

THE ROLE OF HOPE AND COPING STYLES IN OPTIMISM

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ABSTRACT

THE ROLE OF HOPE AND COPING STYLES IN OPTIMISM

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The present study investigated the role of hope and coping styles in optimism. Three instruments namely, Life Orientation Test (LOT), Dispositional Hope Scale (DHS) and Brief COPE scale were administered to 640 (457 females, 183 males) volunteered undergraduate students from one of the private universities in Istanbul. The results of hierarchical regression analysis revealed that agency and pathways dimensions of hope were significant predictors of optimism at model 1. After entry of coping styles at model 2, positive reframing, agency dimension of hope, venting, self-blame, behavioral disengagement, acceptance and denial were found to be as significant predictors of optimism. Findings are discussed in the light of optimism, hope and coping literature.

Keywords: Optimism, hope, coping styles

ÖZ

UMUT VE BAŞA ÇIKMA TARZLARININ İYİMSERLİK ÜZERİNDEKİ ROLÜ

Özcan Ceran, Sueda

Yüksek Lisans, Eğitim Bilimleri Bölümü

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Bu çalışmada umut ve başa çıkma tarzlarının iyimserlik üzerindeki rolü incelenmiştir. Bu amaçla, İstanbul'daki bir vakıf üniversitesinden araştırmaya katılmaya gönüllü 640 (457 kız, 183 erkek) lisans öğrencisine Yaşam Yönelimi Testi, Umut Ölçeği, Stresle Başa Çıkma Tarzları Ölçeği-Kısa Formu uygulanmıştır. Hiyerarşik regresyon analizi sonuçları, ilk modelde Umut Ölçeğinin “amaca ulaşma kapasitesi” ve “amaca güdülenme” alt boyutlarının iyimserliği anlamlı düzeyde yordadığını göstermiştir. İkinci modelde başa çıkma tarzları eşitliğe sokulduğunda, “olumlu bilişsel yapılama”, “amaca güdülenme”, “duyguları açığa vurma”, “kendini suçlama”, “davranışsal kaçınma”, “kabul etme” ve “inkar etme” boyutlarının iyimserliğin anlamlı yordayıcıları olduğu görülmüştür. Bulgular, iyimserlik, umut ve başa çıkma literatürü ışığında tartışılmıştır.

Anahtar sözcükler: İyimserlik, umut, başa çıkma tarzları

To my little baby *Mahir Efe...*

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CHAPTER I

INTRODUCTION

1.1. Background of the Study

Throughout the history, psychology seek answer to the questions of “what is wrong” rather than “what is right?”. It focused its attention to the shortcomings of individuals and aimed to fix the problems. However, recently, there has been substantial interest in understanding how the individual potentials and positive thinking contribute to the well-being of people with more focus on now and future rather than the past (Boniwell, 2012).

In recent decades, the association between having positive expectations about future and coping with daily hassles became great curiosity among researchers. According to Scheier and Carver (1985) generalized expectations for the future which they named as either optimism or pessimism is essential in understanding the human behavior. They claimed that human behavior is shaped by the value of the goals, for which, people either fit their behavior to reach the wished goals or keep away themselves from anti-goals. In addition, confidence in attaining the desired goals also determines the human action. People who see their wished goals as attainable keep on exerting effort to get those goals, even when getting them is so difficult. On the other hand, when the goals are unattainable due to personal insufficiency or external obstacles, people disengage from their goal pursuit. That is to say, optimistic people who have positive expectancies about future will be more confident in their goal pursuit even in the face of adversity. On the contrary, pessimists will doubt about reaching them, thus, they may stop, withdraw or do not take action (Carver & Scheier, 1981; Scheier & Carver, 1993).

Optimism has been usually mixed with a concept of hope. According to Snyder et al. (1991) hope is “a cognitive set that is based on a reciprocally derived sense of successful agency (goal-directed determination) and pathways (planning to meet goals)” (p. 572). In order to attain their desired goals, people need to have motivation to start and maintain the goal directed action, plus mental plans that direct hopeful thinking. Hence, according to hope theory, both agency and pathways thinking are essential and iterative for goal directed activity, without one goal pursuit starts to stagnate (Snyder, 1994, 1995; Snyder, Feldman, Shorey, & Rand, 2002). Hope differs from optimism due to its direct focus on personal agency and producing alternative paths when dealing with stress though they resemble to each other in explaining generalized expectations about future (Snyder, Simpson, Micheal, & Cheavens, 2001). Literature reveals that hope predicts various significant outcomes ranging from physical and psychological health to performance in academia and sports (see Snyder et al., 2002 for a review).

Although optimism and hope have been examined with various concepts, studies that investigate the relationships between two are so novel in university samples. According to Gallagher and Lopez (2009) while the two constructs mostly used interchangeably in ordinary talk, they are distinct constructs each predicted various components of well-being. Gallagher and Lopez stated that optimism was more strongly related with hedonic well-being (positive affect, negative affect life satisfaction) and social well-being (social coherence, social integration, social contribution, social acceptance, social actualization), while, hope was more strongly related with eudaimonic well-being (environmental mastery, positive relations, purpose in life, self acceptance). In a different study, Alarkon, Bowling, and Khazon (2013) examined the optimism and hope and found high correlation between optimism, hope and sub-dimensions of hope (agency and pathways) though this associations were less than .80 that indicated their distinctive features. Moreover, they found positive associations between optimism, life satisfaction, happiness, general psychological well-being and general physical health, while, there were inverse relations between optimism, depression and anxiety. Conversely, hope was positively related to happiness, though, it was negatively related with depression and stress. Magaletta and Oliver (1999) explored the associations of optimism and hope

and also found positive relations between two. Rand (2009) in his study analyzed the influence of hope and optimism on grade expectancy and academic performance among university students. He found strong positive correlations between optimism and hope while the latter influenced the participants' specific goal expectation (final class grade). In a different study, Rand, Martin, and Shea (2011) examined the relationship of initial levels of hope and optimism with later academic performance and life satisfaction of students. Again, they found positive high correlations between optimism and hope, while two constructs distinctively predicted greater life satisfaction at the end of the first semester. Also, hope -rather than optimism- predicted better academic success.

Though the research examining the associations between optimism and hope among university students are scarce, there are various studies that analyze the students' coping responses with their expectations about future outcomes. According to Lazarus and Folkman (1984) coping is "constantly changing cognitive and behavioral efforts to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141). Lazarus and Folkman divided coping into two components which are problem-focused coping and emotion-focused coping. In problem-focused coping, person takes active role to change the situation so as to reduce or eliminate the stressor. Planning, seeking advice or assistance, taking direct action are some examples of this coping strategy. However, in emotion-focused coping -rather than changing the situation- person tries to lessen the emotional stress such as by getting moral support from others, accepting or denying the reality of the situation, turning to religion or not dealing with stressor actively. According to Lazarus and Folkman people may use both problem-focused and emotion-focused strategies in dealing with stressors and both may add to the people's lives.

Roth and Cohen (1986) classified coping strategies into two: approach coping and avoidance coping. In the former one, person takes active role to change the situation, whilst this type of coping is principally noteworthy in controllable conditions. Besides, in uncontrollable situations people may lessen their stress or thwart their anxiety by using avoidance coping means. According to Roth and Cohen, these

strategies have both benefits and costs for individuals and may be prioritized or used combined. For instance, while some aspects of a situation are approached others may be avoided. Hence, people cannot be categorized either approachers or avoidant copers in view of the fact that nearly every person uses some strategies from each coping means.

Aspinwall and Taylor (1997) also formulated coping strategies with a different perspective which they named as proactive coping. In proactive coping, person takes precautions for potential stressors before it occurs and gets ready by using active coping strategies like planning, seeking support as such. It not only decreases the pressure on the person, but also lessens his/her stress level, and prompts to efficient use of coping means with possible problems.

According to Scheier and Carver (1992) when people faced with trouble, they either carry on their behavior or give up and turn away. With this frame, optimists are regarded as those who persist in their attempt and see the outcome as within reach even in difficulty. Nevertheless, pessimists see outcomes as out of reach, thus they may easily call off and draw away from their goals when faced with hindrance. Optimists' use of adaptive coping means make them closer to their wished goals and enhance their life. In uncontrollable situations they accept the reality, construe the stressor with positive term and ease by using coping tactics such as humor or support from others, but, if the situation is controllable they take active role to alter the stressor (Carver, Scheier, & Segerstrom, 2010).

Optimism and coping has been examined in various groups of people such as patients, workers, caregivers, mothers as well as students (see Carver et al., 2010 for a review). When the studies that were carried with university students examined, it is seen that being an optimistic student revealed coping advantage over pessimistic ones. For example, Carver, Scheier, and Weintraub (1989) in their study found positive relations between optimism and active coping, planning, restraint coping, positive reinterpretation, acceptance, turning to religion and seeking instrumental support, while, they found negative relations of optimism with venting, denial, behavioral disengagement, mental disengagement, and substance use. In a different

study, researchers found that optimistic students were using problem-focused coping in controllable situations, while they resort to more emotion-focused coping strategies in uncontrollable situations (Scheier, Weintraub, & Carver, 1986). Moreover, Brissette, Scheier, and Carver (2002) found inverse relations between optimism, stress and depression while optimists reported high perceived on campus social support. Krypel and Henderson-King (2010) indicated that optimism negatively predicted perceived stress and disengagement coping while it positively predicted sociality among university students. Also, they stated that optimistic students see the university as an opportunity for personal growth. Optimism also revealed an inverse relations with psychopathology and avoidance coping tactics (Hatchett & Park, 2004), though it showed positive relationship with better physical (Aspinwall & Taylor, 1992) and mental health (Segerstrom, Taylor, Kemeny, & Fahey, 1998).

As mentioned above, hopeful thinking has not been studied with optimism among university students widely, though there are variety of studies that explored the association between coping strategies and optimism. Nevertheless, the literature revealed the hope and coping strategies as distinctive important correlates of optimism which may not only result in better challenge with stressors but also contribute to students' goal attainment. Given these crucial associations between hope, coping strategies and optimism and lack of research that explored the relationship of all, it was thought that further research is needed to assess the connections between these constructs. Therefore, in the present study, it was hypothesized that hope and coping strategies would significantly predict the optimism level of university students.

1.2. Purpose of the Present Study

The purpose of this study is to explore the relationships among agency and pathways dimensions of hope, fourteen dimensions of coping styles and optimism as well as to find out the contributions of agency and pathways dimensions hope, and a unique contribution of coping strategies (active coping, planning, seeking social support for instrumental reasons, seeking social support for emotional reasons, venting, behavioral disengagement, self-distraction, positive reframing, denial, acceptance,

religion, substance use, humor and self-blame) when controlling of the first group of variables in the prediction of optimism.

Research Questions

- 1 To what extent optimism is predicted by agency and pathways dimensions of hope as measured by Dispositional Hope Scale?
- 2 To what extent optimism is uniquely predicted by coping strategy dimensions of active coping, planning, seeking social support for instrumental reasons, seeking social support for emotional reasons, venting, behavioral disengagement, self-distraction, positive reframing, denial, acceptance, religion, substance use, humor and self-blame as measured by Brief COPE scale?

1.3. Significance of the Study

In the present study, the role of agency and pathways dimensions of hope and coping strategies in predicting optimism was examined with a sample of undergraduate university students. During university life, students face with several challenges. They not only separate from their families, adjust to university, make friendships, make up their budgets, work on their lessons but also need to decide on important decisions about themselves, their career, intimate relationships and future life. Hence, even though university life offers various opportunities to develop personally and contribute to students' independence, they also face with difficulties and still need to carry on their desired goals and stay away from the ones not desired. Thus, the importance of the present study is twofold: research and counseling practices.

Regarding research, this study is significant when considering two lines of research. First, when the literature is reviewed it became obvious that studies related to optimism have been accumulated in the field of health psychology (see Carver et al., 2010 for a review). That is, in the literature, most of the studies on optimism carried out with the clinical sample. Thus, the findings of the present study provide some evidence for non-clinical sample. Secondly, although there are various studies that investigate the optimism and coping strategies used by students (i.e. Scheier et al., 1986) there are limited number of studies that investigate the optimism, hope and coping strategies together (i.e. Robinson & Snipes, 2009). Thus, more evidence is

needed regarding how hope together with which coping strategies contribute to the optimism level of university students. Hence, it is believed that this study is worth to be done with the aim of understanding underlying mechanisms that may contribute to the optimism level of students.

The findings of the study are also significant for counseling practices. Firstly, the results of the present study may provide important information for counselors in understanding the students' use of hopeful thinking and active coping strategies in dealing with stressors that energize the students' optimistic orientations. Based on these knowledge and several other suggestions of the counseling researchers, in individual and group counseling processes counselors may motivate students by assisting them to define and finally implement clear, specific, attainable, important and also challenging goals (Geers, Wellman, & Lassiter, 2009; Geers, Wellman, Seligman, Wuyek, & Neff, 2010; Locke & Latham, 2002; Wesson & Derrer-Rendall, 2011). Counselors make use of variety of techniques that add to hopeful thinking ranging from identifying and choosing goals that are meaningful and applicable for students, setting clear end points to selected goals, replacing self-defeating statements with more constructive ones to aiding students to determine plans for attaining those goals (Snyder et al., 2002). Thus, it may be concluded that, counselors may assist students to determine important, personally relevant, challenging and moderately difficult goals to keep and sustain their motivation, also, they may assist students to use various ways when faced with barriers. Moreover, counselors may develop group training programs to teach students valuable tools and skills to overcome potential stressors in their goal-pursuit by combining optimism, hopeful thinking and coping strategies (see Barrow, 1982; Brown, 1983; Gillham, Reivich, Jaycox, & Seligman, 1995; Salzgeber, 2012). Thus, rather than offering generic group training programs, specially customized ones that aim to increase generalized positive expectations about future and teaching efficient coping strategies are more appropriate to meet the needs of the students.

