



Optimism/Pessimism and Locus of Control among Children and Adolescents

Mohammad Qassim Abdullah*

Department of Counseling Psychology, University of Aleppo, Syria

Abstract

The aim of this study was to examine the gender and developmental period differences in optimism-pessimism and locus of control. Additionally, it aimed to assess the correlation between optimism-pessimism and subscale of locus of control (internal, external, and unknown). The sample consisted (340) participants of school students (165 boys and 125 girls) enrolled randomly, from primary and preparatory schools located in Aleppo city. The participants aged between 10 years to 15 years (M =12.4 male, 12.8 female).The participants completed two measures: 1-Optimism-Pessimism Scale (OPS) 2- Connell's locus of Control Scale for Children (CLCS-C). Findings of the study revealed that, the external locus of control were higher among girls than among boys, while no significant differences had been found in internal and unknown locus of control. Aon the other hand, finding showed that, there were significant gender differences for optimism. Boys were found to be more optimistic than girls were. Regarding the correlation between optimism-pessimism and subscale of locus of control, there was significant and positive correlation between optimism and Internal control. Additionally between pessimism and external control on one hand, and between pessimism and unknown locus control on the other hand. Furthermore, it has been found a negative and significant correlation between pessimism and internal control and between optimism and unknown locus of control.

Keywords: Optimism-pessimism; Locus of control (internal, external, unknown); Children; Adolescents

Introduction

The personality of a child depends upon several factors including family composition, home environment, socialization, childhood experiences, education, socio-economic status, parents' occupations etc. Family influences on personality development are highly significant as parent child relationship, parenting, emotional climate of home; size and type of family determine the process of development during childhood years [1]. The relation a child has with parents and other family members is one of the most important factors in personality development as family provides physical safety, economic support, social and emotional security [2,3]. Personality is taken as the external appearance of the individual, but in terms of philosophy, the meaning of personality has been interpreted in the sense of internal self. Personality is not a fixed state but a dynamic totality, which is continuously changing due to interactions with society/environment, Attitudes in humans are generally expressed as positive and negative and they are often denoted by terms optimism and pessimism respectively [4]. Optimism is a personality dimension, which denotes that most situations work out in the end for the best. There are various personal and social outcomes of optimistic approach, which may include more achievement in any task and goal, higher level of life satisfaction, better health, and feeling of control over life. Optimists think that the world is a positive place, as they believe people and events are inherently good and it is the expectations of positive outcome, As a result, this strong belief and positive attitude is helpful to deal with situations very effectively and successfully [5]. Pessimism, on the other hand, is a tendency to stress the negative or unfavorable view. Pessimists perform more poorly in various places like school, work, and play than optimists. Pessimists have poorer resistance, weaker immune systems, are more susceptible to depression, and age physically faster than the optimist's age. It is also found that optimism is positively related with psychological well-being [6]. In spite of the important of optimism and pessimism in the mankind life in general, and in psychological studies of children in particular, the interest history of these concepts doesn't go any further beyond the two past decades, when they attracted the attention of many researchers in the personality, clinical and health psychology [7]. Optimism, pessimism and locus of control have been shown to be pervasive and important attributes of human thought and

OPEN ACCESS

*Correspondence:

Mohammad Qassim Abdullah, Faculty of Education, Department of Counseling Psychology, University of Aleppo, Syria, E-mail: mk.abdalah@yahoo.com

Received Date: 05 Oct 2017

Accepted Date: 22 Jan 2018

Published Date: 29 Jan 2018

Citation:

Abdullah MQ. Optimism/Pessimism and Locus of Control among Children and Adolescents. World J Psychiatry Ment Health Res. 2018; 2(1): 1006.

Copyright © 2018 Mohammad Qassim Abdullah. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Table 1: Mean, Standard Deviation, and T Test of the Differences for Optimism-Pessimism and Locus of Control Between Boys and Girls.

