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A Study of the Relationship Between Optimism, Pessimism, and Depression

Brian E. Elledge

A STUDY OF THE RELATIONSHIP BETWEEN OPTIMISM, PESSIMISM, AND DEPRESSION

Brian E. Elledge, B.S.

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Abstract

The relationship between optimism, pessimism, and depression was investigated. Graduate counseling students (N=44) currently enrolled in school were recruited by a sample of convenience to participate in the study. The subjects were administered three questionnaires measuring optimism, pessimism, and depression, as well as a data sheet to help describe the sample. Correlational analyses only showed significant relationships between gender and optimism, and between race and depression. No significant relationships were found between optimism and depression, or pessimism and depression. The implications for these findings are discussed.

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Pamela Nickels, Ed.D., L.P.C., Associate Professor

Rebecca Panagas, Ph.D., Assistant Professor

Cecelia Weeks, M.A., L.C.S.W.

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CHAPTER 1

Introduction

There are a number of writings on the subjects of optimism and pessimism, both independently, and also how they correlate with depression. Below will be a brief synopsis on the history of all of these topics. The findings of the literature review will build the foundation for the present study.

Depression is known as one of the most frequently written topics to date. It is also one of the most common forms of mental illness in the United States, (Alloy & Ahrens, 1987). Many studies have been done in an attempt to explain the cause of depression. This study hopes to show how optimism and pessimism can play a part in the development or prevention of depression.

Definitions

Marshall, Wortman, Kusulas, Hervig, and Vickers (1992) defined optimism as the inclination to expect favorable outcomes, and defined pessimism as the inclination to expect unfavorable outcomes. Carver and Gaines (1987) defined optimism as expecting things to work out well, and defined pessimism as expecting things to either not work out or to work out poorly. Depression is defined in diagnostic terms in the Diagnostic and Statistical Manual of Mental Disorders,

4th ed. (DSM-IV), 1994. In the DSM-IV, depression is characterized by feelings of sadness, hopelessness, helplessness, worthlessness, changes in appetite and sleep patterns, lethargy, and isolation from others.

Distinguishing Optimism from Pessimism

According to Amirkhan, Risinger, and Swickert (1995), optimism not only results in more positive perceptions of stressful situations, but it also produces more effective coping responses. The authors also linked optimism to greater use of problem-solving skills and greater utilizations of social supports. Optimism was considered to be one component of extraversion. Marshall et al. (1992) reported that optimism was associated with extraversion and positive affect. Carver and Gaines' (1987) research found several results relating to optimism. They found that optimism was (a) inversely correlated with dysphoria or depressed mood ($r=-.52$, $p<.001$); and (b) considered to be a resistance to depression. In conducting research on women with postpartum depression, Carver and Gaines (1987) also found these optimistic women were prone to (a) actively take on the role of motherhood (b) be more apt to ask for help and advice and (c) take the necessary steps to minimize mistakes. Scheier, Carver, and Bridges (1994) report that optimists adjust more

favorably to important life transitions than do pessimists.

Pessimism, on the other hand, is related to more avoidant forms of coping, such as denial, distancing, and disengagement from the stressful situation (Amirkhan et al., 1995). Marshall et al. (1992) reported that pessimism was associated with introversion and negative affect. Carver and Gaines' (1987) research found that pessimism was: (a) a component of introversion; and (b) a contributing factor to depression. Carver and Gaines' (1987) also found that women with pessimistic behavior tend to: (a) focus on whatever stress they are experiencing, thus exacerbating it; and (b) report the desire to disengage from the adjustment process they are currently confronting.

Marshall et al. (1992) did note that optimism and pessimism were not mere opposites. That is, a person is not necessarily either optimistic or pessimistic. For example, some people may have pessimistic views in regards to short-term goals, but may believe optimistic that things will work out in the long run. Another example is that some people may believe that "every cloud has a silver lining", but deep down believe that things are not going to work out in the end.

Statement of Purpose

One purpose of this study is to examine the relationships between pessimism, optimism, and depression. Specifically, this study will examine the relationship between pessimism and depression, and optimism and depression. Another purpose of this study will be to examine what impact, if any, does race and gender have on pessimism, optimism, and depression. The following are the three hypotheses of the present study:

1) People who have pessimistic personality styles tend to have a higher incidence of depression than those who have optimistic personality styles.

2) Those who have optimistic personality styles tend to have a lower incidence of depression than those with pessimistic personality styles.

3) There are no differences in gender or race in regards to the results.

The goal of this study is to reject the null hypothesis that pessimism, optimism, and depression are independent of each other.

CHAPTER 2

Literature Review

Review of Psychoanalytic Theory

According to Kline and Storey (1977), psychoanalytic theory purports that optimistic or pessimistic personalities stem from conflict in the oral stage of development. Optimists are those who have been over-gratified during this stage, while pessimists are thought to have been under-gratified or deprived at this stage. Specifically, oral optimism was described as being fixated at the oral sucking stage in Freudian theory, possibly due to overindulgent breast-feeding. Oral optimism was described as being fixated at the oral sadistic or biting stage, possibly due to rigid feeding patterns (Cooper, Lewis, & Kline, 1992).

According to Lewis (1993), psychoanalytic theory holds that oral traits are thought to be derived from unconscious conflicts occurring during infantile oral experiences during weaning. Cultural differences can be seen as being derived from differences in typical infantile experiences during weaning. Specifically, abundant and pleasurable oral experiences are believed to produce oral optimistic traits, while restrictive and harsh experiences produce oral pessimism traits.

Lewis (1992) reports that psychoanalytic theory also discusses orality in relation to depression. Fixation at the early phase of the oral stage of development of restrictive and harsh experiences can lead to depression later on in life. In addition, orally frustrated or under gratified oral characters have a pessimistic outlook on life that may be associated with depressed moods.

Review on Cognitive Theory

Cognitive theory also has views on how oral personalities relate to depression. Beck, Steer, Kovacs, and Garrison (1985) report that in cognitive theory, it is a person's perception of people, things, and events that leads to emotions rather than earlier childhood experiences. For example, depression can be viewed as a result of one viewing the world as pessimistic. Therefore, perceiving the world as optimistic can help reduce depression in people. Peterson (1983) stated that people who observe events as "bad" score higher on the Beck Depression Inventory (BDI) than do those who view events as "good".

The BDI was developed by Aaron T. Beck, a cognitive theorist. The BDI is one of the most widely used measures of depression around the world. It follows the cognitive view that those who view events

as hopeless, pessimistic, or "bad", often have higher levels of depression than those who view events more positively, (Golin & Hartz, 1979).

Beck also devised the Beck Hopelessness Scale (BHS) to specifically measure levels of hopelessness and probability of suicide. Ellis (1985) used the BHS in his research of relating hopelessness to irrational beliefs. According to rational-emotive theory, depression is viewed as a result of living according to irrational beliefs that lead someone to believe his or her situation is hopeless. Ellis (1985) conducted a correlational analysis for the variables "pessimism" and "helplessness and depression" with regard to suicide intent (r=.45, $p<.01$; r=.30, $p<.05$, respectively). The results indicated that suicide intent was significantly related to both pessimism and feelings of hopelessness and depression.

Flett, Russo, and Hewitt (1994) conducted research on how perfectionism can play a role in the onset of depression. Many people believe they must live their lives as perfectly as possible. Anything less than that is viewed as failure. People who live according to these rigid guidelines often fall into depression because perfectionism can never be achieved. When they realize they can never be perfect, they begin to react

to events rather pessimistically, sometimes leading to depression.

Gender Differences in Regard to Optimism, Pessimism, and Depression

Beck, Lester, and Kovacs (1973) conducted research on attempted suicide by males and females. The BDI and a general expectancies scale measuring optimism and pessimism were used to collect the data in this study. Although males had lower depression scores than females, there were no gender differences in respect to optimism and pessimism.

In a study by Stein and Sanfilipo (1985), males and females were studied to examine the gender differences in feelings of depression, pessimism, and optimism. The results for males indicated a significant relationship between higher levels of pessimism and overall depression (r=.43, p<.001). There was also a negative relationship between high optimism scores and depression. In contrast, the results for females showed that pessimism and optimism were not related to overall depression (r=-.10).

Males and females were also studied for their differences in reactions following loss (Nolen-Hoeksema, Parker, and Larson, 1994). This study involved conducting interviews and therapy with these

subjects following a loss or losses. The results indicated that women ruminated over loss more than men. The relationship between rumination over a loss and depression was found to be significant (r=.26, p<.0001). The results inferred that women report more problems with pessimism and depression than men following loss.

Racial Differences in Regard to Optimism, Pessimism, and Depression

Cuffe, Waller, Cuccaro, Pumariega, and Garrison (1995) studied race differences between African-Americans and Caucasians in the treatment of depression in young adolescents. The authors' found that African Americans had a higher incidence of depression than Caucasians. The study also found that African-Americans voiced more feelings of pessimism than Caucasians. Important in this study was the fact that African-Americans were underrepresented compared to Caucasians (n=113 and n=365, respectively).

A study of depressive mood in Black and White female adolescents was conducted by Lubin and McCollum (1994). One of the authors' finding was that the depressive affect of the two groups was not significantly significant. Another finding was that there were no significant differences of pessimism and

optimism with regard to race. The Black and White sample in this study were similar in sample size (n=19 and n=21, respectively).

Casper, Belanoff, and Offer (1996) studied race differences in self-reported psychiatric symptoms. Optimism, pessimism, and depression were among the psychiatric symptoms studied. The findings indicated no racial group differences with regard to optimism, pessimism, and depression. In other words, race did not play a part in whether or not these symptoms were present.

Cultural Differences

Choquet, Kovess, and Poutignat (1993) conducted research on adolescent suicidal thoughts and differences in geographical location. They found that there were no differences in geographical location and reason for suicidal ideations. Lewis (1993) conducted research on religious differences and oral personality traits. The results indicated that Protestants displayed significantly more oral optimism traits than the Hindus. No significant differences were found between group means of Protestant and Muslim or Hindu and Muslim. No differences were found for oral pessimism traits.

Oettingen and Seligman (1990) conducted research

on differences in pessimism between West Berliners and East Berliners by way of assessing explanatory style in newspaper reports. The results indicated that East Berlin newspaper accounts were more pessimistic than West Berlin reports. This was generalized to the conclusion that East Berliners were more pessimistic than West Berliners.

Children and Special Populations

Asarnow, Carlson, and Guthrie (1987) reported that children who reported suicidal thoughts and attempts attributed these dilemmas to families that were low in control and cohesiveness, and high in negative biases and pessimistic communication. Kashani, Rosenberg, and Reid (1989) also conducted research on children and suicide. They concluded that pessimism was one contributing factor to depression and suicide ideations. Research done on intercultural differences in children with suicidal ideations was examined, (Choquet et al., 1993). Their results indicated that pessimism was one contributing factor to suicidal ideation.

Franklin, Janoff-Bulman, and Roberts (1990) studied the long-term impact on parental divorce on optimism and trust. Children whose parents had divorced reported to be less optimistic about future

relationships than those who did not experience divorce. They also reported having less trust in future spouses or significant others.

College students were given an optimism scale in Prola's (1984) study to measure optimism in college students. Results indicated two main points. First, successful academic performance in high school would lead to optimism about college. Second, persons who are not very optimistic about college life might also be expected to be anxious and to have low self-esteem. Negative correlations between optimism scores and measures of anxiety and neuroticism were found (r=-.26 and -.22, $p<.05$, respectively).

A geriatric hopelessness scale was developed to help explain the factors associated with the depressed elderly (Fry, 1984). The results indicated that elderly depressed subjects who scored high on the geriatric hopelessness scale showed significantly higher levels of depression than those who scored low on the scale. Soloman and Zinke (1991) discussed the implications for conducting group psychotherapy with the depressed elderly. The major themes expressed by these patients included loneliness, despair, and pessimism about future happiness.

Therapy

Muran, Gorman, Safran, Twining, Samstag, and Winston (1995) attempted to link cognitive therapy with behavioral changes. One of the changes that was made in successful short-term cognitive therapy was in the patients' optimism. The quality of the therapeutic alliance and cognitive restructuring were the two variables cited as responsible for the patient's increased optimism.

Forester, Kornfeld, Fleiss, and Thompson (1993) examined the effects of group psychotherapy during radiotherapy for cancer patients. Their findings indicated that those who received group psychotherapy showed decreased symptoms of both emotional and physical distress. One of the primary emotional symptoms these subjects reported struggling with was pessimism and hopelessness. The control group showed less improvement on these areas.

Solomon and Zinke (1991) discussed the implications for conducting group psychotherapy with the depressed elderly. They stressed the difficulties therapists can encounter when working with this group. Concerns that are often paramount in therapy include feelings of worthlessness, hopelessness, and pessimism. The authors noted that important in the improvement of

these symptoms was to focus on the here-and-now and the ability to tolerate the difficulties that working with these clients can ensue.

Suicide

A 10 year study on hopelessness, a symptom of depression, and eventual suicidal ideations of hospitalized patients was conducted by Beck et al. (1985). The BDI and the Beck Hopelessness Scale (BHS) were used in the study. Their findings indicated the importance of hopelessness as an indicator of suicidal risk in depressed people.

Wetzel (1975) conducted research on self-image and suicide intent. The Beck Optimism-Pessimism scale and the Zung Depression Inventory were used to measure how changes in one's self image can affect later suicidal intent. The findings indicated that people who identified themselves as being pessimistic and having a low self-esteem had a greater chance of having suicidal thinking than those who reported a higher self-image.

Beck, Lester, and Albert (1973) reported on the relationship between suicidal wishes and symptoms of depression. The BDI was used to measure both variables in this study. The results indicated a significant correlation between suicidal wishes and pessimism.

A study on gender differences and suicidal

behavior was carried out by Beck, Lester, and Kovacs (1973). Males and females were given the BDI to measure variables of depression, pessimism, optimism, and suicidal behavior. The results indicated that males scored lower on the BDI than females, but there were no other differences on optimism, pessimism, or lethality of suicide attempt.

Lewis (1992) studied the relationship between oral pessimism, oral optimism, and depressive symptoms. The OOQ, OPQ, and BDI were used to measure the variables. Lewis' findings showed a significant correlation between BDI and OPQ scores.

Physical Illnesses

Scheier and Bridges (1995) discussed the issue of pessimism and optimism and how they affect people struggling with physical illnesses. Studies were conducted using people diagnosed with such diseases as cancer, acquired immunodeficiency syndrome (AIDS), and coronary heart disease (CHD). Results indicated that those patients who reported an optimistic view of themselves and the future, and who scored low on the depression scales, seemed to live longer and reported feeling physically better than those who reported living optimistically and scored high on the depression scales. There were no significant differences among

the three diseases themselves.

Forester et al. (1993) conducted a study on the effects of group psychotherapy during radiotherapy with those diagnosed with cancer. The control group did not receive therapy in addition to radiotherapy. The group focused on increasing the optimism and self-esteem of the patients. The findings indicated that those subjects who participated in psychotherapy reported fewer physical symptoms than those who did not participate.

One study on optimism focused on how this behavior can be a detriment with regards to one's physical health (Peterson & De Avila, 1995). This study examined peoples' optimistic personality styles and their subjective views on their chances for physical illnesses. The results indicated that optimistic people reported believing they had a low chance of acquiring an illness, but also reported not going to a doctor, or getting regular check-ups. In other words, the optimistic subjects did not focus on their health as much as the pessimistic subjects did.

Depression Inventories

Berndt, Petzel, and Berndt (1980) developed and evaluated the Multiscore Depression Inventory (MDI). This was a scale that measured a number of

characteristics of depression, such as sadness, mood, guilt, pessimism, and introversion. The full-scale reliability for the MDI was .96. It was concluded that the MDI could be a useful tool in studying depression.

The Geriatric Helplessness Scale (GHS), developed by Fry (1984), was designed to help assess helplessness and depression in elderly people. The GHS was given orally to the subjects, who answered them in open-ended fashion. The test was given two times to the subjects. The reliabilities on both examinations were .42 and .57, respectively. As predicted, elderly subjects who scored high on the GHS showed significantly higher levels of depression and lower self-esteem than those who scored low on the scale.

Optimism/Pessimism Scales

Scheier et al. (1994) examined the Life Orientation Test (LOT) and how it measures optimism. The LOT is an 8 item self-report measure of optimism. The reliability score for the relationship between optimism and neuroticism was .37. The results supported the hypothesis that the LOT was a viable measure of optimism.

Another analysis of the LOT was done by Mook, Kleijn, and Van der Ploeg (1992). They examined the positively and negatively worded items in the LOT.

Positive and negative subscale scores correlated .87 and .79, respectively. The results indicated two points. First, the positively worded items did measure optimism. Second, the negatively worded items did not measure optimism per se. More accurately, it measured the absence of pessimism.

The revised optimism-pessimism scale (PSM) for the MMPI and MMPI-2 was developed to help better measure these traits in people, (Malinchoc, Offord, & Colligan, 1995). The scale consisted of 263 multiple choice items relating to pessimistic and optimistic personality traits. The reliability estimates were .93 for men and .94 for women for correlation between optimism-pessimism and the PSM. The results indicated that the PSM was a viable indicator of measuring optimism and pessimism.

In summary, the above studies have supported the ideas that optimistic and pessimistic personality traits can have an affect on both emotional and physical health. They affect people of any age, race, or gender. The majority of the studies, however, seem to focus more on how these traits help lead to, or prevent, depression. This study will explore how pessimism and optimism relate to depression.

CHAPTER 3

Method

Subjects

A sample of 44 adult graduate students completed three questionnaires. There were thirty-two female and twelve male subjects. Thirty-nine of the students were "white" and five were "black". These students were enrolled in a graduate program for professional and school counseling in St. Charles, Missouri. The subjects were a sample of convenience, since they were recruited by the author, who is also a graduate student at the same college.

Instruments

Three instruments were used in this study. The first two tests were developed by Kline (1977). They were the Oral Optimism Questionnaire (OOQ) and the Oral Pessimism Questionnaire (OPQ). The former test was used to measure optimism traits, while the latter test was used to measure pessimism traits. Both the OOQ and OPQ consisted of 20 "yes" or "no" questions of equal weight.

Kline and Storey (1977) developed and evaluated tests for measuring optimism and pessimism. They are the Oral Optimism Questionnaire (OOQ) and the Oral Pessimism Questionnaire (OPQ). These scales each

contains 20 "yes" or "no" questions with content that relates to optimism or pessimism. The reliability scores for the individual items for the OOQ ranged from .35 to .66 on all but 5 items. The scores on the OPQ ranged from .35 to .67 on all but 2 items. Factor analysis provided validity for the two tests, which were shown to be good scales for measuring optimism and pessimism.

Another evaluation of the OOQ and OPQ was done by Lewis (1992). Lewis examined the relationship between the OPQ scores to depressive symptoms. The BDI was used to measure the depressive symptoms. There were several correlations among the three variables. Correlations between the BDI and OPQ was $r=.30$, $p<.01$, between the BDI and OOQ was $r=-.15$, $p>.05$, and between the OOQ and OPQ was $r=-.20$, $p<.05$. Ten of the BDI items correlated significantly with the OPQ scores, indicating pessimism as a contributing factor to depression.

The third test used was the Beck Depression Inventory (BDI), developed by Beck (1961). This test was used to measure various symptoms of depression. The BDI consisted of 21 multiple choice questions. A factor analysis of the BDI was done by Golin and Hartz (1979). The subjects were mildly depressed

college students. Pessimism and hopelessness were found to be a highly scored item on these subjects. The full scale reliability on the BDI was .76. The analysis indicated that hopelessness and pessimism were characteristics of depression.

In addition to the three scales, a data sheet (see Appendix B) was used to acquire such information as age, gender, and race of the subjects. This was used to help support the hypothesis that there were no differences in respect to those variables. The data sheet was developed by the author of this study solely for this research.

Procedure

The questionnaires were distributed to the subjects during their class time. The total time that was needed to take the tests was 10-15 minutes. The students were verbally instructed that the questionnaires were part of the author's Master's thesis project. The subjects were informed the data would remain anonymous. To ensure this names and social security numbers were not used in the questionnaires. In addition, rather than handing the tests to the researcher, the scales were placed in a large folder following their completion to further improve anonymity of the data. Finally, the subjects

were told that this was a voluntary procedure for them. It was not part of a grade, nor would refusing to participate lead to any negative consequences.

Data Analysis

Once the data is collected, the results will be examined by use of the SPSS-X statistical software package. The SPSS-X will be used to compute the Pearson product moment correlation among optimism scores, pessimism scores, depression scores, gender, and race. The software package will also be used to compute a frequency distribution consisting of means, medians, modes, skewness, and kurtoses of the scores. Once the results have been analyzed, the SPSS-X program will produce a number of graphs and charts to help display the findings of the study.

CHAPTER 4

Results

Descriptive Statistics

Table 1 illustrates the descriptive statistics for the interval variables age (AGE), Oral Optimism Questionnaire (OOQ), Oral Pessimism Questionnaire (OPQ), and Beck Depression Inventory (BDI). Included in the statistics were the mean, median, mode, standard deviation, skewness, and kurtosis of each variable. This section will also examine whether or not there is normality in the distribution of data for the variables.

AGE

The AGE variable had a mean of 35.864, a median of 34.5, and a mode of 27, with a standard deviation of 10.092. The range of ages was 36 years, with the minimum age being 23 and the maximum age being 59. The only criteria that was met for assumption of normality is that all of the data was within three standard deviations from the mean. The criteria that ruled out normality included the mean, median, and mode not approximating each other, the kurtosis not equaling zero, and the skewness not approximating zero.

Oral Optimism Questionnaire (OOQ)

The OOQ variable had a mean score of 12.636, a

median score of 13, and a mode score of 13, with a standard deviation of 2.651. The range of scores was 11, with a minimum score of 7, and a maximum score of 18. The criteria that was met for normality included the mean, median, and mode approximating each other, the kurtosis approximating zero, and all the data falling within three standard deviations from the mean. The criteria that ruled out normality, however, was that the skewness did not equal zero.

Oral Pessimism Questionnaire (OPQ)

The mean score was 5.2045, the median was 4, and the mode was 4, with a standard deviation of 3.3659. The range of scores was 15 with the minimum score being 0, and the maximum score being 15. The criteria that was met for normality included the mean, median, and mode being approximate, and all of the data being within three standard deviations of the mean. The criteria that ruled out normality, however, included the kurtosis not being approximate to zero, and the skewness not being zero.

Beck Depression Inventory (BDI)

The mean BDI score was 5.25, the median score was 4, and the mode was 3, with the standard deviation being 4.4624. The range of scores was 17 with the minimum score being 0, and the maximum score being 17.

No criteria was met for assumption of normality. The mean, median, and mode scores did not approximate each other, nor did kurtosis and skewness equal zero. In addition, all of the data did not fall within three standard deviations of the mean.

Correlational Analyses

Table 2 illustrates the results of the correlational analyses for the variables GENDER, AGE, RACE, OOQ, OPQ, and BDI with OOQ, OPQ, and BDI using a two-tailed significance. All 44 cases were used for the analyses. The top figure represents the correlational value (r). The bottom figure represents the significance level (P). To determine if a correlation is significant or not, the alpha level (.05) is compared to the P value. If the P value is less than alpha, the correlation is said to be significant. If the P value is greater than alpha, then the two variables in question are said to be independent of each other.

GENDER and OOQ

The correlation coefficient for GENDER and OOQ was .32 with a Rho (P) value of .03. Since P is l' (+^*(alpha, the association between the variables GENDER and OOQ were said to be significant. The significance is the positive correlation between males

and optimism. It was reported that Specifically, the probability that the correlation coefficient of .32 was obtained when there was no linear association in the population between GENDER and OOQ was less than .05.

GENDER and OPQ

The correlation coefficient for GENDER and OPQ was -.19 with a P value of .21. Since the P value was greater than alpha, the variables GENDER and OPQ were said to be independent of each other. Specifically, the probability that the correlation coefficient -.19 was obtained when there was no linear association in the population between GENDER and OPQ was greater than .05.

GENDER and BDI

The correlation coefficient for GENDER and BDI was .13 with a P value of .41. Since the P value was greater than .05, the variables GENDER and BDI were said to be independent of each other. In other words, the probability that the correlation coefficient .13 was obtained when there was no linear association in the population between GENDER and BDI was greater than .05.

AGE and OOQ

The correlation coefficient for AGE and OOQ was -.14 with a P value of .37. Since the P value was

greater than .05, the variables AGE and OOQ were said to be independent of each other. In other words, the probability that the correlation coefficient -.14 was obtained when there was no linear association in the population between AGE and OOQ was greater than .05.

AGE and OPQ

The correlation coefficient for AGE and OPQ was -.19 with a P value of .22. Since the P value was greater than the alpha level, the variables AGE and OPQ were said to be independent of each other. Specifically, the probability that the correlation coefficient -.19 was obtained when there was no linear association in the population between AGE and OPQ was greater than .05.

AGE and BDI

The correlation coefficient for AGE and BDI was -.14 with a P value of .36. Since the P value was greater than the alpha level, the variables AGE and BDI were found to be independent of each other. Specifically, the probability that the correlation coefficient -.14 was obtained when there was no linear association between AGE and BDI was greater than .05.

RACE and OOQ

The correlation coefficient between RACE and OOQ was .00 with a P value of .98. Since the P value was

greater than .05, the variables RACE and OOQ were found to be independent of each other. In other words, the probability that the correlation coefficient .00 was obtained when there was no linear association between RACE and OOQ was greater than .05.

RACE and OPQ

The correlation coefficient for RACE and OPQ was .11 with a P value of .46. Since the P value was greater than alpha, the variables RACE and OPQ were found to be independent of each other. In other words, the probability that the correlation coefficient .11 was obtained when there was no linear association between RACE and OPQ was greater than .05.

RACE and BDI

The correlation coefficient for RACE and BDI was .46 with a P value of .00. Since the P value was less than alpha, the association between the variables RACE and BDI was found to be significant. Caucasians reported a higher incidence of depression than African-Americans. Specifically, the probability that the correlation coefficient .46 was obtained when there was no linear association between RACE and BDI was less than .05.

OOQ and OPQ

The correlation coefficient for OOQ and OPQ was

-.25 with a P value of .10. Since the P value was greater than .05, the variables OOQ and OPQ were found to be independent of each other. In other words, the probability that the correlation coefficient -.25 was obtained when there was no linear association between OOQ and OPQ was greater than .05.

OOQ and BDI

The correlation coefficient for OOQ and BDI was .01 with a P value of .93. Since the P value was greater than alpha, the variables OOQ and BDI were found to be independent of each other. In other words, the probability that the correlation coefficient .01 was obtained when there was no linear association between OOQ and BDI was greater than .05.

OPQ and BDI

The correlation coefficient for OPQ and BDI was .23 with a P value of .14. Since the P value was greater than .05, the variables OPQ and BDI were found to be independent of each other. Specifically, the probability that the correlation coefficient .23 was obtained when there was no linear relationship between OPQ and BDI was greater than .05.

CHAPTER 5

Discussion

The results of the correlational analyses did not support the hypothesis that there is a significant relationship between optimism and depression, or pessimism and depression. Of the twelve correlational analyses that were performed, only two showed a significant relationship. One was between GENDER and OOQ (r=.32). The other was between and RACE and BDI (r=.46). These results infer that one's gender can have a significant bearing on whether or not they are optimistic in personality. Specifically, males reported greater feelings of optimism than did females. The results also infer that one's race can have an impact on how depressed they feel. Specifically, Caucasians reported greater feelings of depression than African-Americans.

The results of a number of studies (Asarnow, et al. (1987), Beck, et al. (1973), Carver & Gaines (1987), Stein & Filipo (1985), and Wetzel (1975)) indicated that optimism was inversely correlated with dysphoria and positively correlated with feelings of hope. Their results also showed that pessimism was inversely correlated with feelings of hope and was positively correlated with dysphoria. The results of

the present study, however, showed no significant relationship among these variables.

The results of Beck, et al (1973) suggested that there was significance in relationship between gender and optimism. The Nolen-Hoeksema, et al (1994) study concluded that there were gender differences between gender and pessimism and gender and depression, but no differences between gender and optimism. The results of this study, however, concluded that there was a significant relationship between gender and optimism, but not between gender and pessimism or depression. The present study's results did not support its hypothesis that gender and optimism were independent of each other.

With regard to race and depression, the results of the present study indicated that there was a significant relationship between the two variables. These results did not concur with the present study's hypothesis that there were no differences with regard to race and depression. The results of this study concurs with the results of Cuffe, et al (1995), whose findings also suggested that there was a significant relationship between the race of a person and level of depression. The present study's results did contrast, however, with the results of Lubin and McCollum (1994)

and Casper, et al (1996).

The goal of the present study was to support the hypothesis that optimism, pessimism, and depression were related to each other. The results of this study, however, do not support this hypothesis. Thus, the results indicate that for this study these three variables are, in fact, independent of each other.

Limitations

In looking at the results of the data, there were several limitations with the present study. Attempts at finding a scoring key for the OOQ and OPQ were exhausted. As a result, the author devised a scoring key that would assign one point to a "positive" answer and zero points for a "negative" answer. The total scores of each of the two tests were used in the data collection.

The goal of the study was to obtain data from a wider variety of races than was obtained. Only White and Black races were available for the study. In addition, most of the subjects were White (n=38). The distribution among males and females was also not equivalent. There were 32 females and 12 males.

Another possible limitation could be related to the subject pool itself. Since all of the subjects were graduate counseling students and had taken courses

on personality theory, the chances of the students answering the questions the way lay people would expect counselors to respond would be greater than if non counseling students would have participated.

Suggestions for Further Research

A replication of this study could be improved with a few changes. If a scoring key cannot be found for the OOQ and OPQ, perhaps using similar questionnaires measuring optimism and pessimism would suffice to help give better credibility to the results. Since there was a significant relationship found between race and depression, perhaps using a sample more widely diverse in race would better clarify the present results, or maybe even offer new ones. Since there was a significant relationship found between gender and optimism, more accurate representation of both genders could provide more specific results on this topic. Finally, similar research using a sample of those not particularly familiar with the counseling or therapy field would help provide better credibility to the results.

APPENDIX A

Oral Optimism Questionnaire (OOQ) (Kline,1978)

Circle the answer most fitted to your personality

---

1. Keep calm and most things will turn out reasonably well. Y N

2. Are you a good patient when ill? Y N

3. Once you're talking, do you often find you can go on without difficulty? Y N

4. Is the environment going to be destroyed by pollution in the next 50 years? Y N

5. Do you sometimes know what you want to say but can't say it? Y N

6. Do you really enjoy laying on a big party with plenty of food and wine and hundreds of guests? Y N

7. Do you, almost without thinking, reject novel ideas? Y N

8. When you are unwell do you like to be left alone? Y N

9. Do you find it difficult sometimes to talk or find the right words? Y N

10. Are you one of those people who for some reason are usually bursting with good ideas? Y N

11. It's pointless worrying, for something usually turns up. Y N

12. Do you prefer to work with a group of people to working alone? Y N

13. A good party is the way I celebrate anything. Y N

14. Do you find yourself intrigued by the latest ideas? Y N

15. Do you like to sit with people even if you don't speak or look at one another? Y N

16. Do you usually keep quiet in a group?
Y N

17. Are you a person who likes the newest and trendiest things? Y N

18. Life's good when you just relax.
Y N

19. When you are hurt do you find sympathy helpful?
Y N

20. Are you good with children?
Y N

Oral Pessimism Questionnaire (OPQ) (Kline, 1978)

Circle the answer best fitted to your personality

---

1. Do you sometimes feel that no matter what you do things will never work out? Y N

2. Have you been considered rude because you are not very forthcoming? Y N

3. Do you tend to argue with people just for the sake of argument? Y N

4. Do you resent having to go along with a group? Y N

5. Are you prepared to spend time talking to uninteresting people? Y N

6. Do you really enjoy abusing somebody? Y N

7. Do you mind when your friends have more than you do? Y N

8. Do you feel warm to people when you meet them? Y N

9. Are your efforts usually in vain? Y N

10. Are you thought of as patient by those who know you well? Y N

11. Do you hope (even if privately) to pull off some great achievement? Y N

12. When you are really annoyed, are people afraid of your tongue? Y N

13. Do you find that what you really want you cannot get? Y N

14. Do you sometimes feel hostile to a person on sight for no apparent reason? Y N

15. Are you careful to avoid hurting people when you talk? Y N

16. Do you enjoy malicious jokes or gossip about other people? Y N

17. Do you tend to take your mind off your problems by reading? Y N

18. Do you dislike taking part in fierce debates? Y N

19. Do you get annoyed if you have to repeat an explanation to someone who has failed to understand? Y N

20. Do you easily tolerate fools? Y N

APPENDIX B

Table 1

Data List for Gender, Age, Race, Oral Optimism Scores (OOQ), Oral Pessimism Scores (OPQ), and Beck Depression Inventory Scores (BDI):

```
data list free/gender age race ooq opq bdi
begin data
1 32 1 11 8  3
0 40 0  9 3  2
1 32 0 16 2  1
0 42 0 10 8  1
0 26 0 10 10 0
1 27 1 13 6 17
0 32 0  9 1  0
1 52 0  9 5  7
0 27 1 15 7 14
1 25 1 13 4  1
1 25 0 15 8  3
0 43 0  9 6  0
1 23 0  7 13 6
1 39 0 12 2  5
0 48 0 15 9  4
1 25 1 14 3 10
1 27 0 11 4  6
1 26 0 13 2  3
0 43 0  8 5  8
0 45 0 12 4  2
1 27 0 15 4  5
1 25 0 14 2  7
1 24 0 12 4  6
1 32 0 12 10 16
1 37 0 12 2  9
1 59 0 12 3  5
1 26 0 18 3  3
1 35 0  9 4  2
1 46 0 16 3  3
1 45 0 15 3  5
1 27 0 14 9 10
1 47 0 16 5 12
1 39 0 11 4  4
1 45 0 14 4  4
1 46 0 13 2  3
```

Data List (continued)

```
1 23 0 14 6  8
1 40 0 17 0  2
1 55 0 13 1  4
1 50 0 10 7  4
1 28 0 13 15 4
1 34 0 15 2  1
0 35 1 10 9 17
0 50 0 13 11 3
1 24 0 17 6  1
end data.
variable labels gender 'gender' age 'age' race 'race'
/ooq 'oral optimism scores'
/opq 'oral pessimism scores'
/bdi 'beck depression inventory scores'.
value labels gender 1 'female' 0 'male'
/race 0 'white/non-hispanic' 1 'black' 2 'hispanic'
/3 'native american' 4 'asian' 5 'other'.
descriptives/variables age ooq opq bdi /statistics all.
examine.
examine/variables all/plot stemleaf histogram.
correlation.
correlations/ variables all with ooq opq bdi/options 3
5.
```

APPENDIX C

Table 1

Means, Medians, Modes, Standard Deviations, Ranges, Minimums, Maximums, Skewnesses, and Kurtoses for variables GENDER, AGE, RACE, OOQ, OPQ, and BDI:

	GENDER	AGE	RACE	OOQ	OPQ	BDI
M	--	35.87	--	12.64	5.20	5.25
Mdn	--	34.50	--	13.00	4.00	4.00
Mode	1	27.00	0	13.00	4.00	3.00
SD	--	10.09	--	2.65	3.36	4.46
Range	--	36.00	--	11.00	15.00	17.00
Min	--	23.00	--	7.00	.00	.00
Max	--	59.00	--	18.00	15.00	17.00
Skew	--	.42	--	-.10	.94	1.30
Kurt	--	.70	--	-.67	.56	1.18

GENDER(0=MALE, 1=FEMALE)

RACE(0="WHITE", 1="BLACK", 2=NATIVE AMERICAN, 3=ASIAN, 4=OTHER)

Table 2

Correlational Results for Variables GENDER, AGE, RACE, OOQ, OPQ, and BDI: *

Correlations:	OOQ	OPQ	BDI
GENDER	.32	-.19	.13
	.03	.22	.41
AGE	-.14	-.19	-.14
	.37	.22	.36
RACE	.00*	.11	.46
	.98	.46	.00*
OOQ	1.00	-.25	.01
	.00*	.10	.93
OPQ	-.25	1.00	.23
	.10	.00*	.14
BDI	.01	.23	1.00
	.93	.14	.00*

*alpha level at .05; two-tailed significance

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