

Hope and Optimism as Light in Darkness

S. Gayatri Devi

"Nobody can go back and start a new beginning, but anyone can start today and make a new ending"— Maria Robinson

Positive psychology is an umbrella term for the study of positive emotions, positive character traits and enabling institutions. Research findings from positive psychology are intended to supplement, not remotely to replace, what is known about human suffering, weakness and disorder. The intent is to have a more complete and balanced scientific understanding of the human experience "the peaks, the valleys and everything in between. A complete practice of psychology should include an understanding of suffering and happiness, as well as their interaction and validated interventions that both relieve suffering and increase happiness "two separable endeavours". Positive psychology has in fact three research traditions that have thrown considerable light on how and why people take a positive view of the world. These traditions focus mainly on *positive illusions*, *self-deception* and *hope and optimism*. In order to put forth the realms of positivity, the present discussion will deal with the third aspect, *i.e.*, Hope and Optimism.

Hope is the belief in a positive outcome related to events and circumstances in one's life. Hope is distinct from *positive thinking*, which refers to a therapeutic or systematic process used in psychology for reversing pessimism. In other words, hope is an optimistic feeling in a negative or failing situation, which is overcome thereby leading to success. The term *false hope* refers to a hope based entirely around a fantasy or an extremely unlikely outcome. According to psychologists, *hope* can be defined as the belief that one may have the skills and energy to make the dreams a reality.

Hope, which is closely related to optimism, has been conceptualized by Snyder (2000) as involving two main components: the ability to plan pathways to desired goals despite obstacles, and agency or motivation to use these pathways. Hope is the sum of these two components. According to this concept, *hope* is strongest when it entails valued goals and there is an intermediate probability of attaining due to challenging but not insurmountable obstacles. Where a person is certain of achieving the goals, hope is unnecessary. Where a person is certain that he will not succeed, then he becomes hope-less. According to this concept, positive and negative emotions are by-products of

During the pre-school period from 3 to 6 years, the rapid development of language, pre-operational intuitive thinking, interest in story-telling and predictable routines, allows for the further growth of hopeful path-way planning in the face of barriers and obstacles. Physical development allows for the growth of sophisticated skills for putting plans into action. As the ability to empathize with others begins to develop towards the end of the pre-school years, children become aware that planning and pursuing pathways towards valued goals may sometimes help and sometimes hinder others to pursue their valued goals. The development of perspective taking allows pre-schoolers to include the wishes of others in their plans.

In middle childhood and pre-adolescence there is a rapid growth in logical rather than intuitive thinking skills, memory skills, reading skills and advanced social perspective-taking skills. These allow for increasingly sophisticated hopeful planning and pursuing pathways towards valued goals and doing so within a social context mindful of the wishes of their parents, siblings, peers and teachers.

In adolescence, youngsters develop abstract reasoning skills. These skills facilitate the management of complex issues including: increasing autonomy from parents; forming exclusive intimate relationships and developing career plans. These challenges provide opportunities for hopeful planning and hopeful pursuit of plans despite setbacks and barriers.

Children who develop a hopeful disposition typically have parents who serve as hopeful role models and who coach them in developing and executing plans to circumvent barriers to valued goals. These children have secure attachment to their parents who provide them with a warm and structured family environment in which rules are consistently and predictably applied and conflict is managed in a predictable and fair way.

Some, but not all, children who are neglected, abused, bereaved or who are exposed to ongoing inter parental conflict associated with separation or divorce may fail to develop a hopeful disposition. Children who grow up in a particularly stressful home environment are more likely to become resilient and hopeful under certain circumstances (Mahoney, 1991). First, these children become aware that their parents have difficulties and so categorize their parents' inadequate parenting as a parental shortcoming rather than a personal shortcoming. Second, these children find other adults who can routinely meet their needs for care, control and intellectual stimulation. Third, these children identify and refine a special talent or gift early in their lives which gives them access to new supportive social networks. Fourth, they have a high motivation to develop their talents, marked by persistence and tenacity. Finally, they address adversity as a challenge or opportunity for development rather than an obstacle.

Hopeful adults have distinctive profiles (Snyder, 2000). Adults who have high levels of hope have experienced as many setbacks as others in their lives but have developed beliefs that they can adapt to challenges and cope with adversity. They maintain an ongoing positive internal dialogue including statements such as 'I can do it, I will not give up', etc. They focus on success rather than failure. They experience fewer and less intense negative emotions when they encounter obstacles to valued goals. This may be because they creatively generate alternative routes to achieve their goals when they encounter barriers or flexibly select other more achievable goals. When people with low hope

goal-directed hopeful or hopeless thought. According to Snyder's theory, in a particular situation where a valued goal is pursued, the hopeful goal-directed behaviour and experience of hope will be determined by the interaction of

- The extent to which the outcome or goal is valued.
- Thoughts about possible ways to the goals and related expectations about how effective these will be in achieving the outcome or goal.
- The thoughts about personal agency and how effective one will be in following paths to goals.

