**Title (Size 16) Capitalize Each Word (Center)**

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**ABSTRACT (Bold, size 12, UPPERCASE) [Left]**

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**ALL MANUSCRIPT**

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**J**osef Breuer, Austrian physician and physiologist who was acknowledged by Sigmund Freud and others as the principal forerunner of psychoanalysis. Breuer found, in 1880, that he had relieved symptoms of hysteria in a patient, Bertha Pappenheim, called Anna O. in his case study, after he had induced her to recall unpleasant past experiences under hypnosis. He concluded that neurotic symptoms result from unconscious processes and will disappear when these processes become conscious. The case of Anna O. introduced Freud to the cathartic method (the “talking cure”) that was pivotal in his later work. Breuer described his methods and results to Freud and referred patients to him. With Freud he wrote Studien über Hysterie (1895), in which Breuer’s treatment of hysteria was described. Later disagreement on basic theories of therapy terminated their collaboration.

**METHODOLOGY**

***Sample***

The sample comprised of three hundred persons. There were two groups of children between the ages of 7 and 13 years and their mothers. Group I consisted of 75 chronically ill children and their mothers 75 and Group II consisted of 75 normal healthy children and their mothers (75). Group II served as a control group. In Group I ; children who were suffering from some type of chronic illness like TB, epilepsy, kidney trouble, rheumatic heart disease, congenital heart disease, sickle cell anemia and asthma were included. In both groups children from different socioeconomic classes – low, medium, and high were interviewed.

***Instruments***

Two measures were used in this study,

1. **LOT for optimism of mother:** LOT is a measure of optimism developed by Scheier & Carver (1985) The LOT consisted of 13 items. Out of these, nine items are related with dispositional optimism and four are filler items. Five items are phrased in positive way (item number 1,4,5,11 & 13) (e.g. “In uncertain times, I usually expect the best”) and four are phrased negatively ( item number 3,8,9,12) ( e.g. “ if something can go wrong for me, it will”). Filler items are (2, 6, 7 & 10) like, “I like to be with my friends”. Respondents were asked to answer each item by indicting the extent of their agreement on a 5 point Likert .

***Procedure***

Many pediatricians and pediatric surgeons of the city were contacted and subjects were selected from their outpatient clinics so as to collect data on chronically ill children and their mothers. These children and their mothers were interrogated individually and relevant information was obtained using different instruments. Healthy children and their mothers were contacted at their homes.

**RESULTS**

***Table No. 1 Correlations between mother’s optimism and her symptom reporting***

|  |  |  |
| --- | --- | --- |
| **Combined Group** | **Healthy Group** | **Ill Group** |
| Physical  | Psychological | Total | Physical  | Psychological | Total | Physical  | Psychological | Total |
| -.30\*\* | -.13\*\* |  -.42\*\* | - .19 | -.26\* | -.25\* |  -.36\*\* | - .53\*\* | -.54\*\* |

Mother’s optimism is significantly and negatively correlated with her symptom reporting. It was found in all the three groups. Mother’s psychological symptom reporting appears more important than physical symptom reporting. In the chronically ill group, correlations between mother’s optimism and her complaint reporting were found more significant and higher degree.

**DISCUSSION**

Empirical data of the present study very strongly poses that optimism is related with physical and mental health. Optimistic individuals have fewer physical and psychological complaints with their life. If there is any problem like illness of her child then also, mothers with optimistic outlook help themselves to cope with the situation.

***Acknowledgments***

The author appreciates all those who participated in the study and helped to facilitate the research process.

***Conflict of Interests:*** The author declared no conflict of interests.

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*We are follow to APA 6th Edi. Reference Style.*

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**Graphics, such as Tables, Charts, Images, acceptable.**

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