychological muscles before the problems befall us.

Hence, optimism and well-being as two important components of positive psychology are an essential attitude and feeling for creating healthy, stress free life and successful fulfillment of social roles. The concept of well-being refers to optimal functioning and experiences; it includes both everyday interpersonal exploration and great scientific scrutiny.

However the issue of well-being is complex and controversial, since the last century, psychology has focused on the improvement of psychopathology and this aim overshadowed the promotion of well-being and personal growth (Ryan and Deci, 2001).

Seligman believes positive thoughts and emotion heighten our intellectual ability and it is the source of happiness and well-being. Optimism is referred to the generalized outcome expectancies that good things rather than bad things will happen and there is a tendency to expect positive outcome in the future (Seligman and Csikszentmihalyi, 2000).

With the advent of new approaches in psychology, well-being and optimism receive more attention in helping people to have a happier social relationship, family, work, recreation, ability to solve problems and more important to be healthy. For most of the people, physical health is a wholly physical matter, but it also depends on their life style, attitude towards life and their interpretation of the problems.

In other words, positive psychology promotes those positive features of human nature by guiding both individual and the situation within which they are functioning. In the present study, the correlation between social factors (e.g. income, occupation, education, family relationships,
and religious belief) and psychological well-being and optimism (the former developed by Ryff and latter by Scheier and Carver) have been examined.

I.1 **Definition of Optimism**

Optimism/pessimism has been defined in prior literature as generalized expectancies of positive and negative future consequences (Beck et al., 1974; Scheier and Carver, 1985; Wengler and Rosen, 2000). In other words, people regard the world in different ways. Some people see the world via rose colored glasses; they incline to keep a positive view on life. These optimistic people expect good things rather bad things to happen to them (Scheier and Carver, 1985).

On the other hand, some people see the world via dark colored glasses and have a negative view on life. These pessimistic people expect bad consequences (Scheier and Carver, 1985). Overall, optimism/pessimism is regarded as a personality characteristic.

Scheier and Carver (1985), Melges and Bowlby (1969) broaden the definition of optimism/pessimism beyond just generalized expectancies of future outcomes. They include the effect of past success and failures to these expectations.

They suggest how these past experiences contribute to future expectations. Based on prior experiences individuals will make an attempt to estimate the chance of having a success or failure in future attempt.

Optimism defined and conceptualized in different ways, in general is related to positive mood and good morale, Lionel Tiger (cited by Peterson, 2000, p.44) offered a useful explanation of optimism, it is a mood or attitude associated with an explanation about the social or material and desirable future. Recent approach explains optimism as a goal or expectation.
According to Seligman and Csikszentmihalyi (2000), “one dispositional trait that appears to mediate between external events and a person’s interpretation of them is optimism.” This feature consists of both little optimism and big optimism.

Peterson (2000) defined optimism as cognitive, emotional, and motivational components, indeed optimism assessed in variety of ways and it is related to positive mood and good morale, good health, effective problem solving, occupational and political success, pessimism in contrast has been linked to failure, passivity, depression, and social isolation.

Furthermore, if we ask ourselves what encourages people to cope with various stressors that face in their daily life? Why some people can better tackle the constant barriers? This capability is inherent or the people learn it during the life span?

To answer these types of questions it seems people react differently when they encounter difficult circumstances. Some of them become immobilized, avoid moving in any direction, others place themselves in comfort, and some continue to proceed.

In extreme situations, some people respond by giving up and end up their life. Beck and his colleagues (1974) in their research found that if hopeless feeling removed from depressive systems, then depression alone is not correlated with suicidal attempts. They suggest that it is hopelessness of people that inspires the behavior of ending life.

It has been investigated that body responses to chronic stress in different ways, the body can tolerate sever stress in moderation, continuous exposure to stress results in collapsing the body. With regard to different response of people in difficult situation, cognitive behavioral theories teach that we cannot ignore the importance of cognition. Each person responds to their situation based on their individual perceptions of reality.
These perceptions are shaped by core beliefs and values which stems from early experiences with parents, family member, teacher and friends. This means that if negative thought patterns are in place, the response to a given situation will likely to be negative; on the other hand, positive pattern should lead to positive response.

Seligman (1998) propose that helplessness is learned when circumstances produce uncontrollable distress, optimism can also be learned and can improve the lives of those who can master it properly. The ability to learn more positive ways is critical, because it seems cruel to describe on the benefits of positive cognitive processes with being able to make these available to all.

Seligman (1998) defines optimism very simple, it is the belief that obstacles are normal and can be overcome by our own actions. He argue why is important to develop optimism at early age? Studies of thousands of children show that those who hold pessimistic view are much more likely to develop depression later in their lives. Obstacles fall pessimists in to helplessness and despair, while optimists roll up their sleeves and find ways around these obstacles.

