Intrapersonal and Interpersonal Predictors of Hope in Adolescents

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Intrapersonal and Interpersonal Predictors of Hope in Adolescents

Megan M. B. Wilson

A thesis submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of

Master of Science

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ABSTRACT

Intrapersonal and Interpersonal Predictors of Hope in Adolescents

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Hope is a variable that is defined in research as a positive outlook on one’s future and a plan to achieve that future. Hope has been found to be positively correlated with self-esteem, optimism, and life satisfaction, and negatively correlated with suicide ideation and suicidality. However, there is a lack of research on predictors of hope in adolescents. Adolescents compose the age group that could arguably use the goal-oriented and positive outlook that hope provides the most. This study identified predictors of hope (i.e., depression, maternal and paternal support) in adolescents so as to know how society can give adolescents the advantage of hope in their lives. Depression was found to be a negative predictor of hope, and maternal support was found to be a positive predictor of hope. Data was collected from the *Flourishing Families* Project, a longitudinal study of adolescents.

Keywords: hope, parental support, depression, adolescents
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Intrapersonal and Interpersonal Predictors of Hope in Adolescents

Hope and its opposite (hopelessness) have received growing attention from researchers and clinicians for their important relationship to both positive and negative aspects of adolescent functioning (Esteves et al., 2013; Yarcheski & Mahon, 2016; Horwitz et al., 2017). Hope can be defined as a “positive motivational state” (Snyder, 2002, p. 250) with a future-oriented outlook, goals, and a plan to achieve them (Peterson & Seligman, 2004). Although the number of adolescent-focused studies are somewhat limited, the available research has catalogued several helpful benefits to hope. For instance, hope is correlated with adolescents performing better in school (Adelabu 2008; Curry et al., 1997), higher life satisfaction levels (Yarcheski & Mahon, 2016), and lower usage of alcohol, cigarettes, and marijuana (Esteves et al., 2013). Additionally, Valero et al. (2015) found that hope was influential in determining where an adolescent goes in life and their future occupation.

In contrast, the literature on hopelessness notes its association with negative outcomes including suicidality, finding that hopelessness partially mediated the association of rumination and suicidal ideation as well as fully mediating the relationship between rumination and duration of suicidal ideation (Smith et al., 2006). Wolfe et al. (2019) corroborated these findings, concluding that independent of changes in depression severity and gender, “a one-scale unit increase in baseline hopelessness total score [was] related to a 6.3% increase in the predicted or expected suicide ideation” (p. 259). As such, these findings suggest that, “as an individual’s hopelessness increases, even slightly, the potential for the presence of suicide ideation is significantly increased over the course of a short period of acute treatment” (Wolfe et al., 2019, p. 259). Furthermore, Stewart et al. (2005) added that “hopelessness was the strongest of cognitive variables in concurrent associations with suicidal ideation” in adolescents (p. 364).
In addition, it appears that hopelessness is also linked to other negative outcomes (Brown & Grady, 2019; Pérez Rodríguez et al., 2017). In the case of Pérez Rodríguez et al. (2017), levels of hopelessness were higher in participants who engaged in non-suicidal self-injury and suicide attempts than in participants who had no report of self-injury or suicide attempts. While suicidal ideation and suicidality might be the most severe consequences of insufficient hope, there are numerous other negative effects as well. For instance, Brown and Grady (2019) found that hopelessness was correlated with general delinquency and property damage, while Kagan et al. (2012) found that hopelessness may encourage sexual risk-taking behavior in adolescent males.

