

A Study of Optimism and Self Esteem in Relation to Psychological Distress Among Professional and Non professional Students

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Abstract: *Optimism and Self Esteem are important factor which play a key role in dealing with psychological distress, therefore the purpose of this study was to investigate the role of optimism and self esteem in reducing psychological distress among adolescents. The sample comprised of 200 (100 professional and 100 non professional) students of Aligarh Muslim University Aligarh. The Life Orientation Scale Revised (Sheir and Carver; 1994) was used for measuring optimism, Rosenberg Self-Esteem Scale (Rosenberg, 1965) was used for measuring self esteem and PGI Health questionnaire N-1 (Verma, Wig and Prashad, 1985) was used for measuring psychological distress of adolescents. Pearson product moment correlation and t-test were used for analyzing the data. Result showed that there was significant negative correlation between optimism and psychological distress. Negative correlation was also found between self esteem and psychological distress. When Stream group difference was conducted on same sample, it was found that Professional students scored significantly higher on optimism and self esteem as compared to Non professional students. Similarly, it was also found that Non professional students scored significantly higher on psychological distress as compared to Professional students.*

Keywords: *Optimism, Self Esteem, Psychological Distress, Students.*

I. INTRODUCTION

Psychological distress is a common mental health problem among adolescents population in modern era. It has been found that the prevalence and seriousness of psychological disorders are more among students population and their level of psychological distress has also been found to be higher as compared to the general population [1];[2]. Psychological distress is defined “as a continuous experience of unhappiness, nervousness, irritability and problematic interpersonal relationships” [3]. Psychological distress refers to a range of negative feeling that lead to mental health problems such as anxiety and mood disorders. High psychological distress has been shown to be associated with increased rates of substance use and poor school performance [4].

Psychological distress is largely defined as a state of emotional suffering characterized by symptoms of depression (e.g., lost interest; sadness; hopelessness) and anxiety (e.g., restlessness; feeling tense) [5]. These symptoms may be tied in with somatic symptoms (e.g., insomnia; headaches; lack of energy) that are likely to vary across cultures [6].

There is a difference between day to day stress and distress. Every one experience stress, it is not only normal but within acceptable limits, play a positive role. Some level of stress is beneficial because it produces alertness and determination. Stress may produce physical and nervous tension but we are still able to cope. When stress become too great and last too long, we may start to experience distress, it is a state in which our coping abilities begin to breakdown. Distress means that stress has gone beyond acceptable limits, when we experience distress, we are out of balance. In this case our bodies and mind cry out for some kind of help. This call for help may take many forms such as moodiness, irritability, depression, anxiety, insomnia, or physical symptoms such as

stomach upset or headache. A critical issue concerning stress among students is its effect on learning. The Yerkes Dodson law (1908) postulates that individuals under low and high stress learn the least and that those under moderate stress learn the most [7]. A field of study and laboratory test support that notion that excessive stress is harmful to student’s performance.

It was also found that up to one third of all adolescents population are suffering from anxiety and depression [8];[9]. On the basis of their studies Kessler, Abelson, Demler, Escobar, Gibbon and Guyer (2004) concluded that the most mental disorders occurring between the age of 15 to 24 [10]. Adlaf, Gliksman, Demers, and Newton-Taylor (2001) [11]; Rana, Smith, and Walking (1999) also found in their study that university and college students are more vulnerable to psychological distress than the general population in western societies [12]. Now a days psychologists are more concerned about the symptoms, causal factors and the therapeutic approaches for improving psychological distress. Therefore, the objective of present study is to investigate the role of optimism and self esteem in experiencing psychological distress among adolescents.

Other variable which is also important for dealing with psychological distress is **optimism**. Scheier and Carver (1985) defined optimism as “the global generalized tendency to believe that one will generally experience good versus bad outcomes in life” [13]. Optimism is often defined as a disposition to expect the best and view events and situations in a positive light. In the context of resiliency, optimism refers to a sense of a positive future, to a tendency to find positive meaning in experiences, and a belief in one’s ability to impact positively on one’s environment and situation. Optimism may be beneficial in several ways. Firstly, optimism naturally promotes a more positive mood, which helps to ward off

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depression and anxiety. Secondly, optimism also encourages greater persistence in the face of obstacles, which in turn is likely to result in greater success. Finally, there is evidence that optimists actually look after their health better than pessimists. They are more likely to seek out information about potential health risks and change their behavior to avoid those risks.