According to Seligman, the three crucial building blocks of optimism are mastery, positivity, and explanatory style. These concepts are the results of his research on learned helplessness and hopelessness, which demonstrates that lack of control over events leads to passivity and depression in human as well as animals.

Seligman (1991) believes that when nothing you do can impact a consequence, you learn to give up and feel sad. But when you do control, when there is a chance between your actions and the consequence, both your activity and your enjoyment increase.
Opportunities are plentiful for parents to help their children develop mastery. For example, when a child encounters a frightening new task, parents can break the challenge down into small, achievable steps, starting with a level the child can easily control.

Positivity is the second building block of optimism. Whereas mastery is about actions, positivity is about feeling or emotion. Wanting children to feel loved has always been a strong motivation for parents, and the way most of us have been taught to do this is to offer unconditional compliment and approval.

Some understand that optimistic view or positive thinking may have a mediating impact on the way people handle the stressful situations; optimism has been related to the way an individual cope with a problem. Problem solving approaches are more employed by optimistic persons and this approach to managing stress has been viewed more effective.

Indeed, people who believe that they have good capacity of tackling a challenge are better equipped to do so. According to cognitive theory, core beliefs underlie thoughts, which in turn generate emotions, and finally influence actions.
There are two discussions on optimism, the first one considered optimism as a part of human nature, like Freud, who believed that optimism is a part of nature, but just as a derivative of the conflict between instincts and socialization (cited by Peterson, 2000, p. 45).

In the 1960’s and 1970’s, due to results of researches in the field of cognitive psychology, many changes have taken place. Tiger (cited by ibid. p. 46) suggested optimism as a part of human nature but developing along with our cognitive abilities. According to Tiger, optimism drove human evolution because it needs thinking about the future. Therefore, Tiger, Lazarus, Beck, Taylor (cited by ibid.) and other psychologists were interested in the second approach which defined optimism as individual differences.
Seligman introduced the theory of learned optimism; he said the optimist uses attributional explanations in the face of negative experiences. In other words, an optimist uses external attribution instead of internal attribution, in this type of explanation, the role of other people and environment are the cause of bad events so the optimist interprets that bad events likely will not happen again.

Moreover, learned optimism has roots in learning, according to Franz et al. (cited by Snyder and Lopez, 2008. p. 182) parents who provide safe, coherent environments are likely to promote the learned optimism style. As a matter of fact, the parents of an optimist are a good model for their children who explain to them about bad events so these parents enable their children to develop good feeling about themselves.

However, traumatic experiences like: parental death, abuse, etc, can make children pessimists, also parental divorce may undermine learned optimism (Seligman, 2006).

With regard to different level of functioning, optimism can be described as little and big optimism, the dispositional optimism explained and measured by Scheier and Carver is big optimism because they ask people about the future, but explanatory optimism focuses on specific explanations for concrete events, so it considers as little optimism.

Scheier and Carver (1985) defined optimism as the stable tendency to expect good things rather than bad will happen. And the outcome expectancies may involve perceptions about being able to move towards goals (cited by Snyder and Lopez, 2008, p. 186).

Five scales have been identified to measure the personality trait optimism/pessimism; three scales directly measure the global personality measure of dispositional optimism/pessimism (Beck et al., 1974, Dember et al., 1989; Scheier and Carver, 1985). Whereas, the two other scales
try to measure optimism/pessimism based on expectancy of life events (Recker and Wong, 1984). In general, the Life Orientation Test (LOT) developed by Sheier and Carver (1985) seems to be the most widely used scale of all assessing levels of optimism/pessimism in physical health and psychological well-being research.

In 1994 Revised Life Orientation Test (LOT-R) was introduced by them. In this study, the dispositional theory of optimism/pessimism developed by Scheier and Carver and LOT-R were utilized for defining and measuring degree of optimism/pessimism.

1.2 Different Views of Optimism

There are two main views of optimism, “the explanatory style” and “the dispositional optimism view,” also known as “the direct belief view.” Much of the research on the dispositional style and explanatory view overlap and many studies do not specify what specific style is being used as theoretical framework for conducting the research. This lack of distinction appears to be a problem with optimism literature.

1.2.1 Explanatory Style /Attributional Style

Seligman and Buchanan (cited by Peterson, 2000, p. 53) defined optimism in terms of an individual’s characteristic explanatory style. It means how a person explains a cause of bad events. This view was derived from attributional reformulation of the learned helplessness, the idea of helplessness is based on this belief, when animal and people experience uncontrollable aversive events, they become helpless.