1.4. Definition of Variables

The dependent variable of the present study is dispositional optimism. Independent variables are agency and pathways dimensions of hope and coping strategy

dimensions namely active coping, planning, seeking social support for instrumental reasons, seeking social support for emotional reasons, venting, behavioral disengagement, self-distraction, positive reframing, denial, acceptance, religion, substance use, humor and self-blame.

Optimism: refers to the general belief of favorable expectancies will happen for the future. It is measured by Life Orientation Test (LOT) (Scheier & Carver, 1985).

Hope: refers to the general cognitive-motivational variable including one's belief in which one utilizes pathways thinking and agency thinking (Snyder, 1994). It is measured by Dispositional Hope Scale (Snyder et al., 1991) which is composed of two subscales.

Pathways: refers to the degree of perceived capacity to find routes to desired goals (Snyder, 1994).

Agency: refers to the degree of motivation to use the routes in order to reach desired goals (Snyder, 1994).

Coping Style: refers to the degree of general style in coping how one usually manages stressful life events. It is measured by COPE scale which is composed of 14 subscales developed by Carver et al. in 1989.

Active coping: is the process of taking active steps for removal or decrease its effects. It includes initiating direct action, increasing one's effort, and trying to execute a coping attempt in stepwise fashion.

Planning: is the process of thinking of how to cope with stressor. It involves coming up with action strategies, thinking about what steps to take and how best to handle the problem.

Using instrumental support: seeking advice, assistance or information.

Using emotional support: refers to getting moral support, sympathy, or understanding.

Venting: the tendency to focus on whatever distress or upset one is experiencing and to ventilate those feeling.

Behavioral disengagement: refers to reducing one's effort to deal with the stressor, even giving up the attempt to attain goals with which the stressor is interfering. It is similar to helplessness.

Self-distraction: refers to the focus more explicitly on doing things to take one's mind off the stressor.

Positive reframing: refers to the indication of construing a stressful transaction in positive terms that should intrinsically lead the person to continue active, problem-focused coping actions.

Acceptance: refers to the acceptance of impinges on two aspects of the coping process. Acceptance of a stressor as real occurs in primary appraisal. Acceptance of a current absence of active coping strategies relates to secondary appraisal.

Denial: refers to the report of refusal to believe that the stressor exists or of trying to act as though the stressor is not real.

Religion: serves as a source of emotional support, as a vehicle for positive reinterpretation, and growth, or tactic of active coping with a stressor.

Substance use: includes using alcohol or any substances such as drugs.

Humor: measures humor and making fun of the stressor.

Self-blame: refers to the tendency to criticize oneself.

CHAPTER II

LITERATURE REVIEW

This chapter presents the literature related with optimism, hope and coping strategies. The first section is devoted to the presentation of conceptualization of optimism. The second section presents the definition of hope. The third section includes research on the relationship between optimism and hope. The fourth section presents the definition of coping strategies. The fifth section reviews the research on the relationship between optimism and coping strategies. Finally, in the sixth section, Turkish studies in optimism, hope and coping strategies are presented.

2.1. Conceptualization of Optimism

Optimism is a trait that explains people having generalized positive expectancies for their future. On the other hand, pessimism is expecting bad things to happen (Scheier & Carver, 1985). The determinants of optimism are twofold: nature and nurture. It is believed that personal differences in optimism and pessimism may be inherited. In a study that is done with 500 same sex pairs of middle-aged Swedish twins, the heritability of optimism, and pessimism was estimated 25% by using different estimation methods (Plomin et al., 1992). On the other hand, it is claimed that environmental factors may also have an effect on personal expectancies for the future. One of them is; previous experiences of achievements make one to anticipate successes in the future, or the other way around. The other one is, parenting that affect children by modeling either in an optimistic or pessimistic manner. Parents who are optimistic about their future and who use adaptive coping tactics are modeling their children in a way that breeds their outlook about their future. Therefore, it may be concluded that differences in optimism pessimism is both

related to genetic and environmental factors (Carver et al., 2010; Scheier & Carver, 1993).

The theoretical ground of optimism stems from expectancy value theories that explain the motivation process with two aspects. Firstly, expectancy value theories assume that behavior is determined by goals. If the goals are desirable, people arrange their behaviors to attain them, if not, they will distance themselves. The significance of the goals also determines its value for the person. Having a valued goal gives reason to people to take action in life, though, without having one they do not have any motivation to move. Secondly, it is presumed that expectancy that is the confidence that the goals may be attained is also crucial for person to take steps in the pursuit of them. If the people are confident, they will move toward their goal even when faced with difficulty. However, if they have doubt about reaching their goal, they may withdraw, stop or never take action. In addition, they may see those goals as out of reach (Carver & Scheier, 2001; Carver et al., 2010; Scheier, Carver, & Bridges, 2001).

The expectancy may vary in specificity and can be applied to narrow contexts to (going grocery to have some foods) to broader ones (being able to make an elegant food). According to expectancy motivation theory, it is claimed that to make good forecasting about behavior it is crucial to analyze them in different levels. However, people face various situations that are known or unknown to them. It is proposed that generalized expectations are especially useful to consider in predicting the people's behavior where they do not have any experience or some develop in time. Upon considering optimism, the expectancy construct is broader and disperse. That is, when optimistic people faced with adversity, they will assume that problem can be handled somehow and show confident and persistent attitude in the goal attainment process. However, pessimistic people will be doubtful or even expect catastrophe in adverse situations. The diversity of people's behaviors when faced with difficulty also gives crucial inferences about their coping behaviors (Carver & Scheier, 2001, 2002; Carver et al., 2010).

Expectancies may be measured in two ways. One of them is measuring them indirectly with inspecting attributional style which presumes that people's expectations regarding their future are a result of their interpretation of the past. If people think that the prior failures are stable, global, internal to the self, and influence various situations they are called pessimistic. Pessimistic people will have an idea that negative outcomes will continue to happen in the future. On the contrary, those that explain negative events as unstable, specific, ineffective, external to the self are called optimistic. Since optimistic people see past failures as unstable, they think of future in a positive way because the reason for failure may not be present in the upcoming days. To illustrate, if one attributes failure to his/her lack of ability, s/he will expect to continue to fail in the future, however, if s/he attributes his/her failure to a sleepless night day before, s/he will not combine it to the upcoming days. The other measurement method is asking people directly their general tendency whether they expect good or bad outcomes in the future. For instance, Life Orientation Test (LOT) (Scheier & Carver, 1985) consists of various positively and negatively worded items that asks questions about people's expectations about their future. Expectancies that are general and diffuse for the person are called as either optimism or pessimism. LOT scale revealed that optimism scores demonstrated stable characteristic across time, though, there seemed some variations for some people when confronted with threat (Carver et al., 2010; Scheier et al., 2001; Scheier & Carver, 1992, 1993).

In this research, Life Orientation Test (LOT) is used while examining the general expectancies of people.

2.2. Definition of Hope

Stotland defines hope theory as the person's cognitive analysis of goal related outcomes where he explain hope as "an expectation greater than zero of achieving goal" (1969, p. 2). According to him, hope reflects person's perception of goal attainment, though selected goals should have at least some degree of importance for person. In contrast, Averill and his colleagues (1990) defines hope as an emotion with cognitive rules where it is seen appropriate if it has some degree of importance,

socially acceptable, attainable and under some control (as cited in Snyder, 1995, p. 355-356).

On the other hand, Snyder et al. (1991) defines hope as “a cognitive set that is based on a reciprocally derived sense of successful agency (goal-directed determination) and pathways (planning to meet goals)” (p. 572). In other words, hope is the sum of the mental willpower and waypower that one has for goals (Snyder, 1994, p. 5). The agency part of the hope theory resembles to efficacy expectancy that explain a belief in one’s capability to initiate and continue goal directed behavior. It eventually influence the one’s perceived ability to generate various routes (pathways) to wished goals where the interaction of two results in outcome expectancy about selected goals (Snyder et al., 2001).

Hope consists of three elements which are goals, pathways thinking and agency thinking (Snyder et al., 2002). Goal is the first cognitive component of hope theory. Goals are anything person wishes to obtain (e.g. object) or attain (e.g. success) where these may be either very concrete (e.g. desire for a new coat) or vague (e.g. searching meaningful life). Person may set goals in a short run like finishing a paper or long run such as losing weight. Goals should have some degree of importance to pursue; in addition, it should be neither too easy nor too difficult to follow. It is because very high or low probability of goal attainment is so determined where there is no need for hopeful thinking (Snyder, 1994, 2002).

So as to attain their desired goals, people need to have mental plans that direct hopeful thought. Pathways thinking is a perception of person’s engagement in planful contemplation and it may be affected by goals. Concreteness and importance of goals make it easier to use pathways since they prompt to planfulness. Pathways thinking may be enhanced by prior achievements where new routes to goals were already formed to overcome faced obstacles (Snyder, 1994, 2002).

Since not all the plans toward goal attainment may be successful, person high in hope generates various strategies with the aim of surmounting potential barriers (Snyder et al., 2002). People with high pathways thinking believe that there are various ways to reach goals, thus, they may change their mentality in order to fit to the specific needs

of the goal and face with barriers bravely. Conversely, low pathways thinking people feel stuck when met with blockages in their goal pursuit (Snyder, 1994).

Hope theory emphasizes that both pathways thinking and agency thinking are essential and iterative for goal-directed activity (Snyder, 1995) without one goal pursuit process starts to stagnate (Snyder et al., 2002). For instance, Snyder (1994) claims that person high in agency but low in pathways may become bogged down in producing necessary steps to reach his/her goal, though, s/he may be so eager or determined. On the other hand, person low in agency but capable of generating many routes may be planful but have trouble in motivating himself/herself to move. According to Snyder (1994), one who is both high in agency and pathways for his/her desired goals represents high hopeful person who have advantages in difficult times. He mentions that, when faced with adversity high hope people think of alternative routes to reach their goals and apply the one that works best. In other words, high hope people use their energy to an efficient alternative path.

Though hope model has a cognitive orientation, it does not discard the emotions. High hope people who are also high both in agency and pathways see their goals as challenging, focus on success and as a result experience positive emotions. On the contrary, low hope people will approach their goals with hesitation, experience negative emotions and focus on failure (Snyder, 1995). Therefore, it may be concluded that though hope is a cognitive concept, emotions are the residue of it; where the quality of them depends on one's perception of hope in his/her goal pursuit (Snyder et al., 1991).

Snyder et al. (1991) state that hope is relatively stable across time and it is not simply goal-directed process (Snyder et al., 2002). Besides it is a hierarchically organized system of beliefs that considers person's ability to efficiently carry on thinking process. Such beliefs can be categorized into three specific levels which are global or trait hope, domain-specific hope and goal-specific hope. Snyder et al. (2002) suggests that assessment of the whole hope hierarchy is essential since each level influence each other that may also give crucial information to counselors.

Global or Trait Hope: People's overall evaluation of their ability to generate sufficient agency and effectual pathways are called as global or trait hope. It does not focus on specific goal attainment; conversely, it is an appraisal of one's capability to reach goals in general (Snyder et al., 2002). Global or trait hope can be measured by using Adult (Snyder et al., 1991) and child versions of Hope Scale (Snyder et al., 1997).

Domain-Specific Hope: Though person may be high in global hope, still s/he may have low hope in one or more life arenas. To fill this gap, Domain Specific Hope Scale (Simpson, 1999, as cited in Snyder et al., 2002) was developed to assess adolescents' and adults' hope level in six life domains which are social relationship, romantic relationship, family life, academics, work and leisure.

Goal-Specific Hope: Even though person may be high in global or domain-specific hope, it is still likely her/him to have low hope about specific goal (e.g. difficulty in generating sufficient agency and pathways in math course to get A). For this reason, it is essential to understand perceived shortages about specific goals (Snyder et al., 2002). Snyder et al. (1996) developed State Hope Scale to measure one's thinking in here and now time frame (Snyder, 1994) that assess one's hope level about particular goals.

In this research, global/trait hope scale is used with the aim of assessing participants' overall hope level.

2.3. Research on Optimism and Hope

Although literature revealed that optimism and hope share some similarities like they are constructed within an expectancy value theory frame, conceptualized as somewhat enduring characteristic, explain general expectations about future and also LOT scale and Hope scale exhibit stability in both short and long term, they have a distinction. Optimism model focus on agency-like expectancies in goal pursuit, whereas in hope theory pathways component of goal thinking is added. However, even there is no pathways component in optimism model, LOT scale items implicitly measures the pathways component as well. In addition optimism explained as "generalized outcome expectancies" (Scheier & Carver, 1985, p. 219) whereas

Snyder et al. (1991) described hope as “a cognitive set that is based on a reciprocally derived sense of successful agency (goal-directed determination) and pathways (planning to meet goals)” (p. 572). When the two contrasted, it is obvious that hope clearly relates with personally initiated acts, though optimists believe either by personal ability, luck or because s/he is favored by others, good things will happen (see Snyder et al., 2001 for a review). When the literature analyzed, it is seen that there is a variety of research that investigates optimism and hope with different constructs among university students, however, there is a limited number of research that directly analyze the relationship between two. Therefore, below some of the findings that straightly analyze the relationship between optimism and hope are summarized.