As evidenced by these findings, hopelessness can have devastating effects on individuals, families, and communities. Conversely, these negative outcomes can be combatted by hope. Consequently, researchers, parents, and clinicians alike would benefit from an examination of the variables contributing to hope. Unfortunately, there is a general lack of research on these predictive factors (especially for adolescent samples), which is regrettable because while hope can be beneficial for those at any developmental stage, it may be especially beneficial during adolescence since a positive view of their future, with goals and plans to achieve them, has been found to serve as a psychological strength (Valle et al., 2004). Consequently, it can be reasoned that there is a significant need for investigations into which variables are significantly related to hope in adolescents so that families and society know what is most important and can start early to instill the quality of hope in youth. To help address this gap in scholarship, this study is designed to examine a few intrapersonal and interpersonal predictors of hope in adolescents. In choosing which variables would be included in this study, stress generation theory and family systems theory guided the selected. Stress generation theory proposes that depression can be a predictor of stressful life events, and therefore gives justification for depression being a variable
included in this study of predictive variables of hope. The foundational idea of family systems theory posits that a family’s interactions affect each other. Knowing this, it could be of interest to examine how the child’s parental support affects the child’s level of hope. As such, maternal and paternal support have also been chosen as variables in this study.

**Literature Review**

**Hope**

Hope is a relatively new field of study, with the ideas of Charles Snyder (1994) being the most widely recognized theory in the literature, presenting the fundamental idea that hope is “a positive motivational state that is based on an interactively derived sense of successful agency, goals, and pathways (planning to meet goals)” (2002, p. 250). Peterson and Seligman (2004) take a slightly different perspective on the construct in saying that hope is “thinking about the future, expecting that desired events and outcomes will occur, acting in ways believed to make them more likely, and feeling confident that these will ensue given appropriate efforts to sustain good cheer in the here and now and galvanize goal-directed actions” (p. 570). Both definitions are fairly specific and include the element of looking toward the future as well as having a plan to reach that future goal. However, hope can also be defined simply as, “the degree to which an adolescent possesses a comforting life-sustaining belief that a personal and positive future exists” (Hinds, 1984, p. 3). For the purposes of this study, hope is used to refer to a positive connotation about the future and one’s goals, accompanied by the confidence to get there.

One theory that could explain a connection between this study’s variables of hope and depression is the stress generation theory. Hammen (1991) explained this theory by saying, “depressed persons shape their environments, as well as respond to them, and the consequences of their depression and behaviors may serve to generate stressful conditions and events” (p. 555).
This theory further states that depression produces stressful life events partly due to maladaptive personality characteristics (Bahji et al., 2021). According to this theory, it would make sense that depression in an adolescent could lead to that adolescent not having hope. Applying the stress generation theory to this study gives the justification to find whether depression is a predictor of hope.

Another theory that this study benefits from is that of family systems theory, first introduced by Kerr et al. (1988). They posit that the family acts as a system, and viewing the system as a whole is better than viewing the different parts (Kerr et al., 1988). Pfeiffer and In-Albon (2022) add that members in the system or family interact to influence each other and their behavior. Family systems theory provides the theoretical backing for why it would be influential for parental support to be a predictor of hope.

Given the field’s growing attention to hope as an important variable for study, it is not surprising to find a number of theoretical connections between hope and a variety of other constructs including those focused on in this study. However, most of the research that has been done focuses on variables that correlate with, rather than predict, hope. For example, self-esteem and optimism are two key intrapersonal variables that have been found to be positively correlated with hope (Esteves et al., 2013). As a closely related construct, optimism can be defined as the stable tendency to “believe that good rather than bad things will happen” (Scheier & Carver, 1985, p. 219). It is viewed as differing from hope in that it is an expectation of good things happening to a person, whereas hope involves having goals and plans to bring about that positive future. Interpersonal variables that have been found to correlate (positively) with hope are social support and religiosity (Esteves et al., 2013), and life satisfaction (Valle et al., 2004). Also, Otis et al. (2016) found that parenting styles featuring high levels of parental acceptance and
protection were related to adolescents’ high hopes about the future. Additionally, there are variables that are negatively correlated with hope. For instance, Otis et al. (2016) found that parenting styles perceived as rejecting lowers hope.