According to this view, optimists are people who expect future outcomes to be positive. Conversely, pessimists are those who display more negative expectations for the future [14]. Optimism has been shown to play a role in positive mood, perseverance, good problem solving, and academic and occupational success [15]. *Optimism* was developed from the model of self-regulation [14]. The model assumes that people are continually engaged in efforts to overcome obstacles to their goals as long as their expectancies for success are favorable. When doubts become too severe, people are more likely to abandon their threatened goals. People who are considered optimists are more likely than pessimists to persist in their pursuit of goals when faced with a difficult situation [16]. Optimistic people tend to spontaneously use stable coping mechanisms, such as problem-focused coping, which help them to face their challenges [14]. It is found that optimists perform better in various domains of life such as academic, social, or personal areas than pessimists [17]. Shepperd, Maroto, and Pbert (1996) pointed out that optimism shows a positive relationship with individuals' success in many tasks they carry out, including academic achievement [18]. There has been some evidence to suggest that there are many other variables besides ability and intelligence that explain a large amount of the variability in individuals performance. Optimism increases people's ability to tolerate situations and to solve problems which may have an effect on goal achievement. In fact, optimistic people have been found to display lower mood disturbance when responding to a wide range of situations, such as the adjustment to the start of university study [19].

The third variable which is important research topic in psychology in relation to psychological distress is self esteem. **Self esteem** can be broadly defined as the "overall evaluation of oneself in either a positive or negative way" [20]. It indicates the extent to which an individual believes himself or herself to be competent and worthy of living. Simply put, self-esteem is essentially one's feeling of self-competence and self-worth. According to Rosenberg(1965) self esteem refers to a favorable or unfavorable attitude towards the self. Self esteem is a product of two internal assessments or judgments i.e. the global judgment and one's self worth [21]. It is found that high self esteem had many positive effects and benefit specially among college students. students who felt positive about themselves had fewer sleepless night, succumbed less easily to pressure of conformity by peers, were less likely to drugs and alcohol, were more persistent at difficult task, were happier and more sociable and tended to perform better, academically. On the other hand college students with low self esteem tended to be unhappy, less sociable, were more likely to use drugs and alcohol and were more vulnerable to depression, which were all correlated with lower academic achievement [22].

Many researchers found that there is a negative correlation between self esteem and anxiety, depression, loneliness, shyness [23]; [24]. Rosenberg(1965) found that those low in self-esteem isolate themselves from others more often, tend to be more self-conscious and are also more likely to be depressed than those with high self-esteem [21]. On the other hand ,self-esteem decreases during periods of unhappiness such as depression [25].

Therefore, the purpose of present study was to examine the role of optimism and self esteem in experience of psychological distress among students.

Objectives of the study: Following objectives were formulated for the present study:

1. To find out the nature of relationship between Optimism and Psychological Distress.
2. To find out the nature of relationship between Self Esteem and Psychological Distress.
3. To find out the significance of difference between Professional and Non professional Students on Optimism.
4. To find out the significance of difference between Professional and Non professional Students on Self Esteem.
5. To find out the significance of difference between Professional and Non professional Students on Psychological Distress.

II. METHOD

Participants: The sample of present research paper comprised of 200 (100 Professional i.e. diploma engineering and 100 Non professional i.e. undergraduate) students of Aligarh Muslim University Aligarh. The random sampling technique was used for collecting data. Age of the subjects ranged between 19 to 22 years, the mean age being 20.5 years. All the students belonged from upper middle class socio-economic background.

Instruments: The following questionnaires were used for measuring optimism, self esteem and psychological distress of the participants.

1. Life Orientation Test-Revised (LOT-R): Optimism was measured by the Life Orientation Test-Revised (Scheier, Carver, & Bridges, 1994). It consists of 10 statements (3 positively worded, 3 negatively worded and 4 filler items). The LOT-R is a brief modified version of the original Life Orientation Test (Scheier and Carver, 1985) and has been found to correlate .95 with the later (Scheier et al., 1994). Only 6 of the 10 items on the revised LOT are used to derive an optimism score. Four items are the filler items and they are not used for scoring purpose. Of the 6 items.

2. Self Esteem Scale: The 10-item Rosenberg Self-Esteem Scale [16] was used to assess global self-esteem, with higher scores indicating more positive self-regard. Each item was responded with 4-point Likert scale ranging from 1= strongly agree to 4= strongly disagree. The scale generally has high reliability, with test-retest correlations value between 0.82 and 0.88. The Cronbach's alpha of the scale in the present study was 0.67.

