



## Age differences and short-term stability in hope: Results from a sample aged 15 to 80



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### ABSTRACT

This study examines age differences in hope, from age 15 to 80 years, and the short-term stability of hope using longitudinal data collected from 1453 Portuguese participants. Hope levels were higher in the middle adult groups than in the adolescent, emerging adult and older adult groups, and reached a peak between early-middle adulthood (ages 30–45) and late-middle adulthood (ages 46–64). Marital status and educational levels were examined as potential moderators of both hope levels and stability of hope. Results indicated that the most hopeful person may be a married adult between the ages of 30–64. Hope rank-order stability over a 1-year interval was moderate in the middle adolescent and early adult groups, showed a peak stability occurring from 30 to 45 years of age, and was lower in old age than in the younger age groups. Together, these findings suggest that hope is relatively stable across time and the lifespan. Implications for our understanding of developmental trajectories of hope and how best to intervene to promote hope are discussed.

Dozens of studies have examined hope in adolescence, adulthood and old age, but this research has failed to produce an integrated portrait of age differences and stability in hope. The vast majority of existing studies (e.g., Marques, Pais-Ribeiro, & Lopez, 2011; Valle, Huebner, & Suldo, 2004) have focused on age differences in hope during childhood and adolescence, and only one study has compared hope across adolescence (Mean age = 14.0) and adulthood (early adults, Mean age = 21.0; adults, Mean age = 35.5) using cross-sectional data (Bronk, Hill, Lapsley, Talib, & Finch, 2009). Most of the available studies have examined age differences within a specific developmental period, or during a particular developmental transition. Comparisons of the findings between these studies can be difficult because age differences may be confounded by differences in sample composition, conceptualization of the construct (global versus domain-specific level) and hope measures (trait versus state levels of measurement).

Despite this gap in the literature, contemporary hope research demonstrates importance of hope in understanding human development and flourishing (Marques, 2016). High hope is associated with many positive outcomes, including subjective and psychological well-being and life satisfaction (e.g., Gilman, Dooley, & Florell, 2006; Snyder, 2000), social competence (Barnum, Snyder, Rapoff, Mani, & Thompson, 1998; Snyder et al., 1997), work, academic and sports performance (e.g. Curry, Maniar, Sondag, & Sandstedt, 1999; Marques, Lopez,

Fontaine, Coimbra, & Mitchell, 2015), improved coping and problem-solving abilities (e.g., Chang, 1998; Snyder et al., 1991) and health and longevity (e.g., Berg, Rapoff, Snyder, & Belmont, 2007; Stern, Dhanda, & Hazuda, 2001). Conversely, low hope is associated with a number of problematic outcomes, including depressive symptoms (e.g., Chang & DeSimone, 2001; Snyder et al., 1997), antisocial behavior (e.g., Gilman et al., 2006; Valle et al., 2004) and school maladjustment (e.g., Gilman et al., 2006; Marques, 2016). Moreover, hope measures explain unique variance not predicted by basic personality traits. For example, hope uniquely predicts objective academic achievement above and beyond intelligence, personality, and previous academic achievement (Day, Hanson, Maltby, Proctor, & Wood, 2010).

The lack of clarity regarding age differences in hope across developmental stages, as well as limited information concerning hope stability, indicates the need for a single study in which participants from all age groups complete the same hope measure. The purpose of the current study was to address this need. We begin by briefly summarizing hope theory and what is currently known about age differences and stability of hope during adolescence, adulthood, and old age.

### 1. Hope theory

Snyder and colleagues developed a theory and associated measures of hope that have received much attention both within and outside the

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field of psychology (Edwards, Rand, Lopez, & Snyder, 2006). According to hope theory, the construct of hope reflects individuals' perceptions regarding their capacities to: (1) clearly conceptualize goals; (2) develop the specific strategies to reach those goals (pathways thinking); and (3) initiate and sustain the motivation for using those strategies (agency thinking). Pathways and agency thinking are positively related, additive and reciprocal, but neither component alone defines hope, nor are they synonymous. Whereas other constructs such as goal theory (Covington, 2000; Dweck, 1999), optimism (Boman, Russo, Furlong, Lilles, & Jones, 2009; Scheier & Carver, 1985), self-efficacy (Bandura, 1982), and problem-solving (Heppner & Petersen, 1982) differentially emphasize the goal itself or to the future-oriented agency- or pathways-related processes, hope theory equally emphasizes these goal-pursuit components (Snyder et al., 1991). According to hope theory, goals, whether short-term or long-term, provide the targets of mental action sequences and vary in the degree to which they are specified (Snyder, 2002). Pathways thinking refers to a person's perceived ability to generate workable routes to desired goals (Snyder, Feldman, Shorey, & Rand, 2002) and the production of several pathways is important when encountering impediments. Agency thinking is the motivational component in hope theory and reflects a person's cognitions about his or her ability to begin and sustain goal-directed behavior (Snyder, Lopez, Shorey, Rand, & Feldman, 2003).

High-hope individuals—as compared to low-hope individuals—are more likely to develop alternative pathways, and are sustained by their agency thinking when confronted with challenging situations or impediments (Snyder, 1994, 1999; Snyder et al., 1991; Snyder et al., 1996). As such, people with high hope tend to be successful in their goal pursuit and, as a result, tend to experience more positive emotions, whereas their low-hope counterparts tend to have more difficulty in overcoming the impediments to goal attainment and, therefore, tend to experience more negative emotions (Snyder, 2002).