This collection of findings is especially encouraging in that a number of these correlates are amenable to change, which may lead to increased levels of hope among struggling adolescents. Of course, while there is research on hope in adolescents, there is still more to be studied. Much of the aforementioned research focuses on the effects of hope in adolescents, without as much attention being given to the predictors of hope. The study of predictors of hope in adolescents will help us know how hope is established, producing adolescents that have a plan and are ready to achieve their goals. As such, the question that will be asked in this study is ‘what are the predictors of hope in adolescents?’ With depression being a rapidly growing mental illness among teens and operating under the assumptions of the stress generation theory, depression has been chosen to view as a possible predictor of hope in this study. Through family systems theory it is apparent that a family’s interactions affect each individual. Since social support has been found to correlate with hope (Esteves et al., 2013) it would make sense that parental support would also be a predictor of hope, which is why it has been chosen as a variable in this study.

**Depression and Hope**

Intrapersonal variables that have not been considered as much in the predictive study of hope are teen’s own reported levels of mental illness, especially depressive symptoms. Research has found hope to be negatively associated with depression (Chang & DeSimone, 2001; Wong & Lim, 2009). More specifically, those same studies found hope (or hopelessness) to be a predictor of depression, with Chang and DeSimone (2001) suggesting that efforts to modify hope might be
useful in reducing depression (Chang & DeSimone, 2001). Knowing there is a connection is a start, but this study is focused on the predictors of hope, justified (in part) because there are fewer examinations of the inverse – depression being a predictor of hope. From the available research there were, however, two studies that did examine this directional relationship. One divided hope into two dimensions (pathway thinking and agency thinking) and found that depression predicted both dimensions of hope (Li et al., 2018). Unfortunately, Li et al. treated this finding as just a small part of their analysis and did not share anything else on the subject. Further complicating and frustrating a clear conceptualization of this association, Li et al. referenced other studies that reported on the depression/hope relationship; however in studying these citations, no supporting statements on the depression/hope relationship were found. The second study found no longitudinal effect of depression on hope (Arnau et al., 2007). Because of the mixed results and sparsity of literature on whether depression predicts hope, this study will add much to the current literature.

**Parental Support and Hope**

Social support, or the “availability of a socially supportive network” (Esteves et al., 2013, p. 108) has been found to be one of the more consistent predictors of hope in children and adolescents (Esteves et al., 2013; Yarcheski & Mahon, 2016). Yarcheski and Mahon (2016) found that social support had one of the largest effect sizes in relation to hope, indicating a robust relationship between social support and hope. Weiss (1974) was one of the first people to conceptualize social support by “specific functions served through social interactions” (Warren et al., 2009, p. 108). Weiss went on to organize the social support construct according to “six categories of relational provisions: (a) attachment, (b) social integration, (c) opportunity of nurturing behavior, (d) reassurance of worth, (e) sense of reliable alliances, and (f) acquiring
guidance in stressful situations” (Mahat et al., 2002, p. 164). Other studies have also drawn distinctions between types of social support, based on the providers of said support, with the most common categories being family support and friend support (Mahon & Yarcheski, 2017).

Familial support (especially parental support) is thought to be a primary contributor to a child’s hope early in life (Snyder et al., 2002). Unfortunately, while there have been a few studies that have addressed the relationship between familial support and adolescent hope, this body of literature can be considered less helpful because two different versions of family support are often conflated or used interchangeably (i.e., support from parents and the broader family-level version), creating a lack of distinction between the two types (Mahon & Yarcheski, 2017).

Kemer and Atik (2012) agreed that “exploration of the role of specific types of family support from the perspectives of adolescents in prediction of hope is considered to be important to the relevant literature” (p. 903). As such, a focus on parental support, distinguishing it from the more general construct of social support or familial support, can give us more of an insight on its influence predicting hope.