All these factors will be dependent upon thoughts brought to the situation based on past experience and development in two areas:

- Thoughts about path to goals based on developmental lessons concerning correlations and causality.
- Thoughts about agency based on developmental lessons about the self as author or causal chains of events.

Snyder's and others have developed a series of scales to measure different aspects of hope (Snyder, Ciarlelli, Coffman, & Wyatt, 2000). The Adult Dispositional Hope Scale and State Hope Scale are brief trait-and-state self-report measures of hope for use with adults. The Children's Hope Scale has been developed for use with school-age children and the Young Children's Hope Scale is for use with pre-school children. Observational versions of the Adult Dispositional Hope Scale, the Children's Hope Scale and the Young Children's Hope Scale have been developed for completion by researchers, parents and teachers. These self-report and observational rating scales yield overall hope scores, in addition to scores for hope-related agency and hope related pathways. There is also an Adult Domain Specific Hope Scale that assesses hope in domains such as: social, academic, family, romantic relationships, occupation and leisure activities.

Development of Hope

Snyder (2000) suggested that hope develops in a clearly defined way over the course of infancy, childhood and adolescence. By the end of the first year of life, object constancy and cause-and-effect schemas allow infants to have anticipatory thoughts about pathways to goals. Pointing skills which are well developed by the end of the first year allow infants to indicate what their goals are.

In the second year, infants learn that they can instigate goal-directed activities to follow pathways to desired goals. The idea of self as an agent evolves during this period. During the second year, one of the most important hope-related skills learned is the idea that pathways around barriers may be identified and actively followed. This process of encountering barriers, planning ways around them, and then actively executing these plans is central to the genesis of hope. Rutter (1994) likened overcoming such barriers and adversities to a psychological immunization process and referred to the outcome as resilience. The security of the child's attachment to caregivers and the interpersonal context within which youngsters cope with adversity is critical. Children who are securely attached to their parents or caregivers and are provided with sufficient social support to cope with adversity develop resilience and hope.

to counter insurmountable barriers their emotions follow a relatively predictable sequence from hope to rage; from rage to despair; and from despair to apathy. When faced with problems in adult life, people with high levels of hope tend to break large vague problems into small clearly defined and manageable problems.

Hope Theory

Hope is defined (Snyder, 2002) as a learned thinking pattern, a set of beliefs and thoughts, involving two relatively distinct ways of thinking about a goal: Agentic thinking involves thought related to one's successful determination about reaching goals (e.g., "I meet the goals that I set for myself"); whereas pathways thinking involves thoughts about one's effective abilities to pursue different means of obtaining goals ("I can think of many ways to get what I want"). However, *hope* also one's belief in the ability to pursue goals. This belief is postulated to lead directly to corresponding hopeful behaviours that, in turn, strengthen hopeful thought (Shorey, Snyder, Rand, Lockemeyer, & Feldman, 2002). There are reciprocal relations between hopeful thinking and achievements in different areas (Shorey et al., 2002; Snyder, Lopez, Shorey, Rand, & Feldman 2003). To engage in such thinking it is necessary to first establish goals. Second, hopeful thinking requires approaching with effective pathways for reaching the desired goals. Third, motivation is needed to use the pathways to reach the goals.

Hope theory is different from global – romantic wishful thinking. The scientific construct of hope is complex and challenging, creative and sometimes dangerous – making the individual more vulnerable through nurturing unreachable hopes (Snyder et al., 2003). Hoping can be deeply personal or interpersonal – requiring the assistance of others and demanding reaching out for help. It may be nurtured in different social contexts – such as school or family that may serve as protective factors. Hope enables children to set valued goals, to see the means to achieve those goals, and to find the drive to make those goals happen (Snyder, 2002). Throughout their school years, students are faced with an array of increasingly important and difficult choices and challenges. These range from deciding what to do for the elementary school project, if and where to go to college, and the best occupation to pursue, to name but a few (Snyder, 2002).

Hope paradigm reflects the capability to derive pathways to desired goals and to motivate oneself via agency thinking to use those pathways. Higher hope consistently is related to better outcomes in academics, athletics, physical health, psychological adjustment and psychotherapy (Snyder, 2002). Hope is also related to positive affect and perceived control (Curry, Snyder, Cook, Ruby, & Rehm, 1997). These two components, the self-perceptions that children can produce routes to desired goals (the pathways component), along with the motivation to use those goals (the agency component) (Snyder, 2002) are reciprocal, additive and positively related, although they are not synonymous.

