CHAPTER II

II. REVIEW OF LITERATURE

Recently there has been a shift in psychological research instead of focusing on pathology, the examination of the positive aspects has been more important. According to Seligman (1998), psychology should be focused on strength as on weakness. After positive psychology movement, the positive thought, well-being and optimism receive more attention in helping people to have happier social relationship, family, work, ability to solve problem and more important to be healthy.

The aim of positive psychology is to cause changes in psychology from preoccupation only with repairing the worst things in life to building the best qualities in life. The field of positive psychology at the subjective level is about positive subjective experience, well-being and satisfaction, flow, joy, happiness, constructive cognition about the future, optimism, hope and faith.

At the individual level, it is about positive personal traits, the capacity for love and vocation, courage, interpersonal skill, aesthetic, sensibility perseverance, forgiveness, nourishment of talent and wisdom. At the group level, it is about civic virtues and institutions that move individual towards better citizenship, responsibility, nurturance, altruism, moderation, tolerance and good work ethic (Emmons and Shelton, 2002).

The main topics in positive psychology are well-being and optimism. Optimism is the belief that future events will have positive outcomes. Optimism has been linked to various aspects of psychological and physical well-being. The study of optimism has its roots in the field
of health psychology and much of what is known is due to its early study in this field (Scheier et al., 2001).

The beneficial effects of optimism and positive coping skills have been shown to enhance one’s ability to deal with stress and depression (Gillham and Seligman, 1999). Seligman (1998) reported that optimistic people reported less depression and increased enjoyment in social interaction. This is due to their ability to expect positive future outcomes based on positive experiences.

Davidson (2003, p. 529) mentioned: “well-being is a state of successful performance throughout the course of life integrating physical, cognitive and social-emotional functions that results in productive activities deemed significant by one’s cultural community, fulfilling social relationship and the ability to transcend moderate psychological and environmental problems. Well-being also has a subjective dimension in the sense of satisfaction associated with fulfilling one’s potential.”

There are two psychological traditions to explore well-being:

The hedonic view considers well-being with happiness and is conceptualized as balance between positive and negative effect (Ryan and Deci, 2001; Ryff, 1989).

The eudaimonic view which assesses how well people live in accordance with their real selves (Waterman, 1993). The purpose of the current literature review is to discuss the social correlation of optimism and psychological well-being among undergraduate students.

The literature reviewed in this study is a general overview that introduces the reader the relationship between optimism and psychological well-being and effects of social factors on both
optimism and psychological well-being. Sources reviewed for this study include scholarly journals, books, and websites.

The first part of this review focuses on positive social science and positive psychology, because optimism and psychological well-being have been rooted in the field of positive psychology, and a review on consequences of optimism/pessimism.

The second part focuses on an influence of optimism on psychological well-being, psychosocial theories and psychosocial development of early adulthood, and finally effects of social factors on optimism and psychological well-being.

II.1 Positive Social Science

As this study is being carried out for a social work degree, and this field is an interdisciplinary course which consists of sociology and psychology, and also due to the sociological viewpoint in to biology, psychology, psychiatry, history, political, law, ethics, and philosophy, the need was felt to address the positive movement in the domain of social science.

The words positive, positivism, positive social science may convey different meaning. But the first time in French, Madam de Stael (cited by International Encyclopedia of social science p. 387-389) introduced the word positive science and she was keen on the role that scientific method could play in “human progress.”

With the effect of originators of modern sociology such as; Henry Simon (1760- 1825) and his follower, August Comte (1798-1857), positive science changed to positive social science. Therefore, on this base the positive economists and sociologists have developed new methods to address the issues of gender and racial discrimination in labor markets.
August Comte, a well-known sociologist, derived much more from Aristotle. From Aristotle, he obtained his fundamental notion called social organization; from Hum, Kant, and Gall he received his conception of positivism. According to August Comte, if human knowledge is to be extended in the future, it must be accomplished through the application of the positive or scientific method of observation, experimentation, and comparison (cited by Harry Elmer, 1948, p. 84).

Comte divided sociology into the major departments: social statistic and social dynamic and for social progress he believed it is to be found in the law of three stages: theological, metaphysical, and scientific.

Also August Comte defines moral progress on the basis of man’s nature. According to August Comte, man finds satisfaction first in the Family, he emphasized on family as the fundamental social institution and also on religion as one of the most important regulative agencies in society. For him the unit of society was not individual but the family (cited by Harry Elmer, 1948, p. 87-92).

Overall, positive social scientists try to understand and obtain the sensory world in objective, logical, factual, and value-neutral observational terms (International Encyclopedia of social science, ibid).

It is well-documented that for studying individual or group problems, exploring social factors and social conditions play an important roles in different phenomena; for instance, suicide is defined as a pathological state, but Durkeim said, the force which determines suicide is not psychological but social, to prove this idea, he used classical a method and examined various
religions, and groups in different populations, and found that the proportion of neurotic among Jews is high but frequency of suicide is low.

Indeed the main concept of Durkheim’s theory (cited by Wallace and Alison Wolf, 1995, p. 16-19) is social integration. This integration is essential for the maintaining social equilibrium. His famous concept is anomie, means normlessness a situation when norms or rules are absent, he describes two types of anomie, acute anomie, which is the result of an abrupt change like a business crisis and divorce, the other one is chronic anomie, it refers to constant change. Durkeim had been touched by phenomenon of suicide of his closest friend which inspired him to work on suicide. He derived specific hypotheses about suicide.

His hypotheses were social cohesion provides physical support to group members subjected to acute stresses and anxieties. Suicide rates are functions of unrelieved anxieties and stresses to which persons are subjected. Catholics have greater social cohesion than Protestants. Therefore, lower level of suicide should be anticipated among Catholics than Protestants.

According to Durkeim, social cohesion and solidarity are two specific societal needs. So the people need this solidarity to keep equilibrium and reduce the rate of suicide in society, he divided suicide in to different types like egoism (too little integration), fatalism (too much regulation), altruism (too much integration), and anomie (too little regulation). He stated that anomie is a pathological state of society.

Durkeim is similar to Marx whereas Durkeim saw modern society as afflicted with anomie, Marx described marked by alienation. Durkeim suggested that sudden change may cause discontinuity, for instance, sudden death of a spouse and anomie depression. Anomie leads to high suicide rates. He found that widows and widowers have higher suicide rates than married
people, and suicide rates are higher during a depression than during periods of economic stability.

He suggested that suicide is an individual phenomenon but the cause of it stems from society like, lack of attachment and integrity; indeed, disintegration and some pathological phenomena such as: economic crisis, non-adjustment to work place or social group, or other social problems.

According to Durkheim, social factors like: age, religion, marital status, job, education, and social relationships have a positive correlation with suicide (Aron, 1968, p. 24-34). Regarding this historical theory which showed the importance of social factors in creating pathological issues, this study looked at optimism and psychological well-being differently. Instead of studying optimism and psychological well-being in only a clinical setting, this research aimed at finding out the social factors which have a positive role in increasing or decreasing optimism and psychological well-being.

II.2 Positive Psychology

The main focus of this study is not positive psychology, but optimism and psychological well-being, which are main emphasis of the current study, are two important components of positive psychology. Hence, the need was felt to address positive psychology approach as a new discipline of psychology that brings changes to the ways of treatment and intervention of mental diseases.

The main core of positive psychology is the focus on positive aspects that people posses instead of negative aspects. Positive psychology based on this notion that people have many positive
qualities which may be overshadowed by their depression, anxiety, etc. Positive psychology is
interested in people’s abilities that can help them to deal with their problems.

Seligman (1998) suggests that positive psychology is the viewpoint that is based on the
most favorable of human functioning capacities, what earlier called virtue, can be studied
scientifically, and the principles and findings learned from this approach can and should be
disseminated widely to people.

To study such optimal human functioning, the scientific focus would include individual
phenomenology, behavioral manifestations, interpersonal activities, group interactions, and
societal repercussions. Positive psychology embraces many focal points; like a wide lens is
suitable for a big topic. In turns, the applications of positive psychology can be delivered to
individuals, groups, and societies.

These positive qualities are optimism, coping abilities, motivation and other internal
strengths, hope, and interpersonal skill. It is undeniable that negativism is a part of a human
being, but it is just one aspect, positive psychology offers to take a look at the strong and positive
aspect in humankind.