Sig.	T. Value	Girls (N =175)		Boys (N =165)		Variables
		SD	M	SD	M	
0.05	2.38	11.15	51.82	12.32	54.67	Optimism
	0.89	12.93	28.83	13.2	30.11	Pessimism
	1.13	2.12	9.57	20.24	10.37	Internal Control
0.05	2.83	2.24	7.97	1.78	6.46	External Control
	1.45	1.34	4.76	1.68	5.24	Unknown Control

Table 2: Correlation Coefficient between Optimism/Pessimism and Subscales of Locus of Control.

Unknown Control	External Control	Internal Control	Variables
-0.29 [*]	0.13	0.43 [*]	Optimism
0.31 [*]	0.38 [*]	-0.22	Pessimism

expression. Optimism has been shown to mitigate the effects of stressors on psychological functioning. Dispositional optimists (who hold generalized positive outcome expectancies) have shown less mood disturbance in response to a number of different stressors, including adaptation to school and college, Optimism has also been associated with better physical and mental health [7,8]. Recent years have witnessed substantial progress in understanding the contribution of psychosocial factors to physical and psychological health. One such factor, optimism, or the expectation of positive outcomes, has been tied to better physical health and more successful coping with health challenges [9]. However, the routes by which optimism might be associated with better health have not received systematic investigation. One plausible route is through effects on the immune system. Optimists cope differently with stressors, experience less negative mood, and may have more adaptive health behaviors, all of which could lead to better immune status [10,11].

Theoretical Background
 Optimism The word optimism comes from the Latin word "optimum", which means 'best'. Appropriately then, optimism has been frequently linked to better physiological and psychological well-being. The term has many definitions but in its most typical use it refers to a mindset in which one holds overall positive expectations in any given situation and about the future. Put simply, whereas pessimists expect bad things to happen to them, optimists expect good things to happen to them. In psychological research, the term is usually operationalised in one of two ways: as expectational optimism or explanatory style [11]. The theorist of learned deficit theory sees that the mechanism responsible of acquiring optimism-pessimism is embedded in the thinking style practiced by the individual in facing the annoying and pleasing situations. This is also termed as the "optimistic interpretative method and pessimistic interpretative method" [12]. Seligman further defined optimism as "how people interpret themselves in cases of successes and failures [13]. Optimistic people see that failure is due to some changeable thing, so as to be able to succeed in the next time. On the other hand, pessimistic people burden themselves with blame. In this interpretive pattern, the negative interpretations of persons concerning the past events influence their expectation to have control over the future events, and subsequently, they influence the feelings and behavior, If someone experiences an annoying situation, he/she tends most often to adopt a certain image of the cause for the occurrence of such annoying situation [14]. The closer are the perceived reasons of the situation to the person's ability to control and govern, the more the likely he/she will face the situation effectively; that is exactly the optimism, defined

optimism as "the positive view, loving life and belief in the possibility of good occurrences, or the good aspect of things, rather than the bad aspect [12,15]. Optimism is a readiness lies inside the single individual, concentrated in the general expectation that good or positive things will happen, i.e. expectation of positive results of the forthcoming events defines optimism by that it is a rejoicing view of the future, making the person expects better, anticipates occurrence of goodness, and looks forward for success [10]. On the other hand, pessimism is a negative anticipation of the events to come, making the person expects worst things to happen, and anticipates badness, failure and disappointment [16]. Optimistic people are likely to believe that they have considerable control to cause good things to happen in their lives. That belief is nourished by a particular way of explaining why things happen. For example, two students might both do well on an exam, but interpret that success differently. One student may say, "That was an easy test; I got lucky," while another says "I am good at math and I studied hard." Conversely, when things turn out badly, some people take a "victim" stance, feeling like others have all the control. Optimistic people tend to redouble their efforts in the face of failure, since they believe success is in their grasp if they work hard enough or try something new. This style is sometimes called "mastery orientation" and, not surprisingly, it is related to levels of persistence and motivation to achieve, Optimists are people who expect good things to happen to them; pessimists are people who expect bad things to happen to them [17]. Folk psychology has long held that these differences among people are important. Research over the past two and a half decades suggests that the folk wisdom is right (at least in this case). This rather simple difference - anticipating well versus anticipating bad - is linked to core processes that underlie behavior. The ways in which optimists and pessimists differ in their approach to the world have substantial impact on their lives. These people differ in how they confront problems; they differ in how well they cope with adversity; they also differ in their resources, both social and socioeconomic. Individual differences in optimism are relevant to clinical psychology because this dimension is associated, directly and indirectly, and at both an individual and a social level, with risk for psychopathology. At the most basic level, optimism by definition is inversely related to hopelessness, a risk factor for depressive disorders [18].

