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# Optimism 2.0

How an optimistic outlook can help improve your state of health, not just your state of mind.

By Mary Desmond Pinkowish | September 2010 *Ode Magazine*

Admit it. Secretly you think optimistic people are just a little annoying—their constant, insufferable smiling; the way they're always looking on the "bright side" and reciting cheerful aphorisms. When you encounter an optimist, uncharitable words like "sap" and "chump" may pop into your head. And when optimists veer off into wishful thinking, and the ridiculous state called "blind optimism," you suspect they are downright delusional, even dangerous. Is optimism really a characteristic we want to instill in ourselves and our kids?

Actually, yes. Optimism can protect against depression and anxiety disorders and promote emotional resilience. Optimists are physically healthier than pessimists, and they recover faster from conditions like heart disease. Optimism can help us cope more effectively with stress, and affects the immune system in ways that are largely beneficial. Plus, most people prefer the company of optimists. Compared to pessimists, they have more friends and are more likely to have wide social networks, which confer additional health benefits.

Which may be why we are hardwired for optimism. According to Tali Sharot, a research fellow at the Wellcome Trust Centre for Neuroimaging at University College London, some 80 percent of people meet the psychological criteria for optimism, regardless of age, race, gender or culture.

But these days, given all the crises (economic and ecological) and disasters (natural and man-made) we face, it's easy—tempting even—to opt for pessimism. The good news is, optimism can be learned. All it takes is a little practice and, surprisingly perhaps, healthy doses of grit, determination, self-criticism and argumentativeness.

Optimism is not a synonym for cheerfulness or happiness. On any given day, an optimist could be cheerful or happy, but so, too, could a pessimist. In ***Learned Optimism: How to Change***

***Your Mind and Your Life***, Martin Seligman, a professor of psychology at the University of Pennsylvania who has studied optimism for the better part of three decades, differentiates optimists and pessimists not by their moods at any given moment but by their beliefs about what happens to them. Psychologists call this “explanatory style.”

According to Seligman, people with pessimistic dispositions think bad events are their fault and that the outcomes of these events will persist—maybe forever. Worse, they extrapolate in a negative way and may believe that the difficult time in question will spoil everything else they’re trying to accomplish. Permanence, finality and universality tinge their assessments of arguments with their spouses, bad test grades or automobile accidents. If you know someone whose conversation is laced with utterances like “I’m all washed up,” “I’ll never lose weight,” “You never talk to me” or “I’ll never learn to play golf,” you know a pessimist.

In contrast, according to Seligman, optimists replace the pessimistic script with statements like “I’m exhausted tonight,” “It’s hard to lose weight while you’re on vacation,” “I wish you talked to me more” and “Today was a tough day on the links.”

Even when a pessimist has a good day, a dark cloud hovers nearby, as demonstrated by comments like “It’s one of my rare lucky days” and “I lost weight? I must have a tapeworm.” In contrast, an optimist tends to talk about happy or successful events in ways that suggest a more global, permanent effect: “Luck follows me” and “Sticking to my diet was difficult, but it paid off.”

In short, when something bad happens, a pessimist explains it using words like “always” and “never,” while an optimist uses words like “lately” and “sometimes.” Pessimists explain happy events with words that suggest transience or a temporary silver lining; optimists explain successful events as the way things usually happen or the way one expects them to happen. Sharot says optimism consists of “overestimating the probability of positive events and underestimating the probability of negative events in future.”

These differences in explanatory style matter. Pessimism is now recognized as a strong risk factor for depression. In the wake of setbacks, pessimism brings personal, creative or professional endeavors to a halt. Not surprisingly, pessimism becomes a self-fulfilling prophecy. You don’t think something will work, so you give up whatever it is you were attempting. These kinds of people, known as “dispositional pessimists,” don’t persist. And when things turn out as they predicted—in failure—they don’t even enjoy the pleasure of

vindication. They just feel worse. In contrast, hard work in the face of difficulties—even failure—is a hallmark of optimism.

