

Optimism and Depression among Students of University of Gujrat

Anam Zafar*, Humaira Murtaza

Department of Psychology, University of Gujrat, Hafiz Hayat Campus, Gujrat, Pakistan

Abstract The present study was conducted to investigate the relationship between optimism and depression among students of university of Gujrat. Current study also examined the gender differences in the level of optimism and depression among university students. The sample of the present study consisted of two hundred and ninety six (n=296) students including 137 Male and 159 Female. Sample was selected by using proportionate stratified random sampling technique with age range from 20-24 years. For data collection and to measure the level of optimism of student The Life Orientation Test Revised (Scheier, Carver & Bridges, 1994) was used, and to measure the level of depression of students BDI-II scale (Beck, Steer, & Brown, 1996) was used. Results revealed that there is a significant and negative relationship between optimism and depression among university students. Results also exhibited significant differences between male and female with respect to their levels of optimism and depression. Further the findings indicated that there is negative relationship between optimism and depression. Females demonstrated high levels of depression as compared to males while males demonstrated high levels of optimism as compared to females. Limitations and Recommendations of the research are discussed.

Keywords Optimism, Depression, Students, Life Orientation

1. Introduction

18 to 24 is a very common age range for people to experience their first episode of depression. Students have a tendency to experience depression for a number of reasons. For most students experience living away from home, family and friends. When things become difficult, their support system (including family and friends) may be miles away and their surroundings unfamiliar. This may bring feelings of loneliness and isolation. Many students find institute more academically demanding than they expected and feel stressed or anxious about not performing well. Occasional sadness is normal and a healthy amount of anxiety can be a good motivator, But when sadness and anxiety are interfering with daily life than it is probably time to seek help (Lifespan, 2011). According to Vitality (1999) depression as the ultimate expression of pessimism, He studied optimism and positive thinking and proposed that it might be that, optimists, as opposed to pessimists, are more likely to take care of their health, greater success at school, work and sport, and more satisfying relationships because they believe in the potential positive outcomes. They also have better mental

health, reporting less depression and anxiety, and live longer than pessimists. People with more pessimistic attitudes are at greater risk for severe depression, anxiety, and problems with social function than those who were more optimistic. While we can't say for certain why some people respond more positively to life's events, it is clear person's mental outlook can have a big effect on person's physical health. Optimism motivates individuals to take control of their lives, while depression has been found to have the opposite effect. It is often linked to a sense of hopelessness. "The problem with depression is that people are so pessimistic that they don't engage in actions that could make their lives better (Phelps, 2007). Optimists are less stressed by ordinary ups and downs. They suffer less anxiety and depression. Pessimists tend to see bad events as inevitable, as some permanent reflection of the environment or themselves. Optimists, on the other hand, tend to see bad situations as temporary and specific. They can take responsibility for their own poor behavior. Seligman writes in a study (as cited in Stanley 2011) "Depression results from lifelong habits of conscious thought. If these habits of thoughts are changed, depression can be cured. This means individuals can help depression by changing their thinking from pessimistic to optimistic. So, they can help depression by learning to stop pessimistic, helpless thinking and start optimistic, hopeful thinking. Because optimism seemed to have a fairly

* Corresponding author:

Anam.zafar@uog.edu.pk (Anam Zafar)

Published online at <http://journal.sapub.org/ijap>

Copyright © 2018 The Author(s). Published by Scientific & Academic Publishing

This work is licensed under the Creative Commons Attribution International

License (CC BY). <http://creativecommons.org/licenses/by/4.0/>

remarkable impact on physical health which leads to better performance in all aspects that will be very helpful for an individual as well as for society. This may also be true for students possessing optimistic thinking. Their optimistic thinking will help them to perform better in their academic life and professional life and will be beneficial for the society in general.

