

OPTIMISM AND HEALTH RELATED PSYCHOLOGICAL TENDENCY OF OLDER ADOLESCENTS

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ABSTRACT

Research and development in positive psychology are constantly gaining momentum in India. Positive psychosocial traits, especially optimism, require an empirical inquiry in terms of their link with the health-related personality in older adolescents. The paper explored the relationships between optimism and health orientation among urban older adolescents by analyzing one hundred and eighty-three participants of the NCR Noida region of India, aged between eighteen to nineteen years. Findings revealed that optimism has a significant positive association with personal health consciousness, health-esteem and confidence, motivation to avoid unhealthiness, motivation for healthiness, health internal control, health expectation, and health status. It explained about 10% of the variance in health-esteem and confidence, 5.5% of the variance in motivation to avoid unhealthiness, 6.3% of the variance in motivation for healthiness, 7.6% of the variance in health internal control, 8.9% of the variance in personal health consciousness, 6.8% of the variance in health status, and 7.1% of the variance in health expectations. The association was significant but negative with health image concerns, explaining about 6.8% of the negative variance in health image concerns. The study concludes that optimism may be an essential promoting factor in some of the major health-related psychological tendencies of older adolescents.

Keywords: Positive psychology, Health, Optimism, Health-orientation, Older-Adolescents

INTRODUCTION

Since the beginning of its movement, the world has benefitted from the scholarly knowledge and applications of positive psychology. People, particularly in non-Western nations with clinical issues, who participated in longer treatment programs containing different positive psychological interventions benefited most. Such mediations have ample evidence supporting their adequacy in managing anxiety, stress, and depression while advancing wellbeing, strengths, and quality of life (Carr et al., 2020). An overall conceptualization of a positive psychological approach also ends up being a compelling strategy for sustainable population promotion (Tal and Kerret, 2020). A review explored that positive content-balanced outcomes mediations were the most widely recognized type utilized in schools and clinical settings, and mindfulness was the most usually utilized approach. It additionally recommended that fewer studies have zeroed in on some deep-rooted positive psychological constructs (Owens and Waters, 2020).

Understanding and application of positive psychosocial constructs like optimism are the essential components of positive psychiatry (Jeste et al. 2015), and it is closely related to many health-related aspects. Being repeatedly linked with positive aspects of human health, and studies suggest that it influences subjective and psychological well-being (Vera-Villaruel, P., Et. al, 2012). The review also suggests that the capacity to develop and maintain positive illusions may be a valuable human resource to be nurtured and promoted, rather than an error-prone processing system to be corrected. In any case, these illusions help make each individual's world a warmer, more active, and beneficent place to live (Taylor, S. E., Brown, J. D., 1988). These ideas

promote critical thinking about whether having an optimistic attitude enhances general developmental effort and does it affect health-related psychological tendencies.

Optimism

Optimism is a belief that good things will happen in the future or that what we hope for will happen. With time, different theorists have tried to explain it in many ways. Optimism can sometimes be disconfirmed, making people use various mechanisms to maintain their beliefs. These are the characteristics of situated optimism (Armor and Taylor, 1998). One of the most widely applied, dispositional optimism, is understood as a relatively stable trait. It is a global expectation that more good things than bad things will happen in the future (Scheier and Carver, 1985). In unrealistic optimism, there is an objective mismatch between the expectations of dispositional optimism and actuarial evidence about the probability of life events (Weinstein, 1980). Explanatory or the attributional style express the optimistic process by viewing optimism as a style of reasoning about the cause (Peterson, et. al, 1982). Comparative optimism introduces the relativity of expectation of good outcomes for the self compared with a similar other (Radcliffe, 2002).

Health orientation

Health-related psychological tendencies are usually referred to as the health-related personality of an individual. Evidence suggests that such tendencies can have an impact on physical health and help in maintaining overall fitness. Also known as an individual's health orientation, the accompanying model advises ten health-related psychological tendencies. It includes personal health consciousness, health image concern, health anxiety, health-esteem and confidence, motivation to avoid unhealthiness, motivation for healthiness, health internal control, health external control, health expectations, and health status (Snell Jr, et al, 1991).

The current study

Meta analytical study supports the fact that optimism is a significant predictor of physical health outcomes like mortality, survival, cardiovascular, physiological markers, immune functions, physical symptoms, pain, and pregnancy outcomes (Rasmussen et al., 2009). It starts cultivating at a younger age and acts as a protective factor against depression and anxiety (Gillham and Reivich, 2004). How is it associated with health-related psychological tendencies of older adolescents? An empirical inquiry into this question becomes essential as this will help understand its effect on specific health beliefs and behavior systems. Hence, this paper tries to understand the relationship between optimism and health-related psychological tendencies in Indian urban older adolescents. Following non-directional alternative hypotheses have been outlined to achieve this aim-

H1: There is a significant association between the optimism and personal health consciousness of the study sample.

H2: There is a significant association between the optimism and health image concern of the study sample.

H3: There is a significant association between the optimism and health anxiety of the study sample.