Positive psychology benefited from western and eastern perspectives for investigation the
strengths aspects of a human being. For example, hope has a historical root in western
civilization, in a classical Greek myth of Pandora’s Box, there is a story about the origin of hope;
also religious hope that resulted in Judaism and Christianity.

This trend extended to Renaissance which produced changes in the customs and
institutes, and the age of Enlightenment that reflected the nature of hope due to emphases on
rational abilities. In brief, hope is the belief that life can be better (Snyder and Lopez, 2008).
Eastern influential disciplines were: Confucianism, Taoism, Buddhism, and Hinduism. Each of these eastern philosophies emphasized on virtue, along with human strengths in order that people move forward to the good life.

Moreover, positive psychology is based on the previous ideas of Carl Rogers and Abraham Maslow; both believed that psychology should focus on positive qualities of people rather than their negative feelings (Gillham and Seligman, 1999).

According to Seligman and Csikszentmihalyi (2000), positive psychology is to study the nature of happiness and well-being and how to flourish them. In other words, it is an effort to help people to realize their capabilities, resources, and to lead them individually or through the institutions where they function.

Positive psychology functions at different levels, at an individual level, it focuses on positive features and abilities for love and relationships, forgiveness, mindedness, and high talent; at subjective level, it is about positive experience, well-being, happiness, and satisfaction, at group level, it emphasizes on civic virtues, responsibilities, nurturance, and work ethic (Seligman and Csikszentmihalyi, 2000).

The field of positive psychology does not only focus on weakness, pathology, and damage, but also it is about strength and virtue. And treatment is accompanied with nurturing, not just healing the pain. Although positive psychology concerns with health and illness, it encompasses greater domains like: work, education, insight, love, and growth.

The outstanding of this approach is the issue of prevention. In the past decade, psychologists emphasize on the prevention of problems such as: depression, substance abuse, etc.
In prevention measures, the most important issue is building competency not just correcting the weak points. For fulfilling this task, nurturing the young people whose missions will be to learn how to enhance these virtues.

It is obvious that people and experiences are embedded in social context; hence, the positive psychology has taken into account positive communication and positive institutions. Myers (cited by Seligman and Csikszentmihalyi, 2000, p. 8) described the contributions of social relationships to happiness, and Winner (cited by Seligman and Csikszentmihalyi, ibid) defined the impacts of families on development of talent.
II.3 Consequences of Optimism/Pessimism

Scheier and Carver (1985) have applied a model of behavioral-self regulation to define how optimism/pessimism can affect behavior. The behavior leads feedback system when individuals concentrate on self. Their concentrations on self result in behavioral changes in order to reduce the inconsistency between present behavior and the goal. In other words, when persons encounter challenges, they concentrate on changing their behavior to manage the challenges and gain the goal.

According to this perspective, if persons face obstacles, they will stop and figure out whether they can handle the challenge or not. If they find out that they are able to handle the challenge, the result encourages them to repeat their efforts. On the other hand, if the individuals feel that they are incapable in handling the challenges, they will become disappointed and give up renewing their efforts.

From an early adulthood perspective, the age groups of current study, pessimism may contribute to their inability to the process associated with disappointment, anxiety, unemployment, getting married, finding good job, and continuing their studies. In this period, they face challenges of shifting their social roles and take new responsibilities. Individuals become more capable of handling challenges, they become optimists because they are able to cope with problems (Scheier and Carver, 1985).

In their life, when they encounter obstacles, optimists likely repeat their efforts due to favorable experiences in the past. Eventually optimists will gain confidence in their abilities to deal with difficulties. Thus, they believe the future challenges lead to positive consequences.
Conversely, pessimism develops within individuals when they have unsuccessful experiences in dealing with problems, and they will build self-doubt in themselves on the basis of past failures; hence, they believe the future will lead to negative consequences.

With this in mind, the impact of optimism/pessimism and psychological well-being on physical and psychological well-being reviewed in following paragraphs, let’s look at the impact of social factors mechanism. All social factors particularly socioeconomic status can build self-confidence or self-doubt in individuals to handle challenges and repeat their efforts and based on this experience develop optimism.

For instance, individuals with high income, education, and occupation have access to social and economic resources which help them deal with difficulties successfully. Therefore, social factors such as: socioeconomic status, positive relationships, strong religious belief can contribute to one’s success and failure as well, which in turn, impact one’s optimism/pessimism and psychological well-being.
II.4 The Impact of Optimism on Psychological Well-Being

In many studies the aspects of psychological health have been found to have positive effects on life, for example, Harju and Bolen (1998) found that optimism had an effect on quality of life, they studied how the quality of life of college students were influenced by optimism, the participants of their study were 204 students, they completed LOT-R for measuring the level of optimism.

The result manifested that students with high optimism, had highest quality of life. It is also worth adding that an optimist responds effectively to cope with problems because psychologically they are healthier, this idea is reinforced by a study conducted by Aspinwall and Taylor (1990), they examined the level of adjustment of first semester of college and optimism, and the results showed that higher levels of optimism had an effect on psychological distress.

Scheier and Carver (1991) conducted a study similar to Aspinwall and S. E. Taylor, with a notable exception. They measured the outcomes twice, at the start of the study and at the end. Their findings were akin to Aspinwall and Taylor (1990), optimism was predictors of changes in perceived depression, stress, loneliness, and social support. Optimists were less stressed, less lonely, more socially supported compared to pessimistic counterparts.

With this in mind, let's look at health and psychological well-being as a consequence optimism/pessimism. Scheier and Carver (1985) were the first to discuss the impact of optimism on one's level of health. Furthermore, they reasoned that more optimistic individuals would report being bothered less by physical symptoms.
The findings supported this hypothesis. Scheier and Carver’s work gave rise to many others to look at the impact of optimism/pessimism on disease. (e.g. Schulz et al., 1996; Shepperd et al., 1996).

While the use of the LOT to measure optimism/pessimism has been used in health studies focusing on its beneficial impact on health outcomes, disparity exists on the different ways to use it. Specifically, the LOT Scale has frequently been used as a single scale usually containing 8 items, some occasionally 4 items.

Other study was conducted among a group of gay who were at risk of AIDS to find the relationship between dispositional optimism and distress (Taylor et al., 1992), optimism was measured via LOT and distress was assessed by different ways, the results showed that optimists reported less distress among both HIV+ and HIV-.

This question might be raised why optimism has positive effects on physical and psychological well-being? The response to this question was explored in many studies. Due to different coping mechanism, optimists and pessimists deal with problems differently.

Optimists use positive reinterpretation with an effort to accept the reality of a situation. By contrast, pessimists try to deny and distance from the problem. Carver et al., (1989) examined the relationship between optimism and dispositional coping tactics, they found that optimists reported dispositional tendency to rely on active, problem-focusing coping, and they have better plans when they face stressful events, while pessimists have the tendency to withdraw from the goals, they use denial tactics and substance abuse to lessen their awareness of the problems. Moreover, optimists accept the reality and do the best to construct the situation more positively and learn from the experience.
Other study conducted by Taylor et al. (1992), it was a longitudinal study among men who were at risk for AIDS. In the first interview, they reported their abilities to cope with unwanted notions about the probability of developing AIDS, consequently, with constructing a scale their thoughts were assessed, maintaining positive attitudes, seeking social support, engaging in fatalism, self blame, escape, and avoiding AIDS information were the result of factor analysis.

Optimists scored high on positive attitudes; whereas pessimists scored high on fatalism, self blame and escape from the reality. As noted above, Aspinwall and Taylor (1990) examined the college adaptation to situation; they also found the similar factors such as: avoidant coping, active coping, seeking support, and searching for meaning.

Applying positive copings were observed among optimists and negative copings among pessimists. Moreover, they found that optimists reported more physical health than pessimists, according to Scheier et al. (1989); the optimists have better health because during and after treatment they are likely to make plans for their future and setting goals for their recovery.

Studies on heart disease showed that optimism has had a beneficial impact on cardiac patient’s recovery. Scheier et al. (1989) using a 4 item abbreviated single LOT scale, measured post heart attack, found that optimists (high scale score) managed better than pessimists (low scale score) in recovering from coronary artery bypass surgery.

Optimists actually had better physiological reactions. When heart muscle damage occurs from a Myocardial Infarction (MI), optimists have quicker recovery times, and returned to vigorous physical exercise in shorter times than pessimists (Scheier et al., 1989).
Shepperd et al. (1996) using a single 8 item LOT scale found that optimistic patients with coronary disease entering into cardiac rehabilitation program had better therapeutic results than their pessimistic counterparts. Specifically, optimists had lower levels of saturated fat, body fat, and global coronary risk due to better life style and self care, compared to pessimists (Shepperd et al., 1996).

