

THE ROLE OF HOPE AS A MEDIATOR IN RECOLLECTED PARENTING, ADULT ATTACHMENT, AND MENTAL HEALTH

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Because having hope is requisite for the establishment of satisfying adulthoods, factors contributing to its development must be understood. Using structural equation modeling, the current study tested propositions that hope (1) develops in the context of a secure relationship with a supportive adult in childhood (Snyder, 1994), and (2) mediates the relationship between developmental processes and adult mental health outcomes. There was a good fit of the data to the hypothesized model. Adult attachment mediated the relationship between parenting and hope, and hope partially mediated the relationship between attachment and mental health. The developmental trajectory of hope is discussed as it relates to parenting and attachment, and a tripartite approach is suggested for developing primary and tertiary interventions for at-risk youth.

Young adults and late adolescents typically are concerned with age-related developmental tasks such as planning for their future educations,

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occupations, and families (Nurmi & Pulliainen, 1991). There are, however, young people who feel hopeless about the future, perceive little control over the events in their lives, and believe that good things will not happen to them (Robitschek, 1996). In this regard, the lack of hope represents a belief that one will not be able to achieve personally relevant goals (Snyder et al., 1991). When such hope is lacking, a self-fulfilling prophecy may ensue in which requisite effort to succeed is not expended and desired goals are not attained (Robitschek, 1996). Even bright and talented young people may lower their academic expectations, not go to college (Hanson, 1994), and become disadvantaged in today's labor market (Snyder & Shafer, 1996). If young people learn to be more hopeful, however, they will be more likely to make commitments, set goals, and work effectively toward attaining those goals. As such, instilling hope in young people should be a societal priority.

In order to facilitate the development of interventions to instill hope in young people we must arrive at a clear understanding of how hope develops in the natural course of human development. In this regard, there has been strong theoretical and preliminary empirical support for the individual relationships between hope and its developmental and mental health sequelae. There are, however, no published studies on the overall model for the development of hope. The present study addressed this issue by empirically testing Snyder's (1994) proposition that hope develops in the context of secure attachments to supportive caregivers in childhood.

THE DEVELOPMENT OF HOPE

Consistent with Snyder's model for the development of hope (1993, 1994, 2000a; Snyder, McDermott, Cook, & Rapoff, 2002), high-hope individuals consistently report having established a close bond to at least one caregiver when they were young (Rieger, 1993). This adult, whom Snyder (1994, 2000b, 2001) often refers to as a "coach," typically helped in the formation of goals, taught the causal thinking necessary to achieve those goals, and was a source of inspiration and motivation (see Snyder, Tran, Schroeder, Pulvers, & Adams, 2000). Growing children thus come to view themselves as being capable of influencing others and shaping their environments so as to attain desired goals. Even as adults, high-hope individuals continue to form strong attachments to others (Snyder, Cheavens, & Sympson, 1997). Moreover, in line with their positive social support perceptions (Barnum, Snyder, Rapoff, Mani, & Thompson, 1998), high-hope people can call on family and friends for assistance when they encounter stressors (Snyder, 2000b, 2002; Snyder, McDermott et al., 2002). The perceived ability to exert control over the

environment and to cope effectively with stressors may explain, in part, why hopeful thinking leads to positive mental health outcomes (Bowlby, 1982; Snyder, 1994; Snyder et al., 1997; Snyder, McDermott et al., 2002). In turn, increased psychological well-being should feed back to facilitate future orientations and goal pursuits (Snyder, 2002).

HOPE: CONCEPTUALIZATION AND ASSOCIATED OUTCOMES

Throughout the ages, hope has been explored in philosophical and religious contexts, often those involving dire circumstances. Despite its frequent use, however, only recently has the once "fuzzy" definition of hope been set in a well-articulated theoretical framework and subjected to scientific scrutiny. Specifically, Snyder and his colleagues (Snyder, 1989; Snyder et al., 1991) developed an operational definition of hope that lends itself to measurement. According to Snyder (1995, p. 355), hope is "... the process of thinking about one's goals, along with the motivation to move toward those goals (termed agency) and the ways to achieve those goals (termed pathways)."

The two necessary components of hope, agency and pathways, are posited to be reciprocal, additive, and positively related, but they are not redundant constructs (Snyder et al., 1991). Although agency thinking reflects a "can do" attitude relating to people's confidence in their abilities (see Snyder, LaPointe, Crowson, & Early, 1998), being an agentic thinker in and of itself will not suffice in the absence of pathways to reach the desired objective (Irving, Snyder, & Crowson, 1998). Conversely, having only the pathways will not suffice in a goal pursuit if one lacks the requisite motivation (agency). In Snyder's conceptualization of hope, emotions follow cognitions and then feed back to inform the person of the correctness of his or her goal-directed thinking. High-hope people thus focus on success which, combined with the development of alternative pathways, may enable high-hope young people to persevere and retain their agency when encountering obstacles (Snyder, 2002).

High-hope people choose alternative pathways and go around the impediments that they encounter. As such, this problem-focused coping strategy contributes to the positive educational and mental health outcomes evidenced by high-hope people. In the area of education, for example, Hope Scale scores have correlated positively with perceived self-worth, scholastic competence, social competence, and creativity (Onwuegbuzie & Daley, 1999), along with lower test anxiety (Snyder, 1999). Higher hope is also related to higher scores on achievement tests for grade school children (Snyder et al., 1997), and higher overall grade point averages for high school (Snyder et al., 1991) and college students

(Chang, 1998; Curry & Snyder, 2000). Additionally, when college students were tracked across their undergraduate years, higher Hope Scale scores predicted significantly higher cumulative grade point averages, higher graduation rates, and lower dropout rates (even when variance due to entrance examination scores was controlled; Snyder, Shorey et al., 2002). Additionally, other studies have found that high- relative to low-hope individuals experience greater psychological well-being, less psychological distress (Snyder et al., 1991), and fewer depressive symptoms (Chang & DeSimone, 2001; Kwon, 2000).

PARENTING STYLES

In Snyder's (1994) hope theory, the development of hope is based on parents' "coaching" behaviors. Therefore, we next turn to parenting styles as they relate to outcomes through childhood and beyond to the adolescent and college years. In this regard, Baumrind's (1967, 1991) research is relevant because it links family interactions to cognitive competence and agentic thinking through analyses of prototypic parenting styles: authoritative, authoritarian, permissive, and rejecting-neglecting (Dornbusch, Ritter, Leiderman, Roberts, & Fraleigh, 1987).