Lacking a sizeable number of studies that have taken the time to examine the relationship between parental support and hope, justification for this project must also depend on indirect support from separate bodies of literature. For example, parental support has also been linked to other positive outcomes that have, in turn, been found to be associated with hope. Yeung et al. (2016) proposed that high parental warmth is associated with positive approval of the child which Pinquart and Gerke (2019) added will promote the child’s self-approval (or self-esteem). Maccoby and Martin (1983) agreed that there is probably a positive effect of parental warmth on self-esteem. Parental warmth has also been found to significantly correlate with life satisfaction and positive affect (Özdemir, 2012). All three of these constructs; self-esteem, life satisfaction,
and positive affect, have been found to be predictors of hope in adolescents (Yarcheski & Mahon, 2016). Since there is a link between parental support or warmth and these constructs, and these constructs and hope, it seems appropriate and justified (conceptually) to investigate whether there is a direct link between parental support and hope (see Figure 1).

All previous studies dealing with the variables of hope, social support, and depression have examined the relationships between study variables in light of the key control variables of adolescent age and family income. Therefore, these control variables were selected for this study as well.

**Figure 1**

*Multiple Regression Analysis Comparisons—Predictors of Adolescent Hope*
Methods

Sample

The sample for this study was taken from the Flourishing Families Project (FFP), which is a longitudinal study of 500 families who each had one child between the ages of 10 and 13 at wave one. The project then followed these families through eight waves with one wave per year. The two-parent families are the focus of this study, in order to allow for an examination of both maternal and paternal support. Family demographics are as follows: 327 families were of European American ethnicity, 61 were African American, with smaller numbers for Hispanics (1) and Asian Americans (3). 98 families are considered multi-ethnic in nature, based on a combination of two or more ethnic cultures among family members. For parental education, 60.2% of mothers and 47.4% of fathers had a bachelor’s degree or higher. Regarding income, 49% made less than $25,000 per year, 28.5% made between $25,000 and $50,000 a year, and 22.5% made more than $50,000 per year.

Procedures and Data Collection

Participant families were selected from a large northwestern city and were surveyed and interviewed during the first eight months of 2007 for a Wave I data sample. Subsequently, families were surveyed and interviewed at yearly intervals. Families were primarily recruited using a purchased national telephone survey database (Polk Directories/InfoUSA). This database contained 82 million households across the United States and had detailed information about each household, including presence and age of children. Families identified using the Polk Directory were randomly selected from targeted census tracts that mirrored the socio-economic and racial stratification of reports of local school districts. All families with a child between the ages of 10 and 14 living within target census tracts were deemed eligible to participate in the FFP. Of the 692 eligible families contacted, 423 agreed to participate, resulting in a 61%
response rate. However, the Polk Directory national database was generated using telephone, magazine, and internet subscription reports; so families of lower socio-economic status were under-represented. Therefore, in an attempt to more closely mirror the demographics of the local area, a limited number of families were recruited into the study through other means (e.g., referrals, fliers; n = 77, 15%). By broadening the approach, the social-economic and ethnic diversity of the sample was increased.

**Measures**

**Hope**

This self-report measure is adapted from a hope/optimism scale (Peterson & Seligman, 2004), with five-point Likert response categories ranging from 1 (very much like me) to 5 (very much unlike me). Youth responded in terms of how much each statement was like them (e.g., “I always look on the bright side” and “I expect the best”). Items were reverse scored so that higher scores indicate higher levels of hope. Past research has found Cronbach’s Alpha reliability coefficients ranging from .70 to .86 (Peterson & Seligman, 2004) and the Cronbach’s Alpha reliability coefficient was found to be .852 for this sample.