Seligman (1991) believes to some extent explanatory style emerges and the child’s explanations typically become either pessimistic or optimistic. Children may tune in to parents’ explanatory styles; for instance, the ways speak to the spouses, the way spouses argue, or
criticize one another. Children can also pick up on the explanatory style of books, movies, and cartoons and learn to talk like them.

Therefore, it can be assumed that a child can be directly taught to express herself/himself optimistically, but this not the case. Children at preschool age cannot think critically about their own negative thoughts. But they can sort through exactly the same tangle when a friend of a fictional character experiences it.

According to Seligman (1998), learning optimism in early childhood is not a cure-all. It will not substitute for the development of other qualities, such as moral values, ambition, or empathy. But in the presence of these qualities, optimism is a powerful tool. The belief that I can make a difference, and I am going to try, is the catalyst that makes both individual accomplishment and loving relationships possible.

Studies among athletes have shown that those who hold excellent mental skills, the ability to carrying a positive view, cope effectively with stress, and relax when needed is correlated with successful high level performance.

Some recent studies have examined the role of mental skills in the high performance professions and top classical musicians, the results showed that mental skills were critical in helping high level performance in these various domains to attain high levels of excellence.

Regarding this style, people explain the events in terms of past experiences and consider a more indirect approach to study optimism. This view is based on a person’s attribution style (Scheier et al., 2001). Attributional styles are formed by the way we perceive or explain past life experience. If these perceptions or explanations are negative then expect negative outcomes for future events.
Attributional Styles typically are measured by Attributional Style Questionnaire (ASQ). Seligman (1998) believes there are three major factors that determine what a person’s explanatory style is: permanence, pervasiveness, and personalization.

The idea of permanence is that people believe they are the cause of negative events and the bad experiences will always be with them. Their views are pessimistic in nature. The second type of defining a person’s explanatory style as described by Seligman is pervasiveness.

Pervasiveness is based on the way people allow unfortunate circumstances to affect their entire lives. People who look at disappointment, they are describing their misfortune in “universal” terms. The third and final part of a person’s explanatory style is personalization, it deals with way people describe the cause of bad events. They either blame themselves or others.

In other words, explanatory style is the way people perceive their life events based on past experiences, those who have positive experience are optimists, by contrast, those who have negative attitudes or negative explanatory style are called pessimists.

In fact, this style has its origin in the animal conditioning theory, when an animal experiences prolonged exposure to disgusting stimuli, it creates learning and motivational deficits (Overmier and Seligman, 1967).

Several years later a cognitive model suggested that humans can learn the similar helplessness (Abramson et al., 1978). In this cognitive model, people explain the future events based on past events. There is a clear link between attributional and dispositional model, both theories rely on the assumption that outcomes of optimism vs. pessimism stem from different expectations of people.
Indeed, attributional measures focus on people’s judgments about how events are caused compared to dispositional that emphasis on expectation for the future. This view emerged from the attributional reformulation of learned helplessness (Abramson et al., 1978).

On the basis of the explanatory style, after experiencing unfavorable and uncontrollable events, people become helpless, passive, and unresponsive. Due to learning there is no contingency between actions and outcomes (Maier and Seligman, 1976). For example, when people encounter a bad event, ask:”why”? Their casual explanation determines how they respond to the event.

Seligman believes that pessimists give up more easily and get depressed more often. The experiments show that optimists do much better in school, college and work, and on the playing field (Seligman, 2006). Optimism makes us happier, it lifts our spirits. This attitude helps people to have clear goals to work towards a sense of belonging, a coherent and positive view of the world.

This approach to optimism links to the assumption that expectancies for the future derive from people’s view about the causes for events in the past, if a person had stable explanation for bad outcomes in the past, that person may expect more bad outcomes in that domain, and if attribution for past bad outcomes are unstable the outlook for the future may be brighter (Seligman, 1991).

The optimism and pessimism in explanatory style are defined by the pattern of explanation for bad outcomes; it is assessed by a questionnaire that asks people to imagine a series of negative events, and respondents write down the likely cause for the events and rate that cause on the attributional dimension (Peterson et al., 1982).
I.2.2 Dispositional Optimism or Direct Belief Model

It refers to this view that good things rather than bad things will happen; therefore, optimists have a tendency to expect positive consequence in the future and pessimists expect negative outcome. Scheier and Carver (1992) studied different personalities and identified dispositional optimism, it means the global expectation tends to this view that good things will be more in the future and bad things less.

According to them, all domains of human activity can be described in goal terms and people’s behavior requires the identification and adoption of goals and the regulation of action toward those goals. Optimism enters in to self-regulation when people ask themselves how they can achieve the goals, in case of facing difficulties, optimists make an effort to reach the goal; while pessimists tend to giving up.