Pessimism

Pessimistic individuals tend to attribute negative outcomes to permanent internal causes, such as low ability. On the other hand, they attribute positive outcomes to external factors over which they have little control, such as luck or other people's whims. Individuals' interpretation of events is more powerful in determining their behavior than the facts of the situation. The perception that one is unable to cause good outcomes can result in lack of motivation, or "learned helplessness" [12] since the individual has no reason to expect that he or she can have a positive influence on life events [10]. Pessimism is a tendency to stress the negative or unfavorable view. Pessimists perform more poorly in various places like school, work, and play than optimists. Pessimists have poorer resistance, weaker immune systems, are more susceptible to depression, and age physically faster than the optimists [19]. It is also found that optimism is positively related with psychological well-being [20].

Optimism/pessimism

No doubt, that disagreement is wide among researchers in looking at the relation between the optimism and pessimism concepts. Thus, we shall refer to two trends, at least, in this relation: First, optimism

and pessimism are two separate traits, yet interrelated, meaning that each trait has a relatively independent continuum, combines the different degrees on the one trait; and every person has a site on the optimism continuum that is independent from its center on the pessimism continuum. Here every trait-independently- is considered unipolar, starting from the lowest degree (may be zero) to the highest degree. The same matter is repeated -independently- with pessimism. Second, optimism and pessimism are one single trait, but it is bipolar. In other words, the trait continuum here has two opposite poles, with everybody having a one center on it, so that he/she may fall among the extreme optimism and intensive pessimism. This implies that the human, in general, cannot be extremely optimistic or very pessimistic, as he/she has a one degree on the continuum, the same is in extroversion-introversion traits [21]. The significance of the study of optimism-pessimism lies in the importance of its relationship to the different aspects of the normal and abnormal human personality. Seligman's Theory in Attribution assured that the method through which we interpret things or events is more influential on our current and future behavior than their occurrences; having either good or bad implications upon our mental and physical health [22]. Results of many previous studies, such as [21,5,7], indicate that optimism is positively related to a number of the normal variables such as: mental health, physical health, life satisfaction, happiness, effective encounter of pressures, successful problem solving, occupational performance, good academic performance, extroversion, work motivation, production quality, self-control, low levels of pain and tiredness [17].

Locus of control

Rotter (1966, as cited in Seville & Robinson, 2000) derived the theoretical construct of Locus of Control (LOC) to better explain individual differences in learning. Originally, LOC was measured using a one-dimensional, forced-choice, self-report test with twenty-nine items. A Person's score represented the number of choices indicating "external" control. Thus, low scores indicate the belief that one has control over events in his/her life (i.e., internal locus of control), whereas high scores indicate the belief that circumstances are the result of external influences such as the actions of other people or luck (i.e., external locus of control). Rotter posited that persons with an internal LOC are more adaptable than persons with an external LOC [23,24]. For example, people with a strong internal LOC probably are more aware of environmental information that provides feedback for future behavior, and take steps to improve their environmental circumstances (Rotter, 1975). These characteristics are important for succession chronic pain treatment, because patients must learn more effective ways of coping, including pain management skills. During the last 25 years, one of the most widely researched personality variables has been locus of control, the generalized expectancy of reinforcement as either internal or external to the self (Strickland, 1989) [23]. Locus of control is a generalized construct wherein the individual has the power to perceive outcomes as being independent of one's own behavior and the result of chance, or to believe that outcomes are related to one's own behavior; and effort locus of control is a term in psychology that refers to a personal's belief about what causes the good or bad results in his/her life, either in general or in a specific area such as health or academics. One's locus (Hatin for "place" or "location") can either be internal (meaning the persons believe that they control their life) or external (meaning they believe that their environment, some higher power, or other people control their decisions and their life). Locus of control orientation is a belief about whether the outcomes of our actions are