Desharnais et al. (1990) using a single 8 item LOT Scale found that optimistic patients who previously had a heart attack had lower scores on perceived susceptibility to MI, severity of another MI, and fear of having another MI. A review of the literature on the impact of optimism/pessimism on cancer has similar results.

Schulz et al. (1996) using the 2 separate scale of pessimism and optimism found high levels of pessimism in younger patients to be associated with no survivorship, while optimism in younger patients had no effect on survivorship. Levels of pessimism and optimism in older patients were not associated with survivorship, Lauver and Tak (1995) using a single 8-item optimism scale found optimistic women with breast cancer symptoms to have less delay and anxiety in care as well as expected more favorable outcomes of care seeking.

Carver et al. (1994) using a single 8- item LOT scale found optimism in breast cancer patients was associated with higher levels of psychological well-being, better quality of sex life, and lower incidence of intrusive thoughts about the surgery or the disease.

Carver et al. (1993) used a single 8-item scale of optimism on women with early stage breast cancer. Findings suggest that optimism is related with lower levels of distress; more active coping and planning early Carver et al. (1993) used a single 8-item scale of optimism on women with early stage breast cancer.
Findings suggest that optimism is related with lower levels of distress, more active coping and planning early in the crisis, and lower levels of behavioral detachment. The benefits of optimism on one’s health have been demonstrated by many studies on optimism, but they are not related to this topic; hence, briefly some of them have been introduced.

In medical circles there are a many great studies on relationship between optimism and coping with diseases including bypass surgery, transplantation, HIV, cancer and so on as mentioned earlier. It was found that optimism related to better health, more positive moods, and better immune functioning. But the clinical efforts of optimism are not the main concern of this study.

Carver et al. (1993) reviewed studies on optimism and pessimism; they showed that optimists are more confident and persistent; whereas pessimists are more doubtful and hesitant this can lead to differences in a risky situation which need coping capacity. Difficulties cause many feelings and responses to these feelings differ between optimists and pessimists. Pessimists experience more negative feelings such as: anxiety, sadness, and despair.

Scheier et al. (2001) have found evidence of such emotional differences. As noted above, the effect of optimism and pessimism on physical and mental well-being has been well documented, the reason for better health of optimists can be also mediated by social support network, because optimists might have adequate social supports ; and pessimists do not keep their social support due to pessimistic orientations.

There are many researches on optimism and coping style, and gender differences. The result showed the use of positive strategies have associated with high levels of optimism, Harju and Bolen (1998) in their study on college students found that females tend to use emotional
coping style like, venting themselves to their friends or family; whereas males incline to use sense of humor and acceptance as their coping styles.

Pecker and Wong (cited by Scheier and Carver, 1987, p. 173) measured optimism of a group of institutionalized and non-institutionalized elderly persons, then a list of all their expectations in the future were prepared. Two years later, follow up results showed persons assessed earlier as optimists reported fewer symptoms of distress along with more positive physical, psychological and general well-being.

Scheier and Carver (1985) without knowing about findings of Pecker and Wong, they conducted a similar study to examine the impact of dispositional optimism on coping with stress among college students, they presumed that most of the students during this period would face problems like; self management, anxiety and so on. The results indicated that optimists did not experience psychological distress.

Carver, and Sakina Reynolds (1994) examined the possible selves of optimists and pessimists among 81 college students who have measured by LoT-R, first they described selves in different views, the traditional view explained self-concept as self-knowledge and how people view themselves at present and sometime in the past, and it focuses on quality of self-image and often is equivalent to self-esteem.

The more comprehensive definition which is used in this study belongs to Markus and her colleagues (cited by Carver and Sakina Reynolds, 1994, p. 134), they suggested that the self-concept is not only information about the self, but it derives from past and influences the future experience, and called it possible selves and divided it into three: expected self, hoped self, and feared self.
Also in this study optimism and pessimism were conceptualized on the basis of the view that optimistic persons should have positive expected selves than pessimistic persons. For instance, when pessimists experience unfavorable expectancies, that experience renders them vulnerable to give up and spread bad feelings across several life domains.

The findings of this study were that optimistic students reported positive characters and they generated expected selves positively, they expect good things to happen to them than pessimists do expect. Also the study showed that optimists not only expect bright future but they also expect specific outcomes to befall on their lives; while there was no support of data that optimists hold higher hope than pessimists, and regarding the fears that optimists and pessimists reported for their future, there was no difference between them.

Man yee Ho et al., (2010) studied the relationship between meaning in life, optimism, and well-being among 1807 adolescents in Hong Kong, the results manifested that optimism mediated between meaning in life and well-being, in other words, meaning in life positively associated with life satisfaction, the result of this research is akin to a pervious study on meaning in life and psychological well-being conducted by Ryff (1989a); Zika and Chamborian (1992).

The relationship between optimism and psychological well-being have been found in longitudinal as well as cross-sectional studies, for example, optimism was related to low depression, self-esteem, low negative emotions, and life satisfaction. Wrosch and M. F. Scheier (2003) found that optimism was negatively associated with negative affect and positively with positive affect among adolescents.

Additional research has been conducted to study the impact of optimism on people who have suicidal attempts. O’Connor and Cheyne (2000) in their study showed that people who
committed suicide but survived are unable to keep positive attitudes and they believe they are not able to control life events. As a matter of fact, optimists believe that life is challenging rather than threatening, this view helps them to experience less psychological distress.
II.5 Psychosocial Theories and Psychological Development of Early Adulthood

Psychosocial theories focus on this idea that personality is inherently social and that the important issues of personality concern how people relate to others. Some psychosocial theories emphasize on early life. Mahler's object relations theory proposes that infants begin life merged psychologically with their mothers and that they separate and individuate during the first 3 years of life. How this takes place influences later adjustment. Kohut’s self psychology is akin to object relations theory; He indicated that humans have narcissistic needs that are met by other people, symbolized as self objects.

According to this theory, if a child receives adequate mirroring or positive attention from others basically the mother, the sense of self develops properly. If the child receives too much mirroring, he / she won’t be able to cope with problems.

Some of the psychosocial theories are repeated in the attachment theories, for instance, secure attachment provides a firm base for exploration; on the other hand, insecure attachment can lead to negative feeling and avoidant. In Many researches the impact of attachment on treatment of psychological problems are well-documented, and people display various ways of relating across their social connections. Adult attachment influence many aspects of behavior such as work activities, seek and give emotional support.

Another important theory of psychosocial group is Erikson’s theory of psychosocial development. Erikson presumes a series of crises from infancy to adulthood which develop ego strengths and at last ego identity. Erikson assumed that each crisis is a base for other stage throughout life.
The first crisis is the development of a sense of autonomy that goes along with that. The neat is initiative; the child looks for exercising its power, as children go to school, they realize that social environment demands that they should be hard working. Entering the adolescence, the child faces a new stage of life and a crisis on identity. In young adulthood, identity issues turn to concern over intimacy. In adulthood, an individual enters into the stage of being concerned over generativity. Finally, in the last stage of life, people face integrity of their lives as a whole.

Assessment techniques from the psychosocial view are similar to those of ego psychology, but in psychosocial theory the people's relationships is the focal of assessment. This approach also leads to use of play as an assessment method with children. The psychosocial view of problems is on the basis of this idea that problems are rooted in relationship issues. Kohut suggested that pathological narcissism stems from inadequate childhood mirroring.

Horney suggested that people's strategies for dealing with basic anxiety involve moving toward, away from, or against other people. Adaptive functioning involves flexibly shifting from one strategy to another as needed. Poor adjustment comes from severe dependence on one strategy. It has also been proposed that insecure attachment creates a risk for depression.

It is well-researched that stressful life events have negative influence on physical and psychological well-being (Cohen et al., 2007; Pearlin et al., 2005; Thoits, 2006). According to stress process theory, negative life events initiate efforts to cope with behavioral demands as well as emotional reactions. With accumulation of stressors, individuals need more ability to cope or readjust, otherwise the physical and psychological resources of the individual reduce and in turn the possibility of illness or diseases increase.
Enhancing or depleting the psychosocial resources might have negative impact on psychological well-being (Cohen and wills, 1985, Pearlin et al., 2005). Moreover, psychological resources such as high self-esteem, mastery, positive relationships, and purpose in life appear to help people deal better in difficult conditions (Penninx and his colleagues, 1997).