Hope Therapy

Conventional psychotherapy tended to focus almost exclusively on relieving the symptoms of a mental health ailment, such as anxiety or depression and declaring success. The idea of traditional therapy has been turned upside-down by a new trend: positive psychology. Increasingly, psychologists are offering an alternative "hope therapy, a process of identifying goals, then planning the strategies

and sustaining the motivation to reach them. An offshoot of the positive psychology movement, hope therapy aims to help people help themselves by working with their strengths. Also called "hope therapy," it focuses on the positives, such as setting goals and achieving them, instead of the problems themselves. Hope therapy is derived from Snyder's hope theory and ideas drawn from cognitive-behaviour therapy, solution-focused therapy and narrative therapy (Snyder, 2000). It aims to help clients formulate clear goals, produce numerous pathways to these, motivate themselves to pursue their goals and reframe obstacles as challenges to be overcome. Hope therapy and attributional retraining help individuals or small groups develop optimism and hope-driven problem-solving strategies. Expectationism, in contrast, provides a framework for helping whole populations develop safer future-oriented lifestyles.

"People's emotions often are determined by their expectations for the future," explains David Feldman, Assistant Professor of Counseling Psychology at Santa Clara University in California and a practitioner of hope therapy and "People who believe they can move toward their goals will feel positive emotions; people without anything to work toward feel hopeless."

Hope therapy is an effective tool to combat mild mood disorders, anxiety and lack of enthusiasm and the general sense of feeling unmoored. It is estimated that about 14% of U.S. adults suffer from a mild to moderate mental disorder in a year. For these cases, hope interventions offer relief without antidepressants and other medications.

The technique isn't intended to supplant proven treatments for severe mental illnesses. But hopeful people do tend to be physically healthier, more content, better able to cope with stress and disappointment and better endowed with social ties than their lower-hope counterparts. In short, hopeful people are happier.

Cheavens, Michael, Gum, Feldman, Taylor and Snyder (2001) explained that mental health means absence of mental illness. But there's a dimension of mental health above neutral, when people are flourishing and utilizing their strengths. Its aim is to help people realize their full potential. According to Cheavens, Feldman, Gum, Michael, & Snyder, (2006), determination and flexibility make people who aim high more likely to succeed than low-hopers who settle on a simple project. He found that hopeful people are invigorated and inspired by a challenge, and even when a goal isn't met, they rebound better from disappointments. The ability to see the way forward after a letdown gives high-hopers more resilience in the face of traumatic events, such as job loss or the death of a loved one. Pedrotti (2007) explained that psychologists, social workers, teachers and mothers used the wisdom of hope for generations and she emphasizes that mothers might not have done the research, but they were generally right. Cheavens, et al. (2006) demonstrated that in eight weeks, participants who used goal-setting and motivational techniques increased their self-esteem and sense of meaning in life while decreasing symptoms of depression and anxiety.

Research conducted at the University of Wisconsin-Madison revealed that people who actively pursue their goals were more likely to have strong relationships with others, a rewarding sense of purpose and the idea that life is good. Another study showed that college students who learned visualization techniques in a one-hour hope workshop were more likely than their peers to achieve a goal within a month. Through hope therapy, even terminally ill patients have found realistic and

optimistic way and differentially reinforce optimism and persistence. Pessimists are more likely to come from families in which parents are depressed, are role models for a pessimistic explanatory style, and differentially reinforce the development of pessimistic explanatory style. Where parents criticize children and attribute their failures to internal global stable factors the children are more likely to grow up to be pessimists. Child abuse and neglect also renders children vulnerable to developing a pessimistic explanatory style and depression. Optimism is also related to the ability to delay gratification and to forgo short-term gains in order to achieve long-term goals, probably because optimistic people can have faith that long-term goals are achievable.

Prospective and retrospective studies have shown that individuals with an optimistic explanatory style are less likely to develop physical ill-health, depression or suicidality when they face major stressful life events than individuals with a pessimistic explanatory style. In contrast, pessimists who face major stressful life events as children (such as chronic parental conflict, divorce or maternal bereavement) are more likely to develop depression. This can be counteracted if they have one good socially supportive relationship. Or it can be exacerbated and maintained if their depression leads them to fail at school where they are criticized, with critical internal, global, stable attributions being made for their failure.

In adulthood optimism is associated with better academic achievement, sport performance, occupational adjustment and family life (Seligman, 1998; Gillham, 2000). Optimism predicts better performance at college and predicts it more accurately than ability measures such as the Scholastic Aptitude Test (Peterson and Barrett, 1987). Optimism predicts better performance at individual and team sports (Seligman, Nolen-Hoeksema, Thornton, & Thornton, 1988). Optimism predicts success in various occupations such as sales.