3. PGI-Health Questionnaire N-1: Psychological distress was measured by PGI Health questionnaire N-1. It was developed by Verma, Wig and Prashad (1985) [45]. It is 38 items questionnaire based on Cornell Medical Index. The items yield scored on A (physical) and B (psychological) sections. (1)The respondent is required to put a tick (□) against questions he/she agrees with. The number of ticks on section A and B indicate the respective scores which can be then added up to give a total distress score also.

Analysis: Pearson Product Moment Correlation and t-test were used to analyze the data.

III. RESULTS

Table1: Correlation between Optimism, Self Esteem and Psychological Distress.

Psychological Distress	Optimism	Self Esteem
Mental Distress	-.400**	-.261**
Physical Distress	-.440**	-.312**
Total Distress	-.453**	-.308**

**p<.01

It is found from above table that there is a significant negative correlation between optimism and psychological distress. The results also showed that there is a significant negative correlation between self esteem and psychological distress.

Table 2: Comparison of Professional and Non-professional Students on Optimism, Self Esteem and Psychological Distress Scores

Variables	Group	Mean	S.D.	t-value	df	Sig.
Optimism	Professional	15.62	3.78	3.03	198	.01
	Nonprofessional	14.06	3.48			
Self Esteem	Professional	17.84	4.32	2.31	198	.05
	Nonprofessional	16.38	4.55			
Mental Distress	Professional	4.01	2.24	.56	198	NS
	Nonprofessional	4.20	2.49			
Physical Distress	Professional	3.15	2.08	3.38	198	.01
	Nonprofessional	4.20	2.30			
Total Distress	Professional	7.16	4.05	2.06	198	.05
	Nonprofessional	8.40	4.41			

Table-2 shows that there is a significant difference between Professional and Non professional students on optimism. In other words Professional students scored significantly higher on optimism as compared to Non professional students. It is also apparent from this table that Professional students scored significantly higher on self esteem as compared to Non professional students. It is also from table-2 that there is a significant difference between Professional and Non professional students on only one dimension of psychological distress i.e. physical distress out of two dimension. It is also clear that significant difference is found between Professional and Non professional students on total distress. In other words Non professional students scored significantly higher on psychological distress as compared to Professional students

IV. DISCUSSION

The first objective of the present study was to examine the relationship between optimism and psychological distress among Professional and Non professional students. The results of correlational analysis revealed significant negative correlations between optimism and all dimensions of psychological distress (i.e. mental and physical distress). The negative correlation was also found between optimism and composite or total distress. It is apparent from above results that when level of optimism will increase, the experience of psychological distress will decrease. The reason may be that optimism increases people's ability to tolerate situations and to solve problems which may have an effect on goal achievement which decreases psychological distress. This results of the present study are supported by earlier studies conducted by Segerstrom, Taylor, & Kemeny, (1998). They found that optimistic people display lower mood disturbance when responding to a wide range of situations [19].

The second objective of the present study was to examine the relationship between self esteem and psychological distress among Professional and Non professional students. The significant negative correlation was also found between self esteem and all dimensions of psychological distress (i.e. mental and physical distress). The negative correlation was also found that between self esteem and composite or total distress. This results of the present study are supported by earlier studies conducted by Wastavy et al., (1992); Kaplan et al., (1995).

The other objective of this study was to find out the stream group differences in optimism, self esteem and psychological distress among same sample. When stream group differences was investigated on above sample, it was found that Professional students scored significantly higher on optimism and self esteem as compared to Non professional students. Professional students are from Science stream and generally engaged in their pre-decided goal, good facilities are available for their work, job opportunities are more open and they receive more positive attitude toward their parents than Non professional students. This may be the reason that Professional students are more optimist and their self esteem are higher in comparison to Non professional students.

It is also apparent from the above table that there is significant difference between Professional and Non professional students on psychological distress. It is clear from the results that Non professional students scored significantly higher on psychological distress as compared to Professional students. The reason may be lying is that Non professional students are less attentive toward their goal, lack of involvement in career oriented activities, lack of family support, are more pessimist and experience low level of self esteem that is why they experience more psychological distress as compared to Professional students.

V. CONCLUSION

It is concluded that optimism and self esteem plays an important role in experience of psychological distress, as it is negatively correlated with psychological distress. Low level of self esteem among students is linked to

high psychological distress. This is true for both Professional and Non professional students. It is also concluded that Professional students are more optimist and enjoy high self esteem as compared to Non professional students and their level of psychological distress is also low.