Ill people with good mastery capacity, high self-esteem, and positive social support reported fewer depressive symptoms. Research on social resources has basically emphasized on different types of social supports. Penninx and his colleagues (1997) argue that social support is a multidimensional concept and distinction should be made between structural or objective measures of support like social network size, and functions of support like help and advice. Furthermore, it is crucial to distinguish between objective social resources such as social connection and social participation and perceived social support and social connection (Cornwell and Waite, 2009; Thoits, 1995).

Distinguishing various aspects of psychosocial resources may impact well-being directly. For example, in the absence of stressful events and particular needs for support, supportive relationships may promote psychological well-being directly by reducing exposure to stress (Umberson et al., 1996).

Research on human development has defined a series of ordered stages via that an individual passes in her or his life. According to developmental psychology, the age between 19-34 years old is categorized as early adulthood. As the population of the present study ranged from 19-22 years old, it is essential to explain the characteristics of this stage of life.
The term adult means to grow to maturity, when an individual reaches this period, certain psychological changes occur, along with these changes, the social and cultural expectations and adjustment problems take place; hence, early adulthood is a period of adjustment to new social expectations such as: spouse, parent, and breadwinner. In this period, people develop new interests and values in order to keep up with new rules (Hurlock, 2004).

One of the features of early adulthood is the settling down age, when a boy or a girl reaches this age, it is the time of settling down, and assuming the responsibility of adult life. Also it is the productive age and age of facing problems, and they should know how to deal with the problems.

Other features of this age are: emotional tension, social isolation, time of commitment, and time of adjustment. This period is identified with love: intimacy vs. isolation as well. Young adults are still keen on blending their identities with friends; they want to fit in a group. Erikson believes in this age sometimes we are isolated because of intimacy, we are afraid of rejection, because rejection is painful and our ego cannot stand the pain.

Erikson also argued that people in this period of their life are ready to make long term commitments to others, they become capable of forming intimate relationships such as: close friends, marriage, and willingly sacrifice and compromise if those relationships require.
II.6 Theoretical Background of Socio-Economic Status (SES)

Among several approaches to the conceptualization of socioeconomic status and social class, the most important is the distinction between Weberian and Marxist approaches. Weber (1995) emphasized on the labor market, by focusing on the market value of skills and other attributes that individuals brought to the labor market. Three attributes are important to Weberian approaches:

- The ownership of wealth producing materials and enterprises
- Skills (including credentials and qualifications)
- Social prestige.

In other words, Weber conceptualized inequality along three related paths: class, status, and party. Each was understood as a basis for power and influence. While class emphasizes on economic resources and to some degree referred to political power, status was understood as honor and prestige.

For Weber, status groups were hierarchically arranged on the basis of distinctive lifestyles, consumption patterns, and modes of conduct or action. Weber considered status to be prestige or honor in the community. He also considered status to imply access to life chances based on cultural factors such as family background, life style, and social network.

Another sociologist Talcott Parsons has been the most influential in describing the theoretical background of socioeconomic status. He understood the idea of status as a position in the social structure, as part of the social differentiation in society (different occupations, different family positions).
Although Parsons associated status with position (a status is occupied, such as accountant, and a role is performed, as in financial auditing), the concept holds the concept of a hierarchical referent as in Weber’s notion of honor and prestige.

A status is evaluated, and this social evaluation is a base for Parsons’ contribution to the idea of socioeconomic status. According to him, social status was the main notion of social stratification, or rank. This differential evaluation in terms of honor and prestige situated at the heart of inequality. In social relations with others, status distinctions affect how people interrelate. For Parsons, income and wealth were important, but secondary to social status or honor.

Moreover, Parsons focused on family units as the key component of stratification. Families were assumed to be units of solidarity and sharing similar interests. He also assumed that families had a single breadwinner. That is, the concept of the head of a family was central to his understanding of the family unit.

Although there is a tendency to interpret this idea of a single breadwinner as sexist, various reasons at the time gave some credibility to the assumption. First, the inequities of domestic labor meant that most families had one principal wage earner, and this was typically the male head of the household.

Second, many families had made investments in a single earner, either via decisions about geographic mobility or support for education (in both cases, women's careers typically were de-emphasized).
Third, Parsons and others assumed that family members had a shared interest not only in their own well-being, but also in the well-being of their children. These ideas were the basis of the thinking that the family was the key unit of stratification and that the male head of the household was the principal determinant of the family's social status.

Finally, Parsons and his followers (Kingsley Davis and Wilbert Moore, in particular) developed the functional theory of stratification. The cornerstone of this theory was that a society had to differentially evaluate positions so that members of society would be motivated both to pursue the training necessary for the most important positions and, once in those positions, to perform them as well as possible.

Encouraging the most qualified and competent people in a society to perform the most important jobs required that jobs be differentially ranked. Differences in socioeconomic status were one way to understand this necessary hierarchy. According to stratification theory, there are several indicators for socio-economic position and the most important are occupational status, level of education, and income level. Each indicator covers a different aspect of social stratification.

In contrast, Marxist approaches focused on the ownership and non-ownership of the means of production in defining employers and workers. Marxist and neo-Marxist measures of social class are always categorical, distinguishing at least three class groups: large employers, self-employed, and workers. Other Marxist approaches are less structural, emphasizing on cultural factors. The most eminent is Pierre Bourdieu's work on cultural capital (Bourdieu, 1973).
The cultural capital theory emphasizes on education because it can lead to social reproduction and creation of a stratified society through honoring the cultural capital of the elite class.

He argues that social reproduction is maintained by the education system. Favoring students from high status backgrounds and via their dominant culture attain favorable socio-economic status.

Another prominent cultural (but non-Marxist) approach is Coleman’s concept of social capital. He described social capital as the networks individuals can employ to maintain or improve their social location. The concept of social capital is defined as the “norms, the social networks, and relationships that are of value for the child’s growing up” (Coleman, 1987).

Some psychologists maintain that optimism is a stable characteristic of individuals and persisting characteristic of their personality. Some of them argue that these characteristic exists in birth. Based on neurophysiological structures, some individuals prone to develop an optimistic and positive thinkers, and some prone to hold pessimistic view on life.

Others argue that these basic tendencies are acquired in childhood but remain rather stable throughout life. Empirical research has proved that happiness and optimism varies significantly with personality. But it has been argued that personality alone cannot explain optimism.

It has been shown that optimism varies considerably over a longer time (Veenhoven, 2003), it may-be varied in connection with important transition phase of life cycle like, leaving school, entering marriage, etc. With changes of the life cycle, positive view may
decrease strongly during dramatic life events, for example, serious illnesses, death of a close relative.

Moreover, optimism can be as a consequence of the objective life situation. An alternative approach assumes that positive thinking is conditioned by the objective life circumstances of people. Marx stated in his early Philosophical writings that the objective material conditions determine the fate of men but not their ideas or values. Today, income is the main indicator for material well-being. Income can lead to higher happiness; a higher income expands the opportunities of individuals since they can consume ever more goods and services.

Optimism and psychological well-being can be affected by the result of comparison processes with other groups like, relative satisfaction, research on the quality of life found only a weak correlation between the objective position of an individual or a social group and their level of subjective wellbeing, even relatively deprived people and social groups are often contented with their economic situation.

Regarding the theories of socioeconomic status, socioeconomic disparities impact the health of individuals via three major determinants of health like health care, environment exposure, and health behavior. For instance, chronic stress is associated with lower socioeconomic status (SES) may also increase morbidity and mortality. In the following part of this study, the impacts of socioeconomic status on psychological well-being and optimism are defined in details.
Impacts of socioeconomic status on optimism and psychological well-being
II.7 Impact of Social Factors on Optimism and Psychological well-Being

Before addressing the social factors which affect optimism and psychological well-being, it is essential to mention in brief the impact of genetic make-up on psychological well-being and optimism as reported in the literature. Genetic make-up and personality such as optimism and self-esteem are two factors which impact psychological well-being.

Deneve (1991) suggested that psychological well-being is associated to genetic factors and it is stable across a life span. In 1998, he and Cooper, conducted a meta-analysis on 40000 adults, they found the level of well-being was related to type of the personality of participants.