In a recent study, Alarkon et al. (2013) studied the optimism and hope construct by using meta analytic examination. They hypothesized that optimism and hope will represent related, but distinct constructs; both of them will be positively related to psychological and physical well-being; and they will not be redundant with more established personality characteristics.

Researchers found that, even though optimism has a positive relationship with hope ($\rho = .69$), and also agency ($\rho = .67$) and pathways ($\rho = .60$) sub-scales of hope, the magnitude of these corrected relationships was less than .80, which proposes that two constructs were distinct. In addition, as a result of first hypothesis, optimism gave in considerably stronger positive associations with positive affect, self-esteem, and self-efficacy while it was inversely associated with negative affect. On the contrary, hope -rather than optimism- gave in considerably stronger positive association with happiness and negative association with stress. Optimism and hope showed similar negative associations with depression. In addition, they found that the two constructs were related to psychological and physical well-being. Optimism was positively related to life satisfaction, happiness, general psychological well-being, general physical health and it was inversely related with anxiety and depression. On the other hand, hope was positively related with happiness, but negatively related with depression and stress.

Researchers also predicted that optimism and hope would differ from other well-known personality traits. Results revealed that optimism was obviously discernible from positive affect ($\rho = .55$), negative affect ($\rho = -.52$), neuroticism ($\rho = -.49$), extraversion ($\rho = .33$), conscientiousness ($\rho = .31$), agreeableness ($\rho = .30$), and openness ($\rho = .28$), though, showed common characteristics with resilience ($\rho = .74$) and self-esteem ($\rho = .73$) and it was not redundant with pessimism ($\rho = -.56$). Yet, hope was discernible from general self-efficacy ($\rho = .56$), positive affect ($\rho = .46$), negative affect ($\rho = -.38$), and self-esteem ($\rho = .42$).

Researchers concluded that optimism and hope are distinguishable from each other and differ from various personality traits. They stated that optimism was distinguishable from positive affect, negative affect, pessimism; while it showed an overlap with resilience and self-esteem. What is more, hope was distinguishable from positive affect, negative affect, self-esteem and self-efficacy. In addition, they claimed that to predict well-being, the role of optimism and hope needs to be investigated in contrast to popular models of personality i.e. Five Factor Model characteristics.

Magaletta and Oliver (1999) in their study investigated the relationship between (a) hope, two aspects of hope (agency thinking and pathways thinking), self-efficacy and optimism (b); and also they analyzed the associations of hope, self-efficacy and optimism to predict general measure of well-being among undergraduate university sample ($n = 204$). They found that agency thinking and pathways thinking were highly correlated with hope; in addition agency, pathways, hope, self-efficacy, optimism and general measure of well-being were all positively, considerably and moderately intercorrelated. Pathways component of hope was less correlated with self-efficacy, optimism and general measure of well-being averaging about .40; while general measure of well-being was more highly correlated with self-efficacy, hope and optimism averaging about .60. Multiple regression analyses predicting well-being revealed that total hope predicts unique variance independent of optimism and self-efficacy; agency component of hope predicts unique variance independent of self-efficacy; while pathways component of hope predicts unique variance independent of optimism. Researchers concluded that hope, optimism and self-

efficacy were all related but distinct constructs which significantly contribute to general measure of well-being.

In a sample of 591 undergraduate university students, Gallagher and Lopez (2009) contrasted hope and optimism so as to get an insight whether two are distinct latent constructs, separately predict multiple constituents of positive mental health and also differentially relate to the features of well-being by using structural equation modeling. Confirmatory factor analysis model with hope and optimism as oblique latent constructs showed excellent fit and signified that two latent constructs of hope and optimism were correlated $r = .66$. Researchers also carried out an alternative analysis to test whether a single latent construct of positive expectancies would present a more parsimonious representation of data set. Goals, agency, and pathways were constituted as three indicators of hope; and optimism and pessimism were considered as two indicators of optimism. However this model showed a poor fit; indicating that reducing hope and optimism to a single latent construct was not reasonable.

In addition, researchers found that optimism had a unique effect on 12 of the 14 components of well-being which are classified under social well-being (social coherence, social integration, social contribution, social acceptance, social actualization), hedonic well-being (positive affect, negative affect life satisfaction) and eudaimonic well-being (environmental mastery, positive relations, purpose in life, self acceptance) while it does not have an impact on autonomy and personal growth which are classified under the subject of eudaimonic well-being. On the other hand, hope has unique impact on 12 of the 14 components of well-being (except negative affect and social coherence). When the optimism and hope combined, results indicated moderate to high proportion of variance on 14 components of well-being (R^2 ranging from .29 for autonomy to .80 for purpose in life). These analyses showed that optimism and hope are both significant in predicting various components of well-being.

Moreover, researchers investigated whether hope and optimism differentially predicted the different features of well-being. Results showed that when the hedonic

well-being is considered, optimism was more strongly related with the all parts of it (average completely standardized effect $B = 0.464$). Besides, hope had a considerable effect on two of the three components of hedonic well-being that are positive affect and life satisfaction ($B = 0.265$). In addition to that, optimism was more strongly related with all parts of social well-being ($B = 0.359$), while hope was associated four of the five components of social well-being ($B = 0.324$). Researchers claimed that generalized positive expectancies (i.e. optimism) and the ones that consider personal agency (i.e. hope) are both crucial in maintaining social well-being. Furthermore, researchers found that hope was more strongly related with eudaimonic well-being ($B = 0.487$), but optimism had a statistically significant effect on four of the six components of hedonic well-being ($B = 0.342$). Researchers concluded that both hope and optimism may differentially relate to the elements of well-being.

Rand (2009) in his study analyzed the influence of hope and optimism on grade expectancy and academic performance among university student ($n = 345$). He found that hope and optimism were positively correlated ($r = .51$). Results revealed that hope -rather than optimism- influenced participants' goal specific expectancies (final class grade). Both hope and optimism did not show a direct affect on academic performance while the shared characteristic of hope and optimism (i.e., goal attitude) influenced the academic performance beyond previous academic achievement. Rand also found no difference in analyses when the gender or year in school was considered, though racial background made a difference.

In a different study, Rand et al. (2011) examined the relationship of initial levels of hope and optimism with later academic performance and life satisfaction among first year law students ($n = 86$). They found that hope and optimism were positively correlated ($r = .50$) though none of them were correlated with undergraduate and Law school GPA. In addition, path analysis results revealed that hope -in contrast to optimism- predicted better academic success even as Law School Admission Test scores and undergraduate scores were controlled. They found no association between optimism and academic performance. In addition researchers found that both hope and optimism distinctively predicted greater life satisfaction at the end of the first semester.

Bryant and Cvengeos (2004) in their study compared the optimism and hope so as to give an insight about theoretical similarities and differences among undergraduate university sample ($n = 354$). Confirmatory factor analyses showed that though optimism and hope were related to each other but; they are distinct constructs. Correlation analyses showed that optimism correlated almost equally with agency ($r = .54$) and pathways ($r = .52$) subscales of hope while it is inversely related with pessimism ($r = -.63$). On the other hand pessimism negatively and strongly correlated with agency ($r = -.60$) than did pathways ($r = -.45$). Researchers claimed that these results also give significant information about the discriminant validity of the hope and optimism while the two also have similarities in pessimism and agency components. In addition, results demonstrated that optimism was associated with positive reappraisal while hope was related with self-efficacy. Researchers also proposed that hope centers its attention more straightly on the personal attainment of particular goals, whereas optimism generally relates to the expected quality of future outcomes.

Robinson and Snipes (2009) examined the associations of hope, optimism and pessimism, self-efficacy and the academic well-being of African-American college students ($n = 205$). Researchers grouped hope, self-efficacy, optimism and pessimism as a cognitive set of competence and control beliefs for following analyses. Multiple regression analysis showed that cognitive set (hope, self-efficacy, optimism and pessimism) was significantly predicted the academic achievement of students, though hope was the strongest predictor. Furthermore, hope was found to be inversely related with negative affect; though pessimism and negative effect was positively correlated. Additionally, it was seen that both hope and optimism contributed to the life satisfaction of participants' in a positive way. Regression analyses also revealed that cognitive set predicted all the coping subscales of Brief COPE, except venting. Also, it was seen that optimism and self-efficacy were significantly predicted adaptive coping strategies. Optimism predicted emotional support, instrumental support, and self-distraction; while self-efficacy predicted planning, active coping, acceptance and religion. Both optimism and self-efficacy predicted positive reframing. In addition, regression analysis revealed the pessimism was the strongest predictor of denial, behavioral disengagement, substance use,

humor, and self-blame. According to researchers, these conclusions showed that students who have favorable academic performance potential and who anticipate positive future outcomes have higher use of constructive coping strategies in dealing with stress; on the contrary, those who have pessimistic outlook turn to use of negative coping strategies.

Taking everything into account, studies that were carried out with university samples showed that optimism and hope are related but distinct constructs. They not only contribute to the physical well-being, psychological well-being and social well-being of students but also crucial in goal attainment and add positively to academic life.

2.4. Definition of Coping Strategies

According to Lazarus and Folkman (1984) coping is “constantly changing cognitive and behavioral efforts to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person” (p. 141). Coping strategies can eradicate the undesirable situation or stressor; alter the appraisal of the person about the stress evoking occasion; and reduce or manage the influence of stress. Lazarus and Folkman divided coping into two components: problem-focused coping and emotion-focused coping.

In problem-focused coping, person focuses his/her attention to what can be done to alter the situation with the aim of reducing or eliminating stress evoking situation. In other words, person engage in problem-focused efforts so as to define the problem, generate various solutions, and choose the one by weighting it in terms of cost and benefits to take action. Seeking information, taking direct action are examples of this type of coping. In emotion-focused coping, person does not try to change the situation rather try to lessen emotional distress by using strategies like avoidance, minimization, distancing, selective attention, positive comparison etc. The selected cognitive strategies depend on the person’s appraisal of the situation whether it is changeable or not. In other words, people use problem-focused coping strategies in controllable situations, while they adopt emotion-focused strategies in uncontrollable situations. According to Lazarus and Folkman (1984) people use both problem-

focused and emotion-focused strategies so as to deal with internal and external demands of actual stressful life situations and both of them contribute to people's lives. (Folkman & Lazarus, 1985; Lazarus & Folkman, 1984; Lazarus & Lazarus, 2006).

Roth and Cohen (1986) in their article divided coping strategies into two: approach coping and avoidance coping. They claimed that these strategies have both benefits and costs for individuals and may be prioritized across time. In addition, both strategies may be present at one time, such as; while some aspects of a situation are approached others may be avoided. They stated that people cannot be categorized either approach or avoidant copers since almost everyone uses some tactics from each of them. In addition, personal differences and situational variables may affect the preferred coping strategies.

According to the researchers, in approach coping, person takes active role and takes advantage of changes in situation. This orientation is especially beneficial if the potential threat or problem may be affected. In other words, approach oriented coping particularly helpful if the situation is controllable. It has some gains for the person like ventilation of affect or assimilation and resolution of threat. However, approach oriented coping may have some drawbacks if the situation is not controllable. When the likelihood of changing the situation is low or not present, those who were approach oriented may undergo in increased stress to change the situation and worry excessively which is not only time consuming but also not productive.

Besides, avoidance coping strategies may lessen stress, thwart anxiety and may be helpful when the emotional resources are limited and situation is not controllable. In addition minimum use of avoidance may lead to hope and courage principally in the long run. However, avoidance coping strategies may impede the proper action to be taken when there is chance to change the threatening situation. Moreover, it may lead to emotional numbness; engross one's thoughts with threatening matter, prompt to disrupting avoidance behaviors when the person consciously or unconsciously keep unpleasant cognitions and emotions out of awareness. Lazarus (1983, as cited in

Roth & Cohen, 1986) stated that controllability of the situation determines the effectiveness of coping. For instance, diseases like asthma, diabetes or cancer entails caution for analysis and treatment, though avoidant person may delay the necessary steps to be taken; whereas with illnesses like paralysis, avoidance oriented coping may minimize the anxiety or depression.

Aspinwall and Taylor (1997) also formulated another coping strategy called proactive coping. Proactive coping differs from the traditional coping approaches in a way that it consists of attempts undertaken before the stressful situation occurs. This type of coping efforts is advantageous, because it minimizes the degree of pressure as person may already get readied to stress evoking situation. Also, as the person will not be exhausted with stressful condition, coping resources are expected to be greater. Moreover, it is beneficial because there will be variety of options in managing stress beforehand, though, opportunities may be restrained after the stressor occurred. Finally, person's stress level will be lower. Proactive coping starts with the building of resources and skills in advance of any stress and entails recognition of probable stressors. Afterwards person makes initial appraisal of potential stressor by asking questions like "What is this?", "Should I be worried about this?" etc. Initial appraisals lead to initial coping efforts that is carried out so as to lessen, prevent or deduce the stressor. Active coping tactics like planning, seeking social support etc. may be given as examples of this type of coping. Lastly, person makes use of feedback in order to evaluate the coping efforts and seek if additional coping attempts are needed.