PARENTING IN CHILDHOOD

Baumrind (1991) identified adaptive and maladaptive patterns of parental behavior that were proposed to result from parents' levels of demandingness and responsiveness. Accordingly, *authoritative* parents are both demanding and responsive as they monitor and set clear standards for their children's behavior. In contrast, *authoritarian* parents are not responsive, but they are demanding and directive with their status orientations and demands for unquestioning obedience. *Permissive* parents are more responsive than demanding; they are lenient and nontraditional, and allow their children to regulate their own behaviors. Lastly, *rejecting-neglecting* parents are neither responsive nor demanding; they do not monitor, structure, or provide support, and may actively reject their children.

Children's orientations toward the future and the way they approach life's challenges are affected differently by each of these parenting styles. This is because parents teach their children how to think, as well as how to relate with other people and their environments (Baumrind, 1967). According to Baumrind (1975), "instrumental competence" results when parents pressure their children to test the limits of their cognitive and social abilities while praising and encouraging them. Such instrumental competence opens the child to the idea that he or she can be an

“effective agent of change.” As such, Baumrind’s instrumental competence is similar to Snyder’s developmental conceptualization of hope (Snyder, 2002; Snyder et al., 1991).

Because authoritative parents demand high levels of performance in a loving manner, they become effective “reinforcing agents.” Such positive modeling encourages the emulation and internalization of the parents’ competence and pro-social behaviors (Baumrind, 1967, 1991). Children of authoritative parents perform better in school (Dornbusch et al., 1987) and report less psychological distress in college than children raised by other types of parents (Wintre & Yaffe, 2000). In contrast, children of authoritarian parents perform more poorly in school (Dornbusch et al., 1987), and they are less mature, less individuated, and less securely attached to their parents (Baumrind, 1991). These outcomes may come about because authoritarian parents’ officious and restrictive constraints retard their adolescents’ developments (Baumrind, 1991). Consequently, their children have lower optimism (Baumrind, 1991) and, we would posit, lower levels of hope related to the suppression of agency and pathways thinking.

Children from permissive homes also have less positive outcomes when compared to children with authoritative upbringings. Specifically, they do less well in school (Dornbusch et al., 1987) and, even if highly intelligent, are significantly less achievement-oriented, competent, self-regulated, or socially responsible (Baumrind, 1991). Even worse off, however, are the children from rejecting-neglecting homes (Baumrind, 1991). These children are antisocial and lacking in self-regulation, social responsibility, and cognitive competence. Similarly, Lamborn, Mounts, Steinberg, and Dornbusch (1991) reported that children who describe their parents as neglectful exhibit retarded psychosocial development, problem behaviors, lower academic competence, and higher levels of psychological distress.

PARENTAL INFLUENCES IN LATE ADOLESCENCE AND ADULTHOOD

Parenting continues to exert systematic, though more modest, effects after children leave home and begin establishing lives of their own (Dominguez & Carton, 1997; Winefield, Goldney, Tiggemann, & Winefield, 1990). For example, Winefield et al. (1990) have found that supportive and nonrejecting parenting is related to adult offspring being less depressed, less socially alienated, and more satisfied with their lives. Similarly, Dominguez and Carton (1997) found that late adolescents who recalled their mothers and fathers as having been authoritative were the most autonomous, creative, goal-oriented, optimistic, and

self-accepting, whereas those who recalled fathers who were authoritarian exhibited these characteristics the least. It follows that a general lack of parental consistency and nurturance, or parental authoritarianism, criticalness, and rejection, are associated with adult depression (Batgos & Leadbeater, 1994).

ATTACHMENT

While parents' behaviors toward their children have direct effects on their children's adjustments, these effects typically have been found to be mild to moderate in strength (O'Connor & Dvorak, 2001), thereby suggesting that there are other processes mediating parental influences (Leung & Kwan, 1998; Wintre & Yaffe, 2000). In this regard, contemporary attachment researchers, expanding on the seminal works of John Bowlby (1982),¹ have suggested a framework in which initial infant attachment styles continue to exert systematic and increasingly complex effects on psychological functioning through later childhood, adolescence, and adulthood (see Shorey, 2001). These working models become self-fulfilling prophecies (Hazan, 1992, cited in Batgos & Leadbeater, 1994), which elicit reinforcing behaviors from others (Allen, Coyne, & Huntoon, 1998), and serve as road maps by which individuals perceive, interpret, and respond to their environments as adults (see Batgos & Leadbeater, 1994; Mickelson, Kessler, & Shaver, 1997).

Internal working models thus characterize specific cognitive/affective/behavioral constellations, or attachment styles, which correspond to specific patterns of parental behavior (Bowlby, 1982). As such, children who experience their parents as rejecting and critical may internalize these perceptions and become insecurely attached, later viewing others as hostile and themselves as being unworthy of love (Batgos & Leadbeater, 1994). Subsequently, adults classified as avoidant often recall parents who were less warm or nurturant, uninvolved, and somewhat rejecting (Rothbard & Shaver, 1994). Similarly, those who remember their parents as inconsistent, having been warm and responsive some of the time and unresponsive or intrusive at other times, often are classified as anxious-ambivalent, whereas those who recall their parents as having been consistently available, responsive, warm, and sensitive are classified as secure (Rothbard & Shaver, 1994).

Each attachment style relates differentially to mental health outcomes (Carlson, 1998), with the majority of these differences found between the

1. The 1982 citation for Bowlby refers to the 2nd edition of his original 1969 book, *Attachment*.

secure and insecure groups. Relative to avoidant and anxious-ambivalent adolescents, for example, secure adolescents experience significantly less general anxiety, dysthymia, and depression (Cooper, Shaver, & Collins, 1998; Mickelson et al., 1997; Roberts, Gotlib, & Kassel, 1996). Avoidant relative to anxious-ambivalent participants did report significantly lower levels of depression and hostility (Cooper et al., 1998; Roberts et al., 1996), but they did not differ on general anxiety (Cooper et al., 1998; Mickelson et al., 1997).

Although Bowlby (1979, p. 129) viewed attachment as being a major influence on behavior "from the cradle to the grave," and other researchers have suggested that attachment styles are highly resistant to change (Diehl, Elnick, Bourbeau, & Labouvie-Vief, 1998; Rothbard & Shaver, 1994), attachment styles are not invariant. Recent longitudinal studies have indicated that under normal circumstances, approximately 35% of participants changed their attachment styles from infancy through late adolescence and young adulthood (Carlson, 1998; Hamilton, 2000; Waters, Merrick, Treboux, Crowell, & Albersheim, 2000). Furthermore, participants who had experienced one or more negative life events were more likely to have changed their attachment classification than those who had not experienced a negative life event, indicating that attachment styles retain stability under ordinary circumstances but change if negative events foster adversity (Waters et al., 2000).

