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# Hope and Social Support: What Types of Parent, Peer, and Teacher Support Matter to Early Adolescent Females and Males?

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HOPE AND SOCIAL SUPPORT: WHAT TYPES OF PARENT, PEER, AND TEACHER  
SUPPORT MATTER TO EARLY ADOLESCENT FEMALES AND MALES?

by

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## ABSTRACT

In the past decade, researchers in psychology have paid increased attention to identifying psychological qualities in individuals that indicate positive mental health and flourishing. Hope has been proposed to be one of these qualities (Day, Hanson, Maltby, Proctor, & Wood, 2010; Marques, & Lopez, 2014). The majority of the hope literature has concentrated on the outcomes of differing levels of hope, but has not thoroughly examined the antecedents of hope differences. The current study provides a unique investigation of hope that looks at hypothesized antecedents of positive hope development in adolescents. For example, this study looks at the relationships among gender, social support, and hope, providing a more nuanced understanding of the development of individual differences among hope in early adolescents. The results of hierarchical multiple regression analyses revealed that after controlling for socioeconomic status, all three sources (parent, teacher, peer) of support contributed unique variance to adolescents' hope levels. More specifically, parent social support showed the largest contribution to the explained variance. Additionally, the findings revealed that parent emotional, informational, and instrument support, teacher emotional and informational support, and peer emotional and instrumental support were all uniquely related to hope in adolescents, with emotional support contributing the most, unique variation to the explanation of hope difference among this age group. The findings of this study did not demonstrate evidence of gender playing a moderating role in the relationship between hope and the sources or types of social support. Thus, the nature and

magnitude of the relationships between the sources and types of social support and hope generalized across both gender groups. Implications of the study are discussed.

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# CHAPTER 1

## INTRODUCTION

### **History of Positive Psychology**

Historically, psychology has been a field that has concentrated on the diagnosis and treatment of mental illness in individuals (Sheldon & King, 2001). Because of this concentration, psychologists have traditionally defined mental health as the absence of mental illness. Jahoda (1958), however, argued that this approach was not sufficient for understanding human functioning. Similarly, Sheldon and King (2001) asserted that not only was this perspective not comprehensive enough to establish an understanding of the individual's functioning, but that it also limited and negatively biases one's understanding. In order to fully capture human functioning, these researchers posited that it is important to assess positive psychological qualities. This perspective led to the development of positive psychology. This field of positive psychology emphasizes the importance of evaluating individuals' mental health based on whether or not an individual displays some positive psychological qualities in addition to the presence or absence of pathological symptoms (Seligman & Csikszentmihalyi, 2000). These positive qualities include variables such as life satisfaction, self-esteem, and gratitude. Snyder (2005) has argued persuasively that hope should also be considered as one of these positive psychological qualities.



## **History of Hope**

Theories pertaining to hope began developing centuries ago. Prior to the 1960's, secular philosophers conceptualized hope as a negative characteristic, which prolonged suffering (see Snyder, 2000). This historically aversive portrayal began to change as researchers started to acknowledge the positive attributes of possessing hope. In 1965, Tillich wrote "everybody can lose himself into foolish hope, but genuine hope is something rare and great" (p. 17). This quote illustrates the transition of hope, from a negative quality to a characteristic that is positive and valued. This change of assessment came at a time when psychologists began placing value on positive emotions and indicators as important components of an individual's health. By the late 1970's, physicians, psychologists, and researchers across various fields were simultaneously discovering the positive implications and components of hope and were developing unique theories on hope (Snyder, 2000). With researchers from several different fields investigating hope at the same time, the initial theories varied in conceptualization and operationalization.

## **Hope Theory**

Throughout the history of research on hope, there have been significant differences in the conceptualization and understanding of this construct. For example, Dufault and Martocchio (1985) defined hope as a multi-dimensional concept, characterized by "confident, yet uncertain" expectations of a positive future outcome that is "realistically possible and personally significant" to an individual, which includes the interactions and processes between an individual's "many thoughts, feelings, and actions that change with time" (p. 380-381). However, Hinds (1984) viewed hope as largely motivational, and

wrote that hope is a higher-order construct composed of four lower-order levels: forced effort, personal possibilities, expectations of a better tomorrow, and the anticipation of a personal future. Hinds also identified hope as a functional and adaptive characteristic that is especially essential during adolescence. Conversely, Staats (1989) argued that hope consisted of both cognitive and affective components, thus both thought and emotional processes are used when individuals develop expectations for the future.

Across different conceptualizations of hope, there are three common themes that are present. First, the most recent theories portray hope as an adaptive and positive attribute that can lead to positive outcomes. Second, these theories approach hope as a future-oriented construct that is often involved in goal-based behaviors, thoughts, and/or emotions. Third, the majority of the theories operationalize hope as a trait-like characteristic that is complex and multi-dimensional, involving emotions, thoughts, and expectations (Snyder, 2000). Snyder noted the similarities and discrepancies across the existing theories of hope and posited there was a need to (a) review the hope literature, (b) cross-reference theories to find common themes, and (c) develop a more comprehensive and complete theory that incorporated the key components illustrated across existing theories. Consequently, Snyder developed his own theory of hope in 1991, which has become one of the most widely accepted and utilized hope theory in the field of psychology.

### **Snyder's Hope Theory**

Snyder and colleagues (1991) defined hope as a cognitive-motivational concept comprised of three fundamental components: achievable goals, pathways, and agency. In order to possess hope, Snyder argued that individuals must first identify personally

valued goals that are realistic and achievable. This need for achievable goals for hope echoed Dufault and Martocchio's (1985) conceptualization of hope as involving goal-directed processes. These goals led individuals to engaging in pathways thoughts, which were defined as individuals' perceived ability to generate strategies to achieve their goals (Snyder, Lopez, Shorey, Rand, & Feldman, 2003). Pathways are considered the "way" component of hope, because they involve identifying feasible methods to reach a goal (Snyder et al., 1991). Simultaneously, individuals engage in agency thoughts, which were individuals' beliefs regarding their abilities to carry out the strategies identified by pathways thoughts (Snyder et al., 2003). Agency is the motivational component or the "will" of hope, moving individuals closer toward their goals (Snyder et al., 1991). According to this theory, both agency and pathways are necessary for individuals to successfully engage in goal-directed behavior; however, neither component is independently sufficient for successful goal pursuit (Snyder, 2000). Moreover, Snyder (2000) acknowledged that throughout goal pursuit, individuals might face barriers that interfere with their original pathways. When a setback occurs, individuals must re-engage in pathways and agency thoughts in order to work through the obstacle. Similarly, high agency is also important when facing a barrier, as it provides the necessary motivation to continue to pursue a goal even with a new strategy. With this perspective, Snyder acknowledged that hope is a multi-dimensional process that involves a complicated interaction between one's thoughts, feelings, and behaviors. He illustrated this complex interaction through his feed-forward and feedback model of hope (Snyder, 2000). This model posits that when individuals are presented with a challenge or goal, they reference their set of hope thoughts, both pathways and agency, and subsequently engage in

behaviors based on the emotions and expectations of the goal pursuit. The success or failure of the goal pursuit then feeds back into the individuals' set of hope thoughts, and influences future goal pursuits.

Hope is thought to develop in individuals as early as age two (Snyder, 2000). At this age, toddlers begin to understand simple causality between actions and events and begin to recognize themselves as active participants in their worlds, and thus develop ideas regarding their capabilities or agency (Snyder, 2000). Snyder, Hoza et al. (1997) posited that hope flourished during the stage between infancy and toddlerhood when there is a strong positive relationship between parent and child. In line with attachment theories, which illustrated that infants begin mimicking the behavioral patterns of a parent (Bowlby, 1980), Snyder (2000) proposes that parents should engage in behaviors that promote positive hopeful thinking and behaviors. Similarly, in order to encourage the development of agency and pathways thoughts in a child, Shorey and colleagues (2002) suggested that parents should allow children to experience success and failure, encouraging the children throughout the process/experience, and providing support only when needed. Hope is not thought to be a hereditary trait, but instead a learned cognitive set pertaining to one's goal-directed thoughts and behaviors (Snyder, 1994). Thus, according to this theory, a strong attachment bond between parent and child is crucial for hope development (Snyder, 2000).