The concept of optimism and pessimism in the dispositional style concerns people’s expectations, and these concepts have rooted in folk wisdom and psychological theories of motivation, called expectancy – value model, it means behavior is aimed to achieve desired goals and stay away from undesired. Therefore, no action occurs unless there is a valued goal, also if one lacks confidence, again there is no action.

Considering these principles many predictions about optimists and pessimists will emerge; for instance, when facing a challenge, optimists are confident and persistent although the progress is slow and difficult. By contrast, pessimists are doubtful and hesitant. In confronting adversity, behavior is not the only response, people also experience emotions in such situations, and the balance among those emotions differs between optimists and pessimists.
This approach is more focused on optimistic beliefs about future events, compared with the attributional theory which looks to understand why people are optimistic and how they became this way. Its direct study of beliefs about optimism allows to be easily studied with other known variables that promote psychological and physical well-being (Scheier et al., 2001).

The direct belief model is more capable of just measuring if a person has an optimistic or pessimistic view. In other words, dispositional optimism refers to generalized consequence expectancies that good things rather than bad things will occur. Pessimism is prone to expect negative outcome in the future. Dispositional optimism was inspired by general model of self regulation derived from Carver and Scheier (cited by Peterson, 2000, p. 47).

There is an idea that people’s action are influenced by their beliefs about likely consequences of these actions, this idea resulted in psychological theories of motivation. According to the dispositional optimism theory, those who experience desired outcomes continue their efforts to obtain outcomes, but when outcomes seem unachievable; people will reduce their efforts and will not pursue the goals (Scheier and Carver, 1987). As a matter of fact, in this theory expectancies are determinants of behavior.

Scheier and Carver, (1992), have studied a personality variable they identified as dispositional optimism, the goal expectation that good things will be plentiful in the future and bad things scarce. Optimism leads to attain the goal; whereas pessimism leads to give up. Scheier and colleagues argued that optimistic people when in face of problems, they do not give up but pursuing their valued goals and they regulate themselves to use coping strategies to achieve the goals (Scheier et al., 2001).
When we examine the impact of expectancies on types of problems that people encounter during the course of daily life, it may be more beneficial to measure the person’s generalized outcome expectancies (cited by Scheier and Carver, 1987, p. 171).

Scheier and Carver stated that a person may hold favorable expectancies due to different reasons for example, because of being lucky, because of being favored by God, because of personal efficacy, or other reasons. The result in any of these reasons should be an optimistic orientation; overall, optimism has been demonstrated to have a beneficial impact on the physical and psychological well-being (Scheier and Carver, 1985, 1992).

I.2.3 Unrealistic Optimism

As noted above, optimism is the belief that good things will happen in the future. Unrealistic optimism is the belief that everything is good and nothing bad will occur, it seems a bit foolish to think this way, but interestingly research has found that both optimism and unrealistic optimism influence psychological and physical well-being.

However, unrealistic optimism may have coping disadvantages and it might lead to poorer consequences when it is too optimistic or optimistic in unproductive ways. For example, instead of trying to attain the goal, unrealistic optimists do nothing just sit and wait for the goal to occur. But it has been assumed that positive expectancies cause a person to continue to work hard to obtain the goal.

Studies conducted on relationships between optimism and unrealistic optimism using Life Orientation Test (LOT) and Unrealistic Optimism Measure (UOM), Results indicated that both optimism and unrealistic optimism were positively correlated.
I.2.4 Realistic Optimism

When reality combines with optimism it is realistic optimism. Regarding this view of optimism, there are three models which look at optimism in past, present, and future (Schneider, 2001).

The first model is called” benefit of the doubt principle”. It means people category past experiences that can be interpreted either in a realistic or an unrealistic way. To identify the situation realistic, people should considered any conditions or biases that may impact their ways of thinking.

The second model is “appreciate the moment principle”. It refers to this type of optimism that people can enjoy of whatsoever they have then life will be more desirable, the main idea here is that the awareness and perception of people in their lives is the key point of determining that they keep pessimistic or optimistic attitudes towards daily life events.

The third one is “optimism, unrealistic expectation or adaptive motivation”. Based on this type of optimism, unrealistic biases united with adaptive and motivational features, it means though people may have unrealistic interpretation; meanwhile, on the basis of adaptive motivation they have high spirits and are realistic about their condition, but positive about their ability to cope with events (Scheier et al., 2001).

I.3 Etiology of Optimistic Attitude

Seligman et al. (1984) described four influential sources for developing negative thinking, such as: gender, heredity factors, and severe sustained loss or traumatic experience before the age eight.
Regarding the explanatory style, children who have mothers with negative attribution for life events, also develop negative explanation. Regarding the role modeling, optimists are more likely to belong to the families where neither parents have depression.