VI. REFERENCES

1. Kadison R. (2005). Getting an edge--use of stimulants and antidepressants in college. *N Engl J. Med*; 353(11) : 1089-1091.
2. Osberg TM. (2004). A business case for increasing college mental health services. *Behavioral Health Management*; 24(5):33-36.
3. Chalfant, P.H., Heller, P.L., Roberts A., Briones, D., Aguirre-Hochbaum, S. & Farr, W. (1990). The Clergy As A Resource For Those Encountering Psychological Distress. *Review of Religious Research*, 31, 305-313.
4. NSW Health, (2004). www.health.nsw.gov.au/pubs/public-health.
5. Mirowsky, J., and C.E. Ross. (2002). "Selecting outcomes for the sociology of mental health: Issues of measurement and dimensionality." *Journal of Health and Social Behavior* no. 43:152-170.
6. Kleinman, A. (1991). *Rethinking Psychiatry. From Cultural Category to Personal Experience*. New York: The Free Press.
7. Yerkes, R. M., and Dodson, J. D. (1908). The relation of strength of stimulus to rapidity of habit-formation. *Journal of Comparative Neurology and Psychology*, 18, 459-48
8. Allgower A., wardleJ., Steptoe A.,(2001). Depressive symptoms, social support and personal health behaviors in young men and women. *Journal of health psychology*, 5, 20(3): 223-7
9. Bishop, J. B., Bauer, K. W., & Becker, E. T. (1998). A survey of counseling needs of male and female college students. *Journal of College Student Development*, 39, 205-210.
10. Kessler RC, Abelson J, Demler O, Escobar JI, Gibbon M, Guyer ME et al. (2004). Clinical calibration of DSM-IV diagnoses in the World Mental Health (WMH) version of the World Health Organization (WHO) Composite International Diagnostic Interview (WMHCIDI). *Int J Methods Psychiatr Res*; 13(2):122-139.
11. Adlaf EM, Gliksman L, Demers A, Newton-Taylor B. (2001). The prevalence of elevated psychological distress among Canadian undergraduates: findings from the 1998 Canadian Campus Survey. *J Am Coll Health*; 50(2):67-72.
12. Rana R, Smith E, Walking J. (1999). Degrees of disturbance: The new agenda, the impact of increasing levels of psychological disturbance amongst students in higher education. *Association for University and College Counseling*.
13. Scheier, M. F. & Carver, C. S. (1985). Optimism, coping, and health: Assessment and implications of generalized outcome expectancies. *Health Psychology*, 4, 219-247.
14. Scheier, M. F., Carver, C. S., & Bridges, M. W. (1992). Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): A reevaluation of the life orientation test. *Journal of Personality and Social Psychology*, 67, 1063-1078.
15. Peterson, C. (2000). The future of optimism. *American Psychologist*, 55, 44-55.
16. Wrosch, C., & Scheier, M. F. (2003). Personality and quality of life: The importance of optimism and goal adjustment. *Quality of Life Research*, 12, 59-72.
17. Robbins, A. S., Spence, J. T., & Clark, H. (1991). Psychological determinants of health and performance: The tangled web of desirable and undesirable characteristics. *Journal of Personality and Social Psychology*, 61, 755-765.
18. Shepperd, J. A., Maroto, J. J., & Pbert, L. A. (1996). Dispositional optimism as a predictor of health changes among cardiac patients. *Journal of Research in Personality*, 30, 517-534.
19. Segerstrom, S. C., Taylor, S. E., & Kemeny, M. E. (1998). Optimism is associated with mood, coping, and immune change in response to stress. *Journal of Personality and Social Psychology*, 74(4), 1646-1655.
20. Malbi, R. S., & Reasoner, R. W. (2000). *Self-Esteem, Enhancing*. Kuala Lumpur: Self-Esteem Seminars Sdn. Bhd.
21. Rosenberg, M. (1965). *Rosenberg self-esteem survey. Society and adolescent self-image*, Princeton, NJ: Princeton University Press.
22. Wiggins J., and E.L. Schatz, (1994). The relationship of self esteem to grades achievement scores and other factors critical to school success. *School Counselor*, 41; 239
23. Wastavy M.A., et al., (1992). Depression and self esteem in black hospitalized tuberculosis patients. *Soc, Sci, Med*, 35; 319-324.
24. Kaplan et al., (1995). *Synopsis of psychiatry*, Middle East Edn. Mass Publishing Co. pp121-124
25. Keyes, C.L.M. (2005). Mental illness and/or mental health—Investigating axioms of the complete state model of health. *Journal of Consulting and clinical psychology*, 73:539-48