contingent on what we do (internal control orientation) or on events outside our personal control (external control orientation) [25,26]. An individual with an internal locus of control believes that outcomes are related to his or her behavior or personal investment, while an individual with an external locus of control believes that outcomes are not related to his or her behavior but to external forces beyond his or her control. Individuals with an external locus of control may perceive life events to be controlled by luck, chance, fate or powerful others. Stated differently, individuals with an internal locus of control are more likely to change their behavior following reinforcement than are individuals with an external locus of control [27]. Locus of control (LOC) is said to be one of the major personality attributes influencing behavior. It is framework of Rottor's (1954) social-learning theory of personality. It refers to the extent to which individuals believe they can control events affecting them. It refers to whether individuals believe that they perceive inside factors or outside factors as responsible for what happens to them in their life [28]. It is the individual's belief that the events of their lives are related to their own behavior. Thus, the effects of reward or reinforcement on preceding behavior depend in part, on whether the individual perceives the reward as contingent on his own behavior or independent of it. It means that LOC may be either internal or external. An individual who believes that an outcome or reinforcement is a function of fate or chance, under the control of others, or unpredictable may be described as having an external belief of locus of control [17]. The individual who expects an outcome or reinforcement to be contingent upon his or her own behavior may be described as having an internal belief of locus of control. Individuals with internal locus of control believe that the outcomes of their actions are result of their own abilities. They also believe that they can influence the work environments, whereas individuals with external locus of control believe that events which happen in their lives are controlled by factors beyond their control and even that their own action are a results of external factors, such as fate, luck, the influence of powerful others. Thus, the LOC concept is based on the cause and consequence relationship and therefore, future expectations can be construed in terms of current behavior. Externals are less willing to take risks, to work on self-improvement and to better themselves through remedial work than internals. Internals are less prone to depression than externals, as well as being less prone to helplessness. Perhaps not surprisingly, those with an external locus of control are more susceptible to depression as well as other health problems, and tend to keep themselves in situations where they will experience additional stress, feeling powerless to change their own circumstances, which just add to their stress load [29]. Similar results are also found in some other studies [27]. Evidence has accumulated indicating that various personality characteristics, such as locus of control and optimism, are related to how people cope with stress. For example, an optimistic orientation has been associated with increased problem-solving efforts [21]. Also, internal locus of control beliefs have been found to be associated with increased problem-focused coping or more adaptive Coping. However, the mechanisms whereby personality variables affect coping remain unclear [22]. About the differences between the two genders in the means of optimism-pessimism, some studies such as Abdel Khaleq's (1995) on the students of the University of Kuwait, revealed high levels of optimism degrees mean with the males as compared with females, and the reverse was true in pessimism. Abdel Latif and Hamadeh concluded that there are significant differences between the two genders in optimism, whereas they were not apparent in pessimism [30]. A positive correlation appeared between optimism

and extroversion, and between optimism and psychosis. Al-Masha'an found statistically significant differences between males and females in optimism and mental and psychical disorders; but males were more optimistic than females [31]. There were not statistically significant differences between males and females in pessimism. The result showed a negative significant correlation between optimism, pessimism, psychological disorders and life pressures. Al-Anazai concluded that there were no differences between the two genders in optimism, and a positive Correlation between life satisfaction, self-confidence and optimism [32].

Statement of the problem and research questions

Many studies were conducted on optimism-pessimism, which focused on the relationship between them and number of the various personality aspects with the individuals, whether positive or negative relationship. The results of many studies, such as Abdel Khaleq, Cohen, Al-Ansari and Redwan indicated that optimism is positively correlated with a number of normal (or positive) variables such as mental health, physical health, happiness, life satisfaction, effective encounter of the pressures, problem solving, high academic performance, extroversion, work motivation, quality of the production and self-control [5,10,21,33]. On the contrary, pessimism is correlated to the abnormal pathologic variables, such as despair, failure in problem solving, worry and depression. This study sought to examine the relationship between optimism/pessimism and locus of control (internal, external, unknown) on one hand, and to investigate the differences in optimism/pessimism and locus of control regarding two variables: gender, and developmental period (children and adolescents).