Ryff and her colleague (1997) examined the five types of personality with psychological well-being, they reported the extraversion, conscientiousness, and low neuroticism were linked to eudaimonic dimensions of self acceptance, mastery, and life purpose; openness to experience was linked to personal growth; agreeableness and extraversion were linked to positive relationships; and low neuroticism was linked to autonomy. Apart from genetic factors, physical health has positive effect on well-being, and it is evident that illness often presents functional limitations.

In answering this question, what is the origin of optimism? The study among students in Kuwait showed 25% was significant for heredity and genetic factors, Schulman et al. (1993) suggested that there may be a substantial genetic effect on optimism. On the other hand, many investigators have studied the influence of culture on optimism; there are good reasons to believe that the meanings and level of optimism and pessimism vary across cultures.
As mentioned earlier well-being has the broadest meaning and it is diverse and extensive. Although this study doesn’t discount the effects of genetic, physical, psychological factors on optimism and psychological well-being, it focuses on social factors.

Social scientists have studied different aspects of correlation of well-being such as: psychosocial and socio-demographic correlates of psychological well-being, namely, how Psychological well-being varies by age and socio-economic status of respondents (Ryff and Singer, 2008).

The national survey in the U.S. showed that the age diversity of well-being for both women and men was significant, and in terms of socio-economic status such as: the level of education, income, or occupation status, the results displayed the association between education and psychological well-being particularly with personal growth and purpose in life, two basic dimensions of well-being.

Bradburn (cited by Ryff and Singer, 2008, p: 15) noted that social changes like: level of education, employment patterns, urbanization, or political tensions affected the life situation of individuals as well as their psychological well-being.

Schutte et al. (1996) examined the relationship between optimism and socio-economic status in Anglo-Americans and Mexican-Americans they found small but significant correlations between optimism and socioeconomic status. Correlation was stronger for Anglo-American and was not significant for Mexican-Americans.

It seems all aspects are integrated and likely health is an important determinant, and in turn, studies show that physical health itself is strongly conditioned by social factors, Helliwell (2001) found that social circumstances might affect well-being and they can be measured by
wealth, income, material possessions. The studies showed that lower occupational status resulted in decline in mental functioning. Study of Kessler, 1982; Mirowsky and Catherine Ross, 2003, argued that income had a beneficial effect on psychological well-being.

The relationship between socio-economic status (SES) and psychological well-being is often explained using the stress pattern, which assumes that differences in stress exposure and stress responsiveness account for SES differences in psychological well-being.

Studies in the 1970’s concentrated on the hypothesis that higher distress of lower class people results from their greater exposures to stressful experiences. However, Kessler and Cleary (1980) suggested that SES-differences in responsiveness to stress as a main mechanism of mental health disparity, differences in stress exposure by SES explained only a minor part according to their study. For example, lower class individuals might be disadvantaged in psychosocial resources, and the difference in coping ability would result in the difference in psychological distress (Pearlin, 1989).

Two important coping resources have been suggested as mediators which link SES to mental health, and they are sense of control and social support (Thoits, 1995). Especially, sense of control largely explained the effects of income and education on depression (Ross and John Mirowsky, 1989). Although the common view has emphasized on the differences in vulnerability to stress across social status, underscored that SES differences in stress exposure might account for more variability in depression.

Finally, Ross and Van Willigen (1997) identified four primary mediators to explain the effect of education on emotional well-being: work and economic conditions (factors
corresponding to stress exposure), and social support and the sense of control (factors corresponding to psychosocial resources).

According to Rosenberg and Pearlin (1978) social status may have a powerful influence on one’s self esteem. For example, individuals with higher income are likely to have higher self esteem than those with lower income. This relationship depends on if a person put much value on income (Rosenberg and Pearlin, 1978).

The same is true for optimism/pessimism; it may be impacted by how much importance an individual places on successes or failure tied to social structures like income. Within the studies on impact of social structural components, these include income, education, ethnicity, and gender. Individuals with higher levels of income and education, males, and whites reported greater level of optimism and psychological well-being.

According to Weber (1995), social class is a function of relationships between people who share commonalities. The relationships are the result of their historical financial states and experiences based upon resources and opportunities available to them. The groups are not only a function of shared or similar occupational titles and salaries earned, they become functioning entities with their own network for social exchange. These simple groupings have formed social status orders.

The resulting from socioeconomic status (SES) hierarchies has been found to relate to physical and psychological health, depression, and coping capacities. The allocation of economic resources, such as income and property in combination with social status has resulted in social inequalities and contributed to unequal mental health consequences.
In a study on the relationships between education and health, which included both physical and mental, the researchers found that adults who had attained a higher level of education reported fewer physical symptoms and less psychological distress, which was measured by the experience of stress.

The reversed relationship between SES and mental illness was also supported by Williams et al. (1992); the reversed relationship was strongest for low-income White males and low-income Black females. Williams et al. (1992) findings suggest that both race-ethnicity and gender interact with SES when trying to predict health.

The opposite relationship between SES and mental illness, as well as the interaction from gender, is also prevalent in international samples. For instance, Araya et al. (2003) conducted a study in Spain, which demonstrated that certain proxies of SES are related to the prevalence of common mental disorders.

The study added to the body of research, which has increased the awareness about the various indicators (e.g., income, employment status, education) that researchers use to conclude SES. The study also highlighted the indicators that are strongly related to common mental disorders.

Adler et al. (2000) conducted a study on if socio-economic status would still be related to physical health, chronic stress, pessimism, control over life, passive and active coping over and above the influence of traditional measures of SES.

The results supported the hypothesis that SES has an independent association with both psychological and physical health variables. For example, the reversed relationship between SES and pessimism remained significant with a beta weight of -.23 and a significant R-squared
change of .04 after traditional SES measures were entered in step one and negative affectivity was entered into the model at step two. The overall adjusted R-squared indicated that 26% of the variance was still accounted for in the three step model. This means that to understand the relationship between SES and health a person's perception of SES must be considered.

Ryff and her colleagues (1995) conducted a national survey on how psychological well-being varies by age and socio-economic status of respondents, the differences among men and women with regard to age and well-being were apparent, and individual’s socio-economic status such as: levels of education, income or occupation were linked positively to psychological well-being.

Education has also been found to be one of the social factors which influence psychological well-being due to its effects on social and economic status, education may be largely instrumental. On the other hand, unemployment seems to be negatively affecting optimism and well-being. As has been found in the literature, individuals who are unemployed show significantly lower level of well-being (Clark, 2003).

Many people focus on materialistic possessions when they pursue calm, happiness, and well-being, but researches show that the feeling of belonging is as important as material property. Diener and Oishi (2000) found in their study that students who mentioned money had more value for them than love and were dissatisfied with their lives.

Harju and Bolen (1998) studied the effects of optimism on quality of life of college students; the results showed that the high optimists have the highest quality of life and more effective coping skills. Diener and Diener (1995) examined the relationships between family, friends, finances and life satisfaction among college students from 31 nations.
They found that in poorer nations rather than wealthier nations, the financial factor was associated to life satisfaction, for poorer nation’s wealth might be important to increase life satisfaction. According to theories of belongingness, the experience of connection in school is a fundamental adolescent need that, stemming from attachment theory, provides a 'secure base' from which to explore and learn in the school setting (Maslow, 1962).

The need for relatedness includes the need to feel securely connected with others in the environment and to experience oneself as worthy of love and respect. Theories of risk and protective factors suggest that school belonging and positive school relationships can protect students from various risks, including socio-economic disadvantage and school environment.

Finally, theories on girls’ development emphasize that adolescent girls are more sensitive and responsive to the interpersonal relationships with their teachers than boys. Hence, interpersonal relationships and experiences of belonging in school are crucial for girls' well being.

Researchers in India found that the experience of stress can have a negative impact on the psychological well being of students, especially girls (Mukhopadhyay and Kumar, 1999). Moreover, study of Mukhopadhyay and Kumar (1999) showed that academic pressure is associated with suicidal thoughts and hopelessness among Indian adolescent girls.

These negative outcomes may be explained by a conflict between the relational orientations of Indians, particularly among theorists in both the U.S. and India assert that in adolescence; girls develop an understanding of their own thoughts, feelings and desires through their relationships with others.
The female from this relational orientation, girls’ development becomes intertwined with, and negotiated by, the meanings, and expectations of others in the greater society. In India, girls are often operating within a large and complex web of social relationships, both at home and in school, that encourage interdependence as well as culturally defined and gender-specific demands to be selfless and nurturing.

