



The origins of hope in adolescence: A test of a social–cognitive model



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ABSTRACT

We investigated the origins of individual differences in hope in adolescents based on a social–cognitive model. Specifically, we examined a mediating role for self-esteem and optimism in the relation between social support and hope. One thousand six hundred fifty four adolescents (781 boys and 873 girls) from Mainland China completed the Multidimensional Scale of Perceived Social Support (MSPSS), the Rosenberg Self-Esteem Scale (RSES), the revised Life Orientation Test (LOT-R) and the Children's Hope Scale (CHS). Social support was associated positively with self-esteem, optimism and hope, and hope was associated positively with self-esteem and optimism. Structural equation modeling analyses revealed that self-esteem and optimism partially mediated the relation between social support and hope, accounting for 62.7% of the effect of social support on hope. The significance and limitations of the results are discussed.

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1. Introduction

To date, research has focused largely on the consequences of individual differences in hope. High levels of hope have been linked with a variety of positive social, emotional, and academic outcomes in adults and youth (Marques & Lopez, 2014). For instance, higher levels of hope predict greater academic achievement, more positive physical health behaviors, and better mental health outcomes, such as higher life satisfaction, as well as decreased internalizing and externalizing behaviors (Esteves, Scoloveno, Mahat, Yarcheski, & Scoloveno, 2013; Merkaš & Brajša-Žganec, 2011). However, relatively little research has studied the origins of hope. Given the gaps in the literature, the purpose of this study was to explore further the origins of adolescents' hope using our social–cognitive framework.

According to Snyder, adolescents acquire their sense of agency and pathways directly from the environment provided by important people in their lives (Snyder, Cheavens, & Sympson, 1997). More specifically, “High-hope children, through the encouragement of role models (e.g., caretakers, parents, teachers, and friends), learn to find and maintain pathways and agentic thoughts for their goals....” (Snyder, Hoza, et al., 1997, p. 402). The construct of social support may capture key elements of such encouragement. Social

support is defined as the perception or experience that one is loved and cared for, esteemed and valued, and part of a social network of mutual assistance and obligations (Wills, 1991). Some evidence suggests that social support is positively related to hope in normal and clinical adolescent populations (Esteves et al., 2013). For example, Barnum, Snyder, Rapoff, Mani, and Thompson (1998) reported that adolescents' hope was positively related to perceived social support from their families. For another example, Edwards, Ong, and Lopez (2007) found significant positive associations between hope and youths' perceived support from family and friends (see also Heaven & Ciarrochi, 2007). Nevertheless, other researchers have also reported non-significant relations between hope and social support in adults (Thio & Elliott, 2005) and adolescents (Kemer & Atik, 2012), indicating the need for further research. As a cognitive–motivational construct, it is assumed that hope is learned in early and ongoing interactions with role models in the immediate environment (Snyder, 2000). However, Snyder does not specify the precise mechanisms through which this learning occurs. Although the extant literature suggests that social support is associated with hope, little is known about the psychological mechanisms underlying the association between social support and hope in youth. Although some suggestions have been offered (Gibson, 1999), a paucity of research has addressed this key question.

A likely mediator of the association between social support and hope in youth is global self-esteem. Self-esteem refers to an individual's general sense of her value or worth (Rosenberg, 1989). Social support is a powerful protective factor in the maintenance of self-esteem (Franco

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& Levitt, 1998). Tian, Liu, Huang, and Huebner (2013) found that adolescents' global self-esteem mediated the relation between perceived social support and adolescents' subjective well-being in school in Chinese adolescents. Researchers have also suggested that hope emerges from self-esteem (Weisman, 1972). Indeed, previous studies have demonstrated a significant correlation between self-esteem and hope in normal and clinical adolescent samples (Esteves et al., 2013). Longitudinal research also highlights the relation between low self-esteem and hope in childhood and later risk of suicidal ideation in adulthood (McGee, Williams, & Nada-Raja, 2001).

Similarly, optimism may mediate the association between social support and hope. While self-esteem involves a positive evaluation of the self, optimism refers to a positive evaluation of the world as a whole or as a general inclination to expect positive outcomes in life (Carver, 2014). Individuals who show high optimism tend to hold positive attitudes toward the future and cope with life stressors using adaptive methods, such as employing direct problem-solving techniques, redefining situations in positive ways, and using constructive emotional strategies, like humor (Puskar et al., 2010). Various theorists propose that social support contributes significantly to optimism. For example, Taylor (1989) theorized that optimism is promoted through encouragement and support provided by individuals' social networks. Parents who provide youth with greater social support may strengthen weakened optimism during the socialization process (Piko, Luszczynska, & Fitzpatrick, 2013). Research has also revealed that social support directly and indirectly affects well-being, in the form of higher life satisfaction through various cognitive mechanisms, including optimism and self-efficacy (Karademias, 2006). Furthermore, optimism mediates the link between social support and positive health practices in early adolescents (Mahon, Yarcheski, Yarcheski, & Hanks, 2007) and college students (Ayres & Mahat, 2012). Thus, previous findings also suggest that optimism is another robust correlate of positive indicators of adolescents' well-being, including hope (Esteves et al., 2013).