Resilience is likely facilitated by the positive social-support perceptions of securely attached people (Sarason, Pierce, Bannerman, & Sarason, 1993) because such perceptions bolster capacities to overcome challenging situations and implement adaptive problem solving strategies (Lopez & Brennan, 2000). As such, positive social-support perceptions are an integral part of hopeful thinking (Snyder et al., 1997; Snyder, McDermott et al., 2002), not only because securely attached people trust in the availability of others (Snyder, 1996), but also because they learn to "...trust in the reliability of self-initiated cause-and-effect relationships" (Shorey, Snyder, Rand, Hockemeyer, & Feldman, 2002). Hence, the modeling of hopeful thinking by a caring and responsive caregiver should provide a "goal-corrected partnership" for learning how to effectively initiate goal-directed actions (Bowlby, 1982).

HYPOTHESIZED MODEL

As suggested by the literature, we propose a model in which parenting contributes to the formation of attachment styles, which then facilitate (or inhibit) the development of hopeful thinking, and through hopeful thinking lead to positive or negative mental health outcomes. Specifically, we predict that authoritative parenting should foster secure at-

tachment, which then should lead to the development of higher levels of hope and, through hope, to correspondingly better mental health outcomes (more positive affect, and less anxiety, depression, and loss of behavioral/emotional control). In contrast, we expect that authoritarian and rejecting parenting should foster insecure attachment (both avoidance and anxiety), which should lead to the development of lower levels of hope and, through lower hope, to correspondingly high levels of psychological distress (anxiety, depression, loss of behavioral/emotional control). Consistent with extant findings, we made no predictions regarding permissive parenting.

METHOD

PARTICIPANTS

In exchange for optional extra credit, participants ($N = 263$) recruited from the psychology department subject pool at a mid-sized Southern California university completed packets of self-report questionnaires outside of class time. Given the nontraditional student body composition and the present focus on late adolescents and young adults, 44 participants over age 30 were excluded from the analysis. An additional 22 participants were missing data on their mothers' or fathers' parenting styles and were excluded. The final sample included 197 (88 male and 109 female) undergraduates, ages 18 to 30 years ($M = 20.97$, $SD = 2.68$). The sample was ethnically diverse, with 47% white/nonHispanic, 32% Hispanic, 13% Asian, and 8% African American. The majority of participants (85%) were raised in two-parent homes, while the remaining 15% were raised by their mothers but still were able to retrospectively assess their fathers' parenting styles. Mothers and fathers had similar levels of education—87% of mothers and 85% of fathers having completed the 12th grade. Forty-two percent of mothers and 35% of fathers had attended college; 16% of the fathers and 13% of mothers had earned bachelor's degrees; and 13% of fathers and 9% of mothers had earned graduate degrees.

MEASURES

Parental Authority Questionnaire (PAQ; Buri, 1991). The PAQ (Buri, 1991) is a self-report measure that assesses participants' recollections of parenting from childhood. It consists of 30 items per parent, assessed individually, using a 5-point Likert-type scale (1 = strongly disagree to 5 = strongly agree). Three subscales of ten items each correspond to the original authoritative, authoritarian, and permissive parenting styles identi-

fied by Baumrind (1971). Examples of the scale items were as follows: authoritative = "As I was growing up, once family policy had been established, my mother (father) discussed the reasoning behind the policy with the children in the family"; authoritarian = "As I was growing up, my mother (father) did not allow me to question any decision she (he) had made"; and permissive = "As I was growing up, my mother (father) seldom gave me expectations and guidelines for my behavior."

The three scales of the PAQ have demonstrated strong discriminant validity for both mothers and fathers, with authoritarianism inversely related to permissiveness (r 's = -.38 and -.50), and to authoritative-ness (r 's = -.48 and -.52). Additionally, permissiveness was not significantly related to authoritative-ness (r 's = .07 and .12). Criterion-related validity was established by correlating the three scales with parental nurturance using the Parental Nurturance Scale (Buri, Misukanis, & Mueller, 1988). The PAQ's test-retest reliabilities over two weeks ranged from .77 to .92, and Cronbach's α s ranged from .74 to .87 (Buri, 1991). α reliabilities of PAQ subscales in the current study for mothers and fathers, respectively, were .86 and .89 for authoritative, .73 and .80 for permissive, and .84 and .90 for authoritarian.

Parental Bonding Instrument (PBI; Parker, Tupling, & Brown, 1979). The PBI is a retrospective measure of parental behavior experienced during participants' first 16 years of life. Parker et al. (1979) stated that the scales of the PBI (Care and Overprotection) could be used independently. Hence, the Care scale was used to assess the rejecting-neglecting parenting style (Baumrind, 1991), which is not assessed by the PAQ (Buri, 1991). The Care scale has two poles: one characterized by affection, warmth, and closeness, and the other by indifference, rejection, and neglect. Given the defining characteristics of these poles, we concluded that the PBI Care scale was valid for assessing Baumrind's rejecting-neglecting parenting style. Thus the 12 items of the Care scale were reverse scored so that higher scores would indicate higher levels of rejecting-neglecting parenting.

Father and mother were rated separately using a four-point Likert-type scale (1= very like to 4= very unlike). Examples of rejecting-neglecting scale items are "Made me feel I wasn't wanted," or "Did not talk to me very much." An example of a reverse-scored care item is, "Spoke to me in a warm friendly voice." Parker et al. (1979) reported adequate reliability for the scale, with a .76 test-retest reliability over three weeks, and a split half reliability of .88. Concurrent validity was established by examining the correlations between interviewer ratings of participants and participants' self-report scores on the PBI (r 's = .77 to .78). In the current study, α reliabilities for mothers' and fathers' rejecting parenting were .94 and .93, respectively.

Attachment Style Questionnaire (ASQ; Feeney et al., 1994). The ASQ is a 40-item self-report measure of adult attachment styles. It uses a six-point Likert-type scale (1 = totally disagree to 6 = totally agree) and yields a three-factor solution with subscales labeled Security, Avoidance, and Anxiety. These scales correspond to the three basic attachment styles (secure, avoidant, and anxious-ambivalent) used by Hazan and Shaver (1987) in the assessment of adult attachment. Designed as a broad measure of adult attachment, the ASQ is suitable for young adolescents and persons with little or no experience in romantic relationships. Examples of scale items are: Security = "I find it relatively easy to get close to other people"; Avoidance = "I prefer to keep to myself"; and Anxiety = "It's important to me that others like me."

The ASQ has .74 to .80 test-retest reliabilities over ten weeks, and Cronbach's α s from .83 to .85 (Feeney, Noller, & Hanrahan, 1994). Validity was evidenced by the intercorrelations among scales, with Security being negatively correlated with Avoidance ($r = -.49$) and Anxiety ($r = -.29$), and Avoidance being positively correlated with Anxiety ($r = .35$). Further evidence of validity was provided by canonical correlations indicating that higher scores on Security and lower scores on the insecure attachment styles were related to perceptions of family intimacy, democratic parenting, and low levels of family conflict. In relation to personality variables, higher levels of attachment Anxiety were related to neuroticism, and higher levels of attachment Security and lower levels of Avoidant attachment were related to extroversion. Lastly, none of the attachment scales were related to the lie scale on a personality measure (Feeney, et al., 1994). α reliabilities in the present study were .78, .87, and .83 for the Security, Avoidance, and Anxiety subscales, respectively.