The specific study questions that guided this research were:

- 1- Are there statistically significant differences in the optimism-pessimism and locus of control between boys and girls, and between children and adolescents?
- 2- Is there a correlation between optimism-pessimism and subscale of locus of control (internal, external, and unknown) among children and adolescents?

Method

Participants

Data collected from (340) participants of school students (165 boys and 125 girls) enrolled randomly, from primary and preparatory schools located in Aleppo city after consent of the directorate of education administration. The participants aged between 10 years to 15 years ($M = 12.4$ male, 12.8 female).

Instruments

Participants completed measures of optimism-pessimism and locus of control. Each is described are following:

- 1- Optimism -Pessimism Scale (OPS): Following the previous measures and literature, the measure had been constructed by the present researcher. It consisted of 30 items with multiple-choice answer rated from (1-5) which consist of the response: always, frequently, sometimes, infrequently and never. To verify the measure validity, it had been presented to a body of arbitrators in the department of counseling psychology of the University of Aleppo. Relying on their suggestions, the researcher made the modifications that the majority (80%) of the arbitrators proposed, to reach the high degree of content validity. The Cronbach alpha reliability of the Scale

was 0.86.

- 2- Connell's locus of Control Scale for Children (CLCS-C): Rotter (1966) developed the questionnaire of locus of control. It has 28 items since many others have tested criticized and redefined the concept and the measurement tool. Ratter's original instrument is still in a wide used in the fields of psychological sciences and developed for implication in many cultures. The present author implemented the Arab form of Connell's locus of Control Scale for Children (CLCS-C) which include three dimensions of control: 1- control internal, 2- control external, 3- unknown control. The scale consisted of 36 items paraphrased as per Likert Style which multiple choice against each item, to select one of the four choices which weight from 1-4. The The Cronbach Alpha reliability of the scale was 0.83.

Data collection and statistics

After conducting the schools, the author explained the background of the study to the counselors and teachers. Subsequently the children were informed about the objectives of the study. The participants who were authorized in this study, completed the self-report (OPS) and (CLCS-C) individually, after trained to tick off only one option for each scale item and were informed that all the options are correct. The administration method for each scale was paper-and-pencil. The scales administration had no time limit. The instrument was applied, with the presence of one of the counselors who was ready to answer questions in case of any doubt. The statistical package for Social Sciences software (SPSS) was used for the analysis. Descriptive parameters were shown as mean, standard deviation. T test were used to assess the differences regarding two variables: gender (boys and girls), and developmental period (children and adolescents). Pearson's correlation tests were used to evaluate the relationship between the (OPS) and (CLCS-C).

Results

To explore gender differences in optimism-pessimism and locus of control, t test has been used, and the results presented in Table 1. Data from Table 1 showed significant differences for optimism (sig. 0.05). Of the sample, boys were found to be more optimistic ($M = 54.67$) than girls ($M = 51.82$). In contrast, external locus of control were higher among girls ($M = 7.97$) than among boys ($M = 6.46$). On the other hand, no significant differences had been found in internal control, unknown control, and pessimism. Pearson's correlation coefficient has been used for assessing the relationship between optimism-pessimism and subscales of locus of control. The result presented in table. Table 2 showed that, there was significant and positive correlation between optimism and Internal control ($R = 0.43$, Sig. 0.05), on one hand, and significant positive correlation between pessimism and external control ($R = 0.38$) and between pessimism and unknown control ($R = 0.31$) on the other hand (Sig. 0.05). Additionally, it has been found a negative and significant correlation between pessimism and internal control ($R = -0.22$, sig. 0.05), and between optimism and unknown control ($R = -0.29$, sig. 0.05).