Snyder's theory of hope is not only one of the most widely accepted theory of hope in the field of psychology, it is also the most complete theory of hope, because it was developed from cross-referencing past theories and incorporating key components found across theories. Snyder (2000) argued that his theory is superior to the theories of

previous scholars because others did not fully capture the processes and components that are involved in hopeful goal-directed thought. Moreover, there was no theory that addressed the development of hope in individuals, which Snyder believed was necessary for understanding the concept. Snyder's hope theory not only incorporates the important aspects of past theories, but also expands upon the past conceptualizations and theories of hope.

### **Related Constructs**

Hope has been related to several similar, but distinctly different constructs, such as optimism, self-efficacy, problem-solving, and divergent thinking. Studies illustrate the significant theoretical differences between hope and optimism, self-efficacy, problem-solving, and divergent thinking, indicating that while related, no construct is identical to hope, and thus, hope is sufficiently distinct to be studied independently (Magaletta & Oliver 1999; Rand, Martin, & Shea, 2011; Snyder, 1999). Furthermore, researchers have demonstrated the incremental validity of the hope construct, that is, its predictive ability above and beyond optimism, self-efficacy, and problem-solving (Magaletta & Oliver, 1999; Rand et al., 2011; Scioli et al., 1997; Snyder, 2000). These results provide evidence for the importance of hope as it explains unique variance in life satisfaction, well-being, coping, and academic achievement above and beyond similar constructs.

### **Presumed Consequences of Hope**

Hope has been conceptualized as a psychological strength for individuals of all ages (Esteves, Scoloveno, Mahat, Yarcheski, & Scoloveno, 2013; Snyder, 2000; Snyder, McDermott, Cook, & Rapoff, 1997; Valle, Huebner, & Suldo, 2006). As a psychological strength, hope demonstrates various positive consequences and benefits including, but not

limited to positive physical and mental health, academic success, and positive interpersonal relationships (Conti, 2000; Curry, Snyder, Cook, Ruby, & Rehm, 1997; Esteves et al., 2013; Marques & Lopez, 2014; Snyder, Cheavens, & Simpson, 1997). Researchers have shown that hope not only shows significant cross-sectional relationships with these variables, but it also predicts subsequent academic success and overall well-being (Day, Hanson, Maltby, Proctor, & Wood, 2010; Magaletta & Oliver, 1999). Through a review of the hope literature in adolescence, Esteves and colleagues (2013) argued that hope is a central concept in the lives of adolescents.

### **Academic**

Numerous studies have shown a positive relationship between individual differences in hope and academic achievement as measured by grade point average (GPA) and standardized testing (Adelabu, 2008; Chang, 1998; Conti, 2000; Curry et al., 1997; Day et al., 2010; Gilman, Dooley, & Florell, 2006; Marques, & Lopez, 2014; Snyder et al., 2002; Snyder et al., 2003). For example, three studies found that levels of hope were predictive of academic achievement in middle school, high school, college, and graduate students (Adelabu, 2008; Conti, 2006; Gilman et al., 2006). Moreover, in a longitudinal study with college students from the United Kingdom, Day and colleagues (2010) found that hope predicted students' GPA above and beyond past academic achievement, intelligence, and personality. This literature demonstrates the significant role hope plays in academic settings for students of all ages, highlighting hope as an important component that influences school success beyond an individual's intelligence (Day et al., 2010).

## **Mental Health**

One of the most robust findings in the psychological literature is the relationship between hope, mental health and overall well-being (Dufault & Martocchio, 1985; Kwon, 2002; Snyder, 2000). This finding is particularly true for youth and adolescents (Esteves et al., 2013; Marques, Lopez, & Mitchell, 2013; Snyder et al., 2003). For example, several researchers have found that high hope was correlated with and predicted increased life satisfaction in American and Portuguese adolescents concurrently and one year later (Marques, Lopez, & Pais-Ribeiro, 2011; Marques, Pais-Ribeiro, & Lopez, 2011; Valle et al., 2006). Moreover, in a six-year longitudinal study of 975 Australian middle and high school students, Ciarrochi, Parker, Kashdan, Heaven, and Bar (2015) found that hope had a small, but statistically significant effect on the prediction of positive affect, which suggested that hope functioned as an antecedent to positive affect. Researchers further discovered that by increasing hope through a directed intervention, students' life satisfaction was also subsequently increased. (Marques, Lopez et al., 2011). Hope has also been demonstrated to be positively correlated with overall psychological adjustment and other positive psychological factors including self-esteem, optimism, and self-efficacy (Alarcon et al., 2013; Esteves et al., 2013; Magaletta, & Oliver, 1999; Peterson & Seligman, 2004; Scioli et al., 1997; Snyder et al., 1991).

Past literature has also illustrated a robust, inverse relationship between hope and poor mental health (Barnum, Snyder, Rapoff, Mani & Thompson, 1998; Esteves et al., 2013; Snyder, 2000). For example, Ciarroachi et al. (2015) found a small, but significant bi-directional predictive relationship between hope and negative affect in Australian middle and high school students across the span of six years. Additionally, several studies

have examined the relationship between hope and depression, all of which found strong negative correlations, implying that low levels of hope may play a very significant role in contributing to depression for varying ages within adolescence and young adulthood in the United States, Singapore, and Australia (Geiger, & Kwon, 2010; Swanston, Nunn, Oates, Tebbutt, & O'Toole, 1999; Wong & Lim, 2009; Visser, Loess, Jeglic, & Hirsch, 2006). Additionally, Valle and colleagues (2006) found that lower levels of hope significantly predicted higher levels of internalizing and externalizing behaviors in middle school students, concurrently and one year later. In this study, higher levels of hope acted as a buffer against an increase in internalizing behaviors one year later. These results suggest that higher levels of hope may serve as a buffer against the negative effects of stressful life events, leading to more adaptive coping strategies and fewer negative outcomes.

### **Presumed Antecedents of Hope**

As summarized above, the majority of hope research has concentrated on the presumed consequences and correlates of hope. There is very little literature addressing the antecedents of the development of individual differences in hope. The existing research base on the origins of individual differences in hope almost exclusively stems from Snyder's hope theory (Peterson & Seligman, 2004; Snyder et al., 1991). He proposed that the most influential and fundamental component in hope development is the home environment, which he broadly defined as family relationships, most importantly the parent-child relationship, and significant experiences within the home, such as stressful life events (Snyder, 2000). In this theory, the two domains of home environment: parent attachment and major, acute stressful life events are viewed as independently but



concurrently influential in the initial development of hope (Blake & Norton, 2014).

Snyder (2000) also postulates that hope is continually influenced through various social and learning experiences throughout adolescence; however, this theory has not been thoroughly researched.

Snyder (1994) postulated that for most individuals, hope develops naturally unless significant trauma occurs. These traumatic experiences can be categorized as stressful life events, or non-normative events individuals experience that impact everyday functioning and may signify a significant point in their life (Compas, 1987). Examples of stressful life events cited by Snyder include neglect, abuse, maltreatment, inconsistent parenting, illness, divorce, and parental loss (2000). He asserted that an early experience (i.e. within the first eighteen years of life) of any of the aforementioned events is significant in one's trajectory of hope development, impeding the natural development of hopeful thinking, and leaving the individual lacking in skills and in hope (Rodriguez-Hanley & Snyder, 2000; Snyder, 2005). For example, Hinton-Nelson, Roberts, and Snyder (1996) found that children who were victims of, or had witnessed interpersonal violence, reported lower levels of hope than did children who had not encountered interpersonal violence. With this theory in mind, Snyder hypothesized that individuals who lack the appropriate skills to resolve problems (i.e. agency and pathways) are likely to continue to experience failure and stressful situations, resulting in a more negative and more hopeless perspective about themselves and their abilities. In the absence of a significant stressor, Snyder theorized that once established, one's level of hope would remain relatively stable throughout adolescence.