Scheier et al. (2001, p. 204) in their article grouped the coping strategies used by optimistic and pessimistic people. Optimists use positive coping strategies like information seeking, active coping and planning, positive reframing, seeking benefit, use of humor and acceptance; while pessimists have coping tendencies like suppression of thoughts, giving up, self-distraction, cognitive avoidance, focus on distress and overt denial.

In sum, it may be concluded that optimists differ from their counterparts in choosing and using coping strategies when faced with stressful situations. Though there are

various approaches to coping tendencies, it is obvious that positive coping tactics outweighs the negative ones with their apparent benefits.

2.5. Research on Optimism and Coping Strategies

According to Carver et al. (2010) optimistic people and pessimistic ones differs in their coping strategies as the two differs in broad behavioral tendencies when faced with situations. That is to say, people who are certain about future successes, persist on their goal pursuit even in the face of adversity. Since they are confident in their efforts will result in success, they are easily goal-engaged and adopt pro-active habits. If the situation is not solvable or uncontrollable, then it leads people to accept the reality, see the positive aspects of life and retrieve by helpful coping strategies like getting social support or use of humor. Since optimistic people have positive mix of feelings like eagerness and enthusiasm when faced with adversity they will have less distress and higher quality of life over time. On the contrary, people who are doubtful will call upon to strategies not to face the difficulties, escape it by wishful thinking, distract themselves temporarily, and even stop struggling. Thus, it may be concluded that optimism is obviously expected to be related with more approach oriented (problem-focused) and proactive coping strategies plus less avoidance coping strategies because positive expectations about future may lead to increased commitment and attempt to surmount challenges (Nes & Segerstrom, 2006).

In the literature, there are variety of researches which examines the relationship between optimism and coping among university students. Below some of them are exemplified.

In a sample of 476 undergraduate university students, Carver et al. (1989) examined the correlations between coping strategies and optimism. They found that, optimism was positively related with active coping, planning, restraint coping, positive reinterpretation, acceptance, turning to religion and seeking instrumental support; while it was inversely related with ventilation of emotions, denial, behavioral disengagement, mental disengagement, and substance use.

Aspinwall and Taylor (1992) in their study examined the impact of individual differences and coping on college adjustment and performance among freshmen ($n = 672$). They found that optimism predicted more social support and less use of avoidance coping strategies. Results showed that optimistic students use active coping strategies to deal with stress which in turn prompt to better adjustment. In addition, it is seen that optimism predicted better physical health and less symptoms as well.

In a similar study, Brissette et al. (2002) investigated the 1st-year college students optimism level in relation to social support, coping strategies and adjustment to college ($n = 89$). They found that students who were high in optimism had reported less stress and depression while they have greater increase in perceived on campus social support. In addition, correlation analysis revealed that, optimism was positively related with active coping, planning, positive reinterpretation and growth; while it was inversely associated with denial and behavioral disengagement. Furthermore, mediational analysis proved that social support, positive reinterpretation and growth all contributed to the adjustment of optimistic students.

Scheier et al. (1986) examined the relationship between optimism and coping among undergraduate university students ($n = 291$). Results revealed that students resort to problem-focused coping strategies when the situation is controllable and they turn to emotion-focused tactics when the situation is uncontrollable. Moreover, correlational analysis showed that optimism was positively related with problem focused coping, positive reinterpretation and acceptance; while it was inversely related with denial. In addition, it was found that in unmanageable conditions, optimists call upon to acceptance/resignation type of coping strategy. On the contrary, pessimism was related with denial, distancing and disengagement from the chosen goal.

Nes and Segerstrom (2006) in their meta-analytic review examined the associations between optimism and coping. Optimism was found to be positively associated with approach coping tactics which aims to remove, lessen, or handle the stressful situations and emotions; while it was negatively related avoidance coping strategies like ignoring or withdrawing from stressor or emotions. In addition, results revealed

that optimistic people might regulate their coping strategies in accordance with the necessities of the stressor.

In a sample of 309 undergraduates, Krypel and Henderson-King (2010) examined the associations of stress, optimism and coping. It was seen that optimism was significantly and inversely related with perceived stress and disengagement coping; while it was positively and significantly related with problem focused coping. Results of regression analyses showed that optimism negatively predicted the stress and escaping while positively predicted sociality when the meaning of education is considered. It was concluded that optimistic students were less apt to see education as a cause of stress or an escape, though; pessimists who use disengagement coping styles were more prone to see education as a getaway and stress evoking. In addition regression results demonstrated that students who use emotion-focused coping were seeing university as an opportunity for social life, learning and personal development.

Hatchett and Park (2004) investigated the associations between optimism, coping strategies, psychopathology and counseling outcomes among college students ($n = 96$). Correlation analyses revealed that optimism had positive associations with social support and task-oriented coping strategies that prompt direct management and handling of stressful condition. However, it had an inverse relationship with psychopathology, emotion-oriented coping, and the avoidance-distraction subscales of The Coping Inventory for Stressful Situations (CISS). In addition, when the psychopathology partialled out, the correlation between optimism and task-oriented coping stayed significant.

Harju and Bolen (1998) explored the effects of optimism on coping and perceived quality of life in a university sample ($n = 204$). It was seen that highly optimistic students had better quality of life, employ action and reframing coping strategies. Midlevel optimists reported a satisfied life though they were high in alcohol usage. Participants who were low in optimism were least satisfied in life, used more disengagement coping tactics and were also high in alcohol use. Moreover, analysis

revealed that women cope by using emotions, venting, and religion and report more higher quality of life; while men use acceptance and humor as coping strategies.

Seegerstrom et al. (1998) examined the impact of optimism on mood, coping strategies and immune change among first year law students. They found that, optimists were using more active coping strategies and less avoidance in contrast to pessimists. In addition, optimism predicted better mood and immunity; while the distinction between optimists and pessimists in the degree of mood disturbance were found to be partially related to the avoidant coping strategies used.

Fontaine, Manstead, and Wagner (1993) explored the relationship between optimism, perceived control over stress and coping styles of undergraduate university students ($n = 420$). Results revealed that optimism showed positive correlations with active coping, growth and positive reinterpretation subscales of COPE. It indicated negative correlation with denial, behavioral disengagement and venting while moderately related with perceived control over stress. In addition, it was seen that when the perceived control over stress is partialled out from the analysis, optimism still showed positive relations with active coping and positive reinterpretation plus inversely related with venting.

To sum up, above studies exemplified that optimism and coping strategies contribute university students' subjective well-being, physical well-being and quality of life. In addition, optimistic students adjust to life transitions more easily, deal with stress actively, have larger social support, and see education as an opportunity for growth. Moreover, it is clear that when the situation is controllable, optimistic students are apt to use active coping strategies like planning; however, in uncontrollable situations they turn to emotion focused coping strategies like acceptance. That is to say, they regulate their coping tendencies in accordance with the necessities of stressor.

2.6. Turkish Studies in Optimism, Hope and Coping Strategies

When the literature is analyzed, it is seen that optimism, hope and coping was not widely studied together among Turkish university students though there are a few

examples of it (e.g. Dursun, 2012). However, there are some studies carried out on optimism (e.g. Sarı-Cenk, 2008; Uğurlu, 2011), hope (e.g. Denizli, 2004; Karairmak, 2007; Kemer, 2006; Uzun-Özer & Tezer, 2008; Yalçındağ, 2009) and coping (e.g. Alınmış, 2011; Ayaz, 2011; Bilgen, 2010; Demokan, 2010; Elçi, 2004; Nadir, 2010; Önder, 2012; Sarıot, 2011; Tuncay-Senlet, 2012; Yola, 2011) with university students and different samples. In addition, there are test development and adaptation studies on optimism (Aydın & Tezer, 1991; Balcı & Yılmaz, 2002), hope (Akman & Korkut, 1993; Atik & Kemer, 2009) and coping (e.g. Tuna, 2003; Şahin & Durak, 1995). Below, some of the most relevant study examples of research constructs are exemplified.

In a sample of 984 university students, Dursun (2012) investigated the roles of meaning in life (presence and search) optimism, hope and added contribution of coping strategies (cognitive-affective coping and instrumental-emotional support) in predicting the life satisfaction and positive affectivity dimensions of subjective well-being. Multiple regression analyses revealed that optimism, pathways and agency subscales of hope positively and significantly predicted the positive affect while the addition of instrumental-emotional support coping accounted increase of .05% of total variance. In addition, second regression analysis showed that presence and search dimensions of meaning in life, optimism, and agency predicted the life satisfaction in a significant way; while adding the instrumental-emotional support to the model resulted in significant increase in .01% explained variance. Thus, it may be concluded that optimism, agency and pathways are significant in predicting positive affect while instrumental-emotional support coping strategies also increase it when added. In addition, in predicting the life satisfaction of students, meaning in life, optimism and agency play crucial role though instrumental-emotional support coping also add up to life satisfaction of students in a significant way.

In a sample of 852 university students, Parmaksız and Avşaroğlu (2012) examined the teacher candidates' optimism levels and used coping strategies with stress according to their self-esteem level. Results revealed that self-esteem accounted for 42.9% of total variance in optimism. There was an inverse relationship between depressive affect and optimism; though there were significant positive correlations

between optimism and sub-dimensions of self-esteem according to self-esteem scale (Arıcak, 1999; as cited in Parmaksız & Avşaroğlu, 2012) which are self-worth, self-confidence, self-sufficiency, success and prolificacy. Results revealed that using self-confident approach, optimistic approach, seeking social support approach which are the subscales of coping; and also self-worth, self-confidence, self-sufficiency, success and prolificacy sub-dimensions of self-esteem were all positively related. In addition, there found a negative relationship between coping subscales (self-confident approach, optimist approach, and seeking social support approach) and depressive affect subdimension of self-esteem.

Güler and Çınar (2010) examined the perceived stressors and utilized coping strategies of the students at nursing department ($n = 240$). Results revealed that 65.8% of students were having stress in their education life while 50.4% of students were having stress in their social life. It was found that to overcome the stressful situation students use self-confidence approach and optimistic approach. In addition, it was found that, those who were high in optimism were less experienced the stress related to education.

In a sample of 264 university students, Terzi (2008) investigated the relationship between resiliency and internal protective factors (optimism, self-efficacy, problem-focused coping) across genders. Results revealed no difference on resilience scores among gender. However, optimism, self-efficacy and problem-focused coping all significantly predicted resilience among university students.

In a recent study, Gündoğdu (2010) explored to what extend loneliness, body image, academic success, and demographic variables of age, gender, grade and faculty predicted life orientation of university students ($n = 427$). It was seen that females scored higher in life orientation test than males; also; increase in grade level lowered the optimism level of students. Age, faculty and grade did not predict the optimism level of participants. Results also showed that body image significantly predicted the life orientation scores of participants.

Otrar, Ekşi, Dilmaç, and Şirin (2002) examined the impact of stress and coping strategies on psychological well-being of Turkic and Relative Societies students

studying in Turkey ($n = 232$). According to the results of Independent sample t-test, it was found that gender did not make a difference in helplessness and social support subscales of Ways of Coping Inventory (Şahin & Durak, 1995); though men and women differed in the use of self-confidence, submissive and optimistic coping styles. It was seen that higher level of stress was related with the higher level of psychological symptoms. Results also revealed that women indicated more psychological symptoms like pathology, somatization, obsessive-compulsiveness, depression and anxiety; while men were high in submissive coping style. Finally, it was found that psychopathology was inversely related with optimism and self-confidence subscales of Ways of Coping Inventory.

Ekşi (2010) examined the relationship between personality characteristics and coping strategies employed by university students ($n = 237$). He used the Ways of Coping with Stress Scale (WCSS) and the NEO Five Factor Inventory (NEO-FFI) to gather the data. Descriptive statistics revealed that students mostly used self-confident coping style; though they least used submissive coping approach. In addition Independent sample t-test showed that women were high in openness to experience and conscientiousness as a personality characteristic. Furthermore, it was seen that men used more optimistic style as a coping strategy, while women used social support more. Moreover, it was found that students who were high in conscientiousness were apt to employ self-confident, optimistic, and turning to religion styles of coping while those who were high in extraversion had a tendency to make use of social support and self-confident types of coping styles according to Ways of Coping with Stress Scale.

In a sample of 254 university students, Uğurlu (2011) examined the associations between general health, mental health, optimism and pessimism. Correlational analyses revealed that perception of general health and optimism was positively correlated ($r = .31$). Similarly, optimism and mental health was also showed positive correlation ($r = .42$). In contrast, pessimism was negatively correlated with general health ($r = -.29$) and mental health ($r = -.45$) which indicated that the increase in pessimism decreased the perception in general and mental health. In addition, optimism and pessimism was negatively correlated ($r = -.39$).

Uzun-Özer and Tezer (2008) explored the associations between hope, positive and negative affect among university students ($n = 163$). MANOVA analysis showed significant overall main effect of hope though gender main effect and interaction of hope and gender was not found to be significant. Univariate analysis revealed those people who were high in hope were also high in positive affect than low hope people.