Hope Scale (HS; Snyder et al., 1991). The HS is a 12-item, Likert-type scale. Four items assess agency (perceived goal-related motivation), four items assess pathways (perceived ability to generate specific strategies for attaining goals), and four are distracters. The HS yields separate scores for the agency and pathways subscales, or the entire Hope Scale can yield one score. We used a four-point scale with response options ranging from 1 = definitely false to 4 = definitely true. Both Cronbach's α s (from .74 - .84) and test-retest reliabilities (.73 - .82 over an eight- to ten-week period) are acceptable for the eight items in the two Hope subscales (Snyder et al., 1991). Validity of the Hope Scale has been established through ten years of empirical research (Snyder, 2002). In the current study, α for the combined Hope Scale was .77, and the α s for the Agency and Pathways subscales were .79 and .69, respectively.

Mental Health Inventory (MHI; Davies et al., 1988). The MHI is a 38-item measure designed for use in nonclinical samples. It yields three subscales (Anxiety, Depression, and Loss of Behavioral/Emotional

Control) contributing to a global Psychological Distress scale, and three subscales (General Positive Affect, Emotional Ties, and Life Satisfaction) contributing to Psychological Well-Being. α s for the two global scales ranged from .92 to .96, and test-retest reliabilities were .56 to .64 over a one-year period (Veit & Ware, 1983). Veit and Ware (1983) confirmed two- and five-factor solutions in various samples, while other researchers have confirmed only the two-factor solution and recommended its application to adolescent populations (Heubeck & Neill, 2000; Ostroff, Woolverton, Berry, & Lesko, 1996). Consistent with the recommendation of Heubeck and Neill (2000) regarding studies of social support (closely related to attachment in the current study), we did not include the emotional ties subscale in our analysis. The life satisfaction subscale of the MHI consists of one item; therefore, it was not suitable for inclusion in a structural model analysis.

RESULTS

PRELIMINARY ANALYSIS

Prior to analysis of the hypothesized model, MANOVA was conducted to determine if there were significant mean differences in any of the variables as a function of participants' or their parents' demographic variables. Although no mean differences were detected as a function of parents' education (data on SES were not available), differences were detected as a function of gender, family structure, and ethnicity. In relation to gender, significant mean differences were detected in attachment style, Wilks's lambda = 0.943, $p = .017$, partial $\eta^2 = .057$, with women scoring significantly higher on attachment security than men, $M_s = 34.56$ versus 31.99, $F(1,174) = 7.57$, $p = .007$, partial $\eta^2 = .04$, and men scoring significantly higher on attachment avoidance than women, $M_s = 61.38$ versus 55.39, $F(1,174) = 8.65$, $p = .004$, partial $\eta^2 = .047$. There also were significant gender differences in relation to parenting, Wilks's lambda = 0.865, $p = .002$, partial $\eta^2 = .135$, with men reporting significantly higher mothers' permissive parenting, $M_s = 24.82$ versus 22.19, $F(1,174) = 9.08$, $p = .003$, partial $\eta^2 = .050$. Finally, there were significant gender differences in relation to hope, Wilks's lambda = 0.946, $p = .008$, partial $\eta^2 = .054$; women had significantly higher levels of hope agency than did men, $M_s = 12.85$ versus 12.14, $F(1,174) = 4.77$, $p = .03$, partial $\eta^2 = .027$.

We next assessed differences as a function of whether participants were raised by a single parent (in each case the mother) or by both parents, and found significant mean differences in attachment as a function of family structure, Wilks's lambda = 0.955, $p = .046$, partial $\eta^2 = .045$. Participants raised by a single parent ($M = 31.93$), relative to those raised

by both parents ($M = 34.62$), scored significantly lower on attachment security, $F(1,174) = 3.99, p = .047$, partial $\eta^2 = .022$. Furthermore, significant mean differences in parenting as a function of family structure, Wilks's lambda = 0.889, $p = .010$, partial $\eta^2 = .111$, indicated that participants who were raised by a single parent ($M = 15.19$ and $M = 19.13$), as opposed to those raised by both parents ($M = 9.44$ and $M = 13.18$), perceived more rejecting parenting from both their mothers, $F(1,174) = 10.50, p = .001$, partial $\eta^2 = .057$, and their fathers, $F(1,174) = 10.50, p = .001$, partial $\eta^2 = .057$.

MANOVA also revealed ethnic differences in relation to parenting, Wilks's lambda = 0.752, $p = .002$, partial $\eta^2 = .091$.² There were significant mean differences in mothers' authoritarianism, $F(3,174) = 3.25, p = .023$, partial $\eta^2 = .053$, and fathers' rejecting parenting, $F(3,174) = 5.82, p = .001$, partial $\eta^2 = .091$. Post hoc analysis using a Tukey adjustment indicated that Hispanics ($M = 33.62$) reported significantly higher mother authoritarianism than white/nonHispanics ($M = 31.15$; Mean difference = 3.35, $p = .032$). Furthermore, Asians ($M = 21.80$) reported significantly higher father rejecting parenting (Mean difference = 7.22, $p = .002$) than white/nonHispanics ($M = 13.56$) or Hispanics ($M = 14.45$; Mean difference = 5.75, $p = .032$). Dummy coding ethnicity and then controlling for ethnicity using multiple regression, however, did not change the pattern of significance among the beta weights for parenting in predicting attachment, hope, or mental health. Therefore, the relationships of parenting to attachment, hope, or mental health did not differ as a function of ethnicity. Nevertheless, cross-cultural applicability of the present model cannot be concluded until such time as replication can be conducted with sufficient numbers of participants from various ethnic groups to facilitate model comparisons.

Overall, although older relative to younger participants perceived their fathers as more authoritative, $F(1,188) = 11.84, p < .001$, adjusted $R^2 = .05$, and although some of the other demographic variables were differentially related to parenting, attachment, and hope, the sizes of these relationships were very small and, as such, we concluded that they did not warrant separate analyses by specific groups.

THE HYPOTHESIZED MODEL

In order to facilitate interpretation of our structural model, zero-order correlations between measured variables, means, and standard devia-

2. In order to include ethnicity in the MANOVA, it was necessary to exclude one participant who identified as Native American and two participants who listed their ethnicity as "other."

tions are reported in Table 1. The hypothesized model in which recollections of mothers' and fathers' parenting combine to influence the type of attachment that a person develops, which then has a direct effect on hope, and through hope exerts its influence on mental health, is presented in Figure 1. In this path model, circles represent latent variables and rectangles represent measured variables. With the exception of the arrows representing factor loadings between latent variables and measurement variables, a line with an arrow indicates a hypothesized direct effect in the direction of the arrow. The absence of a line connecting variables implies lack of a hypothesized direct effect.