Optimism also has an important impact on the way people deal with bereavement and loss. Nolen-Hoeksema (2000) found that bereaved optimists tended to use coping strategies such as, reappraisal of the loss in positive terms; problem solving by seeking social support and distraction through involvement in hobbies and exercise. Pessimists, in contrast, tend to use coping strategies such as denial or distraction through excessive drinking. Optimists construed bereavement as a 'wake-up call' to reprioritize their lives. They became aware of the fragility of life and lived more in the present than the past or the future. They focused more on important relationships and less on work and casual relationships. They resolved family conflicts that had been unresolved for years. They made important life changes they had been putting off, such as changing jobs or pursuing retraining. They became more tolerant of others. They became aware of strengths that they did not know they had and became less afraid of their own death. Optimists who found some positive benefit from their loss within six months of bereavement showed better psychological adjustment and fewer symptoms of depression or anxiety over the subsequent 18 months.

Dynamic Optimism

Dynamic optimism is an active, empowering, constructive attitude that creates conditions for success by focusing and acting on possibilities and opportunities. The dynamic optimist interprets experience positively and influences outcomes positively. Merely believing that everything will work

meaningful missions, such as living pain-free or making amends with estranged friends, and they reported feeling more satisfied and hopeful despite their diagnosis.

Many of hope theory's tenets can be applied without a counsellor. But for those who want some advice, finding a therapist is not necessarily easy. Edwards, Rand, Lopez and Snyder (2006) say "Hope therapy is useful for everyone."

Optimism

Optimism is defined as having "hopefulness and confidence about the future or successful outcome of something; a tendency to take a favourable or hopeful view." It is a disposition or tendency to look on the more favourable side of events or conditions and to expect the most favourable outcome. Two main approaches to the measurement of optimism have been taken and these are based on distinct conceptualizations of optimism (Peterson, 2000). At one extreme optimism has been conceptualized as a broad personality trait characterized by general optimistic expectations (Scheier and Carver, 1985) while at the other it has been construed as an explanatory style (Seligman, 1998), that is, researchers have made a distinction between optimistic explanatory style and dispositional optimism.

Optimistic Explanatory Style: Seligman (1998) conceptualized optimism as an explanatory style, rather than a broad personality trait. Optimistic people, according to this perspective, explain positive events or experiences by attributing the cause of these to external, transient, specific factors such as the prevailing circumstances. In contrast, pessimists explain negative events or experiences by attributing their cause to internal, stable, global factors such as being a personal failure. So pessimists are more likely to say they failed an exam because the wrong questions came up or the atmosphere in the exam hall was not conducive to concentration. Pessimists, in contrast, are more likely to attribute failure to not being any good at academic work generally or to being stupid.

Dispositional Optimism: Dispositional optimism is a global expectation that more good things than bad will happen in the future. Scheier, Carver and Bridges (2000) argued that optimistic people, in the face of difficulties, continue to pursue their valued goals and regulate themselves and their emotional states using effective coping strategies so that they are likely to achieve their goals. Dispositional optimism is associated with good health and a positive response to medical interventions in conditions such as heart disease and cancer.

Development of Optimism: The development of optimism is determined by parental mental health, the type of role modelling offered by parents and the degree to which parents encourage and model optimism (Abramson, Alloy, Hankin, Clements, Zhu, & Hogan, 2000; Gillham, 2000; Seligman, 1998). Optimists are more likely to come from families in which neither parent had depression. Parents of optimists are good role models for using an optimistic explanatory style, attributing success to internal, global, stable factors and failures to external, specific, transitory factors. Optimists come from families where their parents have a good understanding of their failures and attribute them to external rather than internal factors. Where youngsters come from families that have experienced major traumas (such as unemployment and poverty), they develop optimism if their families cope and recover from adversity. Parents of optimists encourage their children to deal with setbacks in an

fine without taking action makes one a foolish optimist, not a dynamic optimist. Optimism gives power to overcome the limits in lives, it needs to fully recognize reality, not hide from it. Optimism maximizes the abilities and happiness and takes responsibility for the thoughts, attitudes and actions. World is full of possibility. A person can achieve almost anything what he conceives. All goes forward only by turning dreams into practical, rational, responsible thinking. This kind of thinking will naturally generate productive activity.

Characteristics of the Dynamic Optimist: The twelve key characteristics of the dynamic optimist can be stated by dividing them into characteristics involving the positive interpretation of experience and the positive influencing of outcomes.