Discussion

Regarding the gender differences for locus of control, findings of the study indicated that, the external locus of control were higher among girls than among boys, while no significant differences had been found in internal and unknown locus of control? This finding similar to the findings of Bedel that showed female students had higher mean scores of external of control than male [34]. On the other

hand, finding showed that, there were significant gender differences for optimism. Boys were found to be more optimistic than girls were. And this finding similar to the Jacobsen reported that men were more optimistic than women overtime, Boman found that compared to 5the boys, girls tend to exhibit significantly higher levels of optimism, and in contrast to the Singh and Mishra that reported no significant differences found between boys and girls [28,35,36]. Findings of the study revealed that there was significant and positive correlation between optimism and internal control. Additionally between pessimism and external control on one hand, and between pessimism and unknown control on the other hand. Furthermore, it has been found a negative and significant correlation between pessimism and internal control and between optimism and unknown control. A large and growing literature indicates that people who disposition ally hold positive expectations for the future respond to difficulty and adversity in more adaptive ways than students who hold negative expectations. Furthermore, optimisms likely to confer benefits in both intrapersonal and interpersonal domains, even in the absence of stress, Most research, however, has focused on associations between an individual's own locus of control and a wide range of outcomes [8,36]. For example, an internal LOCR in both children and adults reliably predicts academic achievement, social adjustment, and physical and emotional health [37]. Internality also relates positively to information seeking in such adverse conditions as imprisonment and to appraisals of oneself as good at problem-solving [38]. Thus, consistent with Rotter's (1966) original model of locus of control as a generalized problem solving expectancy, individuals with more internal locus of control appear more likely than those with external locus of control to believe that they will successfully manage a range of difficult situations. Regression analyses indicated that optimism and locus of control were relatively independent predictors of control appraisals and that control appraisals were generally better predictors of coping than either locus of control or optimism. As expected, somewhat different patterns of significant predictors were obtained for the three stressors. It is revealed that a stronger correlation the optimism and control had been found, and optimistic bias is more prevalent when measured directly rather than indirectly especially in childhood [39]. Very young children invest a great deal of energy in play and exploration leading to accomplishing "tasks" that they appear to define for themselves. These self-initiated behaviors seem to promote a sense of control and competence. When the child's efforts to initiate and follow through with an activity result in encouragement or success, a healthy sense of control develops, supporting persistence, problem solving, and optimism about one's ability to have an effect on the world. This drive to explore and have an effect is called "mastery motivation". It can be measured in infants and young children by observing their behavior with a toy or other interesting challenge. Children develop habitual ways of explaining their successes or failures in life, and those become unspoken assumptions that may affect their subsequent behavior. Some researchers proposed that the optimistic and pessimistic behavior could be understood by primary and secondary control. Primary control involves direct action taken by the child to change his or her situation to outcome (behavioral control). Secondary control involves indirect or passive ways of influencing the situation (cognitive control). According to Rothbaum (1982), secondary control can include predictive control (changing expectations or attributions of success). Illusory control (relying on luck or fate), vicarious control (relying on powerful others), and interpretive control (understanding and deriving meaning from the situation). It appears that children and adolescents that rely

more heavily on primary control are more likely to show a strong association between perceived control and optimistic bias. Studies exhibited a stronger correlation between optimistic bias and control. Personal responsibility and control is deeply integrated and related to coping skills and health decision [40]. Control is expressed as a tendency to feel and act as if one is influential (rather than helpless). Individuals with an internal LC believe their reinforcements are contingent on their own behavior, capacities, and attributes. External LC individuals believe their reinforcements are under the control of powerful others, luck, or fate (Rotter, 1966). Internal Individuals possess a pervasive, enduring feeling of confidence that one is internal and external Environments are predictable and that there is a high probability that all things will work out as well as can be expected dependent on their own efforts [39]. This implies the perception of oneself as having a definite influence on life events through the exercise of imagination, skill, knowledge, and choice. Internal LC individuals also tend to have higher achievement motivation, be more purposeful and goal-directed, be more extroverted, sociable, active, and less neurotic and dogmatic than externals. LC is a strong positive correlate of mental strain. Externals tend to report more negative moods when faced with stressful events. Internals tend to receive less stress, and have better coping skills [38].