Parents of optimists are good role models for understanding their failure and attribute them to external rather than internal factors. Children who have optimistic parents are encouraged to face up to setbacks in an optimistic way.

Gender differences also have been observed, girls whose performance in school was not satisfactory attributed to less intelligence; while boys with poor performance attributed to lack of effort (Dweck et al., 1978).

Support for the genetic factor has been supported through twin studies, the study showed identical twins were more similar on optimism compared to non-identical (Schulman et al., 1991; plomin, 1992).
I.4 Concept of Well-Being

Well-being is a very crucial concern for every individual, group, and society. Although the concept of well-being varies from place to place, for most of the cultures well-being means health.

In other words, health in its broadest meaning “well-being” is derived from Old High German, and Anglo-Saxon means, whole, “hale”, “holy”, historically there are strong association with ideas of wholeness, holiness, cleanness, goodness, godliness (Marks, 2000, p.3). Emphasis on health as wholeness and naturalness was also present in ancient China and classical Greece.

The term well-being refers to something that it is in a good state. Sometimes the term is used for all the good, but there is a difference between chances for a good life and actual outcomes of life. Chances and outcomes are related, this distinction is quite common in the field of public- health research. Preconditions for good health, such as nutrition and professional care are seldom confused with health itself.

The term is used also for social system, and for individual beings, this difference is often used for suggesting that what is good for society and for citizens. But it is obvious that it has many aspects such as: social well-being, physical well-being, economic well-being, psychological well-being, and spiritual well-being.

Each of these aspects has different indicators; for example, for economic and social well-being are measured by income, occupation, education, access to medical care in a country, social progress, and quality of life. For psychological well-being, self-esteem, happiness, positive thoughts, emotions, and self-actualization are indicators for assessing well-being.
If we override the various definitions of well-being across the cultures, the World Health Organization (WHO) in 1946 published a universal definition: “Health is the state of complete physical, social, and spiritual well-being, not only the absence of illness.

However, this definition is complete but we cannot discount the role of economic forces and psychological aspect, which play a crucial role in determining the well-being of an individual and societies.

In health psychology, well-being is studied in its full social context; it considers both macro social factors (global and societal levels) and micro social factors (individual levels) (ibid. p. 22)

Ryan and Deci (2001) found that research on well-being has followed two main directions:

1. Happiness and hedonic well-being.

2. Eudaimonic approach of well-being.

The former related to seeking pleasure and the latter to the actualization of one’s potential and finding meaning and fulfillment in life, this study was carried out on the basis of the second approach. Psychological well-being has been studied based on these two approaches, and has resulted in evolving three theories such as: Subjective well-being (SWB), Psychological well-being (PWB), and Self-determination theory (SDT).
I.4.1 Subjective Well-Being (SWB)

For a long time, well-being has been defined on hedonic perspective that experiencing the maximum amount of pleasure and happiness is the goal of life. Psychologists who have focused on this approach, for them well-being includes subjective happiness and concerns experiencing pleasure. Kahneman et al (cited by Ryan and Deci 2001, p. 144) explained hedonic psychology as the study of “what makes experiences and life pleasant and unpleasant.”

The predominant view among hedonic psychologist is that well-being can be assessed by subjective well-being (SWB) (Diener and Lucas, 1999). Subjective well-being has three components: life satisfaction, happiness, and positive mood.

Diener et al. (1985) via review of literature examined the various concepts on how people experience happiness and he developed measure for assessing subjective happiness. For evaluating subjective well-being, studies have been implemented to figure out contributing factors.

According to Myers and Diener (1995) demographic factors such as, age, gender, economic status, and ethnicity cannot predicted life satisfaction, but personality features like optimism, personal control, and self-esteem have linked to happiness and life satisfaction.

Moreover, subjective well-being consists of judgment about life satisfaction and effective balance. This view relies on the standard of respondent to determine what the good life is (Diener et al., 1985). Subjective well-being emphasizes the role of an individual on well-being. It is the individual who determines the criteria by which to evaluate her/his life. Good life is freedom to select and pursue the happiness.
Subjective well-being has been assessed by measuring positive aspects like, life satisfaction and self-esteem, and by measuring negative consequences such as, depression, distress, anxiety, and substance abuse (Diener et al., 1985).

Life satisfaction is a sense of well-being based on an individual’s perception and criteria. Depression is a feeling of prolonged sadness that occurs due to chemical imbalance in the brain or as a reaction to stress which can lead to a depressed mood, reduction of pleasure in all activities, significant weight loss or gain, feeling of worthlessness, fatigue, and reduction of ability to concentrate and think, depression has been largely used as an indicator of subjective well-being (Myers and Diener, 1995).

Studies have indicated that besides genetic and physical factors, social and personal factors like, religiousness, social support, life events, and socioeconomic status can influence an individual’s subjective well-being (Salsman et al., 2005; Karademas, 2007).