**Depression**

Adolescent’s depression was assessed using the 20-item self-report CES-DC (Center for Epidemiological Studies Depression Scale for Children, Weissman et al., 1980). Participants responded by rating the degree to which they have experienced each item in the past week, with a Likert-type response scale ranging from 1 (not at all) to 4 (a lot). Higher scores indicate greater depressive symptoms. Sample items included, “I was bothered by things that usually don’t bother me,” and “I felt lonely, like I didn’t have any friends.” For the current sample, the Cronbach’s Alpha reliability coefficient was found to be .885.
**Parental Support**

The measure of parental support (both maternal and paternal) is taken from the five-item support subscale of the Parenting Styles and Dimensions Questionnaire-Short Version (PSDQ, Robinson et al., 2001). This measure assesses parents’ warm and supportive behaviors through child report, and includes items in response to the statement “how often does your parent do the following?”. Sample items included “My parent encourages me to talk about my troubles”, “My parent has warm and loving times together with me.”, “My parent gives comfort and understanding when I am upset”. Responses were given on a five-point Likert-type scale ranging from 1 (never) to 5 (always), with higher scores indicating higher levels of parental support. Previous reliability coefficients reported for the PSDQ-Short Version were alphas of .86 (for the authoritative scale). Reliability coefficients (Cronbach’s Alphas) at wave VII for this research sample were found to be .910 for mothers and .917 for fathers.

**Analysis**

Multiple regressions were utilized to explore the relationships between predictor variables at time 1 (maternal/paternal support, youth depression from wave 3) and time 2 adolescent hope (from wave 4), with several control variables including initial hope level from time 1.

**Results**

Descriptive statistics were examined including the mean and standard deviation for all study variables (see Table 1). The study’s overall sample had fairly high mean scores for parental support with average scores for both maternal and paternal support landing above 3.5 on a scale ranging from 1-5. It is interesting to note that maternal support $M = 3.854$ $(SD = .808)$ had a higher mean than paternal support $M = 3.638$ $(SD = .874)$. Depression had a somewhat low
mean with $M = 1.614$ ($SD = .506$) on a scale from 1-4. Hope at time 2 was also higher than hope at time 1, with $M = 2.318$ ($SD = .669$) and $M = 2.249$ ($SD = .637$) respectively.

**Table 1**

*Study Variable Means and Standard Deviations*

<table>
<thead>
<tr>
<th>Study Variables</th>
<th>Sample ($n=598$) M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Support</td>
<td>3.854 (.808)</td>
</tr>
<tr>
<td>Paternal Support</td>
<td>3.638 (.874)</td>
</tr>
<tr>
<td>Depression</td>
<td>1.614 (.506)</td>
</tr>
<tr>
<td><strong>Hope</strong></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>2.249 (.637)</td>
</tr>
<tr>
<td>Time 2</td>
<td>2.318 (.669)</td>
</tr>
<tr>
<td>Age</td>
<td>15.31 (1.071)</td>
</tr>
<tr>
<td>Family Income (Yearly)</td>
<td>104,954.10 (74,764.75)</td>
</tr>
</tbody>
</table>

Pearson correlation coefficients were calculated for all study variables (see Table 2). Maternal support was strongly and significantly correlated with paternal support ($r (544) = .720$, $p < .001$), moderately correlated with hope at time 1 ($r (621) = .339$, $p < .001$), as well as moderately correlated with hope at time 2 ($r (607) = .349$, $p < .001$). Maternal support was significantly and moderately negatively correlated with depression ($r (621) = -.314$, $p < .001$). Depression was also negatively and moderately correlated with paternal support $r (545) = -.334$, $p < .001$). Paternal support was significantly positively correlated with hope at time 1 ($r (545) = .278$, $p < .001$), and hope at time 2 ($r (534) = .287$, $p < .001$) although both times the correlation
was small. Depression was negatively correlated with hope at both time 1 ($r(622) = -0.223, p < .001$) and time 2 ($r(608) = -0.267, p < .001$) although both correlations were small. Depression was also weakly negatively correlated to family income ($r(460) = -0.098, p = .036$). Not surprisingly, hope at time 1 was strongly positively correlated with hope at time 2 ($r(608) = 0.655, p < .001$).