Although the early home environment is hypothesized to be the most influential factor in the development of hope, Snyder (2000) also theorized that hope is continuously influenced during adolescence through social interactions, interpersonal relationships, and social support. He suggested that as individuals' experiences and understanding of the world expand and becomes more complex, so will one's agency and pathways thinking, concurrently developing to correspond with their worldview (Snyder, 2000; Snyder, Hoza et al., 1997).

### **Parental Attachment**

Snyder's theory of hope development is not thoroughly articulated and remains untested as a whole. However, there have been several studies that have provided evidence for several components of Snyder's theory, including the importance of parental attachment and stressful life experiences. For example, in a recent meta-analysis, Blake and Norton (2014) reviewed ten studies examining attachment styles and hope in adolescents and adults, and concluded that differences in attachment play a meaningful role in individual differences in levels of hope. Adolescents who reported anxious or avoidant attachment styles reported significantly lower levels of hope in comparison to those who reported secure attachments. Shorey and colleagues (2003) found that in undergraduate students (ages 18-30) higher hope was correlated with experiencing more positive attachments with caregivers when growing up. For these college students, hope functioned as a partial mediator between attachment styles and individual's mental health and well-being. Similarly, Otis, Huebner, and Hills (2016) found that overall parental attachment was significantly correlated with higher levels of hope in early adolescents. Additionally, hope mediated the relationship between parental attachment and life satisfaction in a

study of middle and high school students (Jiang, Huebner, & Hills, 2013). These authors argued that the findings indicated that parent-child interactions are important in shaping the child's goal-oriented thoughts and motivation. It is believed that these interactions subsequently lead to positive mental health (Shorey, Snyder, Yang, & Lewin, 2003).

### **Stressful Life Experiences**

The second component of Snyder's model of hope development is the experience of stressful life events. This component has not been studied as extensively as parental attachment, but researchers have corroborated Snyder's theory. For example, Otis and colleagues (2016) found that adolescents' reports of stressful life events were negatively correlated with reported levels of hope. Likewise, Valle and colleagues (2006) found that for middle and high school students, hope moderated the relationship between stressful life events and life satisfaction. The authors postulated that this relationship could be explained through the way of building one's coping strategies; thus those with higher hope demonstrated more resilience and more "pathways" when faced with stressful or aversive situations. Specifically, these researchers found that individuals with low hope demonstrated more internalizing disorders when faced with more stressful life events, but this was not the case for those with high hope. As mentioned previously, Visser et al. (2013) found that college students, who experienced both high levels of stressful life events and low levels of hope, demonstrated the highest levels of depressive symptoms in comparison to their peers. These results suggest that individuals with high hope experience less psychological distress when faced with stressors. Snyder (2000) further hypothesized that these individuals are also more likely to recover more quickly and have overall better outcomes.

### **Additional Variables**

Though Snyder's theory addresses the impact of one's home environment, namely parental attachment and stressful life events, as key etiological factors in the development of hope, this theory does little to account for other variables (e.g., later development, non-familial relationships, demographic variables and personality variables) that have been shown to influence the development of hope among in childhood and adolescence. Some researchers have suggested these variables are essential to the development of a comprehensive theory of the origins of hope in individuals in general, and adolescents in particular (Marques, Lopez et al., 2011; Otis et al., 2016). Findings regarding the relations between hope, later development, non-familial social relationships, and demographic variables such as socioeconomic status (SES), gender, age, and race are discussed in the following section.

### **Demographics**

Findings regarding the associations between hope and demographic variables such as age, race, gender, and SES have been mixed. Whereas some studies have demonstrated no significant difference between age groups (Day & Padilla-Walker, 2009; Valle, Huebner, & Suldo, 2004), other researchers have found that hope declines throughout late childhood and adolescence (Marques & Lopez, 2014). For example, Venning and colleagues (2009) found that the two components of hope, agency and pathways, illustrated a different trajectory throughout adolescence. Specifically, agency significantly increased from ages 13 to 16, and pathways demonstrated a non-significant decrease during these years. This pattern altered at 16 to 17 years of age when both agency and pathways significantly decreased.

Similarly, researchers have demonstrated mixed results regarding ethnic and racial identity and hope. For example, with a sample size of 350 children and adolescents, Snyder, Hoza et al. (1997) found no significant differences between reported hope and race. Other studies, however, have shown differing results. For example, Callahan (2000) found in their sample of 1700 middle and high school students, African Americans reported the highest levels of hope, whereas Hispanic middle school students reported the lowest levels of hope. However, other studies have found the opposite to be true, that individuals in minority groups reported lower levels of hope in comparison to those who identify as being a part of the majority group (Chang & Banks, 2007; Guse & Vermaak, 2011).

Regarding gender, several studies have found no significant difference in levels of hope for adolescent males and females (Day & Padilla-Walker 2009; Snyder et al., 2003; 2005). However, other studies have demonstrated significant and contradictory relationships between gender and hope. For example, Venning and colleagues (2009) found that females and males demonstrated different trajectories of pathways thinking throughout adolescence, with males reporting higher levels of hope in comparison to their female counterparts. Conversely, Hendricks-Ferguson (2006) and Ciarrochi et al. (2015) found that adolescent females expressed and identified with higher hope levels in comparison to male peers.

The one demographic variable that has demonstrated the most consistent results in relation to hope is SES. Two large studies each with more than one thousand participants found non-significant relationships (Guse & Vermaak, 2011; Snyder, 2005) between levels of SES and reported levels of hope in American and South African children and

adolescents. In general, researchers hypothesize that as long as a child is given sufficient care to meet his/her basic needs, the SES of the family does not have a significant impact on hope (Snyder, 2005).

### **Personality**

Although not included in Snyder's (2000) theory of hope development, personality variables appear to relate to hope development and maintenance. Statistically significant relationships between hope and personality traits, including extraversion and neuroticism, have been shown in middle school students, adolescents and college-aged individuals in several studies (e.g. Halama & Dedova, 2007; Valle et al., 2004). For example, Otis et al., (2016) showed that the personality dimension of extraversion was positively associated with hope whereas neuroticism was inversely correlated with hope. Moreover, hope played a mediating role between personality traits (i.e. conscientiousness, neuroticism, and extraversion) and life satisfaction in these adolescents (Halama, 2010).

### **Social Support**

Snyder suggested that social interactions play a significant role in the development and maintenance of hope in individuals; however, most studies have only examined social support as a correlate or an outcome of hope (Barnum et al., 1998; Edwards, Ong, & Lopez, 2007; Mahat & Scoloveno, 2001; Mahat, Scoloveno & Whelan, 2002). Thus, many of these studies may actually be relevant to Snyder's argument that parent-child interactions and relationships are essential for hope development in children and adolescents. For example, Hagen, Myers, and Mackintosh (2005) speculated that children and adolescents learn hopeful thoughts and behaviors through the social support of parents, teachers, and peers.

Similar to hope, there have been several different definitions and theories regarding social support. In one widely cited example, Cobb (1976) defined social support as comprised of individuals' feeling loved, valued, and belonging to a social network. Furthermore, Tardy (1985) developed a five- dimensional model of social support comprised of direction, disposition, description/evaluation, content, and network. Within the content component of social support, he identified four separate types of social support: emotional, instrumental, informational, and appraisal. Tardy (1985) conceptualized emotional support to include trust, love, and empathy; instrumental support to include money and time; informational support to include advice; and appraisal support to involve evaluative feedback to individuals. Based on these four content areas, Malecki and Demaray (2002) developed the widely used Child and Adolescent Social Support Scale, which has facilitated investigations of *specific* components of social support in addition to global evaluations of support.