Optimism is an important personal factor which affects subjective well-being and it has been related with lower level of depressed mood. Scheier and Carver (1992) suggested that optimism has benefits, compared to pessimists; optimists can handle difficulties and stressful life events with less subjective distress.
I.4.2 Psychological Well-Being (PWB)

The second approach of studying well-being is the Eudaimonic approach. This view has been emerged because many philosophers and religious masters from the East and the West argued that happiness per se is not a suitable criterion of well-being; for example, Aristotle believed hedonic happiness makes people to follow only pleasure.

Waterman (cited by Snyder and Lopez, 2008, p. 137) stated that eudaimonia means when people fully and holistically engaged themselves in activities. Ryff (1989) has explored the question of well-being in terms of developing a life span theory of human flourishing, she stated that well-being is not just attaining pleasure, but it is an effort to be perfect and realize the true potential.

Ryff argued when eudaimonia is translated as happiness and satisfaction with life, the essence of this word (the idea of making an effort toward excellence based on one’s unique potential) was left out. She highlighted that well-being is interpreted as growth and human fulfillment, because it is deeply influenced by the surrounding context of people’s lives.

Ryff developed synthesizing ideas of Maslow’s theory (1968) of self actualization, Jung’s(1933) formulation of individuation, Rogers’s(1961) view of the fully functioning person, Allport’s conception of maturity(1961); Erikson’s psychosocial stage model(1959), Buhler(1935), Neugartens(1968) description of personality change in adulthood and old age, and Jahoda(1958) positive criteria of mental health and introduced psychological well-being (Ryff, 1989, p. 1069).
Ryff presented multidimensional aspects to assess human actualization, also she noted that criteria of well-being are diverse and it is hard to determine which among many descriptions should be a more essential characteristic for positive psychological functioning.

She introduced an inventory which consists of either 84 questions (long form) or 54 questions (medium form), there is also a short form, but statistically unreliable for using in research for assessment. Therefore, both long and medium forms including six dimensions of psychological well-being are used in research and one reliable for assessing the level of psychological well-being. These dimensions are:

1. **Self acceptance**, it is defined as the ability of self actualization, be mature, have a positive attitude towards themselves as well as their life, be optimal in the functioning, acceptance of self and one’s past life, keeping a positive attitude towards oneself. High score of this dimension means: possesses positive attitude toward self, and also past life, accept all good and bad aspects of self. Low score: it shows dissatisfaction with self, and it is disappointed with what has happened in past life, and wishes to be different from current personality that he or she has.

2. **Positive relationships**, it means having both warm and trusting interpersonal relationships and being able to identify with others, and ability to be intimate with others and learn from them. The ability to love is considered one of the important components of mental health, and self-actualization is viewed as having strong relationships. High score in this dimension manifests that he/she has trusting and warm relationships with others, and is concerned about the welfare of others, ability of empathy and intimacy, understands the give and take of human relationships. Low score: it shows that he/she has
a few friends, and trusting and close relationships, it is difficult for her/him to be open, and concerned about others, isolated and frustrated in interpersonal relationships.

3. **Autonomy**, it is the ability of people to be self-determining, independent and able to regulate their behavior within themselves. Qualities of self determination, independence, and regulate the behavior from within, evaluate oneself by personal standards. High score of this dimension indicates: self-determinant and independent, ability to insist on her/him to act and resist social pressure, evaluate her/his behavior from within; her/his personal standard is the basis for evaluation. Low score shows: the judgment of others is important; he/she is concerned about the evaluation and expectation of others, tries to conform to social pressure.

4. **Environmental mastery**, it is people’s ability to choose and create environments that are suitable to them as a person, also the ability to be flexible in various environmental setting, and try to make the conditions suitable in such a way they are defined as characteristics of mental health; Life span development is also defined as capability of manipulating and controlling the complex environments. The combination of actively participating in mastery of environment is an important feature of positive psychological functioning. High score in this dimension means: He/ she has the competence of managing the environment and control complex activities, and make use of the surroundings effectively; also ability to select the contexts which are favorable for personal needs and values. Low score indicates: managing and controlling the situation are difficult, inability in changing and improving the surrounding; unaware of surrounding opportunities.
5. **Purpose in life**, ability to have direction and purpose in life as well as meaning. One of the components of mental health includes beliefs that there is a purpose and meaning in life, also maturity is defined by the understanding of life’s purpose; in life span development there is a theory which refers to changing purpose or goals in life like being productive and creative, and a sense of direction which contributes to attain this belief that life is meaningful. High score in this dimension manifests: one has meaning and goal in life as well as a sense of directedness; the present and past life is meaning full. Low score indicates: life is meaningless, lacks of direction and goals or aims; holding no beliefs or attitudes that give meaning to life.