Interpreting Experience Positively:

- (1) *Selective Focus:* Emphasizing the enjoyable, constructive, open aspects of life.
- (2) *Refraining from Complaining:* Avoiding pointless complaining and whining about one's difficulties. Taking the world as it is and not complaining that life isn't fair.
- (3) *Questioning Limits:* A constructive skepticism that challenges the limiting beliefs held by oneself, associates and society; a fundamental creative openness to possibilities.
- (4) *Sense of Abundance:* Feeling free to do what he want, rather than feeling compelled by circumstances or people. Recognizing the world is full of opportunities being for things, not against things.
- (5) *Humour:* Seeing one's own shortcomings with a sense of humour. Allowing healthy, good-natured humour to reveal new perspectives and combat dogmatic thinking.

Influencing Outcomes Positively:

- (6) *Rational:* Using reason rather than being lead by fears and desires. Objectively assessing situations and taking action based on understanding reality apart from wishes.
- (7) *Self-Improving:* Perceives the self as a process and seek continual improvement. Their drive to improve is not pushed by fear but pulled by an inspiring self-image.
- (8) *Experimental:* Frequently trying fresh approaches, staying out of ruts, actively seeking more effective ways of achieving goals and being willing to take calculated risks.
- (9) *Self-Confident:* Believing that bringing good things by the conviction of competence in living.
- (10) *Self-Worth:* Believing one is worthy of success and happiness. Without this, attempts to improve one's life will lack motivation.
- (11) *Personal Responsibility:* Taking charge and creating the conditions for success. Being aware of how he determines the chances of success. This crucially involves integrity: living according to one's values.
- (12) *Selecting Environment:* Being attracted to positive people and situations. Seeking out the support and inspire, not discourage, distract and undermine.

Optimistic Thinking: Shaping the thinking in an optimistic direction will be easier if some specific ideas of what to watch for in thinking. Cognitive psychologists, Burns and Ellis identified

thinking patterns typically found in pessimists and depressed persons. Since the focus is on the positive - on becoming ever better - rather than on the negative side of what causes depression and lack of motivation.

Particularize: When the optimist has been frustrated by obstacles to his goals, he reacts appropriately. He inspects the obstacle and sees it for what it is, and then considers how to remove it. The pessimist, especially if depressed, does the opposite. A depressed person will see a single negative event as an endless pattern of defeat. For an example, a woman went for a first job interview. Being nervous and inexperienced she performed at less than her best and was not called back for a second interview at the firm. She told herself: "I *never* get a break. I'm so rotten at this that *no one* will employ me. What's the use?" From a single experience she irrationally overgeneralizes to a belief about all future interview experiences. A shy teenage boy asked out a girl he was attracted to. Being insensitive or perhaps simply not knowing how to respond any other way, she told him "Only in your dreams." The boy tells himself: "I'm ugly and boring. No girl will go out with me." Overgeneralizations like this can turn into self-fulfilling prophecies since the irrational belief leads the person to refrain from more attempts. With no more attempts to get an interview or a date, there can be no successes and so the person's belief seems to be confirmed.

The optimist refrains from over generalizing. Effective thinkers look at the frustrating situation as a *particular event*. That event need not represent any pattern; it can lead to very different future events if treated as a learning experience. If the woman going for the interview had been aware of her thinking, she might have stopped the self-defeating cognition, instead telling herself: "Well, I didn't do so well at my first attempt. I'll do better next time. Now I know better what to expect. Let's see, I could practice my responses to the questions I was asked, I could sit straighter and speak up confidently, and I could take more initiative in asking questions when given the opportunity." Similarly, the rejected boy might have reminded himself that this girl might have been having a bad day, and not all other girls would react the same way. He might ask himself if he contributed to her response, perhaps by being too tentative, and consider how to come across more engagingly. The optimistic response to a bad experience is to look at it as a particular event, not an omen of perpetual failure, and to learn from it in order to correct course and home in on the desired goal.

Depression-prone individuals usually suffer from anhedonia—the inability to enjoy anything.

Emphasize the Positive: One cause of this is their tendency to disqualify their positive experiences. Even non-depressive, hard-driven Type-A personalities can fall into this trap. Upon being given a major promotion with raise in pay and benefits, an executive immediately started worrying about her new responsibilities. She did not hold a party to celebrate, turned down friends' invitations to dinner to congratulate her, and forgot about all the ways she earned the promotion. A man in his sixties who has exercised for years and maintained sound diet and health habits was complimented on his trim, youthful appearance. "I'm just lucky" he replied. Have you ever replied to a compliment or commendation with phrases like "You're just being nice", "It was nothing really", or "It doesn't really count for anything"? If so, you have disqualified your positive experiences. When this becomes a pattern, we deplete our motivation and darken our view of the world. Having pushed aside our joyful, successful, affirming experiences, we are left looking only at our mistakes, shortcomings, and

forward, drama finding its place in the major accomplishments in one's life. Attaining a developed ability to keep things in proportion can take self-discipline for many of us. Letting one's destructive emotions run wild may feel easy. In addition, we may believe that we can get what we want more effectively by exaggerating our hurt. Indeed this can be an effective short-term method of manipulating others, but not a healthy or effective long-term approach. It will lead to a loss of respect from others, avoidance of involvement in our little dramas, and distract us from directly and rationally confronting obstacles.