### **Correlates of Social Support**

Similar to hope, social support has demonstrated significant relationships with various aspects of children and adolescents' lives, including mental health, academic success, and positive interpersonal relationships (Malecki & Demaray, 2002; Yarcheski, Mahon, & Yarcheski, 2001). Similarly, social support has been viewed as a protective factor that predicts school performance, physical health, and positive emotional well-being (Finkenauer & Rime, 1998, Franco & Levitt, 1998, Lepore, Silver, Wortman, & Wayment, 1996). Social support also demonstrated positive relationships with indicators of psychological adjustment such as positive self-esteem and self-reliance (Rueger, Malecki, & Demaray, 2010). Additionally, Demaray, Malecki, Davidson, Hodgson, and

Rebus (2005) found that for adolescents, social support was negatively related to maladjustment variables such as stress, anxiety, and somatization. Numerous researchers have shown that children who report less social support also demonstrate more externalizing problems, aggressive behaviors and school-related difficulties (Anan & Barnett, 1999; Hagen et al., 2005; Lepore et al., 1996). Furthermore, social support acts as a buffer against the negative effects of stressful life events (Cohen, Underwood, & Gottlieb, 2000). Some researchers have claimed that social support is most influential for those students who have experienced significant stressful life circumstances as a positive social network of parents, teachers, and peers can teach them adaptive behaviors and coping mechanisms (Hagen et al., 2005).

Demaray and colleagues (2002; 2005) found that the source of the social support was also related to outcomes for the child or adolescent. For example, parent and classmate support were more strongly related to personal adjustment, whereas teacher and classmate support were more strongly related to school adjustment. Moreover, research has shown that children and adolescents seek different types of social support from different sources. For example, Dubow and Ullman (1989) found that children reported parental or familial support as the primary source of emotional support while teachers provided informational support. These studies illustrate that different sources and types of support can play different roles and may have unique influences on various aspects of the lives of children and adolescents.

### **Gender**

Researchers have identified significant relationships between gender and social support in adolescence. Various studies have shown that elementary, middle, and high school-aged



females tend to report more social support in comparison to their male peers (Malecki, & Demaray, 2002; Rueger et al., 2010). This difference was especially true in regards to total social support and peer social support. Rueger and colleagues (2010) also found that levels of perceived parental support were similar for both genders. Moreover, Frey and Röthelisberger (1996) found that adolescent females reported more support from peers than parents whereas the reverse was true for males. Research has also shown that females tend to report more positive levels of teacher support in comparison to males (Rueger, Malecki, Demaray, & Kilpatrick, 2008). When examining more specific components of teacher support, Tennant and colleagues (2014) found that while females placed more importance on emotional and appraisal teacher support, they did not differ in total teacher support in comparison to male peers.

Furthermore, researchers have theorized that observed gender differences in perceived social support may be due to differences in the use of the support and relationship styles (Rose & Rudolph, 2006; Rueger et al., 2010). Broadly speaking, researchers have suggested that social support may play a differing role on the well-being of adolescents based on their gender (Eschenbeck, Kohlmann, & Lohaus, 2007). For example, Dunn, Putallaz, Sheppard, and Lindstrom (1987) found a difference in predictors of adjustment between genders. Specifically, they showed that peer support was significantly stronger in predicting psychological adjustment for adolescent boys in comparison to their female peers. However, the literature illustrates contradictory evidence in regards to gender differences with parent and teacher support in relation to psychological factors. Several studies have not found significant gender differences with parent or teacher support in relation to academic adjustment, level of depression, and

self-esteem (Dunn, et al., 1987; Sheeber, Hops, Alpert, Davis, & Andrews, 1997; Newman, Newman, Griffen, O'Connor, & Spas, 2007). Conversely, other studies have found various significant gender differences in relation to teacher support (Colarossi & Eccles, 2003; Wall, Covell, & MacIntyre, 1999). Given the complex findings relate to gender, further examination of gender effects and social support appear warranted. The nature of the linkages between social support and gender has not been investigated in relation to hope in particular. Thus, studies of the additive and interactive effects of gender on the relations between social support variables and hope may be fruitful.

## CHAPTER 2

### RATIONALE FOR STUDY

As noted, the majority of the hope literature has concentrated on the outcomes of differing levels of hope, but has not thoroughly examined the antecedents of hope differences. In the most influential theory regarding hope development, Snyder (2000) theorized that the home environment, specifically the parent-child relationship and the occurrence of stressful life events are the fundamental variables that influence of the development of hope. Researchers have demonstrated positive relationships between parent-child relationships and hope (Barnum et al., 1998; Devlin, 2012; Edwards et al., 2007; Mahat & Scoloveno, 2001); however, the various studies have primarily conceptualized social support as an outcome of individual differences in hope. Snyder's theory suggests that this relationship may be bi-directional in nature; thus, differences in levels of social support may also be an antecedent of individual differences in children's hope. The current study focuses on the parent-child relationship and other social relationships from the social support framework based on Snyder's explanation of the parents' roles as exemplars and demonstrators of hopeful behavior. The measure of social support used in this study assesses these sources of social support in addition to the specific types of support (instrumental, informational, emotional, and appraisal) that can be provided by each source. Thus, this multidimensional perspective allows a nuanced investigation into the associations between hope and specific sources and types of a social support perceived by children and adolescents.

As children age, Snyder argues that hope continues to develop through social interactions and experiences beyond the home environment. Once children reach school age, they begin to spend significant portions of the day with teachers and peers. Due to this increased exposure, social interactions with peers and teachers should become influential in children's overall development, well-being (Valverde, 1987; Yarcheski et al., 2001), and perhaps hope in particular.

Because of the many cognitive, psychosocial, and physical differences among children, adolescents, and adults, it is important to investigate the association between hope and various constructs for children and adolescents in particular. Snyder (2000) also noted that hope continues to be shaped through later life experiences and social interactions. Adolescence is a time during which individuals are often faced with significant stressful life events (Newcomb, Huba, & Bentler, 1981). Additionally, researchers have argued that in order for adolescents to live adaptively, they must develop self-efficacy and skills to generate strategies to resolve problems, (te Riele, 2010), indicating that hope is a vital concept especially relevant to adolescence (Esteves et al., 2013).

In conclusion, Snyder's (2000) theory of hope development provides a partial base for understanding initial hope development. He argues that the two key components to early hope development are within the home environment: parental attachment and stressful life events. Researchers have supported these claims, showing that parents play a significant role in fostering hopeful behaviors in children, (Blake & Norton, 2014) and experiencing stressful life events can negatively influence levels of hope (Valle et al., 2006; Visser et al., 2013). Snyder also does not address possible specific types of support

provided by parents, teachers, peers, and others. Researchers have shown that there are different types of social support that are beneficial for a variety of well-being outcomes. For example, Malecki and Demaray (2003) found that teacher emotional support was a significant predictor of students' social and academic skills. Similarly, Richman and colleagues (1998) found that overall emotional support was associated with school satisfaction. Additionally, Cheng (1998) found that for adolescent Chinese boys, a lack of instrumental support was correlated with higher rates of depression. These studies illustrate that both different sources and types of support have unique influences on children and adolescents. Thus, understanding the links between various types of support and hope may be especially salient during the adolescent developmental period. In conclusion, this study provides a unique investigation of hope that looks at hypothesized antecedents of positive hope development in adolescents. Moreover, this study investigates additional interrelations beyond the scope of Snyder's hope theory that may have an influential impact on hope in adolescence. For example, this study looks at the relationships among gender, social support, and hope, which may provide a more nuanced understanding of the development of individual differences among hope in early adolescents.

### **Research Questions**

The purpose of this study was to investigate the relations between social support and hope differences in early adolescents. Specifically, I explored the nature and magnitude of the associations between specific sources and types of social support and early adolescents' hope levels. In doing so, four research questions were addressed.

RESEARCH QUESTION 1. What are the relative contributions of three major sources of support (parent, teacher, and peer) to the variance in hope scores among early adolescents?

Based on Snyder's theory of hope development, I hypothesized that parental social support would account for more variance than peer and teacher social support in the explanation of differences in hope in early adolescents. However, based loosely on Snyder's theory of continuing development and the results of hope intervention studies, I hypothesized that peer and teacher support would also provide unique contributions to the explanation of differences in hope in early adolescents.