To be fair, sometimes pessimism fits with realism, accuracy and high levels of academic, professional and personal achievement. Think of the co-pilot on a commercial airplane. It's his or her job to walk around the outside of the plane before departure looking for problems, perhaps even assuming there's a problem to uncover. If you're sitting on that plane, you don't want that person to think, "Hey, most commercial flights land safely. I'm optimistic that this one will, too. Whatever."

Suzanne Segerstrom, a professor of psychology at the University of Kentucky in Lexington, calls people who expect and anticipate potential problems "defensive pessimists." The rest of us call them structural engineers, surgeons, event planners and attorneys. Defensive pessimists are differentiated from dispositional pessimists by their persistence. Faced with obstacles, defensive pessimists continue to think about solutions. They don't give up, and for this reason, says Segerstrom, defensive pessimists are more like optimists. In fact, defensive pessimism and optimism may coexist in some people. (For more on optimism and defensive pessimism, see the next story.)

"Defensive pessimists are usually fully engaged in solving the problem and have good histories of achievement and success," Segerstrom says. "In contrast, the dispositional pessimists are disengaged, not good problem solvers and often don't have a good history of achievement." Defensive pessimists can be good social partners, too, because they spend more time thinking about relationship problems and how to prevent them. According to Segerstrom, defensive pessimism is "the optimistic approach to pessimistic expectations."

Optimists may be hard-working, persistent employees, but that's not the most important reason psychologists like Seligman and Segerstrom urge an optimistic outlook. Optimism protects against depression, and pessimism is a strong risk factor for it. According to the National Institute of Mental Health, depression is the leading cause of disability for Americans aged 15 to 44, affecting nearly 7 percent of the population every year. In 2006, 33,000 Americans killed themselves, and 90 percent of them had a diagnosable mental disorder, most often depression.

Depression takes a similar toll among Europeans. In the U.K., its prevalence is estimated at around 10 percent. In Europe overall, suicide is the second most common cause of death in the 20-to-44 age group (transportation accidents are first), accounting for more than 30

percent of deaths in young adults. Suicide rates in Europe vary considerably according to geography, with the highest in Helsinki, Finland (314 per 100,000 people), and the lowest in Guipúzcoa, Spain (45 per 100,000).

Recent studies have cast doubt on the ability of antidepressants to provide effective treatment for mild or moderate forms of depression, although the drugs seem to be more effective for severe depression. Psychoanalysis does not generally help depression at all. According to Seligman in *Learned Optimism*, we may have unwittingly created a depression-friendly environment by obsessively discussing and analyzing our personal problems, a process psychologists call "rumination." Young girls may be particularly vulnerable to depression and anxiety disorders when they have lots of friends with whom they can vent about the things that seem to be going wrong in their lives.

Pessimism is indeed strongly related to depression, says the Wellcome Trust Centre for Neuroimaging's Sharot, but she adds that "people with mild depression are more realistic than healthy people who have an optimistic bias. People with severe depression have a pessimism bias."

The interactions among pessimism, achievement, rumination and stress are underscored in research Segerstrom has done among first-year law students. Both optimistic and pessimistic students experience very high levels of stress, but the nature of that stress and their reactions to it differ. Segerstrom concluded that the stress experienced by pessimists led to social withdrawal, regret and rumination about their own abilities and the wisdom of choosing law as a profession. The optimists also experienced stress because of the long hours and hard work. But instead of withdrawal and regret, they experienced a sense of achievement, completion and reward at the end of the first year.

In a program at the University of Pennsylvania designed to identify and help incoming freshmen at risk for stress, Seligman showed that changing the explanatory styles of people with dispositional pessimism may protect against anxiety and depression. In the first of several studies, Seligman and his colleagues asked incoming freshmen to complete a questionnaire to elicit their explanatory styles. The students with the most pessimistic outlooks were asked to participate in the study, and 231 agreed.

Half the participants started an eight-week program of two-hour group meetings once a week, plus homework. They learned about the relationships among thoughts, feelings and behaviors—as well as how to recognize their automatic negative thoughts, dispute them and

replace them with more constructive ones. They were also schooled in time management and anti-procrastination techniques, assertiveness training, stress management and interpersonal skills. Students in the other half of the group were left on their own to navigate freshman year. Then the researchers watched, waited and evaluated over the next three years.