Developing and strengthening this dynamic, practical optimism is one of the most effective ways of adding to our personal power. A thorough-going dynamic optimist cannot be stopped. He cannot be pushed aside, blocked out, or shut down. He will respond to all obstacles, all attacks and all setbacks with calmness, determination, and a creative, problem-solving attitude. Optimism and pessimism affect our entire worldview. Our whole approach to living will be either empowered or chained depending on which style of thinking predominates. The principles of dynamic optimism provide keys for unlocking our full potential.

Attributional Retraining

Seligman (1998) developed programmes to help adults and children change their explanatory style from pessimism to optimism. The programmes are based on the cognitive therapy models developed by Beck (1976) and Ellis (Ellis and Harper, 1975). In these programmes participants learn to monitor and analyze mood-altering situations and then to modify their pessimistic beliefs so that their explanatory style becomes more optimistic.

In the first part of these programmes participants learn to monitor mood changes associated with encountering adversity. In each adverse situation they conduct an ABC analysis which involves specifying the adversity, the beliefs and thoughts that occurred when the adversity was encountered, and the consequent mood changes.

Where beliefs are based on a pessimistic explanatory style, internal, global and stable attributions will be made for adversity. Where beliefs are based on an optimistic explanatory style, explanations for adversity will involve external, specific and transient attributions. Three sets of skills for changing pessimistic explanations for adversity are practiced once ABC analysis has been mastered. These include distraction, distancing and disputation.

Distraction involves doing something to stop the internal pessimistic explanation for the adversity from taking all attention and preoccupies an individual. Specific techniques include: saying 'stop' loudly and hitting the table with the hand; snapping with an elastic band worn on the wrist; looking at a flash card carried with STOP written on it in large letters; concentrating an individual attention on an external physical object; postponing rumination until later that day; or writing down the pessimistic explanation for the adversity as soon as it occurs.

Distancing involves reminding ourselves that pessimistic explanations of adversity are only one possible interpretation of the situation, not true facts. While distraction is a strategy for 'turning off' pessimistic thinking, distancing is a strategy for 'turning down' their impact on mood by recognizing that beliefs are not facts, they are just one 'spin' on the situation. Distancing sets the stage for disputation.

backs. Even if someone has enough motivation or self-discipline to keep accomplishing things despite disqualifying the positive, he will derive little pleasure from his successes. If our goal is to move forward in our lives and enjoy doing so, we need to affirm our positive experiences.

The dynamic optimist does not need to seek approval, and does not abuse compliments by puffing himself up in a falsely self-aggrandizing manner. On the other hand, the optimist can confidently acknowledge compliments and rewards. Instead of replying with "It was nothing", he says "Thank you". The optimist celebrates both his own and other people's successes, enjoys each victory and advance and appreciates what he has earned. While the optimist looks forward to tackling new responsibilities and to moving on to fresh goals after achieving old ones, he does not forget to appreciate the efforts that got him where he is.

Set realistic goals and standards: The tendency to disqualify the positive often festers side by side with the vice of perfectionism. Optimism has nothing to do with wanting to be perfect. Optimism involves a confident drive to continually improve oneself and one's circumstances. But not only does continual improvement not require perfection, it is not even compatible with it. If a person is perfect, or believes himself, there is no room for further improvement.

Keep Events in Proportion: A woman went to pick up her car from the mechanic, expecting it to be fixed by 3 pm. She was looking forward to meeting a date at 4 pm on the other side of town. Arriving tightly at her, the mechanic explained that he hadn't been able to fix the engine trouble yet, so she would have to keep the car for another couple of hours. "You're ruining my life!" the woman yelled. This exaggeration in thinking afflicts almost all of us sometimes and some of us all too frequently. The house cleaners do an imperfect job and complain "Everyone's incompetent!" Perhaps a person notices a minor mistake on a report for the company after it has been printed for everyone to read. "How awful!" he tells himself. "That's terrible. How could I be so sloppy? Everyone will think I'm an idiot. Damn it!"