The hypothesized model illustrates both positive and negative developmental trajectories. On the positive side, we hypothesized that authoritative parenting would promote attachment security, which then would lead to the development of higher levels of hope agency and pathways, which also would lead to higher levels of psychological well-being and lower levels of psychological distress (anxiety, depression, loss of behavioral/emotional control). In contrast, the hypothesized negative developmental trajectory specified that authoritarian and rejecting parenting would predict both types of insecure attachment (anxiety and avoidance). In turn, both types of insecure attachment would predict lower levels of hope agency and pathways, which then were expected to lead to higher levels of psychological distress and lower levels of psychological well-being.

ASSESSMENT OF THE MEASUREMENT MODEL

Twenty-two cases were eliminated because of missing data. Analysis of the assumption of multivariate normality and linearity on the remaining 197 cases indicated that case number 10 made a large contribution to normalized multivariate kurtosis (11.22). After deleting this case, normalized multivariate kurtosis for the remaining sample ($N = 196$) dropped to 8.24. Subsequent comparisons of the robust and standard test statistics indicated that they did not differ. Therefore, we reported the standard EQS statistics only.

Prior to testing our hypothesis, we first used EQS 5.7 for Windows to determine the adequacy of our measurement models. Consistent with the common practice of deriving family-wise parenting styles, we expected mothers' and fathers' parenting to load onto one latent parenting variable. This model, however, did not fit the data. Rather the model that did fit the data used a multi-method/multi-trait-like approach, $\chi^2(11) = 16.86, p = 0.112, CFI = 0.99, RMSEA = 0.052, 90\%CI (.000, .099)$. In a true multi-method/multi-trait model, however, the parents (mother and father) would be the method factors, while the four distinctive parenting

TABLE 1. Zero Order Correlation Between Measured Variables, Means, and Standard Deviations

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	M	SD
1. Anxiety	—																39.39	7.61
2. Depression	.67	—															17.38	3.53
3. Loss of Control	.63	.85	—														42.60	7.08
4. General Positive Affect	-.49	-.68	-.68	—													37.51	8.40
5. Hope Agency	-.17	-.36	-.46	.45	—												12.83	2.14
6. Hope Pathways	-.20	-.35	-.31	.36	.34	—											12.77	1.94
7. Attachment Security	-.28	-.40	-.40	.52	.55	.32	—										35.46	6.34
8. Attachment Anxiety	.42	.56	.56	-.52	-.34	-.30	-.46	—									49.18	12.13
9. Attachment Avoidance	.31	.29	.29	-.35	-.27	-.15	-.59	.45	—								52.69	13.82
10. Mother Authoritative	-.22	-.22	-.29	.32	.33	.05	.35	-.26	-.32	—							34.23	7.59
11. Mother Permissive	-.02	-.06	-.14	.15	-.02	.03	-.06	-.04	.05	.15	—						23.16	5.93
12. Mother Authoritarian	.13	.06	.16	-.18	-.12	-.09	-.09	.20	.23	-.30	-.42	—					32.48	7.52
13. Mother Rejecting	.26	.29	.38	-.35	-.31	-.17	-.41	.33	.33	-.65	-.12	.39	—				8.71	8.25
14. Father Authoritative	.01	-.16	-.16	.18	.24	.08	.22	-.05	-.06	.36	.08	.05	-.18	—			31.97	8.69
15. Father Permissive	-.02	-.05	-.07	.15	.03	.10	.02	.04	.05	.11	.51	-.16	.00	.21	—		23.62	7.21
16. Father Authoritarian	.07	.11	.15	-.16	-.18	-.09	-.10	.09	.15	-.17	-.14	.48	.17	-.38	-.53	—	35.30	8.84
17. Father Rejecting	.07	.25	.27	-.23	-.33	-.09	-.28	.18	.22	-.29	.00	.08	.40	-.67	-.12	.41	12.61	9.03

N = 196.

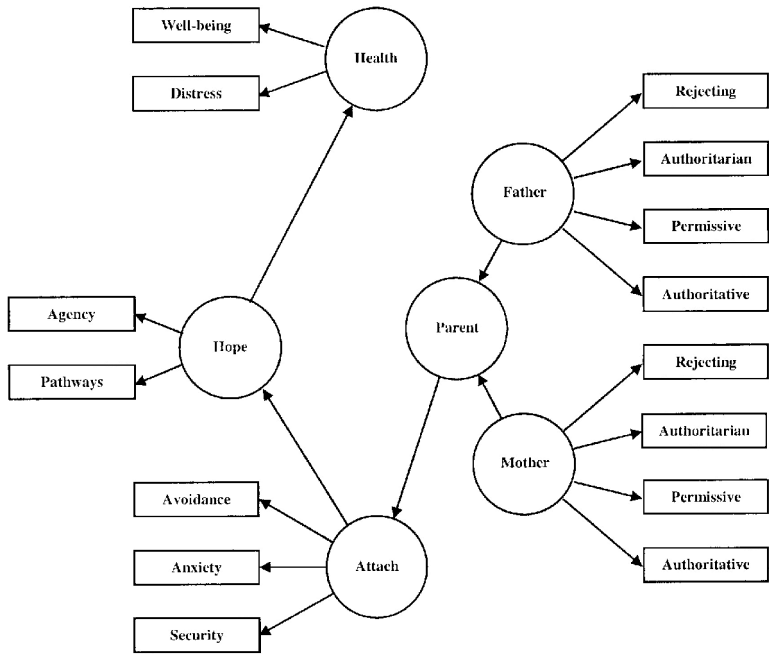


FIGURE 1. Hypothesized model in which attachment mediates the relationship between parenting and hope, and hope mediates the relationship between attachment and mental health.

styles would be the latent traits of interests. Because of the use of retrospective measures of parenting, the source of this data actually is the research participant who recalled his or her parents' behavior from childhood. Nevertheless, the data corresponded to mothers and fathers separately, so we concluded that the multi-method/multi-trait approach most closely approximated the structure of our data.

In relation to mental health, we attempted to fit the recommended two-factor measurement model (psychological distress and psychological well-being; Heubeck & Neill, 2000), but failed. Alternately, a four-factor solution³ fit the data well, $\chi^2(11) = 2.54, p = 0.281, CFI = 0.999, RMSEA = 0.037, 90\%CI (.000, .152)$.

3. As mentioned in the method section, the fifth factor, *Emotional Ties*, should not be used when examining relationships with social-support, and by extension attachment styles, because of the redundancy of the constructs.