RESEARCH QUESTION 2. Does gender moderate the relations between the specific sources of social support and hope?

RESEARCH QUESTION 3. What are the relative contributions of the four specific types of social support (emotional, appraisal, informational, and instrumental) within each of the sources of social support (parent, teacher, and peer) to the variance in hope scores among early adolescents?

RESEARCH QUESTION 4. Does gender moderate the relations between hope and the specific types of social support within each source?

Based on the exploratory nature of this study, no specific hypotheses were formulated for the latter three questions.

## CHAPTER 3

### METHOD

#### **Participants**

This study used an archival dataset collected by school personnel from four middle schools in a southeastern US state as part of a school-wide survey of school climate and student well-being. Demographic information was collected through self-report items on the survey. Sample characteristics are provided in Table 1. The sample was comprised of 48.5 % male (51.5 % female), 54.5% Caucasian (45.6 Minority), and 57.5 % regular lunch (42.5 % free and reduced lunch). In regard to grade demographics, 28.2 % of the participants were in 6<sup>th</sup> grade, 33.9% were in 7<sup>th</sup> grade, and 37.9% were in 8<sup>th</sup> grade.

#### **Procedures**

Approval from the university and the school district institutional review boards was received. Assent forms were sent home to all students' parents, allowing them to opt out of the survey if desired. Teachers administered the student surveys to groups of students during their respective homeroom class periods. Additional measures were included in the questionnaire but were not included in these analyses. The questionnaires were de-identified before they were received by the researchers.

#### **Measures**

**Children's Hope Scale** (CHS; Snyder, Hoza, Pelham, Rapoff, Ware, Danovksy, et al., 1997). The CHS was used to measure the hope levels of each participant. The CHS addresses both student's perceptions regarding their ability to formulate strategies to

achieve their goals (i.e., pathways) and their motivation to carry out goals (i.e., agency). The CHS is a 6-item, self-report measure that assesses the two facets of hope: agency and pathways thinking with three items devoted to each facet. Items are answered on a 6-point Likert scale, ranging from 1-none of the time, to 6-all of the time. Snyder (2005) argued that the two components should be measured together to assess the individual's overall level of hope. Past research with this measure has demonstrated internal consistency levels ranging from .72 to .86 and test-retest reliability coefficients of .71 and .73 for 1-week and 1-month intervals respectively (Snyder, 2005). Convergent and discriminant validity for the CHS were also tested by assessing CHS scores to scores from similar and opposite scales (e.g. Self-Perception Profile of Children and Perceived Helplessness Attributional Style), illustrating correlations in the expected direction (Snyder, Hoza et al., 1997; Snyder, Lopez, & Teramoto Pedrotti, 2011). For this study, the alpha coefficient was .85.

**Children and Adolescent Social Support Scale (CASSS; Malecki, Demaray, & Elliott, 2000).** The CASSS was used to measure varying aspects the participants' perceived social support. The CASSS is a 40-item multi-dimensional scale that measures perceived social support from four sources: parents, teachers, classmates, and a close friend. This study only included the parents, teachers, and friends items. This is due to time and space limitations as well as interest in broader social support systems. Previous studies have also eliminated the "best friend" items in their analyses (DeSantis-King, Huebner, Suldo, & Valois, 2006). This scale also divides items into four aspects of social support within



each source: appraisal, emotional, informational, and instrumental). Items are answered on a 6-point Likert scale, ranging from 1-never to 6-always. Level 2 of the CASSS will be used in this study, as it is appropriate for children 6<sup>th</sup>-12<sup>th</sup> grades in middle or high schools. Past research with this measure has demonstrated internal consistency levels ranging from .87 to .95 and test-retest reliability coefficients of .70 to .76 for an 8-week interval (Malecki & Demaray, 2002). The CASSS demonstrated adequate convergent validity when compared with similar measures such as the Social Support Scale for Children and the Social Skills Rating System (Malecki & Demaray, 2002). For this study, the alpha coefficient was .95 of parent support, .94 for teacher support, and .96 for peer support.

### **Overview of Data Analysis Plan**

Before conducting analyses, the data were assessed for violations of model assumptions. This examination revealed the percentage of data that were missing; missingness of scales ranged from 1% to 8%. According to Cohen, Cohen, West and Aiken (2003), this percentage of missing values may influence the standard errors and tests of significance. Therefore, missing data were handled by conducting multiple imputation using R 2.10.1. Forty additional datasets were run and a random number generator was used to select one of the forty datasets to conduct analyses.

Descriptive statistics and bivariate correlations were calculated to explore the means and relationships between all variables. Four one-way ANOVAs were conducted to test for differences in hope related to each demographic variable: grade, gender, race (Caucasian vs. non-Caucasian due to a small number of minority participants), and SES (based on lunch status; regular vs. reduced/free).

To address the first question, multiple regression analyses were run to assess simultaneously the amount of unique variance accounted for by each source of social support (parent, teacher, and peer) in explaining hope scores, after controlling for statistically significant demographic variables.

To test the third research question, simultaneous multiple regression analyses were conducted to assess the amount of unique variance accounted for by each type of social support (emotional, informational, instructional, and appraisal) within each source (parent, teacher, and peer) with hope, after controlling for statistically significant demographic variables.

To address the second question, gender was tested as a moderator in the relationship between sources of social support and hope. Moderation was evaluated according to the Baron and Kenny approach (1986). Predictor variables were first centered to reduce the multicollinearity. Multiple hierarchical regressions were conducted that included gender, a source of social support as well as the individual interaction terms (e.g., gender\*parent support; gender\*teacher support; gender\*peer support). Each hierarchical regression included the significant demographic variables in the first step. The second step consisted of gender and the third step included the specific source of social support, while the fourth step added the interaction variable.

To address the fourth question, gender was tested as a moderator in the relationship between types of social support within each source of social support and hope. Moderation was evaluated according to the Baron and Kenny approach (1986). Predictor variables were first centered to reduce multicollinearity. Multiple hierarchical regressions were conducted that included gender, a source of social support as well as the

individual interactions terms (e.g., gender\*emotional-parent support; gender\*appraisal-teacher support; gender\*instrumental-peer support). Each hierarchical regression included the significant demographic variables in the first step. The second step consisted of gender and the third step included the specific type within the source of social support, while the fourth step added the interaction variable.

## CHAPTER 4

### RESULTS

#### **Descriptive Statistics**

Sample characteristics and descriptive statistics are provided in Tables 1 and 2 respectively. The mean for hope was 4.05 ( $SD = 1.17$ ). This response falls within the “a lot of the time” response for hope (range 1-6). The mean found in this population is slightly higher than past studies with middle school students with past means ranging from 3.47 to 3.73 (Marques, Pais-Ribeiro, & Lopez, 2011; Otis et al., 2016). The mean for parent social support was 56.41 ( $SD = 14.31$ ), which is comparable to past studies ( $M = 54.34$ ; Menon & Demaray, 2013). The mean for teacher social support was 56.01 ( $SD = 14.51$ ), which is comparable to past studies ( $M = 55.21$ ; Menon & Demaray, 2013). The mean for peer social support was 49.04 ( $SD = 16.30$ ), which is comparable to past studies ( $M = 43.72$ ; Menon & Demaray, 2013). The mean for emotional social support was 40.88 ( $SD = 9.67$ ), for informational social support was 41.70 ( $SD = 9.61$ ), for appraisal social support was 38.94 ( $SD = 10.13$ ), and for instrumental social support was 39.94 ( $SD = 10.13$ ). These results are not compared to past studies, as others have not reported the means of the total types of social support.