In school, the formal system presents another set of expectations and stressors, including competition and personal achievement. There is evidence that Indian urban girls are meeting those expectations and becoming far more individualized in their views, opinions, wishes, and sense of self than ever before (Roland, 1988).

However, there is also evidence that the individualistic and stressful nature of academic achievement, might pose a conflict for the relational orientation of Indian girls. Indeed, researchers find that those Indian girls who challenge traditional gender roles experience hopelessness, depression, guilt and shame (Roland 1988).

Girls belonging to in the lower castes, the challenges in school are more difficult than others castes. Osterman (2000) explains that feelings of belongingness within an institution such as school can generate the feelings of community.

Maslow (1962) proposed that belonging, love and friendship are basic human needs that arise soon after the needs for basic livelihood like food, water, and shelter. He asserted that if individuals have developed a sense of trust, or being valued, and of being accepted, they have greater psychological capacity to explore new settings and adjust socially and academically.

The fundamental need for belonging is believed to be a "powerful, fundamental and extremely pervasive motivation" (Baumeister and Leary, 1995, p.497). Thus, belonging in school
influences numerous factors of learning, emotion and behavior. Many researchers and theorists in the United States have specifically identified a sense of belonging in school as an essential protective factor for healthy adolescent development (Osterman, 2000)

Also many studies supported that positive school relationships provide a comfortable and safe environment where youth are able to learn the cultural norms and practices that are vital to school success and well being. For girls, relationships with teachers and peers are a key factor for enhancing meaningful participation in school and well-being.

Caste, which one is born into, is closely related to social class in India and generally dictates the identity of Indians and the obstacles of success. Upper castes had secular rights to control society. In India, schooling is considered a means to an economic end which can be problematic due the unequal nature of the caste system.

It seems that caste has an effect on girls' experience of belonging and social support in school. In India, free government schools are considered to offer lower educational quality than government-aided or private schools which require fees.

Ryff and Singer (1999) conducted a study on the impact of impoverishment on eudaimonic outcomes, measuring by Psychological well-being test; they reported that socio-economic status was associated with dimensions of self-acceptance, purpose in life, mastery, and growth.

Coll and Patrick Draves (2008) examined the relationship between worldview, demographic features, and optimism among 163 university students in the U.S. using LOT-R scale (Scheier and Carver 1994) for measuring the level of optimism.
In their study, optimism defined as outcome expectancies about future and expects that good things will happen; the results showed that age was not correlated with worldview, but there were significant differences in LOT-R score in terms of ethnicity and marital status. African-American were more optimist than Caucasians and married participants were significantly more optimist than single who in turn, were more optimist than divorced.

Lindfors al. (2006) investigated the structure of a Swedish translation of Ryff’s psychological well-being scales including, self-acceptance, positive relations, autonomy, environmental mastery, personal growth, and purpose in life. In addition, they examined the consistency of previous reported age and gender profiles of psychological well-being.

Their study conducted among 1260 white collar 32-58 years old. The findings of their study confirmed the internal consistency coefficients for the Swedish version which were higher than the original Ryff scales, with respect to the factor structure, women reported positive relations with other than men did, age differences showed in self-acceptance and gender differences in environmental mastery and purpose in life, but not in personal growth.

Baumeister and Mark Leary (1995) defined warm and trusting relationships as an important factor for well-being, they suggested that stable and satisfying relationships are an essential factor in life span. In many studies relatedness has been on top of the factor for well-being, it seems relatedness might give security to an individual.

La Guardia et al. (cited by Ryan and Deci, 2001, p. 155) suggested that those who experienced security in attachment, that feeling facilitated the sense of autonomy, and competence. The importance of relatedness for well-being also has been highlighted in many researches on intimacy.
One of Ryff’s dimensions for psychological well-being is positive relations with others; she defined it as an essential element in human flourishing. Berndt, Hawkins, Jiao, and Stocker (cited by Hall-Lande et al., 2007, p. 267) in their study on psychological functioning and relationships among adolescence, suggested that social isolation during adolescence has emotional effects, students who reported inadequate relationships, they experienced lower level of psychological functioning.

Family connectedness means a sense of tie and closeness among family members, and it is one of the most important social factors that contribute to positive effects on psychological wellbeing. Hall-Lande et al. (2007) conducted a study on social isolation and psychological health and positive factors in adolescence, among 4746 students in high school from different racial background; she showed that students with strong ties with family reported more healthy life, fewer substance abuse, and suicide attempts than students who did not have such ties with their families.

Gencoz and Yesim Ozalal (2004) studied the direct and indirect effects of social support on psychological well-being among 342 undergraduate students in Turkey, they divided social support in two types: aid-related, and appreciation social support, and they have different effects. For instance, when people confront with problems, the provision of reliable alliance, attachment, guidance, and social integration are helpful to address the problems.

Aid related social support may not have direct effects on psychological well-being, but it may be helpful to coping with negative life stressors; through aid-related social support, people are able to avoid intensifying the negative life events; therefore, they may experience less stress and will lead to their psychological well-being.
On the other hand, appreciation social support related with self-esteem and directly results in psychological well-being. (ibid, p. 450). Indeed, providing help to others may boost one’s positive emotion and directly boost one’s psychological health; hence, appreciation social support providers develop capability which is associated to psychological well-being; whereas receiving aid related social support may develop coping skills to deal with problems.

Ruehlman (1986) studied motivational and social correlates of psychological distress and well-being in college students in the U.S.A. For social correlates she studied social environment, social net work, social support, and social hindrance; for well-being she focused on stress and strain among students.

The cross-section of analyses of her study revealed that greater level of well-being associated to lower of distress. Social support, social net work, and social environment had influence on well-being and coping skill of students to pursue their goals and among those social factors, social support received more attention and was found to be more significant for additional variance in well-being; whereas social hindrance was found to account for level of distress, social hindrance referred to the presence of negative relationships and behavior. Also social environment had effect on maintenance of recovery from illness.

Rathi and Renu Rastagi (2007) examined the relationship between meaning in life and psychological well-being among 104, pre-adolescence and adolescence in India, the results showed the positive relationship between two variables and with regard to level of psychological well-being which measured by Well-Being Manifestation Measure Scale, there was no difference between pre-adolescence and adolescence, but it was difference between male and female.
Shek (2002) studied family functioning and psychological well-being, school adjustment, and behavioral problems in Chinese adolescents with and without economic disadvantage. The respondents were 1519 secondary students, 11-18 years old, among those students, 1307 formed the non-poor group and 169 was the poor group.

The results indicated that students who had more family dysfunction showed more psychological and behavioral problems, this observation was similar in both the poor and non-poor group, but relative strength was stronger among the poor students.

Overall, the results displayed that family functioning was associated with adolescent psychological symptoms, positive mental health (such as: existential well-being, self-esteem, sense of mastery, life satisfaction), academic performance, substance abuse, and delinquency. The interesting point of his study was that family functioning had stronger relationship with adolescent’s adjustment in the poor rather than in non-poor students.

Gotlib and Beaty (1985) in their research on the interaction of depressed individuals indicated that most people prefer to interact with an optimist and a non depressed person. Moreover, Carver and Sakina Reynolds (1994) found that pessimists like depressed individuals tend to get rejected by others; their negative attitudes limit their choice of friends; whereas optimists may not be limited in choice of friends, also they are able to keep their relationships.

Peterson and Bossio (1991) in their study found that pessimistic people incline to have pessimistic friends. This notion reflected the idea that pessimistic people seek other negative thinkers, but other study on the relationship of optimism on physical and psychological well-being did not prove the existence of such relationships akin to Peterson and Bossio study.
Studies on social relationships are well-documented and they reveal that social relationships will build good social support for an individual who can receive help at the right time and in the right place, and in turn, impacts one’s attitude towards life. A person who has good relationships is more an optimist, compared to one who lacks such support. Through social networks an individual may receive many kinds emotional, informational, and instrumental support.

Baumeister and Leary (1995) suggested that people seem to have a fundamental need for close relationships. Diener and Oishi (cited by Diener and Diener, 2000, p. 22) found that students who value money than love were dissatisfied with their lives. Also some studies have shown that optimism leads to better social functioning, for example, optimism is associated with lower social alienation and they have longer lasting relationships (Scheier and Carver, 1985).

It is evident that optimistic people can keep better their relationships; on the other hand, they are optimists because they may have supportive relationships. Coll and Patrick Draves (2008) in their study showed that married participants were more optimist than single and divorced.