Nevertheless, the definition of hope provides little information about its development. To date, it is clear that hope is built on a foundation of contingency thinking and that it is socially primed (Hoy, Suldo, & Mendez, 2013). Consistent with theory, research suggests that caregivers foster hope development in children (Marques, Lopez, & Pais-Ribeiro, 2011). The capacity to think abstractly about one's self and one's future increases gradually throughout adolescence, which leads to an increased capacity to recognize missed opportunities and failed expectations. Also, relatively rapid maturational (i.e., puberty) and environmental changes (e.g., the transition from grade school to the more academically challenging and socially complex context of junior high school) are central in this period of life. Over the course of adulthood, individuals increasingly occupy positions of power and status. Many lifespan theorists have suggested that midlife is characterized by peaks in achievement, mastery, and control over self and environment (e.g., Erikson, 1968). Consistent with these theoretical speculations, the personality changes that occur during adulthood tend to reflect increasing levels of maturity and adjustment, as indicated by higher levels of conscientiousness and emotional stability (e.g., Trzesniewski, Donnellan, & Robins, 2003). It is possible that these personality changes across the lifespan influence changes in the components of hope (goal-setting, pathways thinking, agency thinking), but our understanding of developmental trajectories of hope across the lifespan remains somewhat limited.

Below, we briefly summarize what is currently known about hope development during adolescence, adulthood, and late adulthood.

## 2. Age differences and short-term stability in hope

### 2.1. Hope in adolescence

Hopeful thought becomes more refined as the child matures and cognitive development enables children to use hope more productively (Snyder, 2002). The majority of research on the first stages of life has

focused on the joint examination of child and adolescent groups (e.g., Mean age = 12.66, Marques, Pais-Ribeiro, & Lopez, 2009; 7- to 17-year-old range, Snyder et al., 1997; Mean age = 13.74, Valle, Huebner, & Suldo, 2006). These studies generally reported no significant correlations between hope and age (e.g., Snyder et al., 1997; Valle et al., 2006) and no differences in hope between girls and boys (e.g., Snyder et al., 1997; Valle et al., 2004, 2006). Previous studies reported a test-retest stability for the Children Hope Scale of 0.73 for 1 and 2-week intervals (Snyder et al., 1997), 0.71 for a 1-month interval (Snyder et al., 1997), 0.60 for a 6-month interval (Marques, Lopez, & Mitchell, 2013), 0.51 for a 1-year interval (Valle et al., 2006) and 0.49 for a 2-year interval (Marques et al., 2011).

### 2.2. Hope in adulthood

There are several studies on hope during the college years, but very few have examined hope in adulthood outside this early adult group (Bailey & Snyder, 2007). One of the most informative studies on age differences in hope from adolescence to adulthood found similar levels of hope in adolescence (Mean age = 14.0), early adulthood (Mean age = 21.0) and middle adulthood (Mean age = 35.5; Bronk et al., 2009). Research showed higher levels of hope stability among adults than in children and adolescents, with test-retest correlations of 0.85 over a 3-week interval, 0.73 over an 8-week interval, and .76 to 0.82 over a 10-week interval (Snyder et al., 1991). As such, stability seems to increase with age and tends to be higher over shorter periods of time, reflecting a simple pattern that is typical in longitudinal studies of trait stability. Levels of hope are the same between women and men (Snyder et al., 1991), but may vary by marital status. Participants who were married or living as married or who were single/never married were more hopeful than those participants who were separated, divorced or widowed (Bailey & Snyder, 2007).

### 2.3. Hope in older adulthood

Hope plays a powerful role in the aging process (e.g., Cheavens, Gum, & Snyder, 2000; Wroblewski & Snyder, 2005). It is theorized that the level of hope in an older individual is based on the level of hope maintained during the lifespan, but that hope is largely determined by earlier life experiences (Cheavens et al., 2000). Only a handful of studies have examined age differences in hope during late adulthood. Researchers have generally found that older adults (age 65 years and older) experience less hope than younger (age 40–64 years) groups (Bailey & Snyder, 2007; Benzein & Berg, 2005; Esbensen, Østerlind, Roer, & Hallberg, 2004; Westburg, 2001). Older adults without a partner also report less hope compared to those with a partner (Moraitou, Kolovou, Papasozomenou, & Paschoula, 2006).

### 2.4. The current study

Researchers who study hope generally assume it is relatively stable or dispositional in nature (e.g., Gallagher, Marques, & Lopez, 2016; Snyder et al., 1991; Valle et al., 2006); however, the degree of stability across different periods in the lifespan is understudied. Similarly, differences across age groups from adolescence to old age also need further examination. A better understanding of the age differences and stability of hope has important implications for hope theory and real-world consequences. Developmental periods during which hope mean levels and stability are relatively low may provide easier or more appropriate targets for intervention programs. These periods may be ideal to promote hope because it is possible that hope levels are lower than normal and more malleable. In addition to age, it is also possible that other demographic variables may contribute to differences on hope development. Many previous studies have used small, homogeneous samples, with little variation in education, ethnicity, socioeconomic status (SES), or nationality.

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