In order to fit the measurement model for hope with only two measurement variables, paths from the latent hope variable to both agency and to pathways were fixed to be 1.00. As such, the identified model has zero degrees of freedom and, therefore, the model fit is perfect. Similarly, the measurement model for attachment is also a saturated model because only three indicators are available, and it has a perfect fit with the data.

The final measurement model, in which the structural part of the model is saturated in order to test the overall measurement model fit, is presented in Figure 2. A saturated structure model means that all latent variables are allowed to covary. This overall measurement model fit the data well, $\chi^2 = 190.11$, $df = 100$, $p < 0.001$, CFI = 0.944, RMSEA = 0.068, 90%CI (.053, .082).⁴ It consisted of fathers' and mothers' parenting, each a latent variable with four indicators (authoritative, permissive, authoritarian, and rejecting); adult attachment, a latent variable with three indicators (security, anxiety, and avoidance); hope, a latent variable with two indicators (agency and pathways); and mental health, a latent variable with four indicators (general positive affect, anxiety, depression, and loss of behavioral/emotional control).

BASELINE MODEL

In order to establish the baseline model used for testing hypotheses, directional paths were imposed according to the theoretically derived relationships between variables. Because Bowlby (1982) and other contemporary parenting researchers (Pleck, 1997; Russell & Russell, 1987) have viewed fathers as playing secondary and more supportive roles to those of mothers, the baseline model included a direct path from fathers' to mother's parenting. Subsequent paths led from both mothers' and fathers' parenting, each as an independent latent variable, to each of the other latent variables in the model. There also were direct paths from

4. Although the p value for this analysis is significant, the ratio between the obtained chi square and its associated degrees of freedom is less than two, the CFI is high (CFIs over .93 are considered acceptable), and Steiger's Root Mean Square Error of Approximation (RMSEA) index is small and within an acceptable range. Contemporary statisticians are moving in the direction of using the RMSEA as the index of choice in interpreting the fit of a model because, in contrast to the chi-square statistic, the RMSEA is a population-based index and, as such, is relatively insensitive to sample size (Loehlin, 1998). In this regard, Steiger himself considered a RMSEA of less than .10 to be "good," and below .05 to be "very good" (1989). Similarly, Browne and Cudeck (1993) suggested interpreting a value for the RMSEA of .08 or less as a reasonable error of approximation, and a RMSEA of .05 or less as a close fit of the model.

TABLE 2. Changes in Baseline Model Fit After Elimination of Non-Significant Paths

Model	χ^2	df	$\Delta\chi^2$	Δdf	p
1. Fit of Baseline Model	190.11	100			
2. Comparing Model with no path from mother's parenting to hope with Model 1	190.13	101	0.02	1	0.888
3. Comparing Model with no path from fathers' parenting to mental health to Model 2	190.26	102	0.13	1	0.718
4. Comparing Model with no path from fathers' parenting to attachment to Model 3	190.83	103	0.57	1	0.450
5. Comparing Model with no path from mothers' parenting to mental health to Model 4	191.64	104	0.81	1	0.368

attachment to hope, from attachment to mental health, and from hope to mental health. The resulting model with directional paths among latent traits has the same model fit as the overall measurement model.

There are several paths that are statistically nonsignificant in the overall baseline model. Using the conventional model comparing approach, each nonsignificant path in the model was tested, one at a time. If its elimination did not result in a significant decrease in the model fit, the path was deleted. We first eliminated the least significant path, then re-examined the remaining path coefficients in the context of all paths remaining in the model, and eliminated the next least significant path. We continued with this method until all paths remaining in the model were significant. Model comparisons showing the change in fit as nonsignificant paths were deleted are presented in Table 2. Paths were eliminated from mothers' parenting to hope, from fathers' parenting to mental health, from fathers' parenting to attachment, and from mothers' parenting to mental health. After eliminating these paths, the final model (Figure 3) used for testing hypotheses retained a good fit with the data, $\chi^2 = 191.64$, $df = 104$, $p < .001$, CFI = 0.945, RMSEA = 0.068, 90%CI(.051,.08).

TESTS OF MEDIATION

In order to test mediation, we used the three-step process suggested by Baron and Kenney (1986). In *Step One* it is necessary to detect a correlation (path c) between the initial variable (X) and the outcome variable (Y). In *Step Two*, it is necessary to show that the initial variable correlates with the proposed mediating variable (path a) and that the mediator variable affects the outcome variable (path b). Step Two is assessed as

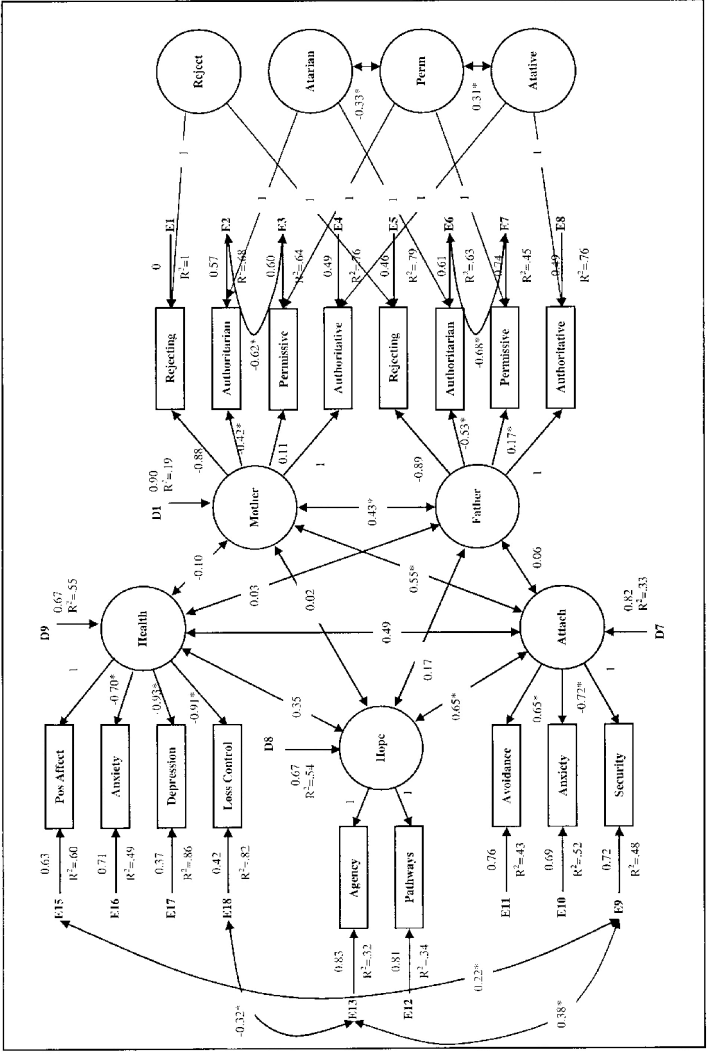


FIGURE 2. Final measurement model, in which the structural part of the model is saturated in order to test the overall measurement model fit.