Another study concerning hope was carried out by Denizli (2004). Denizli studied the role of hope and study skills in predicting test anxiety levels of university students ($n = 442$). He found that students who were high in dispositional hope displayed less emotionality symptoms during test situation and feel better.

Eryılmaz and Atak (2011) examined the relationship between subjective well-being, self-esteem and optimism among high school students ($n = 227$). Correlation analyses revealed that subjective well-being had a moderate association with self-efficacy; however it had high correlation with optimism. In addition, self-efficacy and optimism positively and strongly correlated. Also, regression analysis showed that adolescent subjective well-being highly predicted by optimism.

In a sample of 463 licensed athletes, Şar and Işıklar (2012) investigated the relations of locus of control, subjective well-being and optimism in predicting the self-confidence of athletes. Linear regression analyses revealed that locus of control, subjective well-being and optimism accounted for 88% of total variance in sport confidence and was all positively correlated. In addition, optimism had significant positive correlation with sport confidence and subjective well-being; conversely it was inversely related with locus of control.

CHAPTER III

METHOD

In this chapter methodological details of the study are introduced. The first section describes the characteristics of the participants. The second section includes data collection instruments. The third section explains procedure followed in the study. In the fourth section, data analyses are presented. Lastly, the fifth section presents the limitations of the study.

3.1. Participants

Convenient sampling procedure was used in the present study. Participants were 658 (469 females, 189 males) volunteered undergraduate students from four faculties and School of Nursing at one of the private universities in Istanbul. Excluding 18 subjects as multivariate outliers in the preliminary analysis, the data analyses carried out with a sample of 640 students (457 females, 183 males). The distribution of participants by faculties were 240 (202 females, 38 males) in Arts and Sciences, 122 (59 females, 63 males) in Engineering, 135 (61 females, 74 males) in Economic and Administrative Sciences, 44 (43 females, 1 males) in Education, 99 (92 females, 7 males) in School of Nursing. Age of the students ranged from 17 to 39 with the mean age of 19.7 ($SD = 2.3$).

3.2. Data Collection Instruments

Participants were administered four instruments together with demographic information form (Appendix A), namely, Life Orientation Test (LOT) (Appendix B), Dispositional Hope Scale (DHS) (Appendix C), and Brief COPE scale (Appendix D).

3.2.1. Demographic Information Form

A demographic information form was developed by the researcher for the present study to gather information about age, gender, faculty, department and grade level.

3.2.2. Life Orientation Test

Life Orientation Test (LOT; Scheier & Carver, 1985) is a self-report measure assessing generalized expectancies for positive versus negative outcomes. LOT consists of 12 items with 5-point likert type response format ranging from 0 (strongly disagree) to 4 (strongly agree). Scale consists of 4 negatively worded (e.g. “If something can go wrong for me, it will”), 4 positively worded (e.g. “In uncertain times, I usually expect the best”) and 4 filler items. After reversing the scoring for the negative items, 8 item scores were totaled to yield an overall optimism score with high score representing greater optimism. Total scores changed between 0 and 32. Internal consistency coefficient calculated by using Cronbach alpha formula was reported as .76 while test-retest reliability was found as .79 (Scheier & Carver, 1985).

The Turkish adaptation study of LOT was carried out by Aydın and Tezer (1991). Internal consistency of LOT was reported as .72 ($n = 150$) and four weeks test-retest reliability was found as .77 ($n = 97$).

3.2.2.1. Construct Validity of LOT for the Present Study

The exploratory factor analysis was conducted by PASW 18.0 with a sample size of 640 students. Items were analyzed through Principal Component Analysis with Varimax rotation with Kaiser normalization. The Kaiser–Meyer–Olkin measure verified the sampling adequacy for the analysis, $KMO = .76$ (Field, 2009). Bartlett’s test of sphericity ($\chi^2 = 956.626$, $df = 28$, $p < .0001$) indicated that correlations between items were sufficiently large for PCA. As the sample size exceeds 600, factor loadings above .21 were accepted as significant (Stevens, 2002).

Employing an eigenvalue of 1.00 as the criterion, the analysis of data resulted in 2 factors explaining the 51.92% of the variance. Eigenvalues of the sample were 2.732 and 1.422, respectively. The first factor accounted for 34.15% of the total variance

while the second factor accounted for 17.77%, respectively. The results are presented in Table 3.1.

Table 3.1

Factor Loadings of LOT Items

Item No	Factor 1	Factor 2
9	.78	
8	.74	
12	.67	
3	.64	
11		.79
4		.78
5		.74
1		.46

As seen in Table 3.1, factor loadings were changed between .78 and .64; and .79 and .46 for the first and second factors, respectively. Contrary to the expectation, the results of factor analysis obtained in the present study indicated bi-dimensional nature of LOT. However, when the items in each of the factor are examined, it was seen that negatively worded items loaded in the first factor whereas positively worded items loaded in the second factor. Considering one-dimensional factor structure of the original as well as Turkish version of LOT, this result was attributed to the difference in responses between positively and negatively worded items. Thus, a total score of LOT was calculated for each participant.

3.2.2.2. Reliability of LOT for the Present Study

In the present study, corrected item total correlations for LOT ranged from .27 (item 1) to .55 (item 9). Internal consistency coefficient calculated by Cronbach alpha for the LOT was found as .71 ($n = 640$).

3.2.3. The Dispositional Hope Scale

The Dispositional Hope Scale (DHS) was developed by Snyder et al. (1991) to assess a sense of successful goal directed determination (i.e. agency) and ability to generate plans to achieve goals (i.e. pathways). DHS consists of 12 items with 4-point likert type response format ranging from 1 (I definitely disagree) to 4 (I definitely agree). Scale consists of two factor structure with 4 pathways items (e.g. “Even when others get discouraged, I know I can find a way to solve my problem”), 4 agency items (e.g. “I energetically pursue my goal”) and 4 filler items (e.g. “I feel tired most of the time”). Possible highest score that can be obtained from each subscale is 16 whereas minimum one is 4. Researchers may add two subscales to get a total hope score. Cronbach alpha coefficients for the total scale ranged from .71 to .76 whereas for the agency scale it ranged from .71 to .76 and for the pathways subscale it ranged from .63 to .80 (Snyder et. al.,1991).

Akman and Korkut (1993) carried out the Turkish adaptation studies for DHS. They reported the internal consistency coefficient as .65 for the overall scale and four-week test-retest correlation coefficient as .66. The researchers conducted three separate factor analyses and found that DHS had a single factor structure that explained the 26.23, 17.43 and 16.47 percent of the total variance with Turkish university student samples. In another study, Denizli (2004) also found a single factor structure with an eigenvalue of 2.474 for DHS that explained the 31% of the total variance. Contrary to these results, Kemer (2006) carried out a factor analytic study with a sample size of 786 and reported two factors with eigenvalues of 3.451 and 1.488 that explains the 50% of the total variance.

3.2.3.1. Construct Validity of DHS for the Present Study

The exploratory factor analysis was conducted by PASW 18.0 with a sample size of 640 students. DHS were analyzed through Principal Component Analysis with Varimax rotation with Kaiser normalization. The Kaiser–Meyer–Olkin measure verified the sampling adequacy for the analysis, $KMO = .83$ (Field, 2009). Bartlett’s test of sphericity ($\chi^2 = 978.964$, $df = 28$, $p < .0001$) indicated that correlations between items were sufficiently large for PCA. As the sample size exceeds 600,

factor loadings above .21 were accepted as significant (Stevens, 2002). Employing an eigenvalue of 1.00 as the criterion, the analysis of data resulted in 2 factors explaining the 52.18% of the variance. Eigenvalues were 3.042 and 1.132, respectively. The first factor accounted for 38.03% of the total variance while the second factor accounted for 14.15%, respectively. Results of factor analysis are presented in Table 3.2.

Table 3.2

Factor Loadings of DHS Items

Item No	Factor 1	Factor 2
	Pathways Thinking	Agentic Thinking
7	.73	
1	.73	
4	.72	
8	.63	
2	.51	.38
10		.82
12		.73
9		.55

As seen in Table 3.2, factor loadings were changed between .73 and .51; and .82 and .38 for the first and second factors, respectively. Although item 2 was loaded with a higher factor loading in the pathways thinking subscale, considering the original factor structure, in the present study, it was totaled as an item in the agency thinking subscale with loadings over .30. Keeping in mind that further analyses are needed to re-examine the factor structure of the scale, it was concluded that the findings obtained in the present study were consistent with the factor structure of the original scale (Snyder et al., 1991).

3.2.3.2. Reliability of DHS for the Present Study

In the present study, corrected item total correlations for DHS ranged from .34 (item 10) to .54 (item 7). Internal consistency coefficients calculated by Cronbach alpha for overall hope scale, agency and pathways subscales were found as .76, .61 and .71, respectively ($n = 640$).

3.2.4. Brief COPE scale

The Brief COPE is developed by Carver et al. (1989) and measures different ways of coping that people use when faced with stress. Original COPE scale consists of 60 items with 15 dimensions. Carver (1997) revised the scale by omitting 2 items for per subscale and decreased 15 subscales to 14 with some modifications. This new brief form was named as the Brief COPE to measure coping process with stress. The Brief COPE consists of 28 items and 14 subscales with 4 alternatives response sets. Subscales and items are as follows; active coping; planning; seeking social support for instrumental reasons; seeking social support for emotional reasons; venting; behavioral disengagement; self-distraction; positive reframing; denial; acceptance; religion; substance use; humor; and self-blame. This scale can be used to measure both coping dispositions and situation-specific coping tendencies based on the researcher's needs and desires. In the present study, we focused on general tendencies, i.e., what the person usually does when under stress, instead of what the person did in a specific time of period and coping episode.

Carver (1997) reported that subscales exceeded Cronbach alpha of .60 for all the subscales except for venting (.50), denial (.54), and acceptance (.57). In addition exploratory factor analysis showed nine factors that explained the 72.4% of the total variance.

The adaptation studies of the Brief COPE for Turkish sample were done by Tuna (2003). Tuna omitted items 10 and 23 due to the low item total correlations and analyzed factorial structure with the remaining 26 items. The first analysis revealed eight factor solutions that explained 60.74% of the variance whereas following second order factor analysis yielded three second order factors explaining 47.53% of

the total variance. Cronbach alpha coefficients for subscales were found between .26 and .91.

In a recent study that was carried out by Tuna and Tezer (2011), researchers reported that exploratory factor analysis showed eight factors that explained the 58.21% of the total variance for Brief COPE. In addition, subscales of Brief COPE yielded Cronbach alpha values ranging from .29 (self-blame) to .91 (substance use). Moreover, test-retest reliabilities of subscales were found as changing between .42 (venting) and .76 (religion).

3.2.4.1. Construct Validity of Brief COPE for the Present Study

The exploratory factor analysis was conducted by PASW 18.0 with 28 target items of the Turkish version of Brief COPE scale ($n = 640$). Items were analyzed through Principal Component Analysis with oblique rotation as similar to the original procedures (Carver, 1997). The Kaiser–Meyer–Olkin measure verified the sampling adequacy for the analysis, $KMO = .75$ (Field, 2009). Bartlett’s test of sphericity ($\chi^2 = 4552.046$, $df = 378$, $p < .0001$) indicated that correlations between items were sufficiently large for PCA. As the sample size exceeds 600, factor loadings above .21 were accepted as significant (Stevens, 2002).

Employing an eigenvalue of 1.00 as the criterion, the analysis of data resulted in 8 factors explaining the 58.01% of the variance. Eigenvalues of the sample were 4.244, 2.931, 2.014, 1.784, 1.595, 1.454, 1.211 and 1.011 respectively. The first factor accounted for 15.16% of the total variance while the other factors accounted for 10.47%, 7.19%, 6.37%, 5.70%, 5.19%, 4.32% and 3.61% of variance respectively. Results are presented in Table 3.3.

Table 3.3

Factor Loadings of Brief COPE Items

Item	Factors							
	1	2	3	4	5	6	7	8
13	.59							
12	.57							
14	.57							.27

Table 3.3 (continued)

Item	Factors							
	1	2	3	4	5	6	7	8
19	.54			-.24				-.38
1	.53	-.26	.31			-.23		
17	.41	-.22				.34		
9	.40			-.23	-.26			
26		.70						
6		.68						
16		.60						
4			.88					
11			.87					
10				-.84				
23				-.83				
5				-.80				
15				-.69				
8					-.71			
3					-.68			
20					.59			
24	.34	.26			.39			
18						.83		
28						.81		
22							.90	
27							.83	
21								.64
25	.29	.26						.48
7	.24	-.37						.46
2		-.32					.31	.43

As seen in Table 3.3, factor loadings of items were so questionable (e.g., item 24, item 17) that might be open to misinterpretations in further analyses. Thus, based on the Carver's (1997) premise that researchers can selectively use the scales that are of their interest in their studies and his suggestions regarding the flexibility of the use of the items and subscales, in the present study, the scores of original 14 subscales were used to test the predictive value of any of the subscales in optimism.

3.2.4.2. Reliability of Brief COPE for the Present Study

In the present study, corrected item total correlations for Brief COPE ranged from .07 (item 16) to .48 (item 23). Internal consistency coefficient calculated by Cronbach alpha for the 14 subscale scores are presented in Table 3.4.