The students who had the eight-week program of so-called cognitive behavioral training (CBT) had a much lower risk of developing anxiety disorders and a somewhat lower risk of experiencing episodes of moderate depression. People in both groups were equally likely to be visited by severe depression, the type of illness more likely to be helped by medication. Seligman also reported that the students who received the group training showed improvements in their explanatory style, shifting from statements like "I will never be able to speak Spanish" to statements like "That Spanish quiz was more difficult than I anticipated." In the years since this program was initiated, Seligman's team has updated its approach by adding Web-based materials and e-mail coaching.

During the past few years, scientists have found additional evidence of the relationship between optimism and depression. Sharot has found that optimism, like depression, can be traced to specific regions of the brain. Her studies suggest that some of us seem to be hard-wired for optimism.

Working on a study of the connection between emotion and predictions about the future at New York University, Sharot presented a set of 80 scenarios and asked participants to rate each one as positive, negative or neutral. The first surprise was that most participants viewed the scenarios with a decidedly rosy tinge. For example, people tended to view a statement about a romantic break-up as positive because they believed it opened the door to the next relationship, which they expected to be happy and fulfilling.

These findings led to a second study, in which she asked subjects in an MRI scanner to imagine an event—occurring in the past or the future—and create a picture in their minds. With the picture firmly in mind, they activated a switch that captured their brain's activity at that moment. After the MRI session, participants completed questionnaires assessing their levels of optimism. Sharot says she was able to guess which subjects were optimists based on the MRI data, which showed activation in a part of the brain called the rostral anterior cingulate. Her guesses were confirmed by the results of the optimism questionnaire.

Optimism is a powerful tonic for depression, but its benefits extend to cardiovascular health, too. In 2004, a group of Dutch researchers reported on a 10-year study of 999 elderly people

and demonstrated that the risk of death from cardiovascular disease was slashed by nearly 80 percent among optimists compared to the least optimistic in the group. The result held up even after the researchers accounted for other factors that cause heart disease, including gender, other chronic conditions, older age, smoking, alcohol consumption and previous heart disease.

In another small but intriguing study of 96 men who had just had their first heart attack, 15 of the 16 most pessimistic men died of heart disease during the following 10 years. Only 5 of the 16 most optimistic men died during the same time frame. High optimism has also been linked to better recovery from heart transplants and heart bypass surgery, protection from stroke and a decreased risk of the onset of frailty in the elderly.

Many theories have been advanced to explain these findings. And, of course, good health has as much to do with diet, exercise, lifestyle and access to proper medical care as it does with optimism. But it's easy to imagine how pessimism could lead to bad health in the first place. While good health may owe something to good luck—and good genes—a more significant factor is probably due to our own hard work: making sure we get enough exercise, practicing self-restraint at the table, scheduling life so we get enough sleep, making time for friends. Dispositional optimists work harder than dispositional pessimists, and health is probably no exception.

After an illness has been diagnosed, pessimists could give up and fail to seek medical help, stick with a medication or treatment plan or complete the prescribed rehabilitation. In the heart bypass study showing that optimists did better than pessimists after surgery, the researchers did, in fact, find that optimists were more likely than pessimists to take the medications and complete the cardiac rehab programs recommended by their doctors.

While the data on optimism and cardiovascular disease has been fairly consistent, the effect of optimism on the immune system is a little harder to decipher. In a 2010 study, Segerstrom and her colleagues looked at how changes in optimism could affect immune function, specifically cell-mediated immunity (CMI), which defends against viral and bacterial infections and some tumors. The experiments compared CMI in 124 first-year law students at five points during the school year.

What makes this study important is that changes in optimism and CMI were compared in the same people. Segerstrom found a relationship between changes in optimism and changes in immunity in individuals. The more optimistic a person was, the better his or her CMI.

Interestingly, the effect of pessimism wasn't as strong; pessimism dampened CMI, but not as much as optimism improved it.

"To say that people who are more optimistic have different immune function than people who are less optimistic is a good start in establishing that optimism and immunity are related," Segerstrom says. "But there might be a bunch of other things that differ between people who are more or less optimistic. To show that a single person—with the same personality and genes—has different immune function when he or she feels more or less optimistic provides a stronger link between the two."