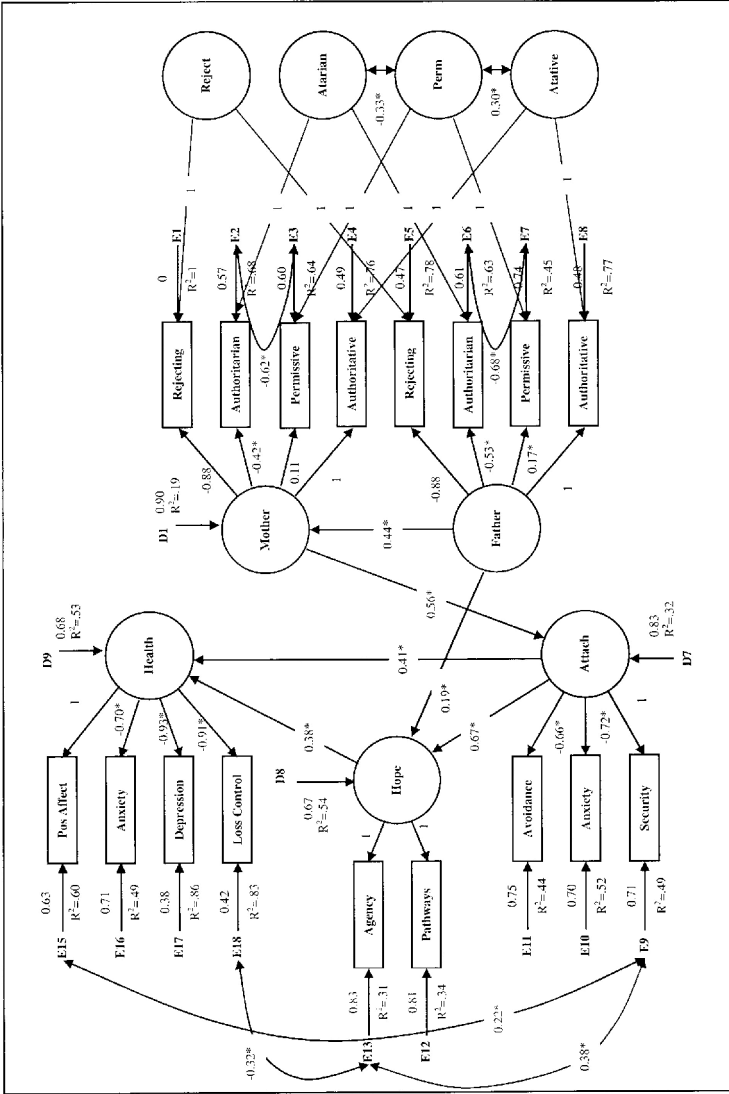


FIGURE 3. Final structural equation model in which attachment mediates the relationship between parenting and health and hope partially mediates between attachment and mental-health.

the product of both paths (ab) using the equation, suggested by Barron and Kenney (1986; a modification of a test by Sobel, 1982). The test of this indirect effect is attained by dividing the product (ab) by the square root of the variance, $b^2s_a^2 + a^2s_b^2 + s_a^2s_b^2$, and treating the ratio as a z-test (significant over 1.95). If this test is met, it "follows that there necessarily is a reduction of X on Y" (Kenny, Kashy, & Bolger, 1998, p. 260). As such, although it is desired, step one is not required because a path from the initial variable to the outcome variable is implied when step two is met (Kenny et al., 1998). Complete mediation is shown in *Step Three* if path "c" is zero after controlling for the indirect effect "ab." Step Three does not have to be met unless expectation is for complete mediation. As such, partial mediation is evident if path "c" is significantly reduced in this last step.

ATTACHMENT AS A MEDIATOR BETWEEN PARENTING AND HOPE

First, given that an assumption in our baseline model was that fathers exert a secondary influence on their children's adjustment through their contribution to mothers' parenting, we tested to see if mothers' parenting mediated the relationship between fathers' parenting and adult attachment. At Step One, we found that fathers' do exert a direct effect on attachment, standardized path coefficient = .318, $t(194) = 3.54$, $p < .001$. A test of Step Two indicated a significant indirect effect (path ab) from fathers' parenting to mothers' parenting (path a), and from mothers' parenting to attachment (path b), $z = 3.64$. Finally at Step Three, when the effects of mothers' parenting were controlled, there no longer was a direct effect of fathers' parenting on attachment, indicating complete mediation (standardized path coefficient = .07, $t(193) = .78$, $p = 0.436$). In addition, a comparison of model fit between the model with the direct path from fathers' parenting to attachment included and the model with that path eliminated revealed that fathers have no direct effect after controlling for the mediator ($\Delta \chi^2(1) = 0.60$, $p = .439$).

We next tested to see if adult attachment mediated the relationship between mothers' parenting and hope. Step One indicated a direct effect from mothers' parenting to hope, standardized path coefficient = .414, $t(194) = 3.52$, $p < .001$. Step Two revealed a significant indirect effect of path (ab) from mothers' parenting to attachment (a) and from attachment to hope (b), $z = -3.70$. Finally, Step Three indicated that when controlling for the effects of attachment, mothers' parenting no longer had a direct effect on hope, indicating full mediation, standardized coefficient = .012, $t(193) = .09$, $p = 0.928$, ($\Delta \chi^2(1) = 0.014$, $p = .906$).

HOPE AS A MEDIATOR BETWEEN ADULT ATTACHMENT AND MENTAL HEALTH

A test of Step One indicted a direct path from attachment to mental health, standardized coefficient = .721, $t(194) = 7.76$, $p < .001$. Step Two indicated a significant indirect effect of path (ab) from attachment to hope (a) and from hope to mental health (b), $z = 2.14$. Finally Step Three indicated that when controlling for the effects of hope on mental health, attachment still had a direct, albeit reduced, effect, standardized coefficient = .412, $t(193) = 2.786$, $p = .006$. As such, hope partially mediated the effect of attachment on mental health ($\Delta \chi^2(1) = 3.619$, $p = .057$) resulting in a .25 (38%) reduction in the standardized path coefficient.