6. **Personal growth**, it is defined as people’s capability to continue, to develop their potential and grow and expand themselves as a person. Positive psychological functioning requires expanding and developing features to grow as a person. The requirement of self-actualization is to realize potentialities; instead of only achieving and fixing, it is better to develop and become continually. High score in this dimension shows: one has a sense of continuous development, opens to new experience, and sees self as growing and expanding; has aims and goals in living. Low score indicates: has a feeling of lack of improvement and expansion overtime, life is boring and uninterested; inability to develop new attitudes or behavior.

All these factors can be considered as key components that make up the definition of psychological well-being, so students who show strength in each of these dimensions will be in a state of high psychological well-being and those who struggle will be in a state of low psychological well-being.
I.4.3 Self-Determination Theory (SDT)

Self-determination theory as a macro theory of human motivation, to some extent is identical to psychological well-being and it is derived from the eudaimonic perspective of well-being. This theory dates back to 1970 but it evolved in the mid 1980’s (Deci and Ryan, 1985). In SDT instead of emphasizing on amount of motivation, it focuses on quality of motivation, because it would be more important for predicting many consequences like well-being, psychological health, creative problem solving capacity, and deep learning.

Also the main differentiation in self-determination theory is between autonomous motivation and controlled motivation, the former consists of both intrinsic and extrinsic motivation in which people have identified with activity’s value, but the latter comprises of external regulation in terms of reward or punishment.

Hence, in autonomous motivation, people can experience self endorsement or volition of their action; by contrast, when people are controlled, they experience pressure to behave, think or feel in specific ways. The researches on autonomous and controlled motivation have revealed different results, with autonomous motivation there is tendency to yield greater psychological health and better performance on heuristic types of activities and it leads to greater long-term change toward healthier behavior.

Self-determination theory attempts to address three basic psychological needs (autonomy, competence, and relatedness) and theorizes how the meet of these needs is necessary for psychological growth (e.g. intrinsic motivation), well-being (e.g. psychological health and life satisfaction) and integrity (e.g. internalization and assimilation of cultural practices).
According to Deci and Ryan (2000), fulfillment of needs is a natural aim of human life that describes many purposes underlying human action. Fulfillment of basic needs is the minimum requirement of psychological health and nutriments that must be supplied by social environment for people in order to flourish psychologically as well. The Self-determination theory describes the condition how to develop well-being within different developmental period and social contexts like, schools, workplace, and friendships.

On the basis of research in a variety of individualistic, collectivistic and equalitarian cultures, this notion has confirmed that satisfaction of needs for competence, autonomy and relatedness predict psychological well-being in all cultures, for example, autonomy is important for individualistic cultures and it is irrelevant for collectivistic cultures, but the research showed this not to be the case.

As noted above, well-being has a comprehensive definition and may vary from person to person, but in general it has four aspects: Physical well-being, Psychological well-being, social well-being, and spiritual well-being. Research findings of Eckersley show that our well-being is shaped by our gene, our personal circumstances and choices, and social conditions we live in (Eckersley et al., 2002).

Genes affect our well being through their influence on personality, but genetic influences are not fixed, they are shaped by the environment in which we live such as: upbringing, our personal experiences and general social condition.

In fact, apart from the psychological aspect, our well-being and optimism are also determined by social factors such as: family, friends, institutions, and neighborhood. Cohen and Wills (1985) stated that social support, sense of belonging, coherent and positive view foster
well-being. Individual who had a greater number of relationships with friends, family, and neighbors, reported more well-being than those who had fewer of those relationships. As we are deeply social beings, the intimacy, belonging and support provide strong protection and background for being happy and positively deals with circumstances.

The concept of well-being refers to optimal psychological functioning and experience, and it is not the absence of mental illness. It includes health, happiness, quality of life and other related topics.

The important utility of optimism and psychological well-being in society is about human attitude which in turn enhances people’s quality of life; it is time to focus on positive aspects like health, happiness, and human strengths. A happy life is not just a matter of personal choice; they are also determined by social conditions in which we live.

Being an optimist and having psychological well-being can be influenced by several factors such as: personality, culture, values, family, neighborhood and other social factors which can be measured objectively or subjectively.

The objective approach focuses on measuring hard facts such as: income, accommodation, education and so on. But the subjective approach is related to soft matters like; satisfaction with income, and perceived adequacy of dwelling and satisfaction with relationships. The objective approach stems from social statistics which date back to the 19th century (Veenhoven, 2003).

Although this study did not discount genetic make-up and personality factors which impact optimism and well-being, it focuses on social factors which influence optimism and psychological well-being.
1.5 How Does the Socio-Economic Condition Impact Psychological Well-being and Optimism/Pessimism?