Conclusions

Data from the current study suggest that boys more optimistic than girls, and female higher than male in external locus of control. The findings of this study indicated that there was significant and positive correlation between optimism and Internal control, additionally, between pessimism and external control on one hand, and between pessimism and unknown control on the other hand. Furthermore, it has been found a negative and significant correlation between pessimism and internal control and between optimism and unknown control. The above data and findings says that, another issue for further investigation is whether specific aspects of situations/environments and developmental tasks of children and adolescents influence the components of personality and traits optimism-pessimism and locus of control. If such correlation between optimism-pessimism and dimensions of locus of control established, then systematic manipulation might extend the present co relational research to experimentally controlled researches. It is not clear in what causal direction the correlation between optimism-pessimism and dimensions of locus of control, we recommend to further research's to investigate the causal relationship between these psychological variables. Furthermore, the findings of such studies lead to clinical implications in counseling psychology and family counseling programs for children and adolescents in schools.

Acknowledgment

The researcher would like to thank teachers and psychological counselors for their assistance in conducting this study, and for implicating of the measures in the schools, and to the all children who participated in the study.

References

1. Kokkinos CM, Logginidou E. Perceived parental rearing behaviors among elementary school children involved in bullying and victimization. ISPA Colloquium, Athens. 2005.
2. Rigby K. School children's perceptions of their families and parents as a function of peer relations. *J Genet Psychol.* 1993;154(4):501-13.