### Table 2

_Bivariate Correlations Among Continuous Variables_

<table>
<thead>
<tr>
<th>Study Variables</th>
<th>MS</th>
<th>PS</th>
<th>DEP</th>
<th>T1</th>
<th>T2</th>
<th>AGE</th>
<th>FI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Support (MS)</td>
<td>-</td>
<td>0.720***</td>
<td>-0.314***</td>
<td>0.339***</td>
<td>0.349***</td>
<td>-0.056</td>
<td>0.060</td>
</tr>
<tr>
<td>Paternal Support (PS)</td>
<td>-</td>
<td>-</td>
<td>-0.334***</td>
<td>0.278***</td>
<td>0.287***</td>
<td>-0.081</td>
<td>0.086</td>
</tr>
<tr>
<td>Depression (DEP)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-0.223***</td>
<td>-0.267***</td>
<td>0.034</td>
<td>-0.098*</td>
</tr>
<tr>
<td>Hope Time 1 (T1)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0.655***</td>
<td>0.034</td>
</tr>
<tr>
<td>Hope Time 2 (T2)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-0.054</td>
<td>0.060</td>
</tr>
<tr>
<td>Age</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0.037</td>
</tr>
<tr>
<td>Family Income (FI)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

*Note:*** $p < .001$, **$p < .01$ *$p < .05$, two-tailed.*

Multiple linear regression was used to assess how much variation in hope was explained by predictor (maternal support, paternal support, depression) and control variables (hope at time 1, age, family income) in the sample (see Table 3). Assumptions for multiple linear regression were tested and met. Maternal support and depression were found to be significant predictors of hope. Maternal support was a positive predictor of hope ($\beta = 0.154, p = 0.006$). The slope for maternal support suggests that for every 1 unit that maternal support was higher, hope was higher.
by .154 units. Whereas depression was found to be a negative predictor of hope ($\beta = .110, p = .005$). As expected, time 1 hope was significantly related to hope at time 2 ($\beta = .558, p < .001$). The control variables of age ($\beta = .097, p = .008$) and family income ($\beta = -.099, p = .006$) were also found to be significant predictors of hope, suggesting that for every 1 unit that age is higher, hope is higher by .097 units and for every 1 unit that family income is higher, hope is lower by .099 units. Altogether, the $R^2$ was equal to .439 suggesting that predictors in the model accounted for 43.9% of the variation in hope in adolescents.

**Table 3**

*Regression Analysis with Hope at Time 2 as Outcome*

<table>
<thead>
<tr>
<th>Variable</th>
<th>$\beta (B)$</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>(2.022)</td>
</tr>
<tr>
<td>Maternal Support</td>
<td>.154 (.126)**</td>
</tr>
<tr>
<td>Paternal Support</td>
<td>-.023 (-.017)</td>
</tr>
<tr>
<td>Depression</td>
<td>-.110 (-.138)**</td>
</tr>
<tr>
<td>Hope Time 1</td>
<td>.558 (.584)**</td>
</tr>
<tr>
<td>Age</td>
<td>.097 (.060)**</td>
</tr>
<tr>
<td>Family Income</td>
<td>-.099 (-.000)**</td>
</tr>
</tbody>
</table>

*Notes:*** $p < .001$, **$p < .01$, two-tailed. *$p < .05$, two-tailed.*

**Discussion**

Since the benefits of hope are of great importance for adolescents, this study looked at different predictors of hope in adolescents. The variables of depression, maternal support, and
paternal support were studied, with control variables of hope at time one, age, and family income. All variables were found to be significant predictors of hope except paternal support.