Four one-way ANOVAs were conducted to test for differences in hope related to each demographic variable: grade, gender, race (Caucasian vs. non-Caucasian due to a small number of minority participants), and SES (based on lunch status; regular vs.

reduced/free). The demographic variables of gender, grade, and race did not demonstrate significant relationships with hope. However, mean differences were found related to students' SES levels  $F(1,1554) = 28.74, p < .01$ . Students who reported receiving regular lunch ( $M = 4.19, SD = 1.13$ ) reported a mean level of hope significantly higher than those who reported receiving free/reduced lunch ( $M = 3.88, SD = 1.17$ ). Due to the significant relationship between hope and SES, SES was controlled for in further analyses.

### **Correlation Analyses**

Tables 3, 4, and 5 present the zero-order correlations between predictor and criterion variables. All variables were found to be significantly correlated. Based on Cohen's (1988) descriptors for the magnitude of the correlations, hope demonstrated a large correlation with parent social support ( $r = .51, p < .01$ ), and medium correlations with teacher ( $r = .37, p < .01$ ) and peer social support ( $r = .41, p < .01$ ). In regards to types of support, hope demonstrated a large correlation with emotional social support ( $r = .51, p < .01$ ), and medium correlations with informational ( $r = .49, p < .01$ ), appraisal ( $r = .46, p < .01$ ), and instrumental ( $r = .49, p < .01$ ) social support. In regards to types within the parent source of social support, hope demonstrated medium correlations with parent emotional support ( $r = .47, p < .01$ ), parent informational support ( $r = .46, p < .01$ ), parent appraisal support ( $r = .45, p < .01$ ), and parent informational support ( $r = .48, p < .01$ ). In regards to types within the teacher source of social support, hope demonstrated medium correlations with teacher emotional support ( $r = .36, p < .01$ ), teacher informational support ( $r = .33, p < .01$ ), teacher appraisal support ( $r = .31, p < .01$ ), and teacher informational support ( $r = .33, p < .01$ ). In regards to types within the peer source of social support, hope demonstrated medium correlations with peer emotional support ( $r$

= .41,  $p < .01$ ), peer informational support ( $r = .37, p < .01$ ), peer appraisal support ( $r = .35, p < .01$ ), and peer informational support ( $r = .38, p < .01$ ).

### **Multiple Regression Analyses**

Multiple regression analyses were run in order to address the first question, by assessing the amount of unique variance accounted for by each source of social support (parent, teacher, and peer) in explaining hope scores, after controlling for statistically significant demographic variables, specifically SES. The regression model demonstrated a significant positive relationship between social support and hope ( $R^2 = .294, F(5,1551) = 161.74, p < .001$ ). Furthermore, each of the three sources of social support was found to have a statistically significant unique relationship with hope. See Table 6 for more information.

To address the second question, gender was tested as a moderator in the relationship between types and sources of social support and hope. Regarding the sources of social support, none of the interaction terms accounted for a significant proportion of variance in hope. Thus, gender did not moderate the effects of parent, teacher, and peer social support on early adolescent's hope. Parent, teacher, and peer social support predicted hope significantly regardless of gender. The results are illustrated in Table 7.

To test the third question, the amount of unique variance in hope accounted for by each type of social support (emotional, informational, instructional, and appraisal) within each source (parent, teacher, and peer) was assessed. Regarding the differing types of social support within parent social support, the regression model demonstrated that emotional ( $\beta = .13, p < .01$ ), informational ( $\beta = .12, p < .01$ ), and instrumental social support ( $\beta = .12, p < .01$ ) significantly contributed unique variance in hope; appraisal

parent support was not statistically significant. Regarding the influence of different types of social support within teacher social support, the regression model demonstrated that emotional ( $\beta = .12, p < .01$ ) and informational ( $\beta = .14, p < .01$ ) teacher social support significantly contributed unique variance in hope; appraisal and instrumental teacher social support were not statistically significant. In regards to the influence of different types of social support within peer social support, the regression model demonstrated that emotional ( $\beta = .12, p < .01$ ) and instrumental ( $\beta = .10, p < .01$ ) peer social support, significantly contributed unique variance in hope; informational and appraisal peer social support were not statistically significant. The results are illustrated in Table 8.

To address the fourth question, gender was tested as a moderator in the relationship between hope and types within each source of social support. Twelve separate regressions were conducted, none of which demonstrated a statistically significant interaction between gender and the specified social support variable. The results are illustrated in Tables 9, 10, and 11.

Table 4.1: Descriptive Statistics of the Sample

Demographic Variables		<i>n</i>	%
Grade	6 <sup>th</sup>	479	28.2
	7 <sup>th</sup>	575	33.9
	8 <sup>th</sup>	643	37.9
Gender	Male	881	51.5
	Female	829	48.5
Race	Caucasian/Majority	935	54.4
	Minority	784	45.6
SES	Regular Lunch	894	57.5
	Free & Reduced Lunch	662	42.5

*Note.* SES = socioeconomic status



Table 4.2: Descriptive Statistics for Variables

<i>Variables</i>	<i>M</i>	<i>SD</i>
Hope	4.05	1.17
Parent Social Support	56.41	14.32
Teacher Social Support	56.01	14.52
Peer Social Support	49.04	16.30
Emotional Social Support	40.88	9.67
Informational Social Support	41.70	9.61
Appraisal Social Support	38.94	10.13
Instrumental Social Support	39.94	10.13

*Note.* N = 1579-1719.

Table 4.3: Correlations Between Hope and Sources of Social Support

	1	2	3	4
1. Hope	-	.507**	.363**	.414**
2. Parent Social Support		-	.499**	.507**
3. Teacher Social Support			-	.578**
4. Peer Social Support				-

Note: \*  $p < .05$ ; \*\*  $p < .01$

Table 4.4: Correlations Between Hope and Types of Social Support

	1	2	3	4	5
1. Hope	-	.509**	.490**	.463**	.487**
2. Emotional Social Support		-	.882**	.855**	.848**
3. Informational Social Support			-	.848**	.856**
4. Appraisal Social Support				-	.865**
5. Instrumental Social Support					-

Note: \*  $p < .05$ ; \*\*  $p < .01$

Table 4.5: Correlations Between Hope and Types within Sources of Social Support

	1	2	3	4	5
1. Hope	-	.470**	.458**	.449**	.479**
2. Emotional Parent Support		-	.802**	.806**	.780**
3. Informational Parent Support			-	.757**	.752**
4. Appraisal Parent Support				-	.810**
5. Instrumental Parent Support					-
1. Hope	-	.355**	.330**	.310**	.325**
2. Emotional Teacher Support		-	.774**	.743**	.743**
3. Informational Teacher Support			-	.717**	.735**
4. Appraisal Teacher Support				-	.778**
5. Instrumental Teacher Support					-
1. Hope	-	.412**	.371**	.350**	.383**
2. Emotional Peer Support		-	.816**	.745**	.759**
3. Informational Peer Support			-	.807**	.767**
4. Appraisal Peer Support				-	.778**
5. Instrumental Peer Support					-

Note: \* p < .05; \*\* p < .01

Table 4.6: Regression Analyses: Sources of Social Support

Variable	Step 1			Step 2		
	<i>B</i>	<i>SE</i>	$\beta$	<i>B</i>	<i>SE</i>	$\beta$
Lunch	-.316	.059	-.135**	-.162	.051	-.069**
Parent Social Support				.031	.002	.381**
Teacher Social Support				.006	.002	.073**
Peer Social Support				.011	.002	.160**
$R^2$			.018			.294
$F$ for change in $R^2$			28.736**			202.348**

Note: \*  $p < .05$ ; \*\*  $p < .01$

Table 4.7: Regression Analyses: Gender and Sources of Social Support

Model	Variable	Step 1		Step 2		Step 3		Step 4	
		SE	$\beta$	SE	$\beta$	SE	$\beta$	SE	$\beta$
1. Parent Support									
	Step 1 Lunch	.059	-.132**	.059	-.133**	.052	-.062**	.052	-.062**
	Step 2 Gender			.058	.023	.051	.034	.051	.034
	Step 3 Parent Support					.002	.502**	.003	.477**
	Step 4 Interaction							.004	.036
39	2. Teacher Support								
	Step 1 Lunch	.059	-.132**	.059	-.133**	.055	-.119**	.055	-.120**
	Step 2 Gender			.058	.023	.055	.003	.055	.002
	Step 3 Teacher Support					.002	.358**	.003	.317**
	Step 4 Interaction							.004	.060
	3. Peer Support								
	Step 1 Lunch	.059	-.132**	.059	-.133**	.054	-.113**	.054	-.113**
	Step 2 Gender			.058	.023	.054	.008	.054	.008
	Step 3 Peer Support					.002	.396**	.002	.377**