H4: There is a significant association between the optimism and health-esteem and confidence of the study sample.

H5: There is a significant association between the optimism and motivation to avoid unhealthiness of the study sample.

H6: There is a significant association between the optimism and motivation for healthiness of the study sample.

H7: There is a significant association between the optimism and health internal control of the study sample.

H8: There is a significant association between the optimism and health external control of the study sample.

H9: There is a significant association between the optimism and health expectations of the study sample.

H10: There is a significant association between the optimism and health status of the study sample.

H11: Optimism has a significant impact on the health image concern, health-esteem and confidence, motivation to avoid unhealthiness, motivation for healthiness, health internal control, personal health consciousness, health status, and health expectations of the study sample.

METHODOLOGY

Participant

This study followed purposive sampling (Kothari, 2004) and posed minimal risk to the participants. Consent was taken from every one of them before the information assortment (Committee on Revisions to the Common Rule for the Protection of Human Subjects in Research in the Behavioral and Social Sciences et al., 2014). The study sample comprised the scores of one hundred and eighty-three participants (49.7% females and 50.3% males) aged 18-19 years (average age of 18.4973, standard deviation 0.50136). All of them had completed their schooling (12th standard pass-outs) and lived in the NCR Noida region of India with an annual family income above five lakh per annum.

Tools

Life Orientation Test-Revised was created by Scheier, Carver, and Bridges in 1994. It is one of the commonly utilized and accessible apparatuses to quantify dispositional optimism. The instrument comprises a total of ten items and, items two, five, six, eight are fillers. The response scale for this instrument is from null (strongly disagree) to four (strongly agree). The Cronbach's alpha for the whole six questions of the scale was

0.78, recommending the scale has an adequate degree of internal consistency. The test-retest associations were 0.68, 0.60, 0.56 and 0.79.

Health Orientation Scale was developed by Snell, Johnson, Lloyd, and Hoover in 1991. The test measures personality tendency towards physical health or health orientation. The tool consists of fifty items with a response scale ranging from one (Not at all characteristic of me.) to five (Very characteristic of me). It has ten subscales, namely personal health consciousness, health image concern, health anxiety, health-esteem and confidence, motivation to avoid unhealthiness, motivation for healthiness, health internal control, health external control, health expectations, and health status. The Cronbach's alpha ranged from a low of 0.69 to a high of 0.92 for each subscale. Spearman-Brown coefficients ranged from a low of 0.82 to a high of 0.96 for each subscale.

Analysis

The responses were collectively scored through MS Excel. IBM SPSS Statistics is used for calculating descriptive statistics and testing the normality to deploy a suitable correlational analysis. IBM SPSS AMOS is used for calculating the maximum likelihood estimates to study the impact.

RESULTS

Normality

The variables optimism, personal health consciousness, health image concern, health anxiety, motivation for healthiness, health internal control, health external control, health expectations, and health status were not distributed normally. A Shapiro-Wilk's test ($p < 0.05$) (Shapiro & Wilk, 1965; Razali & Wah, 2011) showed that all these variables were not normally distributed for the study sample, with skewness of -0.234 (S.E.= 0.180) and kurtosis of -0.160 (S.E.= 0.357) for the optimism scores, skewness of -0.550 (S.E.= 0.180) and kurtosis of 0.856 (S.E.= 0.357) for the personal health consciousness scores, skewness of -0.243 (S.E.= 0.180) and kurtosis of -0.643 (S.E.= 0.357) for the health image concern scores, skewness of -0.198 (S.E.= 0.180) and kurtosis of -0.669 (S.E.= 0.357) for the health anxiety scores, skewness of -0.323 (S.E.= 0.180) and kurtosis of -0.073 (S.E.= 0.357) for the motivation for healthiness scores, skewness of -0.646 (S.E.= 0.180) and kurtosis of 0.583 (S.E.= 0.357) for the health internal control scores, skewness of -0.180 (S.E.= 0.180) and kurtosis of -0.487 (S.E.= 0.357) for the health external control scores, skewness of -0.340 (S.E.= 0.180) and kurtosis of 0.275 (S.E.= 0.357) for the health expectations scores, skewness of 0.218 (S.E.= 0.180) and kurtosis of -0.153 (S.E.= 0.357) for the health status scores (Cramer, 1998; Cramer & Howitt, 2004; Doane & Seward, 2011).

The variables health-esteem and confidence, and motivation to avoid unhealthiness were approximately normally distributed. A Shapiro-Wilk's test ($p < 0.05$) (Shapiro & Wilk, 1965; Razali & Wah, 2011) showed that all these variables were normally distributed for the study sample, with skewness of -0.137 (S.E.= 0.180) and kurtosis of 0.050 (S.E.= 0.357) for the motivation to avoid unhealthiness scores, and with skewness of 0.064 (S.E.= 0.180) and kurtosis of -0.172 (S.E.= 0.357) for the health-esteem and confidence scores (Cramer, 1998; Cramer & Howitt, 2004; Doane & Seward, 2011).