3. Clolinger SC. Theories of Personality. Prentice Hall, Massachusetts: MIT Press. 2000.
4. Natvig GK, Albrektsen G, Qvarnstrom U. School-related stress experience as a risk factor for bullying behavior. *J Youth Adolesc.* 2001;30(5):561-75.
5. Cohen L, de Moor C, Amato RJ. The association between treatment specific optimism and depressive symptomatology in patients enrolled in a phase I cancer clinical trial. *Cancer.* 2001;91(10):1949-55.
6. Hagekull B, Bohlin G, Hammarberg A. The role of parental perceived control in child development: A longitudinal study. *Int J Behav Dev.* 2001;25:429-37.
7. Lennings CJ. Optimism, satisfaction and time perspective in the Elderly. *Int J Aging Hum Dev.* 2000;51(3):167-81.
8. Yates SM. Student optimism, pessimism, motivation and achievement in mathematics: A longitudinal study. InPME Conference. 2000;4:297-304.
9. Ismail A. Optimism, Pessimism, and Certain Psychological Variables with Sample of Umm-el-Qura University Students. *Educ J.* 2001;60(15):51-81.
10. Abdel Khaleq AM. Optimism and Pessimism: Arabic Studies Presentation. *Psychology Journal.* 2000;7(14):6-27.
11. Mahasnehm A, Al-Zoubi Z, Batayeneh O. The Relationship between Optimism-Pessimism and Personality Traits among Students in the Hashemite University. *International Education Studies.* 2013;6(8):2013.
12. Seligman MEP. Optimism and Quality of Life after Renal Transplantation. *Learned optimism.* New York: Knopf. 1991.
13. Seligman MEP. Relations between Positive and Negative Attributional Styles and Sales Performance as Moderated by Length of Insurance Sales Experience among Japanese Life Insurance Sales Agents. *Learned optimism.* New York: Pocket Books. 1990.
14. Makri-Botsari E. How I perceive myself II. Questionnaire for the assessment of self-perception and self-esteem of upper elementary school students. Greek Edition of the Self-Perception Profile for Children (Harter). Athens: Ellinika Grammata. 2001.
15. Al-Ansari B. Preparation of an Arabic Image of the Scale for Life Orientation as an Optimism Scale. *Social Sciences Journal.* 2002;30(4):757-812.
16. O'Connor RC, Cassidy C. Predicting hopelessness: The interaction between optimism/pessimism and specific future expectancies. *J Cogn Emot.* 2007;21(3):596-613.
17. Maruta T, Colligan RC, Malinchoc M, Offord KP. Optimists vs. pessimists: Survival rate among medical patients over a 30-year period. *Mayo Clinical Proceedings.* 2000;75(2):140-3.
18. Alloy LB, Abramson LY, Whitehouse WG, Hogan ME, Panzarella C, Rose DT. Prospective incidence of first onsets and recurrences of depression in individuals at high and low cognitive risk for depression. *J Abnorm Psychol.* 2006;115(1):145-56.
19. Clark A. Being there: Putting brain, body and world together again. MIT press. 1997.
20. Tadhly M, Chelli K, Padiri R. Optimism and psychological well-being. Sage Publication. 2015.
21. Al-Ansari B. Optimism and Pessimism: Their Measurement and Relationships with Certain Personality Variables among Kuwait University Students. Al-Resala, 192, 23rd Year Book, Scientific Publication Council, University of Kuwait, Kuwait. 2003.
22. Al-Hajjar M. Contemporary Behavioral Medicine, Research in the Most Important Medical Psychology and Behavioral Therapy. Dar-el-Malayeen, Beirut. 1989.
23. Singh S, Mansi N. Psychological capital as predictor of psychological well-being. *J Indian Academy Applied Psychol.* 2009;35(2):233-8.
24. Guarnera S, Williams R. Optimism and locus of control for health and affiliation among elderly adults. *J Gerontol.* 1987;42(6):594-5.
25. Campis LK, Lyman RD, Prentice-Dunn S. The parenting locus of control scale: Development and validation. *J Clin Child Psychol.* 1986;15(3):260-7.
26. Segerstrom SC. Perceptions of stress and control in the first semester of law school. *Willamette L Rev.* 1996;32:593-608.
27. Mamlin N, Harris KR, Case LP. A methodological analysis of research on locus of control and learning disabilities: Rethinking a Common assumption. *J Spec Educ.* 2001;34(4):214-25.
28. Jacobsen B, Lee JB, Marquering W. Are men more optimistic? *2008;93(1):193-215.*
29. Elizabeth Scott M. How an internal locus of control Lead to stress relief. New York. 2007.
30. Abdel Latif H, Hamada L. Optimism, Pessimism, and their Relationship to the Personality Two Dimensions (Extroversion and Psychosis). *Educ J.* 1998;36(1):83-104.
31. Al-Mash'an OS. Optimism, Pessimism, and their Relationships to the Psychological and Physical Disorders and Life Event Pressures with the University Student. *Psychological Studies.* 2000;10:505-32.
32. Al-Anazai FO. Feeling Happy and its Relationship to Certain Personality Traits: A Comparative Correlation Study, Comparing between Males and Females. *Psychological Studies Journal.* 2001;11(3):337-51.
33. Redwan S. Depression and Pessimism: A Comparative Correlation Study. *Educ Psychol J.* 2001;2(1):13-48.
34. Bedel EF. Assessing locus of control by gender and learning styles in pre-service early childhood education students. *Int J Educ Res.* 2015;3(1):53-64.
35. Boman P, Yates GC. Optimism, Hostility and Adjustment in First Year of High School. *Br J Educ Psychol.* 29(2):777-807.
36. Singh S, Mishra S. Optimism-pessimism among adolescents-A gender based study. *J Sci Res.* 2012;3(6):2319-7064.
37. Fogas BS, Wolchik SA, Braver SL, Freedom DS, Bay C. Locus Of control as a mediator of negative divorce related events and adjustment problems in children. *Am J Orthopsychiatry.* 1992;62(4):589-98.
38. Buntrock C, Reddy D. Coping dispositions and the stress appraisal process : The impact of defensiveness on emotional response to threat. *Pers Individ Dif.* 1992;13(11):1223-31.
39. Brownell K. Personal responsibility and control over our bodies: when expectation exceeds reality. *Health Psychology.* 1991;10:303-10.
40. Klein C, Helweg-Larsen M. Perceived control and the optimistic bias: A meta-analytic review. *Psychology health.* 2002;17(4):437-46.