Table 3.4

Cronbach Alpha Coefficients for the Subscales of Brief COPE Items

Subscale	Cronbach alpha
Active Coping (Items 2,7)	.53
Planning (Items 14,25)	.44
Social Support for Instrumental Reasons (Items 10,23)	.78
Social Support for Emotional Reasons (Items 5,15)	.59
Venting (Items 9,21)	.07
Behavioral Disengagement (Items 6,16)	.63
Humor (Items 18, 28)	.67
Self Distraction (Items 1,19)	.33
Positive Reframing (Items 12,17)	.60
Denial (Items 3,8)	.63
Acceptance (Items 20,24)	.41
Religion (Items 22,27)	.79
Substance Use (Items 4,11)	.86
Self Blame (Items 13,26)	.26

As seen in Table 3.4, the lower Cronbach alpha coefficients below .40 are in the subscales of venting, self-blame and self-distraction. In spite of all these low internal consistency coefficients and inconsistent factor structures, in the present study, the original 14 subscales were used cautiously with paying special attention to their limitations.

3.3. Procedure

First of all, permission from the Ethics Review Committee of METU were obtained. After granting the permission, the researcher made personal visits to the selected departments and arranged appointments with instructors. After the collaboration was ensured with departments, study was carried out with 658 volunteered students in three months period starting from October to December 2012. Before collecting data, participants were informed about the purpose of the study and their consents were received. The questionnaires were distributed to the students by the researcher; who

also provided students with information about how to respond to each scale of the study prior to the administration. Participants were guaranteed about their anonymity and confidentiality of the responses. The instruments were administered in classroom settings. Completing the entire packet of instruments took about 10-15 minutes.

3.4. Analysis of Data

To analyze the data, several steps were followed. First of all, preliminary analysis was carried out to examine and clean the data. Then, descriptive statistics was carried out to summarize the sample characteristics. In the main analyses, in order to find out the relationships among variables, Pearson Correlation Coefficient was calculated. In predicting the role of hope, and coping in optimism, a hierarchical multiple regression analysis was conducted. Independent variables of the study were agency and pathways subscale scores of hope and 14 coping strategy scores obtained from the Brief COPE, whereas dependent variables were optimism scores. Before running the regression analyses, variable types, normality, linearity, homoscedasticity of residuals, independence of residuals, multicollinearity and independence of errors assumptions were checked (Field, 2009). According to Tabachnick and Fidell (2007), sample size for multiple regression should be $N > 50 + 8m$ (m : numbers of predictor variables). For this study, analyses were conducted with 640 participants with 16 predictor variables which show adequateness of the sample size.

3.5. Limitations

This study has some limitations in terms of generalizability and interpretation of its results. First of all, data were gathered from the undergraduate students who study at a private university in Istanbul by using convenient sampling procedure. Thus, the findings cannot be generalized to all students and different types of universities in Turkey. Second, findings were based on students' responses to the scales which may lead to subjective evaluations of the participants. Third, since the design of the study was correlational, causal inferences were not possible for the study. In addition, there were some internal validity threats like participant characteristics, attitude of participants and location which may decrease the validity of the study.

CHAPTER IV

RESULTS

This chapter consists of five main sections. The first section gives information about the preliminary analysis of the data. In the second section the descriptive statistics of the study variables including means and standard deviations of the criterion and predictor variables are given. The third section presents correlation matrix of the study variables. In the fourth section, assumption checks of the hierarchical regression analysis are explained. Finally, the fifth section includes the results of hierarchical regression analysis.

4.1. Preliminary Analysis of the Data

Before the main analyses, the accurateness of data entry, the existence of missing data, and distributions of all variables were examined. Minimum and maximum scores that may be obtained from the variables and their possible frequencies were controlled. In the present study, there were less than 5% missing, so no item was eliminated from the data set.

With the aim of detecting possible influential cases, measures of influences were examined. According to Cohen, Cohen, West, and Aiken (2003) influence observations combine information from leverage and discrepancy values to give idea about how the regression equation may change if certain case was removed from the data. In other words, it looks how a case may affect the general characteristics of the regression equation. To analyze them, leverage statistics, Cook's distances, DFBeta values, and Mahalonobis distances were checked.

Firstly, leverage statistics was controlled by the formula $3(k+1) / n$ where k is the number of predictor variables. The values higher than the results of this formula may

cause a violation for further data analysis (Stevens, 2002). According to this formula a case should not be higher than the value of .08 for this sample. In the data set, there were no cases that violate this assumption. Afterwards, Cook's distance was applied. According to Cook and Weisberg (1982) values > 1 may influence the data. In this data set, there were no cases that violate this assumption. In addition to leverage statistics and Cook's distance, DFBeta results were also analyzed. According to Stevens (2002) values with $|DFBeta| > 2$ may be cause for concern for the data set. In the data set there were no cases that could violate this assumption. Finally, Mahalonobis distances were checked. With the aim of controlling Mahalonobis distances, critical χ^2 value with $\alpha = .001$ and $df = 16$ (number of predictors) was checked. The critical χ^2 had a value of 39.25 (Tabachnick & Fidell, 2007). There were 18 cases that had a greater value than the critical χ^2 value. Hence these cases were deleted from the original sample. Finally 640 cases remained for further analyses.

4.2. Descriptive Statistics of the Variables

The means, standard deviations of LOT, agency and pathways subscales of DHS, and subscales of Brief COPE scores of females and males are presented in Table 4.1.

Table 4.1

Means and Standard Deviations of the Major Variables by Gender

Variables	Female		Male		Total	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Criterion Variable						
LOT	19.84	5.06	19.42	4.65	19.72	4.95
Predictor Variables						
AG	12.30	1.93	12.38	2.04	12.32	1.96
PW	13.33	2.05	13.48	2.32	13.37	2.13
AC	6.50	1.15	6.38	1.21	6.47	1.16
PL	6.73	1.09	6.53	1.23	6.67	1.14
SSIR	5.90	1.63	5.30	1.62	5.73	1.65

Table 4.1 (continued)

Predictor Variables	Female		Male		Total	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
SSER	5.77	1.55	4.99	1.55	5.55	1.59
VE	6.05	1.20	5.29	1.37	5.83	1.29
BD	3.90	1.50	3.82	1.63	3.88	1.54
SD	6.61	1.27	6.09	1.27	6.46	1.29
PR	6.10	1.36	5.87	1.27	6.03	1.34
DE	4.07	1.56	3.88	1.54	4.01	1.56
ACP	6.07	1.27	5.88	1.27	6.02	1.27
RE	6.41	1.66	5.79	1.75	6.23	1.71
SU	2.46	1.18	3.27	1.93	2.69	1.48
HM	5.09	1.76	5.33	1.70	5.16	1.74
SB	5.50	1.32	5.44	1.33	5.48	1.32

Note. LOT: Life Orientation Test, AG: Agency, PW: Pathways, AC: Active Coping, PL: Planning, SSIR: Seeking Social Support for Instrumental Reasons, SSER: Seeking Social Support for Emotional Reasons, VE: Venting, BD: Behavioral Disengagement, SD: Self Distraction, PR: Positive Reframing, DE: Denial, ACP: Acceptance, RE: Religion, SU: Substance Use, HM: Humor, SB: Self Blame

As seen in Table 4.1, the mean for dependent variable of optimism (LOT) was 19.72 with a standard deviation of 4.95. The means and standard deviations of independent variables were 12.32 and 1.96 for agency subscale of hope (AG), 13.37 and 2.13 for pathways subscales of hope (PW), 6.47 and 1.16 for active coping (AC), 6.67 and 1.14 for planning (PL), 5.73 and 1.65 for seeking social support for instrumental reasons (SSIR), 5.55 and 1.59 for seeking social support for emotional reasons (SSER), 5.83 and 1.29 for venting (VE), 3.88 and 1.54 for behavioral disengagement (BD), 6.46 and 1.29 for self-distraction (SD), 6.03 and 1.34 for positive reframing (PR), 4.01 and 1.56 for denial (DE), 6.02 and 1.27 for acceptance (ACP), 6.23 and 1.71 for religion (RE), 2.69 and 1.48 for substance use (SU), 5.16 and 1.74 for humor (HM), 5.48 and 1.32 for self-blame (SB).

To determine whether it is necessary to control the possible effects of gender on the dependent variable of interest (i.e., optimism), a t-test was conducted. The results indicated that there was no gender difference, $t(638) = 0.979, p > .05$.

4.3. Bivariate Correlation Matrices of the Variables

Table 4.2

Correlation Matrix of Study Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
LOT	1																
AG	.39**	1															
PW	.32**	.51**	1														
AC	.30**	.46**	.42**	1													
PL	.10*	.24**	.26**	.41**	1												
SSIR	.04	.07	.01	.16**	.21**	1											
SSER	.03	.07	.00	.07	.23**	.70**	1										
VE	.18**	.19**	.16**	.22**	.27**	.29**	.34**	1									
BD	-.35**	-.23**	-.24**	-.25**	-.05	.10*	.11**	-.04	1								
SD	.13**	.21**	.17**	.21**	.26**	.19**	.21**	.20**	-.09*	1							
PR	.43**	.30**	.37**	.40**	.39**	.13**	.16**	.31**	-.19**	.26**	1						
DE	-.16**	.01	.01	-.07	.05	.00	.09*	.12**	.23**	.14**	.02	1					
ACP	-.04	.11**	.06	.19**	.31**	.11**	.13**	.14**	.01	.11**	.19**	-.15**	1				
RE	.06	.07	.03	.17**	.21**	.26**	.20**	.13**	.08*	.11**	.15**	-.02	.19**	1			
SU	-.17**	.01	-.05	-.13**	-.09*	.00	.05	-.02	.20**	-.03	-.14**	.19**	.01	-.19**	1		
HM	.08*	.06	.07	-.02	.00	.09*	.10**	.12**	.00	.05	.18**	.01	.04	-.02	.16**	1	
SB	-.25**	-.12**	.02	.02	.34**	.13**	.18**	.12**	.24**	.12**	.08*	.18**	.19**	.13**	.06	.04	1

* $p < .05$, ** $p < .01$ Note. LOT: Life Orientation Test, AG: Agency, PW: Pathways, AC: Active Coping, PL: Planning, SSIR: Seeking Social Support for Instrumental Reasons, SSER: Seeking Social Support for Emotional Reasons, VE: Venting, BD: Behavioral Disengagement, SD: Self Distraction, PR: Positive Reframing, DE: Denial, ACP: Acceptance, RE: Religion, SU: Substance Use, HM: Humor, SB: Self Blame

As seen in Table 4.2, dependent variable, optimism (LOT) was significantly and positively correlated with agency ($r = .39, p < .01$), pathways ($r = .32, p < .01$), active coping ($r = .30, p < .01$), planning ($r = .10, p < .05$), venting ($r = .18, p < .01$), self-distraction ($r = .13, p < .01$), positive reframing ($r = .43, p < .01$) and humor ($r = .08, p < .05$). In addition it was significantly and negatively correlated with behavioral disengagement ($r = -.35, p < .01$), denial ($r = -.16, p < .01$), substance use ($r = -.17, p < .01$) and self-blame ($r = -.25, p < .01$).

4.4. Assumption Checks for Hierarchical Regression Analysis

According to Field (2009), before conducting hierarchical regression core assumptions should be met. These are variable types, no perfect multicollinearity, normality, homoscedasticity and independence of errors.

To check the multicollinearity assumption, correlations among predictor variables were examined (see Table 4.2). Since there were no correlations higher than .90, no perfect multicollinearity assumption was met (Field, 2009). In addition, Tolerance statistics and Variance Inflation Factor (VIF) were also controlled. For the current sample, Tolerance values were bigger than .20 whereas VIF values were smaller than 4.0 which showed an evidence for no perfect multicollinearity (Tabachnick & Fidell, 2007).

To check the normality assumption, histogram and normal probability plot of residuals were checked. To meet this assumption, the distribution of residuals should be normally distributed and P-P plots should have straight line without deviations (Field, 2009). As it can be seen from Figure 4.1 this assumption was also met.

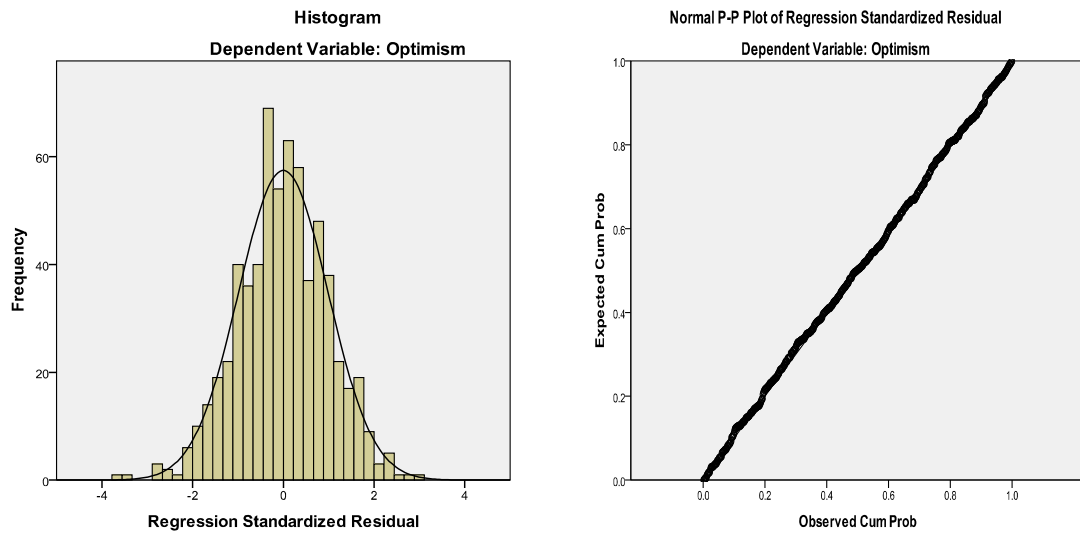


Figure 4.1 *Histogram and normal probability plot residuals for optimism*

For checking the homoscedasticity assumption, the scatter plots of the regression were examined. According to Field (2009) homoscedasticity means that the residuals at each level of the independent variables should have the equal variances. Different variances may cause to heteroscedasticity. As it can be seen from Figure 4.2 this assumption was met since residuals appeared to be randomly spread around zero.