This kind of negative exaggeration *magnification* or *catastrophizing* involves blowing up a minor irritation into a major calamity. The old cliché about making mountains out of molehills arose from someone noticing how some of us like to turn small annoyances and frustrations into world-shaking (at least life-threatening) catastrophes. An individual feels so much more important when every little setback can be seen as a dramatic cataclysm in the epic of life! Unfortunately, the drama is a tragedy, because each day a person is fated to suffer incalculable misery. Cognitive therapist, Burns, has referred to this distortion in thinking as "the binocular trick". People look at negative events in such a way as to blow them up in size and importance. If an individual tends to compare himself to *others*, he might also magnify the other fellow's accomplishment, making himself feel more threatened by comparison. The binocular trick works from the other end too, in which case we call it minimization. An individual looks through the other end of the binoculars at their accomplishments (or the competitor's achievements) and shrinks them down to an insignificant size. When people regularly practice the binocular trick they overwhelm themselves. Obstacles to achieving the goals appear enormous; it becomes a mountain too high and rocky to climb. If motivation drains away, leaving a person apathetic and unproductive.

The dynamic optimist, being aware of this seductive tendency to catastrophize, strives to keep things in proportion. Life as a dramatic tragedy is replaced with life as a balanced, steady march

Disputation is the process of carrying on an internal dialogue, the goal of which is to show that there is an equally valid or more valid optimistic explanation for the adversity. Armed with ABC analysis skills and distraction, distancing and disputation skills, the next step is to put them together in ABCDE practice. ABCDE stands for Adversity, Beliefs, and Consequent mood changes, Disputation and Energisation. In each adverse situation, in addition to noting the adversity, beliefs and mood-change consequences, one also should note how one disputed his pessimistic beliefs and the impact of this on his mood state: how the alternative optimistic explanation and beliefs energized him.

To develop one's disputation skills, work with a close friend. Take adverse situations and ask a friend to present the pessimistic explanations and beliefs. An individual job is to dispute these and examine the evidence for the negative beliefs, generate optimistic alternatives, examine the real rather than catastrophic implications if the pessimistic viewpoint seems valid, and evaluate the usefulness of optimistic and pessimistic beliefs.

The Penn Optimism Programme, an example of an attribution retraining programme, was designed to help school-age children develop optimistic rather than pessimistic explanatory attributional styles and so prevent depression (Jaycox, Reivich, Gillham, & Seligman 1994; Gillham, Reivich, Jaycox, & Seligman, 1995). This 12-week programme contains modules on analyzing mood-altering situations in terms of antecedents, behaviour and consequent mood changes; analyzing beliefs about causes along the three dimensions of explanatory style, *i.e.* internal-external; global-specific, stable-transient; generating alternative explanations for mood-changing situations and evaluating the evidence; and challenging catastrophic thinking. The programme also includes behavioural skills training modules drawn largely from behaviour therapy. These modules cover managing family conflict; assertiveness and negotiation training; problem-solving skills training; decision-making skills training; relaxation and coping skills training; dealing with procrastination; and social skills training. The programme is highly effective in reducing depression scores on standardized measures of helplessness, hopelessness and depression and these gains are maintained at two-year follow-up. The cognitive part of the programme helps children develop hope that they can solve problems that once seemed insurmountable. The behavioural aspect of the programme provides youngsters with the skills required to deal effectively with life difficulties.

Hope, Optimism and Health

Optimism and hope correlate negatively with measures of current psychopathology generally, and current depression in particular. Optimism and hope are predictive of physical and mental health as indexed and/or mediated by a variety of measures including self-reported health, positive response to medical intervention, subjective well-being, positive mood, immunological robustness, effective coping (reappraisal, problem solving, avoiding stressful life events, seeking social support) and health-promoting behaviour (Peterson, 2000; Snyder, 2000; Scheier, et al. 2000; Taylor, Kemeny, Reed, Bower, & Gruenewald, 2000). Optimistic people are healthier and happier. Their immune systems work better. They cope better with stress using more effective coping strategies such as reappraisal and problem solving. They also actively avoid stressful life events and form better social support networks around themselves. They have healthier lifestyles which prevent them from developing

illness, or if they develop illness they adhere to medical advice better and follow through with behaviour patterns that promote recovery. Optimism in early adulthood predicts health in later adulthood over periods of up to 35 years (Peterson, Seligman and Valliant, 1988).