Literature indicates that there exists an inverse relationship between optimism and depression. As Vickers & Vogeltanz (1999) suggested dispositional optimism has often been negatively associated with depressive symptoms, some researchers have found that dispositional optimism as a significant predictor of future depressive symptoms. Another study conducted by Patton, Tollit, Romaniuk, Spence, Sheffield and Sawyer (2011) showed that teenagers who have a more positive approach towards life are less inclined to be depressed. Kucukaslan and Celik (2010) suggests that although both low optimism and high pessimism increase the risk for depression, which indicate that there is an inverse relation between optimism and depression and there is also difference in the level of pessimism among gender. Mazanec, Daly, Douglas and Lipson (2010) studied the Relationship between Optimism and Quality of Life. Results of this study showed that Optimism was significantly correlated with spiritual well-being, anxiety, depression. While Fayed, Klassen, Dix, Klaassen, and Sung (2011) found that Optimism and pessimism are predictors of depression. Hence they conclude that if optimism level increases than there is low risk of work disability due to depression, because optimism is negatively associated with depression so if positive thinking increases than depression will ultimately decrease.

1.1. Theoretical Framework

Aaron Beck's Cognitive Theory of Depression

Different cognitive behavioral theorists have developed their own unique twist on the Cognitive way of thinking. According to Beck, negative thoughts, generated by dysfunctional beliefs are typically the primary cause of depressive symptoms. A direct relationship exists between the amount and severity of someone's negative thoughts and the severity of their depressive symptoms. In other words, the more negative thoughts you experience, the more depressed you will become. Beck also asserts that there are three main dysfunctional belief themes (or "schemas") that dominate depressed people's thinking: 1) I am defective or inadequate, 2) All of my experiences result in defeats or failures, and 3) The future is hopeless. Together, these three themes are described as the Negative Cognitive Triad. When these beliefs are present in someone's cognition, depression is very likely to occur (if it has not already occurred), Beck's study as cited in (Nemade, Reiss, & Dombeck, 2007).

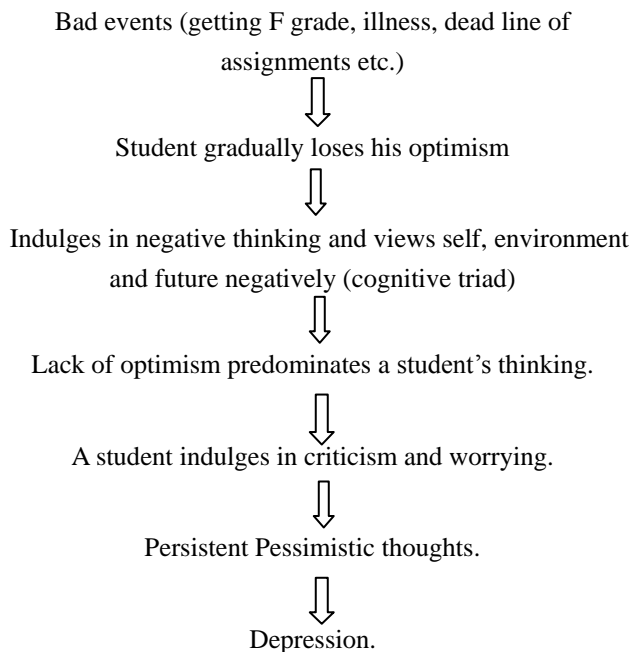
Seligman's Learned Helplessness Theory

According to the learned helplessness theory, a

pessimistic attribution style increases the likelihood of developing learned helplessness. In addition, prolonged exposure to uncontrollable and bad events can lead people to develop a pessimistic attribution style, and to become pessimistic, and unmotivated. This theory argues that depression results not only from helplessness, but also from hopelessness. The hopelessness theory attributes depression to a pattern of negative thinking in which people blame themselves for negative life events, view the causes of those events as permanent, and over generalize specific weaknesses to many areas of their life. Other cognitive behavioral theorists suggest that people with "depressive" personality traits appear to be more vulnerable than others to depression. Examples of depressive personality traits include neuroticism, introversion, self-criticism, excessive criticism of others, deep feelings of inadequacy, and worrying. In addition, people who regularly behave in dependent, hostile, and impulsive ways appear at greater risk for depression, Seligman's study as cited in (Nemade, Reiss, & Dombeck, 2007).