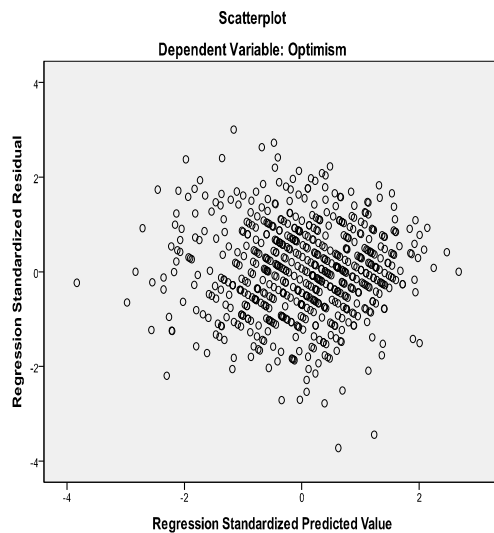


Figure 4.2 *Scatter plots of predicted value and residuals*

To check independence of errors assumption, Durbin Watson statistics were controlled. The value should be between 1.5 and 2.5 (Tabachnick & Fidell, 2007). In this study, Durbin Watson value was 1.88 showing that independence of errors assumption was also met.

4.5. Results of Hierarchical Regression Analysis

To answer the main research question, hierarchical regression analysis was used so as to figure out how well agency and pathways subscale scores of hope and 14 coping strategy scores obtained from the Brief COPE predicted the optimism level among undergraduate university students. In hierarchical regression analysis the experimenter makes a decision about which order to enter the predictor variables to the model based on previous studies (Field, 2009).

In this study, agency and pathways subscale scores of hope were entered for model 1 whereas 14 subscales of Brief COPE (active coping, planning, seeking social support for instrumental reasons, seeking social support for emotional reasons, venting, behavioral disengagement, self-distraction, positive reframing, denial, acceptance, religion, substance use, humor and self-blame) were entered for model 2. Summary of the hierarchical regression analysis were presented in Table 4.3.

Table 4.3

Hierarchical Regression Analysis Summary for Variables Predicting Optimism

Model 1	<i>B</i>	<i>SE</i>	<i>B</i>	<i>t</i>	<i>partial r</i>
(Constant)	5.04	1.30		3.86**	
AG	.77	.11	.30	7.28**	.28
PW	.39	.10	.17	4.03**	.16
Model 2					
(Constant)	12.27	1.72		7.12**	
AG	.52	.10	.21	5.15**	.20
PW	.14	.09	.06	1.50	.06
AC	.08	.17	.02	.45	.02
PL	-.19	.17	-.04	-1.09	-.04
SSIR	-.06	.14	-.02	-.43	-.02
SSER	.08	.14	.03	.58	.02
VE	.29	.14	.08	2.13*	.08
BD	-.47	.12	-.14	-4.04**	-.16
SD	.04	.13	.01	.32	.01

Table 4.3 (continued)

Model 2	<i>B</i>	<i>SE</i>	<i>B</i>	<i>t</i>	<i>partial r</i>
PR	1.19	.14	.32	8.28**	.31
DE	-.38	.11	-.12	-3.44**	-.14
ACP	-.46	.13	-.12	-3.43**	-.14
RE	.12	.10	.04	1.17	.05
SU	-.19	.11	-.06	-1.65	-.07
HM	.04	.09	.02	.48	.02
SB	-.65	.14	-.17	-4.82**	-.19

* $p < .05$, ** $p < .001$ Note. Dependent Variable: Optimism AG: Agency, PW: Pathways, AC: Active Coping, PL: Planning, SSIR: Seeking Social Support for Instrumental Reasons, SSER: Seeking Social Support for Emotional Reasons, VE: Venting, BD: Behavioral Disengagement, SD: Self Distraction, PR: Positive Reframing, DE: Denial, ACP: Acceptance, RE: Religion, SU: Substance Use, HM: Humor, SB: Self Blame

Hierarchical multiple regression was conducted to explore how well agency and pathways scores of hope and coping strategies predicted the optimism level among undergraduate university students. In the first step of hierarchical multiple regression agency ($\beta = .30, p < .001$) and pathways ($\beta = .17, p < .001$) were entered as predictor variables. This model was statistically significant $F(2, 637) = 66.35; p < .001$ and explained 17% of variance in optimism. After entry of coping strategies (active coping, planning, seeking social support for instrumental reasons, seeking social support for emotional reasons, venting, behavioral disengagement, self-distraction, positive reframing, denial, acceptance, religion, substance use, humor and self-blame) at Step 2, the total variance explained by the model as a whole was 38% ($F(16, 623) = 24.32; p < .001$). The introduction of coping strategies explained additional 21% variance in optimism, after controlling for agency and pathways ($R^2 \text{ Change} = .21; F(14, 623) = 15.33; p < .001$).

Additionally when the model 2 was examined, the results of standardized coefficients indicated that positive reframing positively predicted optimism with a higher beta value ($\beta = .32, p < .001$), followed by agency ($\beta = .21, p < .001$) and venting ($\beta = .08, p < .05$). Moreover it was found that self-blame ($\beta = -.17,$

$p < .001$), behavioral disengagement ($\beta = -.14, p < .001$) acceptance ($\beta = -.12, p < .001$) and denial ($\beta = -.12, p < .001$) negatively predicted optimism.

CHAPTER V

DISCUSSION

In this chapter, the discussion regarding the results of the current study is presented. The first section includes the discussion of the predictors of optimism. In the second section, the implications of the present study are presented. Finally, in the third section recommendations for future research is stated.

5.1. Discussion of the Results

The purpose of the present study was to find out the predictive role of agency and pathways dimensions of hope and fourteen coping strategies namely active coping, planning, seeking social support for instrumental reasons, seeking social support for emotional reasons, venting, behavioral disengagement, self-distraction, positive reframing, denial, acceptance, religion, substance use, humor and self-blame in optimism level of university students.

In order to examine the relationships between predictor variables and optimism, a hierarchical regression analysis with two models was performed. Agency and pathways dimensions of hope were included in to the analysis as model 1 predictors. The results of the first model revealed that that agency and pathways dimensions of hope accounted approximately 17% of the total variance in optimism. Also, the analysis of beta values showed that agency and pathways positively and significantly predicted optimism ($\beta = .30, p < .001$; $\beta = .17, p < .001$). Findings revealed that agency was the most significant predictor of optimism meaning that students who were high in agency were also high in optimism. Snyder et al. (2001) in their instructive article stated that optimism and agency dimension of hope overlap with their emphasis on agency-like expectancies when the goal attainment is considered,

meaning that, both share similarities in their focus on the perceived ability to move toward wished goals (Snyder, Rand, & Sigmon, 2002).

Besides, pathways dimension of hope was also significant in predicting the optimism levels of students. It is stated that, though optimism model does not overtly highlight the perceived capability to produce pathways, it is actually implicit part of the model (Snyder et al., 2002). Analyses revealed that students who were high in agency and pathways were also high in optimism. In other words, optimistic students were both confident plus energetic to initiate and keep up with the desired goals and believe there might be various ways to attain them. Moreover, when the correlation matrix is analyzed, it is seen that optimism scores of students was significantly and positively correlated with agency ($r = .39, p < .01$) and pathways ($r = .32, p < .01$) dimensions of hope. There are various studies support these finding as well (e.g. Alarkon et al., 2013; Bryant & Cvengros, 2004; Hutz-Midgett et al., 2012).

In the second model of hierarchical regression analysis fourteen coping strategies as the dimensions of Brief COPE scale added; while the total variance explained by the whole model rise to 38%. Results indicated that positive reframing, agency and venting positively and significantly predicted optimism ($\beta = .32, p < .001$; $\beta = .21, p < .001$; $\beta = .08, p < .05$). Findings revealed that positive reframing was the most significant predictor of optimism meaning that students who were high in positive reframing were also high in optimism. This association is in concord with preceding literature. Lazarus and Folkman (1984, as cited in Carver et al., 1989) stated that positive reframing which they termed as positive reappraisal is one of the strategies of emotion-focused coping that intends to dealing with distress emotions rather than the stressor itself. Nonetheless, it is not only related with lessening stress evoking emotions. It is claimed that reframing the situations in a positive way would eventually prompts person to restart/continue with active problem solving tactics.

In addition to regression results, correlation matrix also revealed a positive association between optimism and positive reframing ($r = .43, p < .01$) When the literature analyzed it is seen that there are various studies that corroborate to this finding (e.g. Brisette et al., 2002; Bryant & Cvengros, 2004; Carver et al., 1989; Fontaine et al., 1993; Harju & Bolen, 1998; Scheier et al., 1986; Robinson & Snipes,

2009). Following to positive reframing, again we see agency dimension of hope as the second significant predictor of optimism.

Venting that is “the tendency to focus on whatever distress or upset one is experiencing and to ventilate those feeling” (Carver et al., 1989, p. 269) was also found to be significant predictor in explaining the optimism level of students. Though this consequence somewhat contradicts the previous findings (e.g. Carver et al., 1989; Fontaine et al., 1993; Scheier et al., 1986), there are some studies in concord with it as well (e.g. Khan, Siraj, & Li, 2011). Nevertheless, venting may also have advantages for people. According to Carver et al. (1989) ventilations of emotions may sometimes be useful, such as in very stressful situations like loss of a loved one; though they also claimed that venting of emotions for a long time may hinder the adjustment. The possible explanation for this finding may be due to the cultural influences; where in Turkish culture, people express their feelings of distress more often and relieve by it. In other words, Turkish students may relieve by expressing their emotions about stress evoking situation and still carry positive expectations about future outcomes.

Besides, it was found that self-blame, behavioral disengagement, acceptance and denial negatively and significantly predicted optimism ($\beta = -.17, p < .001$; $\beta = -.14, p < .001$; $\beta = -.12, p < .001$; $\beta = -.12, p < .001$). The associations between optimism, self-blame, behavioral disengagement and denial are also in line with relevant literature (e.g. Carver et al., 1989; Fontaine et al., 1993; Harju & Bolen, 1998; Scheier et al., 1986; Wong, Lee, Ang, Oei, & Ng, 2009). It implies that students high in optimism use less avoidant coping strategies namely denial, disengagement coping, blaming oneself etc. This finding is also crucial since people often use avoidance coping strategies (denial, disengagement coping etc.) to lessen the stress or thwart anxiety when the emotional resources are limited or the situation is not controllable (Roth & Cohen, 1986). According to the current study finding, we may presume that this inverse relationship may also be related to the emotion-focused coping strategies (e.g. positive reframing, venting) employed by Turkish university students. That is to say, optimistic students may use less avoidant coping strategies since they are emotionally more resourceful.

Acceptance is also an emotion-focused coping strategy which is the opposite pole of denial. According to Carver et al. (1989) acceptance is a functional coping strategy that accepting the situation may prompt person to deal with stress initially and make person goal-engaged eventually (Scheier & Carver, 2001). It is mostly preferred in uncontrollable situations as well. Conversely, present study results revealed that acceptance inversely predicted the optimism level of students, that is to say, optimistic students use less acceptance as a coping strategy. This finding contradicts the previous literature which mostly reveals positive correlation between optimism and acceptance type of coping (i.e. Carver et al., 2010; Carver et al., 1989; Scheier et al., 1986).

5.2. Implications of the Findings

Considering the findings of the present study, several implications for practice in counseling field can be drawn. These implications are mentioned below.

It is well stated in the literature that positive expectations about future lead to increase attempt in reaching the wished goals; on the other hand, negative expectations may lessen the endeavor to be taken and person may disengage from goal pursuit (Nes & Segerstrom, 2006).

According to Scheier and Carver (1992) when individuals face with difficulty, they either continue their behavior or give up and turn away. With this framework, optimistic people are regarded as those who continue in their effort and see the outcome as attainable even in the face of adversity. However, pessimistic people -who see outcomes as out of reach- may give up and turn away in their goal pursuit when faced with impediments. The stance of optimistic people makes them closer to their chosen goals, while they also adopt positive coping ways to reach them.