There is considerable evidence that social network can influence psychological well-being (Cohen and Wills, 1985). They found that individuals who possess a greater number of relationships with family, friends, and neighbors, they have less distress.

Development of social net work promote psychological well-being, according to studies beside physical attractiveness, social skills and social competence can promote psychological well-being, because an optimistic outlook might be useful for initiating social ties, also recent
data indicating that people prefer to interact with individuals who display more positive emotions.

For assessing the importance of warm, trusting, and supportive relationships for well-being, some theorists have defined them as a basic need. Baumeister and Leaey (1995) have suggested that having a stable and satisfying relationship is an important factor across a life span. De Neve (cited by Ryan and Deci, 2001, p. 149) noted affiliation and relationships enhance well-being, however, loneliness is negatively related to it.

Bowlby (cited by ibid, P.154) argued that early relationships with caregivers can be characterized by the feeling of support and security. La Guardia et al. (cited by ibid, p. 155) found that those with whom one experiences security are those who facilitate feelings of autonomy, competence and relatedness. The researchers further showed that secure attachments enhance well-being because that secure relationship satisfies needs for autonomy, competence and relatedness.

Research on intimacy also highlights the effect of relationships on well-being. Nezlek (cited by ibid) reviewed and showed that quantity of interaction does not predict well-being; whereas quality of relatedness does. Work by Reis et al. (cited by ibid) indicated that feelings of relatedness as an indicator for well-being.

In the study of Ryff and colleagues positive relationship with others is a dimension of well-being and defines it as an element of psychological well-being. Ryff et al. (2001) reviewed evidence and found that positive relations affected psychological functioning, health outcome such as: secretion of oxytocin which is contributed to positive mood and stress relief.
Wang and Kanungo (2004) studied nationality, social network, and psychological well-being: expatriates in China. The study conducted among 166 expatriates in China from North America, Europe, and other countries in Asia, the level of psychological well-being was measured by Ryff scale (1995).

Kuo Tsai, and Wang (cited by Wang and Kanungo, 2004, p. 775) said, when expatriates enter foreign countries, they will be deprived of interpersonal relationships. Social net work is sets of factors that are connected by one or more specific types of rational ties (cited by ibid). These ties serve as channels for informational, emotional, instrumental, and appraisal support expatriates in new countries not only lose their previous social networks, but also their psychological well-being will be threatened by new culture and uncertainty of environment.

The findings of this study indicated that social net works (including net work cultured diversity, network closeness, and contact frequency) have a positive impact on psychological well-being, and integration of both peer expatriates and local people correlated with expatriate psychological well-being.

Chow (2007) in his study “Psychological well-being and Scholastic achievement among university students in a Canadian Pair city” found a positive relation between psychological well-being and family income, also relationship appear to be important to students who reported more positive relationship with family and friends, they showed greater level of psychological well-being.

Jethwani (2008) conducted a study among adolescent girls in Bangalore, India, on school belonging and psychological and academic well-being. She found out that gender and caste
discrimination were the two factors that affected the well-being of girls in Indian culture even lead to drop-out of girls.

But her study which based on in-depth interview and observation showed that school belongingness and good relationship with teachers, friends associated to academic and psychological well-being, in schools where positive relationship existed among teachers and students, the students belonged to lower caste psychologically and academically felt well than students in schools where there was not such feeling of belongingness.

The review of literature of Chow’s study (2007) indicated that some of the major factors of psychological well-being include: gender, family cohesion, social support, socio-economic status, social problem solving orientation, and personality traits.

Christopher (2006) studied optimism/ pessimism as a mediator of social structural disparities effects on physical and psychological well-being among hospitalized elders in the U.S.A. The elder was hospitalized for chronic illness, and they are at risk for dysfunctional condition that may lead to disablement process.

Social structure was defined by education, income, ethnicity, and gender. His study was conducted based on conflict theory; regarding this theory disparities that exist within social structures can affect one’s level of optimism/pessimism. Results of his study showed that individuals that were in a position of power or who had more resource were more successful than individuals who had limited resources; hence, those individuals who became more successful at managing challenges, they were also more optimistic.

For instance, in his study, individuals who had higher level of income, education, males, and white were optimist; while less education, lower income, African-American, and women
were pessimists, and the relationship between optimism and physical and psychological well-being was found.

There is a widespread interest among researchers to find relations between wealth and well-being, although we know money can’t bring happiness, poverty interferes with well-being; for example, it can block access to reach goals, pursuing interests, and maintaining relationships. Ryff et al. (1999) conducted a survey on the impact of impoverishment on eudaimonic outcomes, measured by psychological well-being dimensions; she found that socio-economic status was linked to the dimensions of self-acceptance, purpose in life, mastery and growth.

Kaplan et al. (2008) examined the association between average income, income change, profit and profit incomes, and five scales of psychological well-being (Purpose in life, Self acceptance, Personal Growth, Environmental mastery, and Autonomy) over the course of 29 years (1965-1994) in Alameda County, California. In his study, education, age, race, social isolation were taken in to account.

The results showed the powerful influence of economic status and changes in status over time on psychological well-being, higher average level of income, increase income over time associated with purpose in life, self acceptance, personal growth, and environmental mastery and the scores were low for fewer income level. Indeed, for all aspects of psychological wellbeing except autonomy, with decreasing income over time the psychological well-being also decreased.

Kim (2006) examined the relation between socioeconomic status, daily work quality and psychological well-being across adult life span. For socioeconomic status, education, income,
and occupation were taken in to account, and psychological well-being was assessed on the basis of depression and anxiety.

The results indicated that stable and positive work quality, secure socioeconomic condition had influence on psychological well-being across adult life span, specifically education, income, and occupation prestige had a strong effect on the psychological well-being in later life.

Segerstrom (2006) examined optimism and resources: effects on each other and on health over 10 years among 61 law students in the U.S. with different racial backgrounds. She explored that optimists may accumulate resources such as: money, friendship, skill, and status that may be contributed to better health.

The results showed that more optimistic law students had higher income 10 years later, but the reverse was not true. Annual income had no relationship to change in dispositional optimistic law students who had more social net works and developed more extensive supervisory roles at work over 10 years.

Indeed dispositional optimism was associated with supportive relationships and more satisfaction with social support. As a matter of fact, social net work growth increased optimism, and optimism increased higher income, but higher income did not increase optimism.

Dispositional optimism may be related to enhance the social and status resources. When optimists expect good things will happen in the future, this outlook may be associated with positive consequences such as: better performance, better physical and mental health, and higher likelihood of goal achievement.
Impact of optimistic attitude on well-being seems to stem from the characteristic approach of optimism, because this outlook makes optimists able to manage both stressful problems and emotions due to coping style capacity (Solberg and Segerstrom, 2006).

Optimists enjoy higher well-being than pessimists, one important feature of dispositional optimists is that they effectively pursue goals; hence, they are more likely to accumulate resources like: money, friendship, and skill.

Evidence supports this statement that socio-economic status (SES) and social network size predict mental and physical health; therefore, resource accumulation as a mechanism helps optimists to benefit physical and mental health (cited by Segerstrom, 2007, p. 773), resources are many but social resources are very important such as: relationships with family, friends and neighborhood.

Helliwell and Robert (2004) studied the social context of well-being, they measured social context by age, gender, income, social capital, education, trust, community involvement, unemployment, faith and church attendance; and well-being measured by life satisfaction, happiness, and suicide scales. They conducted this study in large sample from the U.S., Canada, and World Value Survey.

The results showed that all of the noted social factors had positive correlate with well-being, for example, regarding the age, young and elderly population had more satisfaction and happiness than middle-age; in terms of gender, over all the satisfaction of males was more than females but regarding nations, in Scandinavia, Asia, and North America, life satisfaction is slightly higher among women.
They didn’t find a direct relationship between education and well-being but it might be an instrumental factor which plays the role on economic status, also most important factor was social capital which is defined as family, friend, neighborhood and community relationship, it had high correlation with well-being, considering income, their finding suggested that results in poor and well-off nations were different, individuals in poor countries reported more income, more happiness, but it was reverse for rich countries, however, unemployment had a negative impact on well-being, but faith and church attendance had a positive association with well-being.