Drawing from the social support literature, it is not surprising that maternal support was found to be a predictor of hope in adolescents. What was surprising, however, is that paternal support was not found to be a predictor of hope. More research should be done to discover why that discrepancy exists. One possibility for this could be answered by social norms for men and women. In general, men are perceived as having less emotional intelligence than women (Petrides et al., 2004). Emotional intelligence can be defined as “a set of skills hypothesized to contribute to the accurate appraisal and expression of emotion, the effective regulation of emotion, and the use of feelings to motivate, plan, and achieve” (Salovey & Mayer, 2004). In explaining his theory of hope with agency and pathways thinking, Snyder (2002) said, “some people embrace the processing and expressing of emotions, and such active emotional processing should facilitate the pathways and agency thought” (p. 254). He continued, saying that this type of processing was termed by some as emotional approach coping, which hope scale scores have significantly positively related to, especially for women (Snyder, 2002). In a sense, emotional intelligence could be associated with higher levels of hope. A study of college students revealed that both males and females perceive their mothers to be far more emotionally intelligent than their fathers (Petrides et al., 2004). This could explain why maternal support, and not paternal support, was found to be a predictor of hope in adolescents, simply because their mothers are naturally more hopeful than their fathers.

Consistent with our hypothesis, depression was found to be a negative predictor of hope. This could be due in part to what stress generation theory posits, that a depressed individual shapes their environment and creates stressful life events (Bahji et al., 2021), something that is
not conducive to hope. This finding adds to the current literature since hopelessness has been found to be a predictor of depression, but the inverse of depression being a negative predictor of hope has previously had inconclusive results.

Initial hope level was also found to be a very significant predictor of hope at time 2, indicating that hopeful adolescents continue to be hopeful adolescents later in life. This is likely a product of continued successes and accomplishments (across time) combined with the developmental stability of hope as a personality characteristic. Age was found to be a positive predictor, meaning that as an adolescent gets older, they become more hopeful. This could be due to overall maturity and development leading to the capacity to form those goals and paths to get there. Family income was a negative predictor of hope suggesting that as income is lower, hope will be higher. This is an interesting finding and does not seem as intuitive but could be due in part to this study’s sample being fairly high SES. This could create a situation where an adolescent whose family of origin has a lot of money has higher pressure to live up to that standard of living, which is overwhelming, and leads to a lack of hope.

Since there are numerous studies demonstrating the importance of social support in the development of hope, it is somewhat surprising that parental support (especially paternal) would not be a more significant predictor of hope. More research should be conducted to solidify this finding. It could be that peer support is more influential in adolescence than parental support, so further research could address that question. It is also possible that our measure for parental support did not accurately measure the intended variable. Future research should look for other predictor variables to hope, particularly different parenting variables. Another direction for future research could be to find whether there is a difference in predictors of hope across genders.
Clinical Implications

More research is needed to conclusively say what predicts hope, however this study provides a framework for where one could start. In fact, given the lack of evidence for a broad, more universal conceptualization of hope’s predictors, clinicians have the clear responsibility to tailor their assessment of hope in a more individualistic way. Also, with support from the hope literature (demonstrating how important and helpful hope can be, especially in adolescents), it is important for clinicians to assess individually with the client what factors will help them move from hopeless to hopeful.

Limitations and Conclusion

There are some very key limitations to this study. First, the sample is largely white, upper middle-class, and the parents and families of the adolescents have moderately high education levels. The adolescents are also largely high functioning, which tends to facilitate levels of hope. Being largely white in predominantly white neighborhoods means less systemic obstacles to the development and maintenance of hope. More research is needed to draw more substantial conclusions. It is recommended to assess these relationships in a more diverse sample (ethnically, socio-economically, and in terms of family structure).

The purpose of this study was to find predictors of hope in adolescents. The characteristic of hope in one’s life has many benefits, especially for adolescents. Using stress generation theory, family systems theory and previous research for justification, the variables of maternal support, paternal support, and depression were chosen to study as predictors of hope. Multiple regression analysis was used, and significant predictors of hope included maternal support (positively) and depression (negatively), with the control variables of hope, age, and family income also being found to be significant predictors. Future research should continue the study
of predictive variables of hope. Clinicians have the responsibility to individually assess what will help their adolescent clients increase hope.
References