Correlation Analysis

Results of Spearman's correlation revealed that optimism has a significant positive association with personal health consciousness ($\rho = 0.253$, $p < 0.01$), health-esteem and confidence ($\rho = 0.299$, $p < 0.01$), motivation to avoid unhealthiness ($\rho = 0.178$, $p < 0.05$), motivation for healthiness ($\rho = 0.214$, $p < 0.01$), health internal control ($\rho = 0.252$, $p < 0.01$), health expectation ($\rho = 0.263$, $p < 0.01$), and health status ($\rho = 0.244$, $p < 0.01$). The association was significant but negative with health image concern ($\rho = -0.278$, $p < 0.01$). The correlation of optimism was not significant with health anxiety ($\rho = -0.113$, $p > 0.01$) and health external control ($\rho = -0.115$, $p > 0.01$).

Maximum Likelihood Estimates

The overall model holding optimism as a predictor and different dimensions of health orientation as a criterion fits well ($\chi^2 = 953.583$, $DF = 45$, $p < 0.01$). Optimism had a positive significant impact on health-esteem and confidence ($p < 0.01$, $SE = 0.062$), motivation to avoid unhealthiness ($p < 0.01$, $SE = 0.065$), motivation for healthiness ($p < 0.01$, $SE = 0.073$), health internal control ($p < 0.01$, $SE = 0.064$), personal health consciousness ($p < 0.01$, $SE = 0.058$), health status ($p < 0.01$, $SE = 0.078$), and health expectations ($p < 0.01$, $SE = 0.070$), with the unstandardized regression weights of 0.278, 0.213, 0.256, 0.249, 0.243, 0.285, 0.261 and the standardized regression weights of 0.316, 0.235, 0.251, 0.276, 0.298, 0.261, 0.267 respectively. It explained about 10% of the variance in health-esteem and confidence ($R^2 = 0.100$), 5.5% of the variance in motivation to avoid unhealthiness ($R^2 = 0.055$), 6.3% of the variance in motivation for healthiness ($R^2 = 0.063$), 7.6% of the variance in health internal control ($R^2 = 0.076$), 8.9% of the variance in personal health consciousness ($R^2 = 0.089$), 6.8% of the variance in health status ($R^2 = 0.068$), and 7.1% of the variance in health expectations ($R^2 = 0.071$). A significant ($p < 0.01$, $SE = 0.086$) negative impact on health image concern was seen with an unstandardized regression weight of -0.316 and a standardized regression weight of -0.261, explained about 6.8% of the variance ($R^2 = 0.068$). No significant impact was seen on the health anxiety and health external control.

DISCUSSIONS

This study tried to explore the relationship between optimism and health-related psychological tendencies in Indian urban older adolescents. Results revealed that optimism has a significant positive association with

personal health consciousness, health-esteem and confidence, motivation to avoid unhealthiness, motivation for healthiness, health internal control, health expectation, and health status of the study sample. Hence our first, fourth, fifth, sixth, seventh, ninth, and tenth hypotheses are accepted. This finding suggests that an increased optimism would further increase an adolescent's tendency to think about and reflect on the nature of their health; positively evaluate their health status; ensure that one is not unhealthy; believe that their physical health and fitness are a function of their behaviors; rate their future health status as being excellent; rate themselves as being well-exercised and in good physical shape. The association of optimism was significant but negative with health image concerns hence, our second hypothesis is also accepted. This finding suggests that an increased optimism would further decrease an adolescent's concern with the public image that their health projects to others. No significant association between optimism was found with health anxiety and health external control hence, our third and eighth hypotheses are rejected.

Finding further revealed that optimism as a predictor, had a significant impact on health image concern, health-esteem and confidence, motivation to avoid unhealthiness, motivation for healthiness, health internal control, personal health consciousness, health status, and health expectations. Hence our eleventh hypothesis is accepted. This finding suggests that with every unit of increase in optimism, there will be about 10% of positive change in health-esteem and confidence, 5.5% of positive change in motivation to avoid unhealthiness, 6.3% of positive change in motivation for healthiness, 7.6% of positive change in health internal control, 8.9% of positive change in personal health consciousness, 6.8% of positive change in health status, 7.1% of positive change in health expectations, and 6.8% of negative change in health image concern.

In India, positive psychology has been influenced by the strength-based approach of the west, and with time it is developing an empirical base (Ghosh, A., Deb, A., 2016). The current findings may help in justifying how important optimism can be in building a health-oriented personality at a young age. Evidence suggests that having an optimistic thinking style is somewhat protective against health risks in adolescents, especially from depressive symptoms ensuring better mental health (Patton, et al., 2010), and people who are more optimistic at a more youthful age engaged in better health, healthier behaviors, higher life satisfaction, and purpose in life after 25 years (Oh et al., 2022). A similar study with a larger sample and controlled demographics could provide rich empirical insight and help counselors or mental health practitioners in India to work with some deep-rooted positive psychological constructs like optimism and ensure a healthy community.

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