Considering the results of the present study, it is obvious that Turkish university students, who are high in optimism, are both mentally motivated in their goal pursuit and also produce alternative paths in reaching their desired goals. It can be argued that, when working with less optimistic students, counselors may firstly use agency building techniques so as to motivate students toward their goals. According to Snyder et al. (2002) there are various agency building techniques; such as,

developing and re-examining the goals, choosing a realistic, crucial but challenging goal and changing the negative goal-related thinking with positive ones by teaching positive statements like “I can do this”, “I am capable person”. Once the agency is increased; counselors may help clients to determine plans to reach their desired aims. According to Snyder et al. (2002) high agency is meaningless if it cannot be invested in tangible and proper plans. Therefore, counselors may help clients to break large goals into smaller ones so as to arrange them into feasible order. Once the students reach their sub-goal, confidence and motivation is indispensable which make them eager to carry on the next sub-goal.

In addition, counselors may help students in assessing their personal capabilities to see if they need additional skill development to reach their goals. Moreover, counselors may provide the in vivo example of person using positive psychology constructs (i.e. hope, optimism) and encourage students to verbalize his/her dedication to therapeutic change even impediments is still present (see also Cheavens, Feldman, Woodward, & Snyder, 2006).

In the present study, it is found that positive reappraisal is a significant and prevalent predictor of optimism. As mentioned before, it construes the stressful condition in a positive term which eventually may lead to initiation of active problem focused strategies. Though it is an emotion focused coping strategy, it has many benefits to individuals; such as, it lessens the negative emotions (Kraft, Claiborn, & Dowd, 1985), reduces the depressive symptoms (Beck & Strong, 1982) increases the purpose in life (Wrosch, Amir, & Miller, 2011) and also boosts the positive affect which ultimately contribute to the physical and psychological well-being (Shiota & Levenson, 2012). It can be argued that counselors may teach positive reframing so as to change the students’ unconstructive statements into more constructive ones. Positive statements not only contribute to well-being of the students but also help them to think of alternative scenarios in a more confident manner when faced with adversity.

Another implication of the study is that, Turkish university students high in optimism adopt more emotion-focused strategies (positive reframing, venting) and stay away from less helpful coping practices (denial, behavioral disengagement, self-blame

etc.). This is noteworthy because literature revealed that students use more problem-focused coping strategies to deal with academic stressors (Nes & Segerstrom, 2006). In addition, it is well known that emotion-focused coping strategies are mostly used in uncontrollable situations when one cannot handle the source of the problem. On the other hand, in problem-focused coping strategies person feel the control and manage stressor by defining the problem, generating alternative ways, learning skills to manage the stressor. Hence, it can be argued that counselors may develop training programs or workshops to promote the active coping strategies of students. Regarding the results of the acceptance, it contradicts the most of the relevant literature. Moreover, beta values showed the similar effect sizes for denial and acceptance which obscure the interpretation of data. Thus, replication of similar studies which explore the association between optimism and acceptance may give better understanding of two constructs.

According to the study results we may make a brief summary by leaving out the result related to acceptance. Optimistic students are motivated and energetic in their goal pursuit. They may think of various routes to reach their goals and do not bogged down with potential impediments. In reaching their goal, they interpret the stressful situation in positive terms which eventually lead them to carry on active, problem-focused coping actions. They may have tendency to focus on distressing situation but they may ventilate their negative feelings. Optimistic students neither deny the reality of potential problems or stressful situation nor give up dealing with stress. Also, they do not criticize themselves in their goal pursuit.

5.3. Recommendations for Future Research

For future research, it is recommended that there should be more empirical studies exploring the associations between optimism, hope and coping strategies among university students. It is seen that, though there are various research on optimism and coping strategies, studies investigating hope and optimism are very scarce. In addition, there are very few studies examine the three concepts among university students.

Second, the present study is limited with the participants studying in a private university. Therefore, it is crucial to examine the contribution of hope and coping strategies in optimism level of students in public/other universities. Furthermore, to increase the generalizability of the study results rather than convenient sampling, random sampling technique may be used. In addition since the present study is limited with university students, it may be beneficial to conduct the study with different age groups and backgrounds (i.e. adolescents, workers etc.) to understand the factors associated in predicting optimism in different samples. It is also recommended that the future studies should include longitudinal designs in order to explore the cause-effect relations between these variables. Moreover, path analysis may offer valuable information about the possible relations between these constructs.

Lastly, given that the item loadings and factor structure of Brief COPE is difficult to interpret and use in analysis, researchers may utilize an alternative coping scale that is more feasible to apply in research part and more suitable for Turkish culture (i.e. Şenol-Durak, Durak, & Elagöz, 2011).

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APPENDICES

APPENDIX A

DEMOGRAPHIC INFORMATION FORM

Ekli ankette üniversite öğrencilerinin yaşam deneyimlerini çeşitli yönleriyle incelemek amacıyla yapılan bir araştırma için bilgi toplamaya yönelik olarak hazırlanmış sorular bulunmaktadır. Sizden istenen ankette yer alan soruları dikkatle okumanız ve içtenlikle yanıtlamanızdır. Sorulara verdiğiniz yanıtların doğruluğu ya da yanlışlığı söz konusu değildir. Önemli olan verdiğiniz yanıtların eksiksiz olması ve sizi doğru yansıtmasıdır. Lütfen her maddeyi okuyup durumunuzu en iyi yansıtan bir seçeneği işaretleyiniz. Sizden isminizi yazmanız istenmemektedir. Verdiğiniz bilgiler yalnız araştırma amacıyla kullanılacak ve tüm yanıtlarınız gizli tutulacaktır. Araştırmaya katkılarınız ve içtenlikle verdiğinizle inandığımız yanıtlarınız için şimdiden teşekkür ederim.

Sueda Özcan Ceran
Yüksek Lisans Öğrencisi
ODTÜ Eğitim Bilimleri Bölümü

Cinsiyet: K() E()

Yaş:

Fakülte/Bölüm:

Sınıf: Hazırlık () 1 () 2 () 3 () 4 ()

APPENDIX B

LIFE ORIENTATION TEST (LOT)

Aşağıda 12 cümle verilmiştir. Her cümleyi dikkatle okuyarak beşli ölçek üzerinde size uygun olan dereceyi işaretleyiniz. ‘Doğru’ ya da ‘Yanlış’ cevap söz konusu değildir. Yardımlarınız için teşekkür ederim.

0 _____ **1** _____ **2** _____ **3** _____ **4**
Kesinlikle Katılmıyorum Kararsızım Katılıyorum Kesinlikle
katılmıyorum katılıyorum

1. Ne olacağının önceden kestirilemediği durumlarda hep en iyi sonucu beklerim.	(0)	(1)	(2)	(3)	(4)
2. Kolayca gevşeyip rahatlayabilirim.	(0)	(1)	(2)	(3)	(4)
3. Bir işimin ters gitme olasılığı varsa mutlaka ters gider.	(0)	(1)	(2)	(3)	(4)
4. Her şeyi hep iyi tarafından alırım.	(0)	(1)	(2)	(3)	(4)
5. Geleceğim konusunda hep iyimserimdir.	(0)	(1)	(2)	(3)	(4)
6. Arkadaşlarımla birlikte olmaktan hoşlanırım.	(0)	(1)	(2)	(3)	(4)
7. Yapacak bir şeylerimin olması benim için önemlidir.	(0)	(1)	(2)	(3)	(4)
8. İşlerin istediğim gibi yürüyeceğini nerdeyse hiç beklemem.	(0)	(1)	(2)	(3)	(4)
9. Hiçbir şey benim istediğim yönde gelişmez	(0)	(1)	(2)	(3)	(4)
10. Moralim öyle kolay kolay bozulmaz.	(0)	(1)	(2)	(3)	(4)
11. Her türlü olayda bir iyi yan bulmaya çalışırım.	(0)	(1)	(2)	(3)	(4)
12. Başıma iyi şeylerin geleceğine pek bel bağlamam.	(0)	(1)	(2)	(3)	(4)

APPENDIX C

DISPOSITIONAL HOPE SCALE (DHS)

Aşağıda 12 cümle verilmiştir. Her cümleyi dikkatle okuyarak dörtlü ölçek üzerinde size uygun olan dereceyi işaretleyiniz. ‘Doğru’ ya da ‘Yanlış’ cevap söz konusu değildir. Yardımlarınız için teşekkür ederim.

1 Kesinlikle katılmıyorum **2** Kısmen katılmıyorum **3** Kısmen katılıyorum **4** Kesinlikle katılıyorum

1. Sıkıntılı bir durumdan kurtulmak için pek çok yol düşünebilirim.	(1)	(2)	(3)	(4)
2. Enerjik bir biçimde amaçlarıma ulaşmaya çalışırım.	(1)	(2)	(3)	(4)
3. Çoğu zaman kendimi yorgun hissederim.	(1)	(2)	(3)	(4)
4. Herhangi bir problemin birçok çözüm yolu vardır.	(1)	(2)	(3)	(4)
5. Tartışmalarda kolayca yenik düşerim.	(1)	(2)	(3)	(4)
6. Sağlığım için endişeliyim.	(1)	(2)	(3)	(4)
7. Benim için çok önemli şeylere ulaşmak için pek çok yol düşünebilirim.	(1)	(2)	(3)	(4)
8. Başkalarının pes ettiği durumlarda bile, sorunu çözecek bir yol bulabileceğimi bilirim.	(1)	(2)	(3)	(4)
9. Geçmiş yaşantılarım beni geleceğe en iyi biçimde hazırladı.	(1)	(2)	(3)	(4)
10. Hayatta oldukça başarılı olmuştumdur.	(1)	(2)	(3)	(4)
11. Genellikle endişelenecek bir şeyler bulurum.	(1)	(2)	(3)	(4)
12. Kendim için koyduğum hedeflere ulaşıyorum.	(1)	(2)	(3)	(4)

APPENDIX D

BRIEF COPE SCALE

Bu ölçekte öğrencilerin üniversite yaşantılarında kullandıkları başa çıkma yollarını tanımlayan 28 madde bulunmaktadır. Her cümleyi dikkatle okuyarak dörtlü ölçek üzerinde size uygun olan dereceyi işaretleyiniz. ‘Doğru’ ya da ‘Yanlış’ cevap söz konusu değildir. Yardımlarınız için teşekkür ederim.

1	2	3	4	
Bunu hiç yapmıyorum	Bunu çok az yapıyorum	Bunu orta derecede yapıyorum	Bunu çok yapıyorum	
1. Zihnimi boşaltmak için kendimi işe veya diğer etkinliklere veriyorum.	(1)	(2)	(3)	(4)
2. Tüm çabamı içinde bulunduğum durum için birşeyler yapmaya yoğunlaştırıyorum.	(1)	(2)	(3)	(4)
3. Kendime “bu gerçek değil” diyorum.	(1)	(2)	(3)	(4)
4. Kendimi daha iyi hissetmek için alkol veya diğer maddeleri kullanıyorum.	(1)	(2)	(3)	(4)
5. Diğer insanlardan duygusal destek alıyorum.	(1)	(2)	(3)	(4)
6. Başa çıkmaya çalışmaktan vazgeçiyorum.	(1)	(2)	(3)	(4)
7. Durumu daha iyi yapmaya çalışmak için harekete geçiyorum.	(1)	(2)	(3)	(4)
8. Böyle bir şey olduğuna inanmayı reddediyorum.	(1)	(2)	(3)	(4)
9. Kendime rahatsız edici duygulardan kurtulmamı sağlayan şeyler söylüyorum.	(1)	(2)	(3)	(4)
10. Diğer insanlardan yardım ve tavsiye alıyorum.	(1)	(2)	(3)	(4)
11. Bu durumu atlatabilmek için alkol veya başka maddeler kullanıyorum.	(1)	(2)	(3)	(4)
12. Sorunu farklı bir gözle görmeye, onun daha olumlu görünmesini sağlamaya çalışıyorum.	(1)	(2)	(3)	(4)
13. Kendimi eleştiriyorum.	(1)	(2)	(3)	(4)
14. Ne yapmam gerektiğine ilişkin bir yol bulmaya çalışıyorum.	(1)	(2)	(3)	(4)
15. Beni rahatlatan ve bana anlayış gösteren birisini buluyorum.	(1)	(2)	(3)	(4)
16. Başa çıkma girişimlerimden vazgeçiyorum.	(1)	(2)	(3)	(4)
17. Olup bitenlerde olumlu bir şeyler arıyorum.	(1)	(2)	(3)	(4)
18. Durumla ilgili şakalar yapıyorum.	(1)	(2)	(3)	(4)

APPENDIX E

TEZ FOTOKOPİSİ İZİN FORMU

ENSTİTÜ

Fen Bilimleri Enstitüsü	<input type="checkbox"/>
Sosyal Bilimler Enstitüsü	<input checked="" type="checkbox"/>
Uygulamalı Matematik Enstitüsü	<input type="checkbox"/>
Enformatik Enstitüsü	<input type="checkbox"/>
Deniz Bilimleri Enstitüsü	<input type="checkbox"/>

YAZARIN

Soyadı : Özcan Ceran
Adı : Sueda
Bölümü : Eğitim Bilimleri

TEZİN ADI (İngilizce) : The role of hope and coping styles in optimism

TEZİN TÜRÜ : Yüksek Lisans Doktora

1. Tezimin tamamından kaynak gösterilmek şartıyla fotokopi alınabilir.
2. Tezimin içindekiler sayfası, özet, indeks sayfalarından ve/veya bir bölümünden kaynak gösterilmek şartıyla fotokopi alınabilir.
3. Tezimden bir bir (1) yıl süreyle fotokopi alınamaz.

TEZİN KÜTÜPHANEYE TESLİM TARİHİ: