

Maladjustment, Life Satisfaction and Optimism A Correlation Study.

Dr.Farah Iqbal, Ghazala khan & Syeda Jasiah Fatima.

ABSTRACT: A co-relational study was designed to find the relation between maladjustment, optimism and life satisfaction. 24 students of University of Karachi were selected as the sample, of whom 12 were females and 12 were males. It was assumed, 'there will be an inverse correlation between scores on RISB and life satisfaction scale', 'there will be an inverse correlation between the scores of RISB and optimism scale' and 'a positive correlation will be found between life satisfaction and optimism'. The participants were asked to fill 3 questionnaires (which included the Satisfaction with Life Scale, Life Orientation Test and then Rotter's Incomplete Sentence Blank). The data was collected and compiled. After application of statistical method of Pearson's product moment correlation, it was found that the first assumption was not verified but the second and third assumptions were verified. Meaning that no negative correlation between maladjustment and life satisfaction whereas positive correlation between life satisfaction and optimism and a negative correlation was found between maladjustment and optimism in our sample.

Keywords: Maladjustment, Optimism, Life Satisfaction, Life Orientation, Incomplete Sentence Blank.

"A pessimist sees difficulty in every opportunity; an optimist sees the opportunity in every difficulty"(Gibson, 2004). The debate about the glass being half full or half-empty has been going on since time immemorial, and will probably continue until the end of the world. This debate of focusing on the negative or the positive side of life has divided humans in two major categories: optimists and pessimists, both adhering to their own reasons and philosophies of their beliefs.

There have been many studies done on why people look at life in a certain way but it has not been established if it is purely biological or purely environmental factors that contribute to the development of this point of view. Nevertheless, it is a commonly observed phenomena that both optimism and pessimism have certain influences on an individual's life and personality and thus, on their attributes and behaviors.

The *Oxford English Dictionary* defines **optimism** as having "hopefulness and confidence about the future or successful outcome of something; a tendency to take a favorable or helpful views." The word is originally derived from the Latin *optimum*, meaning "best." Being optimistic, in the typical sense of the word, ultimately means one expects the best possible outcome from any given situation. This is usually referred to in psychology as dispositional *optimism*. Researchers sometimes operationalize the term differently, depending on their research, however. For example, Martin Seligman and his fellow researchers define it in terms of *explanatory style*, which is based on the way one explains life events. As for any trait characteristic, there are several ways to evaluate optimism, such as various forms of the Life Orientation Test- for the original definition of optimism, or the Attributional Style Questionnaire designed to test optimism in terms of explanatory style. While the heritability of optimism is largely debatable, most researchers agree that it seems to be biological traits to some a small degree, but it is also thought that optimism has more to do with environmental factors, making it a largely learned trait (Vaughan, 2000). It has also been suggested that optimism could appear to be a hereditary trait because it is actually a manifestation of combined traits that are mostly heritable, like intelligence and temperament (Schulman, Keith, & Seligman (1993).

Optimism may also be linked to health. However, Affleck, Tennen, and Apter (2001) studied optimism and health in terms of physical symptoms, coping strategies and negative affect for those suffering from rheumatoid arthritis, asthma and fibromyalgia. They found significance in the psychological well-being and the optimists

Broadly speaking, optimism is believed to contribute to well-being primarily by enhancing the individual's ability to cope with stress, presumably by making the desired outcome, stress-reduction appear more achievable (Scheier, Carver, & Bridges, 2001). Optimism is also thought to exert other effects that help reduce stress, including enhancement of the individual's social network (Brissette, Scheier, & Carver, 2002).

Another factor that is closely linked to psychological wellbeing is *life satisfaction*. It is an overall assessment of feelings about one's life at a particular point in time ranging from negative to positive. It is one of the three major indicators of well-being: life satisfaction along with positive affect, assessed in research studies. Also Diener, Suh, Lucas & Smith (1999) under life satisfaction included: desire to change one's life; satisfaction with past; satisfaction with future; and significant other's views of one's life. Related terms in the literature include happiness (sometimes used interchangeably with life satisfaction), quality of life, and (subjective or psychological) well-being (a broader term than life satisfaction). The research on life satisfaction cognate concepts in extensive and theoretical debates over the nature and stability of life satisfaction continue. Life satisfaction involves people thinking about their life as a whole, including factors such as whether they are achieving their goals, or how they are doing as well as other people around them, and are they happy generally rather than just right now. Life satisfaction is thus a longer-term measure than affect and is typically measured by a questionnaire. Reliable and valid measures of life satisfaction are available. The Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985), for example, shows good psychometric properties and has been used in a number of studies (e.g., Judge, Boudreau, & Bretz, 1994).

The more negative alternative of life satisfaction is dissatisfaction with life, which is generally related to faulty cognitions and outlook towards the world, and the development of psychological and emotional conflicts. A clash of interests, values, actions or directions often sparks a conflict. Conflicts refer to the existence of that clash. The word is applicable from the instant that the clash occurs. Even when we say that there is a potential conflict we are implying that there is already a conflict of direction even though a clash may not yet have occurred (Schwarz & Strack, 1991).

According to Encyclopedia Britannica, conflict, in psychology, is the arousal of two or more strong motives that cannot be solved together. Psychologically, a conflict exists when the reduction of one motivating stimulus involves and increases in another, so that a new adjustment is demanded.

Emotional conflict is the presence in the subconscious of different and opposing emotions relating to a situation that has recently taken place or by tension headaches. Situations which cause emotional conflicts can be everyday occurrences which might seem at the time unimportant. These inner emotional conflicts can sometimes result in physical discomfort or pain (Diener, 1984).

Conflicts are not all equally severe. The conflicts that involve intense threat or fear are not solved readily but make the person feel helpless and anxious. Subsequent adjustments may then be directed more to the relief or anxiety than to the solution of real problems. Conflicts are often unconscious, in the sense that the person cannot clearly identify the source of his distress. Many strong impulses--such as fear and hostility---are so much disapproved by the culture that a child soon learns not to acknowledge them, even to himself. When such impulses are involved in a conflict, the person is anxious but does not know why. He is then less able to bring rational thinking to bear on the problem (Bach & Goldberg, 1974).

Conflicts are a major part of psychoanalytical study and have been explained by Freud in relation with the parts of personality i.e. id, ego and superego. According to him all 3 components need to be well-balanced in order to have good amount of psychological energy available and to have reasonable mental health. However, the Ego has a difficult time dealing with the competing demands of the Superego and the Id. According to the psychoanalytic view, this psychological conflict is an intrinsic and pervasive part of human experience. The conflict between the id and Superego, negotiated by the Ego, is one of the fundamental psychological battles all people face. The way in which a person characteristically resolves the instant gratification vs. longer-term reward dilemma in many ways comes to reflect on their "character". (Tempone & Lamb, 1967)

There are implications of the way the conflicts are resolved on the development of character. If the conflict is resolved successfully, the person can move on to the next stage of development, but if the resolution is faulty or the conflict is not resolved, the person can become fixated, which can lead to character flaws and social, emotional or psychological maladjustment.

The American Heritage® New Dictionary of Cultural Literacy (2005) defines *maladjustment* as "Inability to react successfully and satisfactorily to the demands of one's environment". It can also be defined as "a failure to meet the demands of society, such as coping with problems and social relationships: usually reflected in emotional instability". Whereas, in Collins English Dictionary 2009; it is define as; "inability to adjust to the demands of interpersonal relationships and the stresses of daily living".

According to the American Heritage® Stedman's Medical Dictionary, 2002, though the term applies to a wide range of biological and social conditions, it often implies an individual's failure to meet social or cultural expectations. In psychology, the term refers to unsatisfactory behavior patterns that cause anxiety and require psychotherapy. Thus, **maladjustment** is a process whereby an individual is unable to satisfy his biological,

psychological or social needs successfully and establishes an imbalance between his personal needs and expectation of the society resulting in the disturbance of psycho-equilibrium (Mangal, 1995).

The causes of maladjusted behavior in adolescents can include family, as it is obvious that; family is an institution has various functions to perform under which it fulfill the needs of the adolescent also. There are other significant causes: social, economic and psychological, which contribute immensely to maladjusted behavior in youngsters. It is very difficult to separate out social, economic and psychological causes of maladjustment as there is a high degree of relatedness among these factors. Gibbian (1993) says that the social problem of one generation is the psychological problem of the next generation. Children coming from homes that have been broken due to death, divorce, desertion, separation, etc., are often maladjusted in their behavior. Drunkard parents, strained marital relationship of spouses, quarrels and fights between spouses are also responsible for developing frustration in children. Such children feel insecure and become maladjusted. Economic situation and the occupational status of parents, problems of unemployment, poverty and low-economic status breed maladjustment amongst children. Under such circumstances, parents are unable to satisfy the needs of their children which eventually lead to frustration, aggression and hostile behavior in growing children. It is significant to note that the psychological instability of parents is directly responsible for maladjusted behavior of their off-springs. If parents are over-possessive, highly authoritative, unrealistic in their expectations, incompatible, abusive and prejudiced, this will have a deleterious effect upon their children. When psychological needs are not met, children get frustrated and develop problems. Other causes of maladjustment can include problems in school/educational institutions and peer group. Normally, students ask earnestly for recognition from their peer group during later childhood and adolescence. However, popularity among the peer group depends on various factors, such as good looks, athletic abilities, social class, academic performance, and special talents. If the student lacks these qualities, he may fail to get status amongst his/her peer group and gets frustrated and maladjusted.

Characteristics of a Maladjusted Person can include being withdrawn and timid, shy and self-conscious, fearful, having delusion, showing extreme aggression, tension, having unrealistically high aspirations, feeling of inferiority, emotionally disturbed, isolated, sensitivity and temper tantrums. Anxiety is a personality trait. It results from conflict, which is an inevitable part of life. Anxiety describes the individual's level of emotionality. Since anxiety is an inferred emotional state of an individual, it cannot be directly observed. It can be measured through psychological tests/techniques. Devices like adjustment inventories, projective techniques for the assessment of the personality characteristics may help us in this direction. With the help of such techniques we may not only come to know the extent of which one's behavior may be termed normal or abnormal but also the special areas of one's personality or behavior where one face difficulty in adjustment or malfunctioning (Mangal, 2008). Projective techniques which can be used to measure maladjustment or anxieties include Thematic Apperception Test (TAT), Human-figure drawing (HFD), House-tree-person (HTP), Rorschach's Inkblot Test and sentence completion tests such as Rotter's Incomplete Sentence Blank (RISB).

Rotter and Rafferty (1950) indicated in their manual that the I.S.B. was to be used "as a gross screening instrument not intended to provide ratings in finer diagnostic terms (p. 3), but the subject reflects his own wishes desires, fears, attitudes, etc. (p. 3) "Cofer (1951), writing in the Fourth Mental Measurements Yearbook, expressed doubts as to the validity of the I.S.B. however, he presented evidence that the test has some validity as an indicator of maladjustment (p. 243)". Goldberg (1965), in a comprehensive review concluded that the I.S.B, as a "valuable instrument, "Woltman (1951) noted the I.S.B.'s value in allowing for humor in scoring responses. Various studies show that the RISB is a rigorously standardized, with high validity with external criteria (Goldberg, 1965), good split-half, inter-scorer and test-retest reliability and can be applied on a variety of population samples (Churchill & Crandal, 1965).

Keeping in mind the above information, a correlational study has been designed to find out if conflicts and maladjustment are related to optimism and satisfaction with life. The purpose of this study is to investigate the relationship between scores on RISB, optimism and life satisfaction scales .It is assumed that:

- there will be an inverse correlation between RISB and life satisfaction scale,
- there will be an inverse correlation between RISB and optimism scale,
- there will be a positive correlation between life satisfaction and optimism.

Method

Participants:

24 participants were conveniently selected to take part in the study. They fell in the controlled age range of 18 to 25 years and were students of different departments of University of Karachi. Half of the participants were males and the remaining half i.e. 12 were females.

Material:

3 questionnaires were utilized in this study, one of which was projective technique to find out the level of maladjustment of the participants, and the remaining 2 were to find out their degree of optimism and life satisfaction.

1. Rotter's Incomplete Sentence Blank (1950):

The Incomplete Sentence Blank has been utilized in a variety of experimental settings. **RISB** is a projective measure of maladjustment with a semi-objective scoring system. This revised instrument provides direct information on personality conflicts. As scoring depends on intuitive clinical insights, cognizance of personality dynamics is essential for accurate interpretation. Although responses can also be scored qualitatively for projected motivational needs, as a general rule, interpretation of subjective scales is notoriously unreliable.

Scoring: RISB is an attempt to standardize the sentence completion method for the use at college level. Forty stems are completed by the subject. These completions are then scored by comparing them against typical items in empirically derived scoring manuals for men and women and by assigning to each response a scale value for 0 to 6. The total score is an index of maladjustment (higher scores suggesting greater maladjustment) on the basis of omissions and incomplete responses, conflict responses, or neutral responses.

For all responses which are subsumed under the heading of incomplete thoughts or omissions, no scoring is made. After the remainder of responses is prorated by the formula $\{40 / (40 - \text{omissions})\}$ times the total scores however, if there are more than 20 omissions, the paper is considered unscorable for all practical purposes. The "positive" and "conflict" item categories are divided into 3 parts i.e. P1, P2, P3, and C1, C2, and C3. In both these categories, the highest number indicates the higher degree of either possibility or conflict. The numerical weights for the conflict responses are C1=4, C2=5, C3=6 and the numerical weights for the positive responses are P1=2, P2=1, P3=0. Neutral responses are scored 3.

Overall scores generally range from 80 to 205 (on a scale from zero through 240). However, because of the diversity among individuals' idiosyncratic responses, the RISB cannot readily be computer scored. This inevitably raises questions as to the objectivity and scoring consistency of RIS Blank responses a cutting score provided as 135 to discriminate between adjusted and maladjusted persons on the I.S.B., but it was pointed out that this figure should not be viewed absolutely. Rather, the population and setting to the study should control the value of the cutting score.

Each response is to be scored and evaluated independently of all others, or in some cases a previous response must be used in the evaluation of the later one. In cases where the response is usually long, it should be given an additional point in the directions of "C" unless it has already been rated 6.

Time: 20 - 40 minutes.

Norms: A distribution of scores on the ISB for a representative college freshman population was obtained by giving the Incomplete Sentences Blank to 299 entering freshman at Ohio State University.

Validity: Generally, the sentence completion method is, in the words of Murstein (1965), "probably the most valid of all the projective techniques reported in the Literature". Murstein went on to point out that the sentence completion method appeared to be useful in various areas, including as a valid measure of adjustment in adults/

The Incomplete Sentence Blank was validated on groups on subjects which did not include any of cases used in developing the scoring principles and the scoring manuals. Scoring of the blanks was done "blindly" the scorer never knew whether the test blank was supposed to be that of a maladjusted or manuals differ. The subjects include 82 females and 124 males who were classified as either adjusted or maladjusted i.e., as needing personal counseling or as not needing such counseling.

The RISB relies predominantly on face validity, so that item responses are readily amenable to distortion, depending on respondent's lack of self-insight, and their conscious and unconscious motives. The instrument may act more effectively as a trait measure than as a state indicator of changes over time and not be situationally sensitive. Despite above mentioned limitations, RISB received widespread use in both clinical and nonclinical settings.

Reliability: Since the items on an incomplete sentence blank are not equivalent, the odd even technique for determining reliability is not applicable and would tend to give minimum estimate of internal consistency. Therefore items on the ISB were divided into two halves deemed as nearly equivalent as possible. This yielded a corrected split-half reliability of .84 when based on the records of 124 male college students, and .83 when based on 71 female students.

Stability coefficients are reported as ranging from a low 0.38 (retest interval of 3 years) up to 0.82 (retest after only 1-2 weeks), so it cannot be assumed that the instrument is always reliable. The manual reports

split-half estimates ranging from 0.74 to 0.86, and a Cronbach alpha coefficient of 0.69. This moderate level of item homogeneity suggests little item redundancy, and yet sufficient internal consistency to justify its use.

2. Satisfaction with Life Scale (1985):

The Satisfaction with Life Scale (SWLS) is a measure of life satisfaction developed by Ed Diener and colleagues (Diener, Emmons, Larsen & Griffin, 1985). Life satisfaction is one factor in the more general construct of subjective well being. Theory and research from fields outside of rehabilitation have suggested that subjective well being has at least three components, positive affective appraisal, negative affective appraisal, and life satisfaction. Life satisfaction is distinguished from affective appraisal in that it is more cognitively than emotionally driven. Life satisfaction can be assessed specific to a particular domain of life (e.g., work, family) or globally. This SWLS is a global measure of life satisfaction.

Scoring: The SWLS consists of 5-items that are completed by the individual whose life satisfaction is being measured. Individuals indicate their degree of agreement or disagreement on a 7-point Likert-type scale, with 1 indicating "strongly disagree" and 7 indicating "strongly agree" with each item. The 5 items of the SWLS were selected from a pool of 48 items based on factors analyses. The scores on the 5 items are added together to give the total score. Scores range from 5 to 35 with higher scores indicating greater life satisfaction. More specific bifurcation would indicate 31-35= extremely satisfied, 26-30=satisfied, 21-25=slightly satisfied, 20=neutral, 15-19=slightly dissatisfied, 10-14=dissatisfied, 5-9=extremely dissatisfied.

Administration: is brief--rarely more than a few minutes--and can be completed by interview (including phone) or paper and pencil response. The instrument should not be completed by proxy though a proxy can ask questions to the individual and convey answers to an interviewer (for instance if the respondent can not be interviewed directly by phone).

Reliability and validity: The SWLS is shown to have favorable psychometric properties including high internal consistency and high temporal reliability. Scores on the SWL correlate moderately to highly with other measures of subjective well-being, and correlate predictably with specific personality characteristics. It is noted that the SWLS is suited for use with different age groups. Pavot and Diener (1993) provide an extensive list of studies that have used the SWLS with corresponding normative data. The range of means for various groups of individuals (e.g. undergraduates, health workers) was 14.4 to 27.9. The range of standard deviations was 4.4 to 9.0. Diener et al. (1985) reported a 2-month test-retest correlation coefficient of .82 and an alpha coefficient of .87 for a sample of 176 undergraduates from the University of Illinois coefficient of .83. The SWLS has been found to be positively associated at statistically significant levels at a sample of 39 elderly individuals. Pavot, Diener, Colvin, and Sandvik (1991) obtained at alpha levels with other measures of subjective well-being and negatively associated with measures of psychopathology (Diener et al., 1985).

3. Life Orientation Test (1985)

It is a scale measuring dispositional optimism, defined in terms of generalized outcome expectancies, developed by Michael F. Scheier and Charles S. Carver, in 1985. It consists of 10 items, 4 of which are fillers. The participant is to respond to each item on a 5-point Likert scale having the points of A, B, C, D and E. In this continuum, A indicates "strong agree" and E indicates "strongly disagree".

Validity: Two preliminary studies, involving a total of 438 male and 336 female undergraduates, assessed the scale's psychometric properties and its relationships with several other instruments. The Life Orientation Test appears to possess adequate predictive and discriminative validity.

Scoring: The responses to items 2, 5, 6 and 8 are ignored, since they act as filler. For optimism 1, 4 and 10: A gets 4 points, B gets 3, C gets 2, D 1, E 0. And for questions 3, 7 and 9" A gets 0 points, B gets 1, C gets 2, D 3, E 4. The scores on the responses of items 1, 3, 4, 7, 9 and 10 are added to give the overall score. This is the optimism score. On a scale of 0 to 24, 0 is extreme pessimism, 24 is extreme optimism. On average, most people score 15 - slightly optimistic.

Procedure:

The participants were conveniently selected from amongst the student population of the University of Karachi, belonging to 18-25 years age group. The study was administered in a laboratory setting. The room was well ventilated and well lighted. The class of examiners consisted of 12 students and each student brought 1 male and 1 female participant to be a part of the study. Thus each of the 24 participants was given a typed form containing the 3 questionnaires described above, in which the Satisfaction with Life Scale was attached first,

then the Life Orientation Test and then Rotter's Incomplete Sentence Blank was attached. They were asked to fill out those forms honestly according to the instructions given with each scale. After they had filled the forms, the participants were thanked for their time and debriefed regarding the nature of the study.

RESULT

Correlation results between RISB, life satisfaction and optimism scales:

Pearson's product moment correlation was applied on the scores of 24 subjects. A moderately positive correlation was found existing between RISB and life satisfaction scale ($r=0.267066$) and between life satisfaction and optimism scales ($r=0.3863044$). Whereas a moderate inverse correlation between the scores on RISB and the optimism scale ($r=-0.32244$).

Table 1: Correlations Results between Maladjustment, Life satisfaction and Optimism.

Scales	RISB	optimism
Life Satisfaction	0.267066**	0.3863044**
Optimism	-0.32244*	

Note. *p < .05, ** p <.05 (Rotter's Incomplete Sentence Blank)

V. DISCUSSION

The Results obtained after the calculation of correlation shows that two of our hypotheses have been accepted that 'an inverse correlation has been found between RISB and optimism' & 'a positive correlation has been found between life satisfaction and optimism'. One hypothesis remains non-verified i.e. 'there will be an inverse correlation between RISB and life satisfaction scale' on the contrary it has been found that a moderately positive correlation exists between RISB and the life satisfaction scale, in our sample.

A review of the available literature tells us that maladjustment and life satisfaction are mostly unrelated phenomena, but in our study, they have been found to have moderate positive correlation. This unexpected finding can be both due to the environmental and administrative factors.

The foremost reason for this can be the current social and political situation of Pakistan. Due to the extreme exposure to violence and uncertainty in our everyday lives and the huge amount of stressor faced by the Pakistani people, it may be that we have become desensitized to small conflicts and hindrances, and have started considering them as necessary part of life. It may also be due to the present socio-political situation of Pakistan, the whole nation somehow is trying to make adjustments for survival. Keeping in view the current scenario of Pakistan and especially Karachi where the data had been collected; the terrorist activities are frequently witnessed. Crimes like target killing, strike calls robberies and snatching of valuables are at peak.

Recently, 'The News', a daily reported in an article that the province continues to have terror, targeted-killings and interpersonal conflicts. The peace-starved people of Karachi are always seen praying for tranquility, harmony and security. According to author peace is directly related to the actions and attitudes of individuals and also with an efficient and effective performance of the state organizations; but it is ultimately a gift from God. (Hashim, 2013).

Another article reported the hopelessness amongst and views of the people living in Karachi, which also justifies the rejection of our assumption as " 'Karachi People' don't have any expectations from Police, Politicians, Leaders etc. cause now in Karachi they are trying to make themselves, their places safe and secure, which are not safe too." (Nowpublic, 2013).

Tribune published an article about the Desensitized in Karachi's killing fields,
"Karachiites, it's safe to say, have become completely desensitized." (Faryal, 2010). Under such situations, with no alternative available people make maladjustments. These adjustments range from unrealistic optimism or denial to complete de-alienation. This is an area that needs to be further studied and explored.

Another possible reason for the positive relation between life satisfaction and maladjustment may be the influence of Islam and its teachings regarding thankfulness and patience under all conditions. According to Mubin-uddin (2002); "Regardless of whether we interpret our situation as easy or difficult, Muslims believe that

every situation we face is placed before us by God for a reason, and that ultimately in that reason there is good and benefit for us. For this we are thankful of God”.

A sincere belief in the life hereafter is a key to lead a well-balanced moral life. Otherwise, life is viewed as an end in itself, which causes human beings to become more selfish, materialistic and immoral. (Samir fayad, 2013). So those seeking inner peace must develop patience and trust in God as they may be thankful to Him in every situation. According to Islamic belief, people who remain thankful, even in the face of great hardship; enter into a state of intimacy with their Lord as it's a test. Gratitude to God does not arise from the removal of external stressors, rather; it is an internal state. This state is consciously achieved by continuous struggle and effort as we reflect on the blessings and mercy of God and strive to block out the whispers of negativism and discontent that keep our souls in a state of ingratitude. Being grateful to God is essential to our well-being in life. A heart filled with thankfulness has no room for self-pity or despair. With the understanding that praise and thankfulness is due to God in every circumstance, souls find contentment and hearts find peace.

The Pakistani society is primarily an Islamic one and with 97% of the population following the religion of Islam, it is not a surprise that the concepts regarding thankfulness, as explained above, are ingrained into the national psyche. This may explain why our sample showed satisfaction with life, in spite of maladjustments and conflicts in their lives.

Another possible reason of this finding is related to the collectivist nature of Pakistani society. Roughly two thirds of the world's population live in collectivist cultures, where the distinction between self and others is blurred (Triandis, 1995). In these cultures, the major normative task is to maintain harmony with others by coming to terms with their needs and expectations. If necessary, individuals are expected to subordinate their personal feelings and wishes to the goals of their in-group (e.g., family). Whereas, authenticity to one's inner feelings is often regarded as a virtue in individualist cultures, in many cases, it is constructed as a sign of personal immaturity or selfishness in collectivist cultures. In such settings, individuals' thoughts and feelings acquire full meaning only in reference to the thoughts and feelings of others who are crucially important in the very definition of the self (Markus & Kitayama, 1991, 1994). Although private emotions and cognitions about self and others are experienced and expressed in the collective oriented cultures, such elements of self, located primarily inside the subjective world of each individual, may not necessarily be the fundamental cornerstones on which a person's self-identity is structured. These internal attributes rarely function as legitimatizing reasons for one's conducts in everyday life. Rather, one's social roles, public images, and interpersonal relationships are the major cultural tools that shape the contours of person's selfhood in collectivist societies. Life satisfaction is a global cognitive judgment of one's life. Therefore, it is theoretically possible for a person who does not experience a lot of pleasant emotions still to be satisfied with his or her life as a whole and vice versa. Culture may have chronic influence on social judgments by habitually directing the individual's attention to either internal or external sources of information. By emphasizing either the private or the relational aspects of the self, culture can chronically sensitize certain types of information over others in the process of self-judgment. As a result, in individualist relative to collectivist cultures, where individuals habitually attend to and highly regard the internal elements of the self, a stronger correlation between internal feelings and life satisfaction may be found. Conversely, in collectivist cultures, where the self is heavily influenced by social factors, a stronger relations is expected between one's perception of the cultural norms and life satisfaction (Suh, Diener, Oishi & Triandis, 1998). This information may explain why, in spite of there being maladjustments, does the sample population also exhibit signs of life satisfaction, and even why, in spite of there is moderate positive correlation between the two. The same logic can also be applied to conflicts in collective cultures i.e. they may not be seen as signs of personal problems but rather a collective hindrance (Cupach, & Metts, 1994) and may be seen as separated from personal life satisfaction (Ting-Toomey, 2005).

May be due to the aforementioned reasons, it is not very surprising to know that **Pakistan** ranked 16th among 151 countries of the World on The Happy Planet Index (HPI) 2012. Beating India and United States, which ranked 32nd & 105th respectively (Ema Anis 2012)

Apart from the cultural, religious and social reasons, there may be some administrative aspects of the RISB that may have been overlooked, and which may have led to this unexpected finding. The first is that since the RISB is a projective technique, it is open to a certain level of subjectivity, and studies have shown that it can be interpreted better in collaboration with other techniques (Churchill & Crandall, 1995) and if case studies of the participants are also taken (Goldberg, 1995). This aspect was neglected in this study, and which may have affected the outcome of the interpretation of the participants' responses, and thus, the correlation between maladjustment and life satisfaction.

Also, there are many limitations within the RISB itself and it is found to be confusing to interpret (Long, 1956). It is also found that the scores of RISB can be confounded by social desirability (Janda & Galbraith, 1973). The limitations of the RISB have also been acknowledged by its authors. Rotter and Rafferty (1950) indicated in their manual that the I.S.B. was to be used "as a gross screening instrument not intended to provide rating in finer diagnostic terms (p. 3)." The authors pointed out that the instrument was a "projective technique" which, by its construction, provided a degree of structure within which" the subject reflects his own wishes, desires, fears attitudes, etc., (p. 3). "Rotter and Rafferty also offer in their manual a checklist of their perception of the disadvantages of the I.S.B. This information also indicates that the RISB is not a tool means for clinical diagnosis, and has to be used along with other tools for the interpretation to be valid and precise. Thus, there is a chance that our interpretation, scoring and calculation of the responses may have been faulty, due to which the finding (i.e. moderately positive correlation between maladjustment and life satisfaction) occurred.

The second hypothesis of this study was that there will be an inverse correlation between RISB and optimism scale has been verified and a moderately negative correlation has been found between the two. This is in accordance with the literature and findings of previous studies in this field. Many studies have found that reduced optimism is related to higher level of maladjustment (e.g. Riolli, Savicki & Cepani, 2002). Optimistic attitudes assessed at baseline were significantly related to less severe abnormality (Antoni & Goodkin, 1988). This may be because optimism is related to psychological well-being: "Put simply, optimists emerge from difficult circumstances with less distress than do pessimists." (Scheier, Carver & Bridges, 2001). Furthermore, the correlation appears to be attributable to coping style: "That is, optimists seem intent on facing problems head-on, taking active and constructive steps to solve their problems; pessimists are more likely to abandon their effort to attain their goals." (Scheier, Carver & Bridges, 2001).

This finding may also have a relation with the ages of our participants i.e., 18 years - 25 years, since it has been found that generally, young people are found to have more optimism than aged people. (Habeck, 2004). Also, researchers have stated that optimism may help prevent depression in teenagers (Chueng, 2002). The optimistic tone of the respondents can be proved from verbatim like "the future... will be bright InshaAllah" which were observed on the RISB responses.

The third hypothesis, which stated that there will be a positive correlation between life satisfaction and optimism, was verified and a moderate positive correlation was found between the two. This may be because both life satisfaction and optimism are components of psychological wellbeing; people who appraise their life satisfaction positively may have better coping abilities. For example, life satisfaction may reveal how well one has adapted or learned to cope with one's health status and environment (Folkman, 1997; Fredrickson, 2001). Higher life satisfaction can also be an indication of how easily an individual disengages from unattainable goals and re-engages in new, more attainable goals (Rasmussen, Wrosch, Scheier & Carver, 2006). This strategy would be vital to coping with health conditions, such as restricted mobility or chronic disease, which may render valued life goals impossible.

Fredrickson (2001) and Salovey, Rothman, Detweiler & Steward (2000) have independently suggested that positive emotions and cognitive styles contribute to the building of resources that promote resilience. Positive feelings can broaden individuals' coping abilities by facilitating the gain of social, intellectual, and physical resources (Fredrickson, 2001). For example, positive affect increases engagement in social networks and activities, which have been shown to negatively associate with illness and mortality (Pressman & Cohen, 2005). Positive affect is associated with confidence in and adherence to health practices (Bardwell, Berry, Ancoli-Israel & Dimsdale, 1999; Cohen, Doyle, Turner, Alper, & Skoner, 2003; Luoto, Prattala, Uutela, & Puska, 1998; Salovey, Rothman, Detweiler, & Steward, 2000), particularly focusing on and planning for further health outcomes (Salovey et al., 2000). It has also been found that optimism is significantly associated with multidimensional life satisfaction and multidimensional structure of psychosocial problems among adolescents (Ho., Cheung & Cheung, 2010; Lin, Chiang, Li & Liu, 2010).

From the above discussion, we can conclude that in the case of our sample of students of University of Karachi, a positive correlation was found between maladjustment and life satisfaction and between life satisfaction and optimism and a negative correlation was found between maladjustment and optimism. These findings may be due to the current volatile situation of Pakistan, the Islamic influences on Pakistani society, the collectivist nature of Pakistani culture, the age of the respondents, the similar nature of optimism and life satisfaction, or some procedural mistakes that were committed during the course of the study .

The limitations encountered during this study included:

The sample size was very small.

The data obtained from such a small sample which cannot be generalized on the whole student's population of University of Karachi.

Therefore, it is recommended that

The sample size should be increased

Additional information regarding the background of the participants should be taken. Preferable, a case study should be done to gain additional information regarding their level of maladjustment.

It was observed during the study that many of the respondents were having trouble in understanding the meaning of the scale items, especially in the RISB. Therefore, efforts should be made to develop an Urdu alternative to the RISB or to translate the existing scale into Urdu so that more people can understand it.

Since the RISB is a projective technique, some objective measure of maladjustment should also be used alongside for more valid and accurate results.

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