Applicability of theories to present research

The present research measures the relationship between optimism and depression, though negative ideas and thoughts are one of the reasons to create and grow depression. As Beck describes depression develops when someone experience more negative thoughts. Beck also asserts that there are three main dysfunctional beliefs or schemas that dominate depressed people's thinking. An example of these negative cognitive triad themes will help illustrate how the process of becoming depressed works among students, the population of present research. Imagine that a student got 'F' grade due to illness. If he/she is not in the grip of the negative cognitive triad, might think that this event was temporary and will not give global and specific interpretation to the event. As a result the student will not doubt his capabilities If his/her thinking process was dominated by the negative cognitive triad, however, he/she would conclude that this event was a personal failure; that he/she will always get this grade and could not manage at all, and that the situation is hopeless. On the basis of these judgments, he/she will begin to feel depressed. In contrast, if he was not influenced by negative triad beliefs, he/she would not question him self-worth too much, and might respond positively and start working hard for next time. Seligman's theory can also be applied to the above mentioned situation of student who got 'F' grade or could not met the dead line due to illness will blame him/herself for this negative event and he/she will consider the situation as hopelessness and helplessness. Further if this negative thinking pattern indulged in an individual's (student) life than he/she will gradually loses his optimism and will keep on worrying all the time, so these persistent pessimistic feelings will lead him or her to depression. The flow chart also explains the process of depression among students.

Flow Chart showing applicability of theories to research**1.2. Hypotheses**

Hypotheses of the present study postulated as follows.

H1- Level of optimism is negatively associated with the level of depression.

H2- Level of Depression is higher among females as compare to males.

H3- Level of Optimism is higher in males as compare to females.

1.3. Rationale of the Study

According to (Stanley, 2011) Individual's thoughts, beliefs and expectations have great impact on behavior. The way of reasoning with themselves about the things that happen to a person has a huge impact on their success at work, home, school, in their community etc. Hence people with an optimistic life-view tend to perform better than pessimists in all respects. They could perform better in their education, work that ultimately leads to the progress of their country. On the other hand Pessimists were more likely to become depressed when bad events occurred; they did worse at school, sports, and work. They had worse physical health, have poor relationships and poor performance in all respects. People generally are not born with either an optimistic or pessimistic view of the world. It is learned behavior, learned either through experience or through other people telling us who we are. Stanley (2011) also describe Individual can dramatically impact on their sense of well-being and optimism, career options and confidence levels, by changing the way they think and people can train themselves in order to develop a more optimistic outlook. When people are unsuccessful at something, they all become sad and immobilized at least for a moment. Some people (those who are optimistic) will bounce back very quickly. Others though

remain stuck. If something major happens to them, they may never bounce back and become depressed. Patton, Tollit, Romaniuk, Spence, Sheffield, & Sawyer (2011) agreed that Optimism later in life is protective against a range of health problems. And mental health promotion can be enhanced if an intervention is given in order to addresses risk and protective factors in an adolescent's social context.

By holding this view present research explored the relationship between optimism and depression is a positive aspect of human personality emphasized by positive psychology so it will be a significant contribution to the existing knowledge base. The implication of the study will help out counselors working in universities to understand the nature of optimism and depression, and help out to understand the thinking style of students, once they will find out the role of thinking in depression; they will be better able to address these problems among students. Counselors can introduce strategies to enhance optimism among students. Moreover it would be beneficial for Institutions to find out the role of thinking style behind depression, and they can address the problems of absenteeism and mass failures among students due to depression. Hence institution can arrange awareness campaigns and workshops to train students to deal with their psychological problems and to better concentrate at their studies. This study would also facilitate other researchers by providing them guideline regarding the relationship between optimism and depression.

2. Method**2.1. Research Design**

The present study was a cross sectional study aimed to investigate the relationship between optimism and depression among students of University of Gujrat. Survey method was used for data collection.

2.2. Sample

The target population of the present study was students from university of Gujrat. Total number of population was 1133. A sample of 296 students including 137male and 159 female were recruited using proportionate stratified random sampling technique in order to ensure representation of all segments of the population according to their proportion, and to make the sample a true representative of the population.

2.3. Instruments

The following scales are used in the present study;

1) The Life Orientation Test Revised is a validated 10-item instrument designed to assess the level of positive thinking or optimism. The scale was developed by Sheier and Carver in 1994. The items are divided into factor groups relating to optimism, with scores ranging from 0 to 4. Each item was rated on five point scale ranging from strongly disagree, disagree, neutral, agree and strongly agree. High scores indicate high levels of optimism. The reliability for

LOT-R was significant as supported by Cronbach's Alpha coefficient value range from ($\alpha = .69$) to ($\alpha = .72$).

2) The Beck Depression Inventory (BDI-II), developed by Beck, Steer and Brown in 1996. The BDI-II consists of 21 items to assess the intensity of depression in clinical and normal population. Each item is a list of four statements arranged in increasing severity about a particular symptom of depression. Each answer of question was being scored on a scale value of 0 to 3. The cutoffs used differ from the original: 0–13: minimal depression; 14–19: mild depression; 20–28: moderate depression; and 29–63: severe depression. Higher total scores indicate severe depressive symptoms. Internal consistency of the BDI II (Cronbach's alpha) is .92 for clinical patients and .93 for non-clinical individuals.

2.4. Procedure

First of all, informed consent was taken and then Demographic sheet and all questionnaires were personally handed over to all the participants. The participants were informed that their identity will kept confidential and the information provided by them will be used only for research purpose. After data collection data was analyzed using SPSS (statistical Package for Social Sciences). Shapiro-Wilk test was applied on the data to check whether the data was normally distributed or not. Results revealed that data for variables was not normally distributed; Therefore Non-parametric Statistics were used to arrive at an inference. Spearman's rho correlation was used to assess the relationship between optimism and Depression while Mann Whitney test was used for gender difference in the level of variables in male and female.

3. Results

The data collected from 296 participants with the help of the standardized questionnaires, were analyzed using SPSS statistical package version 22.0 and is given below:

Table 1. Summary of Shapiro-Wilk test with variables

Variables	Statistics	df	Sig.
Optimism	.916	296	.000
Depression	.895	296	.000

Table 2. Correlation coefficient between the optimism and Depression (N=296)

Variables	Optimism	Depression	p-value
Optimism	–	-.720	.000
Depression	-.720	–	.000

**p<0.01.

Table 3. Gender differences and level of Optimism (N=296)

Variable	Gender	N	Means Rank	p-value
Optimism	Male	137	159.51	.039
	Female	159	139.01	

Table 4. Gender differences and level of Depression (N=296)

Variable	Gender	N	Means Rank	p-value
Depression	Male	137	130.07	.001
	Female	159	164.38	

Results (Table 1) shows p value for both variables was .000 which is less than $\alpha .05$ indicating that data for this variable was not normally distributed.

The findings (Table 2) indicate that there is significant and negative relationship between optimism and depression ($r = -.720$, $p = .000 < 0.01$). Results (table 3) have revealed that there is a significant difference in the level of optimism among male and female students ($P = .039 < 0.05$). So, it is concluded that level of optimism is higher in male as compared to females. It is also revealed that (table 4) there is a significant difference in the level of depression among male and female students ($P = .001 < 0.05$). So, it is concluded that level of depression is higher in females as compared to males.

4. Discussion

It was hypothesized that “the level of optimism is negatively associated with the level of depression”. This hypothesis is supported by data and findings (table 1) are consistent with previous researches that there is significant and negative relationship between optimism and depression. As it is mention in Peleg, Barak, Harel, Rochberg and Hoofien (2009) study that dispositional optimism was negatively correlated with depression level. Yarcheski, Mahon, and Yarcheski (2004) also found the correlations among depression, optimism, and positive health practices in young adolescents. Findings showed that health practices had positive relation with optimism while they were negatively correlated with depression which revealed that optimism and depression were negatively correlated with each other. Another investigator also supported this hypothesis that optimism is significant buffers against depression (Zhang, Li and Zou, 2011). A study of Sumer, Giannotta, Settanni and Ciairano (2009) found that those adolescents who perceived higher dispositional optimism were less depressed.