The puzzling aspect of the relationship between immune function and optimistic tendencies is highlighted by several studies suggesting minor detrimental immunologic effects from optimism. Several recent studies have shown that caregivers of Alzheimer's patients have diminished immune function. In at least one of these, says Segerstrom, caregivers with larger social networks—typically the optimists—had worse immune function than those who were less social. After the patient's death, however, immune function rebounded in these people.

Similarly, in Segerstrom's studies of law students, the optimistic students who had stayed in their hometowns to go to law school were more likely to have some minor immune impairment than optimists who had gone to another city. Why? "It may be a question of how much you are going to juggle," she explains. "The Alzheimer's caregivers had worse immune function if they had larger social networks, and this probably caused them some conflict."

It's possible that optimists who are goal-directed and focused on doing a good job—with a needy relative and an active social network—pay a physiological price for the added stress: a less-robust immune function. In contrast to law students who are away from home and may be able to focus more narrowly on their studies, hometown law students may feel pressure to visit relatives and keep up with old friends, all while maintaining a difficult academic schedule. Again, this drain on the system could manifest as a slight weakening of the immune system.

"It's a choice of either fitting a lot in or giving up something that might be valuable later," says Segerstrom. "It's a temporary cost you might have to pay and might be beneficial in long run." If you're not elderly or fighting a disease like cancer or HIV, according to Segerstrom, there's probably little reason to worry about these immune system fluctuations.

Researchers like Segerstrom and Seligman believe that anyone can learn optimism by, well, just doing it. People who want to become more optimistic, they say, first need to understand how

their thoughts, feelings and behavior are interrelated and can be manipulated to increase optimism. Segerstrom tells her patients that it's usually much easier to change behavior than to change feelings or thoughts. So, she says, act like an optimist until you start feeling like one: "Fake it till you make it." Your thoughts and feelings will become more optimistic as you behave more optimistically.

This kind of learned optimism bears no resemblance whatsoever to the belief that merely wishing something is so will make it so, an attitude that is just as likely to be harmful as it is to be helpful. Our beliefs do influence what happens to us, but true optimism is just as much about action as it is about attitude. It's not enough to think positively; optimists also work hard to make positive things happen—and that often involves working through lots of negativity.

That's why Seligman asks patients to record experiences of adversity, their beliefs about that adversity and the consequences of those beliefs—the ABCs of optimism. For example, an adversity would be joining a gym only to find "gorgeous skinny people all around me." Your belief might be, "I look terrible next to these people." The consequence? You never return to the club.

Once you are aware of how this pessimistic sequence of thoughts, feelings and behavior undermines your fitness goals, Seligman says you should attempt to distance or distract yourself from the negative thoughts. Some patients do this by snapping a rubber band on their wrists to break the chain of thought; others are successful by scheduling time later to think things over. After several hours, the disturbing event may have lost some of its ability to start a negative spiral.

Remember also that beliefs are not facts. You may think you look terrible, but who is looking at you? Most people in the gym are too preoccupied with their own routines to pay much attention to yours. And if they do notice you, it may be with a good deal of respect and admiration for your efforts. You can also dispute negative thoughts: "These people got skinny and gorgeous by spending time at the gym" or "I am blowing this out of proportion, and the exercise is necessary for my good health as well as my looks." The outcome may be that you return to the gym, this time with your goals in mind.

Seligman cautions, though, that optimism may not be advisable in risky and uncertain situations (managing a hedge fund, for example, or capping an oil well), with people whose futures seem irrefutably bleak (a terminal cancer diagnosis or a life prison sentence) or when

trying to be sympathetic to someone who is undeniably in a lot of trouble (on the verge of bankruptcy, for example). Optimism is not a panacea, and sometimes it is neither possible nor appropriate to find a bright side.

Nevertheless, the benefits of a healthy optimistic outlook are manifold. Trouble is, changing the way you think is hard. But then again, overcoming difficult challenges is one of the hallmarks of optimism. So get to work!

***Mary Desmond Pinkowish*** considers herself a hard-working defensive pessimist with strong optimistic undercurrents.