The constructs of hope, optimism, and self-esteem are related. Both optimism and hope are included within the higher-order construct of psychological capital (Liu et al., 2013). Nevertheless, they are conceptually (Snyder, 2000) and empirically distinguishable (Magaletta & Oliver, 1999; Scheier, Carver, & Bridges, 1994). The specific interrelations proposed in our model are suggested by a variety of social-cognitive models of the development of positive traits, such as Evans' (1994) model of the origins of life satisfaction.

1.1. The present study

The literature on global self-esteem and optimism suggests that both variables may operate as mediators of the association between social support and adolescents' hope. We thus propose a social-cognitive mediation model of the origins of hope in which the quality of social support provided by significant others, such as family and friends, influences the development of a positive sense of both the self and the world as a whole, which in turn facilitates the development of hope in adolescents. This model contrasts with the direct effect model of Snyder, Hoza, et al. (1997) in which hopeful beliefs and behaviors are modeled by significant others in the interpersonal environment, leading to internalization of hope and a subsequent increase in self-esteem.

This study advances research in several ways. First, in spite of the frequent observation that self-esteem and optimism are related to social support and hope, it remains unclear whether social support and self-esteem, given their significant positive intercorrelation, are really differentially, statistically and significantly associated with the relation between social support and hope in adolescents. Testing the concurrent, mediating effects of self-esteem and optimism should provide a more comprehensive understanding of the mechanisms explaining how social support and hope are connected. Second, only depressive symptomatology has been used previously

as the criterion variable in the studies testing the mediating role of self-esteem and optimism in relation to social support (Taylor, Budescu, & McGill, 2011). Therefore, hope was utilized as the criterion variable in this study, providing a more meaningful criterion measure in relation to the study of positive youth development. Finally, although there have been multiple studies focusing on the relations between social support and positive psychology variables, such as school well-being, life satisfaction and subjective well-being in various samples of adolescents, the research has been primarily limited to studies conducted in Western countries. Various researchers have argued that Asian adolescents focus on the wants, needs, and goals of the group, as opposed to those of the individual, which creates stronger ties that bind, which in turn yields greater hope (Snyder, 2000). Thus, studies of the origins of hope in collectivistic cultures, such as China, should provide valuable information about the generalizability of findings related to social support and hope across differing cultures.

Thus, we simultaneously tested the mediating effects of self-esteem and optimism on the social support–hope relation in a sample of Chinese adolescents. Based on previous studies and our social-cognitive model of the origins of hope in adolescents, we proposed two hypotheses: (1) social support will significantly relate to hope in Chinese adolescents; and (2) global self-esteem and optimism will mediate the association between social support and hope in Chinese adolescents.

2. Method

2.1. Participants

Participants were 1654 community-based adolescents (781 boys and 873 girls) from the 10th and the 11th grade in Hunan, China. With assistance from teachers, we obtained a random sample from six senior high schools in three cities located in the central part of Mainland China. The adolescents ranged in age from 14–17 years (mean, 15.85 years; standard deviation, 1.02 years). Most (96.2%) students were Han, the predominant ethnic group in China, and the remainder was from various ethnic minority groups. Six percent of the participants were from low-income families, 16% were from relatively low-income families, 54% were from medium-income families, 17% were from relatively high-income families, and 7% were from high-income families.

2.2. Procedures

Consent forms describing the aims of the study were sent to parents of potential participants. Adolescents were allowed to participate only if written parental consent and student assent were received. During the administration of the study measures, which occurred during class time at the respective schools, participants completed a demographic form first, which asked for information regarding the students' age, gender, grade, ethnicity, and family income. Subsequently, students completed the following questionnaires: (1) Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988); (2) Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1989); (3) The revised Life Orientation Test (LOT-R; Scheier et al., 1994); and (4) Children's Hope Scale (CHS; Snyder, Cheavens et al., 1997; Snyder, Hoza, et al., 1997). Ethics committees from the six school administrators approved the research protocol.

2.3. Measures

1. Multidimensional Scale of Perceived Social Support (MSPSS)

The MSPSS is a 12-item measure of perceived support from family, friends, and others (Zimet et al., 1988). Respondents answer items on a 7-point Likert-type scale ranging from very strongly disagree

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