Pearlin (1989) indicates that social structure and arrangements of people’s lives and repeated experiences from these social factors can deeply affect one’s well-being and her/his optimism/pessimism as well. Often stressful situations and social environment which surround people lives influence their well-being.

Pearlin (1989) proposes a system of stratifications in society based on age, gender, socioeconomic status, race, and ethnicity to create a special status for individuals. For instance, low status in any of these factors may be a source of stressful conditions.

These social characteristics of low status could contribute to development of pessimism in individuals due to inability to cope with stressful conditions associated with existing in a low status. Lynch et al. (1997) in their study showed that the parent’s level of socio-economic status is directly impact the adult children’s socio-economic status level as well as their health and behavior. For example, individuals from wealthy families with a high level of education and a white collar job were more likely to possess their own house and many material possessions, have lower level of job insecurity, unemployment, and work related injuries.

According to Reynolds and Catherine Ross (1998, p. 224) “education often functions to pass on high status jobs and good incomes to adult children of high status parents.” The importance of education lies in the fact that apart from the educational requirement, the most rewarding jobs are given to those from advantaged background.

In sum, education is meaningful not only because of its relationship with advantaged family background, but due to this reason that education provides individuals with abilities, skills and resources that eventually impact well-being; hence, education affects well-being positively.
When looking at risky conditions for health, individuals belonging to high socio-economic status were less likely to report unhealthy behaviors; while those who belonged to low socio-economic status families were more likely to have unhealthy behaviors and high level of hopelessness.

In other words, socio-economic status impact individuals’ level of well-being or optimism/ pessimism. Hence, with this in mind, we can argue that socio-economic status is associated with physical, psychological well-being as well as optimism/ pessimism.

The positive relationship between socio-economic status (SES) and health is well-documented; moreover, as a public health issue, health inequality is not only a problem of the poor; there is a firm relative gap in health across all SES groups.

Behavioral factors are related to health and they might determine by SES factors (Link and Jo Phelan, 2002). A number of mechanisms have been proposed to explain the persistent relationship between SES and health. For example, SES impacts health behaviors (such as smoking, exercise, and diet), medical care usage (quality of care as well as accessibility to care), psychosocial resources (such as the sense of control and social support), and community or residential environments (Adler and Goan 1999; Evans 1994; Haan et al., 1987).

Health researchers need to pay attention to the role of SES as the fundamental cause of health behind these various. In most of the studies, three dimensions of SES – education, occupation and income have been taken in to account. Mirowsky and Catherine Ross (2003) described the critical role of education in producing health.

Although many studies have examined the effects of education on health, recent work suggests the necessity to study other dimensions of SES, such as income, as different dimensions of SES might display different patterns in their relationship with various health outcomes.
(Benzeval and Ken Judge 2001; Smith and Raynard Kington 1997; Williams and Chiquita Collins 1995). Although previous studies in this area mainly focused on physical health, this study examines psychological well-being and optimism.

The World Health Organization (WHO) defines health as “a state of complete physical, mental, and social well-being...” is emphasizing the multidimensional nature of health. Considering mental health as well as physical health provides a more comprehensive definition of the relationship between SES and health over the life course.

Various SES factors have indicated considerable associations with a variety of mental health outcomes. Educational attainment had a negative relationship with diagnosis by psychiatrists, such as schizophrenia, depression, anxiety, antisocial personality, and substance use disorders (Dohrenwend, 1992; Miech et al., 1999). House (1981) suggests that four mechanisms can be extended to any relationship between socio-economic status and individual personality and behavior. These four mechanisms are:

- Social comparison process, reflected appraisal, self-perception theory, and psychological centrality. Social comparison process means when a person evaluates herself/himself on the basis of socio-economic status dimensions with others (Rosenberg and Pearlin, 1978).
- Reflected appraisal refers to the view of how individuals see themselves as they believe others see them.
- Self-perception theory pertains to how individuals draw conclusion about themselves based on actions, efforts, and behaviors, socio-economic status is a results of those efforts, actions and behaviors such as success and failure.
- Psychological centrality refers to how the self concept is made up of complex elements (Rosenberg and Pearlin, 1978).
I.6 Research Questions

1. To what extent does the level of optimism impact the feeling of psychological well-being of students?

2. Do the intimate relationships with family influence the level of optimism and psychological well-being of students?

3. Are the students who have religious beliefs more optimists and enjoy better psychological well-being?

4. To what extent does the economic status of family impact the level of optimism and psychological well-being of students?

5. Are the students in two-parent families more optimists and enjoy better psychological well-being than single-parent families?

6. Does the level of education of parent impact the optimism and psychological well-being of students?