Step 4 Interaction

.003

.026

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*Note.* Parent, Teacher, and Peer Social Support were centered at the mean; \*  $p < .05$ ; \*\*  $p < .01$

Table 4.8: Regression Analyses: Types within Sources of Social Support

Model	Variable	Step 1		Step 2	
		<i>SE</i>	$\beta$	<i>SE</i>	$\beta$
1. Parent Support					
	Step 1: Lunch	.059	-.135**	.052	-.057*
	Step 2: Emotional			.013	.125**
	Informational			.012	.146**
	Appraisal			.013	.059
	Instrumental			.012	.219**
2. Teacher Support					
	Step 1: Lunch	.059	-.135**	.055	-.119**
	Step 2: Emotional			.013	.162**
	Informational			.014	.122**
	Appraisal			.011	.049
	Instrumental			.012	.065
3. Peer Support					
	Step 1: Lunch	.059	-.135**	.054	-.107**



Step 2: Emotional	.012	.236**
Informational	.012	.038
Appraisal	.011	.027
Instrumental	.010	.137**

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Note: \*  $p < .05$ ; \*\*  $p < .01$

Table 4.9: Regression Analyses: Gender and Types of Parent Social Support

Model	Variable	Step 1		Step 2		Step 3		Step 4	
		SE	$\beta$	SE	$\beta$	SE	$\beta$	SE	$\beta$
1. Emotional									
	Step 1: Lunch	.059	-.132**	.059	-.133**	.053	-.079**	.053	-.079**
	Step 2: Gender			.058	.023	.052	.037	.052	.037
	Step 3: Emotional					.007	.459**	.009	.426**
	Step 4: Interaction							.013	.048
2. Informational									
	Step 1: Lunch	.059	-.132**	.059	-.133**	.053	-.071**	.053	-.070**
	Step 2: Gender			.058	.023	.052	.051	.052	.051
	Step 3: Informational					.007	.457**	.010	.431**
	Step 4: Interaction							.013	.036
3. Appraisal									
	Step 1: Lunch	.059	-.132**	.059	-.133**	.053	-.090**	.053	-.090**
	Step 2: Gender			.058	.023	.052	.023	.052	.023
	Step 3: Appraisal					.007	.444**	.009	.410**

	Step 4	Interaction						.013	.049	
4. Instrumental										
	Step 1	Lunch	.059	-.132**	.059	-.133**	.053	-.071**	.056	-.055*
	Step 2	Gender			.058	.023	.052	.051	.052	.017
	Step 3	Instrumental					.007	.457**	.009	.446**
	Step 4	Interaction							.013	.040

*Note.* Social Support variables were centered at the mean

\*  $p < .05$ ; \*\*  $p < .01$

With Bonferroni corrections ( $.05/12$ )  $p = .004$

Table 4.10: Regression Analyses: Gender and Types of Teacher Social Support

Model	Variable	Step 1		Step 2		Step 3		Step 4	
		SE	$\beta$	SE	$\beta$	SE	$\beta$	SE	B
1. Emotional									
	Step 1: Lunch	.059	-.132**	.059	-.133**	.055	-.114**	.055	-.114**
	Step 2: Gender			.058	.023	.055	.004	.055	.004
	Step 3: Emotional					.007	.346**	.010	.320**
	Step 4: Interaction							.014	.038
2. Informational									
	Step 1: Lunch	.059	-.132**	.059	-.133**	.056	-.117**	.056	-.117**
	Step 2: Gender			.058	.023	.055	.011	.055	.010
	Step 3: Informational					.007	.338**	.010	.309**
	Step 4: Interaction							.015	.043
3. Appraisal									
	Step 1: Lunch	.059	-.132**	.059	-.133**	.056	-.137**	.056	-.137**
	Step 2: Gender			.058	.023	.056	.002	.056	.001
	Step 3: Appraisal					.007	.310**	.010	.278**

	Step 4	Interaction						.014	.045	
4. Instrumental										
	Step 1	Lunch	.059	-.132**	.059	-.133**	.056	-.119**	.056	-.119**
	Step 2	Gender			.058	.023	.055	.007	.055	.007
	Step 3	Instrumental					.007	.315**	.009	.278**
	Step 4	Interaction						.014		.055

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*Note.* Social Support variables were centered at the mean

\*  $p < .05$ ; \*\*  $p < .01$

With Bonferroni corrections ( $.05/12$ )  $p = .004$

Table 4.11: Regression Analyses: Gender and Types of Peer Social Support

Model	Variable	Step 1		Step 2		Step 3		Step 4	
		SE	$\beta$	SE	$\beta$	SE	$\beta$	SE	$\beta$
1. Emotional									
	Step 1: Lunch	.059	-.132**	.059	-.133**	.054	-.105**	.054	-.105**
	Step 2: Gender			.058	.023	.054	.014	.054	.014
	Step 3: Emotional					.007	.390**	.009	.368**
	Step 4: Interaction							.013	.031
2. Informational									
	Step 1: Lunch	.059	-.132**	.059	-.133**	.055	-.120**	.055	-.120**
	Step 2: Gender			.058	.023	.055	.003	.055	.003
	Step 3: Informational					.006	.356**	.009	.343**
	Step 4: Interaction							.012	.019
3. Appraisal									
	Step 1: Lunch	.059	-.132**	.059	-.133**	.056	-.129**	.056	-.128**
	Step 2: Gender			.058	.023	.055	.011	.055	.011
	Step 3: Appraisal					.006	.338**	.008	.307**

	Step 4	Interaction						.012	.046	
4. Instrumental										
	Step 1	Lunch	.059	-.132**	.059	-.133**	.055	-.108**	.055	-.107**
	Step 2	Gender			.058	.023	.054	.015	.054	.015
	Step 3	Instrumental					.006	.364**	.008	.357**
	Step 4	Interaction						.012		.010

*Note.* Social Support variables were centered at the mean

\*  $p < .05$ ; \*\*  $p < .01$

With Bonferroni corrections ( $.05/12$ )  $p = .004$

## CHAPTER 5

### DISCUSSION

Hope is a powerful determinant of well-being outcomes including positive mental health, social relationships, and academic achievement (see Esteves et al., 2015). Although the study of the consequences of individual differences in hope levels has flourished, the study of the antecedents of hope has lagged behind, including studies of children and adolescents. Whereas Snyder's hope theory (2000) and researchers have suggested that social support may play a key role in promoting hope development, this relationship has not been thoroughly examined. Thus, I aimed in this study to further explore the relations between hope and sources and types of social support among middle school students. The specific purpose of this study was to determine the nature and magnitude of the associations between the differing sources and types of social support and early adolescents' hope levels. Furthermore, I examined the role of gender as a possible moderator of the relation between hope and the various sources and types of social support.

The first research question in this study examined the relative contributions of the three major sources of social support to the variance in hope scores among early adolescents. As illustrated by the additional twenty eight percent of variance in hope explained beyond significant demographic variables (e.g. SES), the results of the study emphasize the important influence of social support on hope in early adolescents.



Additionally, this study demonstrates that all three sources (parent, teacher, peer) of support are important, as each provided unique variance in hope. Specifically, parent social support showed the largest contribution of explained variance. This finding expands upon Snyder's (2000) theory that parent-child relationships are key in hope development, as well as providing more evidence for his theory that later hope development is promoted by social interactions. The additional variance explained by peer and teacher social support argues that these sources should not be overlooked as they also significantly contribute to individual differences in early adolescents' levels of hope. This finding corresponds with the hope intervention literature, which has demonstrated positive results with interventions involving teachers and peers (Marques, Lopez, et al., 2011).