The second hypothesis of the current study was that “level of Depression is higher among females as compared to males”. Results of this study revealed that there was a significant gender difference in the level of depression; findings also showed that the level of depression is higher in females as compared to males (table 2). These results supported the hypothesis of current study. Findings of present study are also supported by the findings of a previous study of Sarah, Piet and Katia (2010). They found the Gender differences in depression, they also concluded that that depression is approximately twice among women as it is among men. Szadoczky, Rihmer, Papp, Vitrai and Furedi (2002) showed that that the major depressive disorder

prevalence rate is higher in women than men. Gender differences in the occurrence of Depression and Anxiety were examined by Borooah & Stud (2009). They concluded that there were differences between men and women in rates of depression and anxiety. They also showed that females were more prone to depression in depression-inducing events. Bay, Sikorskii and Arnault, (2009) studied the Sex Differences in Depressive Symptoms; they concluded that women experienced higher levels of depressive and depressive-somatic symptoms, perceived chronic stress, pain, memory difficulties, and somatic symptoms as in men.

The third hypothesis of the current study was “level of Optimism is higher in males as compare to females”. Findings of this study showed that there was a significant gender difference in the level of optimism. Results also revealed that the level of optimism is higher in male as compared to females (table 3). Findings of present study are also consistent with the findings of previous study of Kucukaslan, & Celik (2010). They found that Women were more pessimistic than men. Sha (2006) studied the Optimism, Pessimism and Depression. Findings revealed that female experience more depression than males. While Pessimism tends to increase for female students with higher level of depression. Puskar Bernardo, Ren, Haley, Tark, Switala and Siemon (2010) also indicated that females have low self-esteem and optimism than males.

5. Conclusions

It is concluded that there is a negative relationship between optimism and depression. The level of depression in females is comparatively high as compared to males. And level of optimism is comparatively high in males as compared to females. This study provides a lay foundation for future researchers. This study provides a lay foundation for future researchers.

ACKNOWLEDGEMENTS

All praise belongs to **ALLAH Almighty** who has always helped me in all matters of life. All Praise countless salutation and respects are for the **Prophet Hazarat Muhammad (PBUH)** the city of knowledge who has guided the “Ummah” to seek knowledge, to grow and to seek knowledge from cradle to grave.

Words are too short to express my feelings for my beloved Parents Mr. & Mrs. Muhammad Zafar Iqbal who always Pray for my success, their guidance and love is an asset for me. I also have deep feelings for my siblings, family members, and my uncle who indirectly helped me throughout my research work and to all those hands who prayed for me.

I feel great pleasure and honor to express my gratitude and appreciation to my supervisor Ms. Humaira Murtaza, for her enthusiastic guidance, and enlighten supervision.

I also like to thank all the participants of my research because without their cooperation it was impossible to carry out this research.

REFERENCES

- [1] Bay, E., Sikorskii, A., & Arnault, D.S. (2009). Sex Differences in Depressive Symptoms and Their Correlates after Mild-to-Moderate Traumatic Brain Injury. *Journal of Neuroscience Nursing*, 41(6), 298 – 309.
- [2] Beck, A.T., Steer, R.A., & Brown, G.K. (1996). Beck Depression Inventory second edition (BDI-II). Retrieved from http://www.acf.hhs.gov/programs/opre/ehs/perf_measures/reports/resources_measuring/res_meas_phic.html.
- [3] Borooah, V.K., & Stud, J.H. (2009). Gender Differences in the occurrence of Depression and Anxiety. Retrieved from http://pubget.com/paper/pgtmp_04e3c962f21674d4636238cd7069b737.
- [4] Comer, R.J. (2001). *Abnormal Psychology* (7th Ed.). New York: worth Publisher.
- [5] Dunavold, P.A. (1997). Happiness, Hope, and Optimism. Retrieved from <http://www.csun.edu/~vcpsy00h/students/happy.htm>.
- [6] Fayed, N., Klassen, A.F., Dix, D., Klassen, R., & Sung, L. (2011). Exploring predictors of optimism among parents of children with cancer. *Psycho oncology* 20(4), 411-8. Doi:10.1002/pon.1743.
- [7] Kucukaslan, A., & Celik, S. (2010). Women feel more pessimistic than men: Empirical evidence from Turkish consumer confidence index. *Journal of Business Economics and Management*, 11(1), 146-171. DOI:10.3846/jbem.2010.08.
- [8] Lifespan. (2011). Students and Depression. Retrieved from <http://www.lifespan.org/services/mentalhealth/articles/depression/collegedepression.htm>.
- [9] Mazanec, S.R., Daly, B.J., Douglas, S.L., & Lipson, A.R. (2010). Relationship between Optimism and Quality of Life in Newly Diagnosed Cancer Patients. *Health Journal*, 33,235-243.
- [10] Nemade, R. Reiss, N.S., & Dombeck, M. (2007). Cognitive Theories of Major Depression. Retrieved from http://www.mentalhelp.net/poc/view_doc.php?type=doc&id=13007&cn=5.
- [11] Patton, G.C., Tollit, M.M., Romaniuk, H., Spence, S.H., Sheffield, J., & Sawyer, M.G. (2011). A Prospective Study of the Effects of Optimism on Adolescent Health Risks. *Pediatrics*, 127, 308 -316.
- [12] Peleg, G., Barak, O., Harel, Y., Rochberg, J., & Hoofien, D. (2009). Hope, dispositional optimism and severity of depression following traumatic brain injury. *Journal of Behavioral Sciences*, 23,800-808.
- [13] Phelps, E. (2007). This Is Your Brain on Optimism. Retrieved from <http://www.thedailybeast.com/newsweek/2007/10/23/his-is-your-brain-on-optimism.html>.

- [14] Puskar, K.R., Bernardo, L.M., Ren, D., Haley, T.M., Tark, K.H., Switala, J., Siemon, L. (2010). Self-esteem and optimism in rural youth: *Gender differences*. 34(2), 190-198. doi: 10.5172/conu.2010.34.2.190.
- [15] Sarah, V.D.V., Piet, B. & Katia, L. (2010). Gender differences in depression in 23 European countries. Cross-national variation in the gender gap in depression. Retrieved from <http://en.scientificcommons.org/57657120>.
- [16] Scheier, M.F., & Carver, C.S., (1994). Multidimensional properties of the LOR-R. Retrieved from <http://www98.griffith.edu.au/dspace/bitstream/10072/7131/1/19633.pdf>.
- [17] Stanley, H.P (2011). You can help depression by learning to be optimistic. Retrieved from <http://www.depression-help-for-you.com/help-depression.html>.
- [18] Sha, T. (2006). Optimism, Pessimism and Depression: The Relations and Differences by Stress Level and Gender, 38(6), 886-901.
- [19] Sumer, M., Giannotta, F., Settanni, M., & Ciairano, S. (2009). Parental support as mediator between optimism and depression in early adolescents. *Journal of Psychology and Counseling*, 1(8), 139-146.
- [20] Szadoczky, E., Rihmer, Z., Papp, S., Vitrai, J, and Füredi, J. (2002). Gender differences in major depressive disorder in a Hungarian community survey, 6(1), 31-37. Doi:10.1080/136515002753489399.
- [21] Vickers, K.S., & Vogeltanz, N.D. (1999). Dispositional optimism as a predictor of depressive symptoms over time. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0191886999000951>.
- [22] Vitality. (1999). About optimism. Retrieved from http://www.wilsonbanwell.com/articles/emotional_health/about_optimism.htm.
- [23] Yarcheski, H.J., Mahon, N.E., & Yarcheski, A. (2004). Depression, Optimism, and positive Health practices in young adolescents. *Psychological Reports*, 95,932-934.
- [24] Zhang, Y., Li, H., & Zou, S. (2011). Association between Cognitive Distortion, Type D Personality, Family Environment, and Depression in Chinese Adolescents. *Depression Research and Treatment*, 2(11), 8. Doi:10.1155/2011/143045.