

Optimism *and Pessimism*

By Cheryl Yanuck, MD

Being optimistic can change the quality and duration of your life. Martin Seligman, PhD, is my favorite researcher and resource for patients on the subject of optimism. He has written over 20 books (including *The Optimistic Child*, *Learned Optimism*, and *Authentic Happiness*), many of them about the power optimism has to improve mental and physical health.

Dr. Seligman did the experiments about “learned helplessness,” which is a model for depression. People who have learned that their actions have no effect on what happens to them soon give up trying to improve their situation. They become passive and depressed. Seligman showed that optimists tend to take credit for their successes and attribute failures to time-limited factors. Pessimists, on the other hand, assume failure is due to permanent flaws in themselves, but see successes as the result of luck or forces over which they have no control. So optimists are motivated to try harder, practice more, and generally do better as a result of their beliefs and the actions these beliefs lead them to do. Pessimists don’t see the point of trying, and soon give up, which leads to a self-fulfilling prophecy of failure.

EXAMPLES

Child A is auditioning for a school play for the first time. She does her best with the auditions but is not given a part. She is disappointed, but decides that she may not have gotten a part because she was only in 6th grade, and most of the cast was in 7th or 8th grade. She decides that she’ll have a better chance in the future and decides to audition the following year.

Child B is in the same situation as Child A. When he hears that he did not get a part, he thinks, “I have no talent. I was awful in the audition, and everyone hated me. They’ll never let me into a school play.” Of course, he never tries out again.

It’s pretty clear which kid is an optimist

and which is a pessimist. Child A will likely be less upset by these events, will keep trying for what she wants, and will be healthier and happier in general as she looks at the world with optimism. She has preserved her “self efficacy,” which means she feels she can influence outcomes through her own behavior. Child B has decided that he has no talent, so there is no point in trying. And his belief that “everyone hated me” will likely make him feel more depressed. It both reflects and reinforces his low self esteem.

What is the remedy for pessimism? For our children, it is to validate reality and encourage positive actions. It is not to pretend that a child is “the best” when he is not. It is to encourage him to practice and try again. And it is to give him the chance to make and learn from mistakes, and not step in to be “helpful” by taking over. This approach works for adults also. Choosing beliefs that get us to keep trying is a good strategy that we can apply to our own experiences. Cognitive-Behavioral Therapy (CBT) helps people learn how to change their beliefs and behaviors so that they are happier and more effective in their lives.

A CASE EXAMPLE

Lynn was attacked at work in broad daylight, and developed post-traumatic stress disorder. She decided that it was not safe to be alone unless she was locked in her house. She didn’t go anywhere without her spouse or a friend, convinced that she could be attacked at any time. She was unable to work. Working with her in my office, we focused on changing the belief that caused her to limit her activities (“I am likely to be attacked at any time, in any place”). We also had her gradually expose herself to what she feared, being alone and not locked in. We started with having her go down a separate aisle in the supermarket from her husband, doing relaxation techniques when this made her panic. We practiced having her move away from me at the office, gradually moving outdoors. It took courage, but eventually Lynn was able to overcome her fear and resume her normal life. h&h



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