The second and fourth research questions in this study examined the possible moderating effect of adolescents' gender and different types and sources of social support and hope. The findings did not demonstrate evidence of gender playing a moderating role in the relationship between hope and the sources of social support (i.e., parent, teacher, and peer) or the types (i.e., emotional, informational, appraisal, and instrumental) within each source of social support. Thus, nature and magnitude of the relationships between the sources and types of social support and hope generalized across both gender groups. This finding may be not be inconsistent with previous literature, which has failed to demonstrate consistent evidence of gender differences in adolescents' hope (Day & Padilla-Walker 2009), which allows for the possibility that hope may be related to gender only under very specific conditions (e.g., interactions between particular age groups and cultural contexts).

The third research question in this study examined the relative contributions of the four specific types of social support within each of the sources of social support to the variance in hope scores among early adolescents. These results extend beyond the findings of Dubow and Ullman (1989), who found that elementary school-aged children identified parents as their primary source of emotional support and teachers as their primary source of informational support, suggesting that both sources provide various influential types of social support, especially in regard to promoting hope among middle school-aged adolescents. Based on the results of the current study, the provision of emotional, informational, and instrumental support by parents all appeared to be uniquely related to hope levels in adolescents. Although parental evaluative feedback did not uniquely relate to the development of hope in adolescents, the zero-order correlation suggests that it also is significantly associated with hope. Similarly, the provision of emotional support and informational support by teachers appeared to uniquely relate to higher hope in their adolescent students. Nevertheless, examination of the zero-order correlations showed that appraisal support and instrumental support from teachers were also significantly associated with hope differences. Lastly, the provision of emotional and instrumental support from peers appeared to be uniquely related to hope differences in adolescents. Overall, the findings revealed that multiple sources and types of social support contribute to the development of hope among early adolescents. The crucial importance of emotional support, relative to the other types of support, was underscored by the finding that it displayed the highest, unique association with hope across all three sources of support.

The absence of a significant, unique association between hope and appraisal support from all three sources is unclear, but one possible explanation may involve the research of Elkind (1967), which concludes that adolescents experience a “personal fable,” that is, a belief that their thoughts, experiences, and behaviors are completely unique and novel in relation to others. Thus, adolescents of this age group may believe that neither parents, teachers, nor peers cannot fully understand them; therefore, the evaluative feedback on their actions is inaccurate due to their limited insight into their unique lives. Additionally, teacher instrumental support may be less uniquely associated with adolescent hope due to the nature of the teacher-student relationship, wherein teachers generally provides informational support, but are not expected to provide actual instruments or materials. Conversely, prior to late adolescence, parents are seen as providers and are often the major source of resources, (e.g., food, money, material). Additionally, due to the choice-nature of a peer relationship, wherein peers choose to be friends in comparison to the obligatory nature of a teacher or parent relationship, adolescents may expect their peers to be more willing to share resources. Thus, adolescents expect their parents and peers to share resources with them, that is, to provide them with the money, time, or instruments necessary to reach a goal or solve a problem.

Additional research is clearly needed to investigate the relations between hope and the specific types of support within source in this age group. Given the observed high zero-order intercorrelations among the types of social support suggest possible limitations of the measure or that youth of this particular age group may not differentiate the various types of support.

In conclusion, this study explored the relations between hope and sources and types of social support among middle school students. The results demonstrated that all three sources (parent, teacher, peer) of support are important in relation to adolescent hope, as each provided unique variance in hope, especially parent social support. More specifically, the findings of this study revealed that parent emotional, informational, and instrument support, teacher emotional and informational support, and peer emotional and instrumental support were uniquely related to hope in adolescents, with emotional support contributing to the greatest, unique variation to the explanation of hope difference among this age group. Last, the results were consistent across gender. The implications of these findings are discussed in the following section.

### **Implications for Professionals**

Beyond providing information regarding basic science research aimed at addressing the development of hope, the results of this study offer important implications for practice. Intervention studies have demonstrated positive results in terms of improving hope, life satisfaction, and self-worth in school-age students (Bouwkamp & Lopez, 2001; Edwards & Lopez, 2000; Marques, Lopez, et al., 2011; McDermott & Snyder, 1999; Pedrotti, Edwards, & Lopez, 2004; Pedrotti, Lopez, Krieschok, 2000). Aside from the students, participants in these interventions included teachers and fellow classmates; however, despite what we know about parents' influential role in hope development, these interventions have incorporated little to no parental involvement. These components of the intervention methodologies and the results of this study suggest that higher levels of hope may be prompted and maintained through non-familial social interactions. As each of the sources of social support displayed significant relationships with hope, this study

provides further evidence that the most powerful hope interventions for this age group should likely incorporate all three of these sources of social support in their efforts to build hope skills. The lack of a moderating effect of gender on social support should also inform future hope interventions. Researchers need not to be concerned with differentiating overall instruction for males and females when promoting hope development in middle school students.

Additionally, the results of this study further encourage professionals working with adolescents to serve as sources of social support, especially to those who may be lacking support from other sources (e.g., parent or peer). This corresponds with previous studies, which found that support from adults in the community positively impacted early adolescents' in other areas of positive psychological indicators (e.g. life satisfaction; Paxton, Valois, Huebner, & Drane, 2006). Similarly, such non-familial support may provide the additional support for an adolescent to further develop hope. For example, students perceive teachers as important sources for information (Dubow & Ullman, 1989), and thus often look to them for help in answering or solving problems. Furthermore, the results of this study suggest that teachers provide emotional and informational social support, such as offering advice and demonstrating trust and empathy, in order to more effectively promote hope in adolescents. This coincides with one's development of a repertoire of pathways strategies. Additionally, through providing emotional support, teachers can show students that they care about their well-being (Tennant et al., 2014), and can develop more meaningful relationships with their students, with advice extending beyond the scope of academic performances. Notably, interventions, such as Capturing Kids Hearts (Flippen Group, 2016), which have focused on the development of

meaningful teacher-student relationships and increasing students' perception of emotional support from teachers, have demonstrated broad positive outcomes, such as increased pro-social skills, problem-solving behaviors, and reduced discipline referrals (Holtzapple, Griswold, Cirillo, Rosebrock, Nouza, & Berry, 2011).

### **Limitations**

The limitations of the current study should be acknowledged. Although the sample was large and diverse, the data collection was limited to four rural middle schools in one school district in a southeastern state. Moreover, comparison to the 2010 U.S. Census Data, the sample in this study revealed a larger percentage of ethnic minority individuals (45% versus 36%) and a larger number of low-income individuals (43% versus 13%). Thus, generalizing the results from this study for the total population should be done with caution. Another limitation of this study was the cross-sectional data collection; longitudinal data may provide more insight into the directionality of the relationships between social support variables and hope. The current study was also limited in the sense that only self-report scales were used. Because hope is based on internal cognitions and motivation, some have reported that self-report scales are the most effective method of gathering participants' hope levels (Snyder, 2000). However, incorporating multiple methods of hope assessment (e.g., parent and teacher reports of students' hope levels) should increase the confidence in the meaningfulness of the findings.

### **Future Directions for Research**

Although this study makes an important contribution to the hope literature, there is still more research that needs to be done. Future research should continue to expand on the results of this study by further investigating multiple determinants of hope among youth

in general, and early adolescents in particular. First, studies should collect data from more diverse samples of individuals to be able to generalize the findings further. Additionally, future studies should collect data from multiple time points to conduct longitudinal research. Such longitudinal research may be better able to clarify the directionality of the relations among the variables of interest. Lastly, future researchers investigating hope interventions should develop and evaluate more comprehensive intervention programs that address individual and environmental (e.g., parent-child interactions, teacher-student interactions, and adolescent peer relationships) components, as they may be more beneficial in promoting hope in adolescents. Within such comprehensive intervention program, researchers should include the important sources and types (within sources) of social support that are shown to be the most influential in promoting hope among early adolescents.

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