REFERENCES

- Abramson, L. Y., Alloy, L., Hankin, B., Clements, C., Zhu, L. & Hogan, M. (2000). Optimistic cognitive style and invulnerability to depression. In J. Gillham (Ed.). *The science of optimism and hope*, (75-98). Philadelphia, PA: Templeton Foundation Press.
- Beck, A. (1976). *Cognitive Therapy and the Emotional Disorders*. New York: International Universities Press.
- Cheavens, J. S., Feldman, D., Gum, A., Michael, S. T. & Snyder, C. R. (2006). Hope therapy in a community sample: A pilot investigation. *Social Indicators Research*, 77, 61 - 78.
- Cheavens, J., Michael, S. T., Gum, A., Feldman, D., Taylor, J. D. & Snyder, C. R. (2001). *A group-based intervention for depressed adults*. Unpublished manuscript, Department of Psychology, University of Kansas, Lawrence.
- Curry, L.A., Snyder, C.R., Cook, D. L., Ruby, B.C. & Rehm, M. (1997). The role of hope in student-athlete academic and sport achievement. *Journal of Personality and Social Psychology*, 73, 1257-1267.
- Edwards, L. M. , Rand, K., Lopez, S. J. & Snyder, C. R. (2006). Understanding hope: A review of measurement and construct validity research. In A. Ong & M. Van Dulmen (Eds.), *Handbook of Methods in Positive Psychology* (pp.83-95). New York: Oxford Press.
- Ellis, A. & Harper, R. (1975). *A New Guide to Rational Living*. North Hollywood, CA: Wiltshire.
- Gillham, J. E. (2000). *The science of Optimism and Hope*. Philadelphia: Templeton Foundation Press.
- Gillham, J., Reivich, K., Jaycox, L. & Seligman, M. (1995). Prevention of depressive symptoms in school children: two year follow-up. *Psychological Science*, 6: 343-51.
- Jaycox, L., Reivich, K., Gillham, J. & Seligman, M. (1994). Prevention of depressive symptoms in school children. *Behaviour Research and Therapy*, 32: 801-816.
- Lopez, S., Ciarlelli, R., Coffman, L. M. & Wyatt, L. (2000). Diagnosis for strength: on measuring hope building blocks. In C.R. Snyder (ed.). *Handbook of Hope* (pp.57-88). Orlando FL: Academic Press.
- Mahoney, M. (1991). *Human Change Processes: The Scientific Foundations of Psychotherapy*. New York: Basic Books.
- Nolen-Hoeksema, S. (2000). Growth and resilience among bereaved people. In J. Gillham (ed.) *The Science of Optimism and Hope* (pp.107-127). Philadelphia, PA: Templeton Foundation Press.
- Pedrotti, J. T. (2007). *Strategies for infusing multiculturalism into a Positive Psychology Course*. Presentation given at the Annual Global Well-Being Forum (formerly the "Positive Psychology Summit"). Washington, DC
- Peterson, C. (2000). The future of Optimism. *American Psychologist*, 55, 44-55.
- Peterson, C., & Barrett, L. (1987). Explanatory Style and Academic Performance among University Freshmen. *Journal of Personality and Social Psychology*, 53, 603-607.
- Peterson, C., Seligman, M. & Valliant, G. (1988). Pessimistic explanatory style as a risk factor for physical illness: a thirty-five year longitudinal study. *Journal of Personality and Social Psychology*, 55, 23-27.
- Rutter, M. (1994). Resilience: some conceptual considerations. *Contemporary Paediatrics*, 11, 36-48.
- Scheier, M. & Carver, C. (1985). Optimism, Coping and health: Assessment and implications of generalized outcome expectancies. *Health Psychology*, 4, 219-247.

- Scheier, M., Carver, C. & Bridges, M. (2000). Optimism, Pessimism and Psychological Well-being. In E. Chang (ed.), *Optimism and Pessimism Theory, Research and Practice*. Washington, DC: American Psychological Association.
- Seligman, M. E. P. (1998). *Learned optimism: How to change your mind and your life* (2nd ed.). New York: Free Press.
- Seligman, M., Nolen-Hoeksema, S., Thornton, N. & Thornton, K. (1988). Explanatory style as a mechanism of disappointing athletic performance. *Psychological Science, 1*, 143–146.
- Shorey, H. S., Snyder, C. R., Rand, K. L., Hockemeyer, J. R. & Feldman, D. B. (2002). Somewhere Over the Rainbow: Hope Theory Weathers Its First Decade. *Psychological Inquiry, 13* (4), 322-331.
- Snyder, C.R. (2000). *Handbook of Hope*. Orlando FL: Academic Press.
- Snyder, C.R. (2002). *Handbook of Positive Psychology*. New York: Oxford Press.
- Snyder, C. R., Lopez, S. J., Shorey, H.S., Rand, K. L. & Feldman, D. B. (2003). Hope theory, measurements and applications to School Psychology. *School Psychology Quarterly, 18*, 122–139.
- Taylor, S.E., Kemeny, M.E., Reed, G.M., Bower, J.E., & Gruenewald, T. L. (2000). Psychological Resources, Positive Illusions and Health. *American Psychologist, 55* (1), 99–109.