Dohrenwend (1992) and Miech et al. (1999) demonstrated that educational attainment had a negative relationship with psychological disorders such as: schizophrenia, depression, anxiety, anti-social personality, and substance abuse. Individuals might have different access to social and economic resources and different in coping ability that result in the difference in psychological distress. Two important coping resources, sense of control and social support, have been suggested by Aneshensel (1992). Sense of control particularly defined the influence of income and education on emotional well-being, work, and economic conditions.

Recently researchers have started to study the impacts of beliefs on physical and psychological well-being due to widespread prevalence of religious beliefs in societies.

Religion is a system of belief and practice that derive from the sacred or supernatural, individuals do not like fear and uncertainty; therefore, they seek a system of belief that can bring hope, religion provides these systems of belief for reducing fear and uncertainty.

Jones and Plante (cited by Plante et al., 2000, p. 406) believed that addressing religious beliefs in psychological research have been overlooked. But there are studies in this area, for
instance, Larson et al. (cited by ibid) examined the relationship between religious faith and positive physical and mental health benefits; they found positive contributions of religious belief, mental and physical health.

Ellison (cited by ibid) reported that individuals with strong religious faith had higher self-esteem, greater personal happiness, and fewer negative outcomes from traumatic life events. Ross (cited by ibid) found lower level of psychological problems among people with strong religious faith, and Swensen, Fuller, and Clements (cited by ibid) found that patients with terminal stage of cancer who have strong religious beliefs reported higher quality of life.

With increase in empirical researches supporting a positive relationship between religion and physical and mental health, Plante et al. (2000) examined the relationship between strength of religious faith and psychological functioning among 342 university students in the U.S.

The findings of his study showed that a positive relationship between strength of religion and optimism, meaning in life, self acceptance, coping with stress, viewing life as a positive challenge, particularly strength of faith was associated with meaning in life and optimism.

Also they found a positive correlation between positive outlook on life and optimism; whereas negative outlook correlated with anxiety and depression. The results of noted study suggested the strength faith was associated with positive psychological functioning.

Maltby and Liza Day (2002) conducted two studies, the first measured the religious orientation and religious coping and appraisal of stress among 466 (239men, 227women) in UK, the second one examined the relationship between religiosity and psychological well-being among 360 adults (187men, 173women).
The findings of study were one showed that women were more religion than men, but in terms of religion coping, men scored higher than women, this finding suggested that individuals who use positive religion coping, they cope with stress very well and interpreted stressful events as a chance for personal growth. The results of study two indicated that there were a correlation between the religious orientation, religious coping and psychological well-being.

Trankle (2006) examined the relationship between psychological well-being using psychological well-being scale of Ryff and religious coping using Sepherd Scale, among 40 students in Christian Liberal Arts College in United State; she found a high level of religiosity correlated with high level of psychological well-being.

Zinnbauer (cited by Trankle, 2006, p. 29) defined religiosity as personal beliefs about a higher power as well as practices such as: church attendance. Ross (cited by ibid), in his study indicated that individuals who have strong beliefs showed a lower level of distress compared to those who have weak religious beliefs, he found a correlation between religiosity and psychological well-being; furthermore, Ellison et al. (cited by ibid) in their study showed the positive relationship between church attendance and high level of psychological well-being also there was relationship between psychological well-being and spirituality/ religiosity.

Wink and Michele Dillon (2003) examined the religiousness, spirituality, and psychological functioning in late adulthood in the U.S. They conceptualized on the basis of Wuthnow’s definition (cited by ibid, p. 916), religious beliefs as acceptance of traditional forms and related to the sacred via prayer and public communal worship; whereas, spirituality is individual autonomy that takes over external authority and tradition.
Spiritual followers try to create their own space by borrowing some aspects of religious traditions. The results of this study showed that religiousness was related to well-being from positive relations with others, involvement in social and community life, but spirituality was significantly related to well-being from personal growth, involvement in creative and knowledge–building life and wisdom.

Rashid (2004) studied the relationship between four aspects of religiosity (intrinsic orientation, extrinsic orientation, personal extrinsic orientation, social and religious behaviors) and three aspects of psychological well-being (anxiety, depression, and self-esteem) among 250 university students in Malaysia. The racial background of participants was Malay, Chinese, and Indian who practiced four religions, Islam, Christianity, Hinduism, and Buddhism.

The highlight point of Rashid’s study is that most of the previous researches have been conducted in Western countries and among Christians, but the participants of this study have covered four different religions. The results of the study showed that female students were more religion than male in the religious behaviors aspect, but they did not differ in other dimensions, the score of female in depression was higher than male. In intrinsic orientation and religious behaviors, Muslim scored higher than other religions; also they had higher score in anxiety than Hindu and Buddhist students, in extrinsic-personal orientation, Muslims scored higher than Christian, but lower than Hindu.

Four religious dimensions interrelated, and it is found that religious behaviors and intrinsic orientation dimensions were positively related to self esteem; also religious behaviors were important in dealing with stress in life.
Sreekumar (2008) examined the association of religious factors with subjective well-being among 350 persons in different parts of Kerala, India. The religious backgrounds of participants were Hindu, Christian, and Muslim, both male and female with different socioeconomic status.

The results indicated that all three religions related significantly and positively with subjective well-being. Also all the correlations revealed that people with higher level of religious beliefs, practices and spirituality are more likely to experience greater subjective well-being.

Ellison (1991) conducted a study on religious involvement and subjective well-being in the U.S. The participants were taken from General Social Survey, both male and female, the religion of participants was Protestant, Catholic, Mormon, and 9% reported no religious reference, their beliefs were measured on the basis of attendance at religious service, pray, and feeling of closeness to God.

The results confirmed effects of social interaction on life satisfaction and personal happiness because through attending in religious gathering people interact with each other and share the feeling, also the result help to clarify the complex relationships between aging, religion and well-being.

Ross (1990) examined the religion and psychological distress in the U.S. The research was based on telephone interview, the age of respondents ranged from 18-83, with different religious and socio-economic background.

The results showed that persons with stronger religious beliefs had significantly lower distress, Protestants and those who reported no religion had lower distress followed by Catholics, then Jews and other religions.
Those who had no religion did not differ significantly from Protestants, while Catholics, Jews, and other religions had significantly higher levels of distress. Both persons with strong religious beliefs and persons with no religion had low distress, on the other hand, persons who reported a religious affiliation but weakly beliefs had high distress, also persons with high level of education and economic had low distress, persons who were well-educated were likely to believe that success in life is due to personal efficacy and less likely related to God. Females were more religion than males and males were more likely to believe in self efficacy, in addition, older persons and non-whites believe that outcomes are determined by God.

Ellison et al. (2001) conducted a study on religious involvement, stress and mental health in the U.S. among 1339 persons ranged from 18 years old and above, they considered multi dimensions of religious involvement such as: church attendance, pray, belief.

The results indicated that church attendance had positive association with well-being and an inverse association with distress, frequency of prayer slightly related to well-being and had weak association with distress, belief in eternal life was a significant predictor of well-being. Overall, the findings of this study are congruent with previous studies in this area.

As discussed above, there have been plenty of studies on optimism and well-being both subjective well-being and psychological well-being, but most of them have been carried out in a clinical setting and they measured the effects of optimism on physical well-being and how to cope with chronic diseases; however, the impacts of optimism on psychological well-being are well- documented.

Majority of studies that have used Ryff’s PWB scales aimed at understanding the level of PWB on the basis of age, gender, education, and a few of them focused on socio-economic status
for example, the level of PWB in different life spans or gender differences in terms of their level of PWB.
II.8 Summary

This chapter has presented the theory and researches that underlay the reason for this study, the review of literature indicated that most of the studies on optimism and psychological well-being were conducted in clinical settings and focused on the effect of optimism or psychological well-being on physical well-being and recovery from chronic diseases such as: cancer, cardiovascular, and so on.

Furthermore, some of the studies emphasized on the impact of social relationships, religious belief on optimism or psychological well-being, and a few studies explored the effect of socioeconomic factors. Also most of the studies assessed psychological well-being based on depression and anxiety or life satisfaction, quality of life, happiness, and some of the study on Ryff’s psychological well-being. This study will contribute to the literature in three ways.

First, it expands the research on the relationship between optimism/pessimism and psychological well-being in undergraduate students or early adulthood.

Second, this study, instead of focusing on only one social factor, explored social factors in conjunction and their impacts on both optimism and psychological well-being.

Finally, the current study expands the better understanding of psychological and sociological issues related to characteristic of optimism and psychological well-being.