SUMMARY OF RESULTS

While recollections of mothers' parenting mediated the effects of fathers' parenting on attachment, and attachment in turn mediated the relationship between mothers' parenting and hope, fathers' parenting had a direct, although small effect (standardized coefficient = .19) on hope. An examination of the zero-order correlations indicated that supported by fathers, mothers' authoritative parenting led to higher levels of attachment security, and authoritarian and rejecting mothering led to higher levels of attachment anxiety and avoidance. Furthermore, attachment was strongly predictive of hope, with secure attachment leading to higher levels of hope agency and pathways and both types of insecure attachment leading to lower levels of hope agency and pathways. Lastly, hope partially mediated the relationship between attachment and mental health, with higher hope agency and hope pathways being associated with greater general positive affect and less depression, less anxiety, and less perceived loss of behavioral/emotional control. Attachment also retained a direct effect on mental health when controlling for hope with secure attachment leading to more, and insecure attachment leading to less, general positive affect. Secure attachment also was associated with less anxiety, less depression, and less perceived loss of behavioral/emotional control, with the opposite being true for the insecure styles.

DISCUSSION

The current findings support previous theoretical propositions that a secure attachment to a supportive and responsive adult facilitates the development of the young person's hopeful goal-directed thinking, which subsequently contributes to positive mental health (Bowlby, 1982;

Erickson, 1963; Snyder, 1994). Our findings also support contentions that the development of secure attachment and of hope begins with mothers (Bowlby, 1982; Snyder, 1994). In this regard, our data suggest that fathers exert their influence primarily through contributions to mothers' parenting. Although a significant effect was found between fathers' parenting and hope, the small size of this effect precludes us from speculating about the nature of this nonhypothesized relationship. Furthermore, there was no indication upon inspection of the zero-order correlations that fathers make more of a contribution to hope than do mothers. Because of the strong relationship between mothers' parenting and attachment *it can be concluded that parenting exerts its influence on hope primarily through attachment processes.*

Although not part of the initial hypothesis, it should be noted that those participants who were raised by their mothers alone rather than by both parents perceived more parental rejection from their fathers and from their mothers alike and had less attachment security than did the other participants. Our model also indicates that of all the parenting styles, rejecting parenting was most strongly associated with insecure attachment, the loss of hope, depression, and loss of behavioral/emotional control. The increased demands relating to work and running a home that are placed on a single parent likely take away from time spent in healthy interaction with children (Snyder, 1994). As such, being raised by a single parent may place young people at heightened risk for losing hope and subsequently experiencing negative academic and mental health outcomes.

Previous findings that young people who perceive parental rejection are less likely to attend or graduate from college (Wallerstein, 1986, as cited in King, 1992) also are likely due to a loss of hope (Snyder, Lopez, Shorey, Rand, & Feldman in press). In this regard, low-hope adults consistently report that, when they were growing up, their caregivers did not spend much time with them and that they were not nurtured, supported, or given guidance (Rieger, 1993; Snyder, 1994). Although lack of guidance and failure to direct or set standards for behavior would seem to represent permissive parenting (Baumrind, 1991), in the present study we did not detect any associations (either positive or negative) between permissive parenting and attachment, hope, or mental health. Permissive parents may not structure or guide their children's behavior, but they are responsive and caring (Baumrind, 1991). As such, it may be that the negative effects historically associated with permissive parenting (see Baumrind, 1991) are related more directly to the extent to which children interpreted the failure to monitor or guide behavior as a lack of care or rejection.

ATTACHMENT AND THE DEVELOPMENT OF HOPE

The present mediational model suggests that positive findings attributed to parenting practices for late adolescents and young adults (autonomy, self-acceptance, creativity, positive goal-orientation, less depression, less social alienation, greater life satisfaction; Dominguez & Carton, 1997; Winefield et al., 1990) may reflect the more immediate influence of secure attachment and hopeful thinking than the more distal influence of parenting. As children internalize representations of their caregivers as responsive and accessible, they come to view themselves as worthy of being loved and cared for as adults. Thus, the felt security experienced early on enables the infant to feel safe as he or she explores goals in the environment. Bowlby (1982) termed this reciprocal interaction a "goal-corrected partnership." The quality of the goal-corrected partnership during the first two years of life serves to facilitate the development of a sense of continuity and dependability about the environment (Erickson, 1963). In this respect, a responsive and caring guardian produces an environment where linkages between events are consistent and easily learned (Snyder, 1994). These linkages are internalized in the same way as the rules for interpersonal relationships, and they enable the individual to ascertain the probability of success in a given goal pursuit.

Once internalized, a person's cognitive schema takes on a life of its own (Bowlby, 1982) and acts as a self-fulfilling prophecy wherein the individual behaves in ways consistent with how he or she expects to be treated by others and consistent with his or her self-appraised ability to attain desired goals. In turn, this behavior elicits behaviors from others (Allen et al., 1998) and reinforcements from the environment that are consistent with those expectations. The individual's schema, or working models, thus are reinforced and eventually serve as the basis for the adult attachment styles (see Batgos & Leadbeater, 1994; Mickelson et al., 1997) that facilitate and maintain adult hopeful thinking.

Although a major limitation of the current research was its reliance on retrospective reports of parenting, it is reassuring that working models are the primary means by which parenting influences functioning in young adulthood. Although it is not possible to verify retrospective reports, our finding that recollected styles of parenting corresponded in theoretically meaningful ways with attachment styles lends validity to these retrospective reports. Furthermore, the validity of retrospective parenting measures has been established through interviews with the parents, concordance among siblings and twins, and long-term (ten years) test-retest reliability (see Parker, 1994). As such, Parker (1994) concluded that scores on his retrospective parenting measure "are likely to reflect actual parenting and not distorted self-perceptions" (p. 304).

Even if retrospective measures do reflect actual parenting practices, the present model would benefit greatly by longitudinal designs that could demonstrate causally how the secure base is internalized and influences adult functioning. According to Bowlby (1982), the secure base does not end when the child gets old enough to do a sleepover at a friend's house. Seeking the company of fellows and inclusion in a society may be an evolutionary adaptation that is hardwired into our behavioral repertoire (Bowlby, 1988). As we attain felt security and hence derive the strength and courage to venture forward to engage in our lives and pursue our goals, the attachment/hope system thus should become active on a societal level (see Snyder, 2002). We should not be misled, therefore, into thinking that the attachment processes that engender hope are isolated to one-on-one intimate relationships.

When individuals lack a sense of security derived from attachment to others, as well as the secure base and trust in cause-and-effect relationships that instill hopeful thinking, they may lose hope, give up, and drop out. They may drop out of school, their family of origin, or society. For example, when Vietnam veterans rated their hope in their present-day civilian lives, it was significantly lower than their hope when they imagined being back in Vietnam (Crowson Jr., Frueh, & Snyder, 2001). These authors suggested that the veterans' lower present-day levels of hope reflect the anger and frustration that they feel about having encountered goal blockages such as difficulties in finding jobs and coping with a society that did not care about them.

TARGETED INTERVENTIONS

Consistent with the well-established finding that hope consistently is related to better psychological adjustment (Chang, 1998; Cramer & Dyrkacz, 1998; Irving et al., 1998; Kwon, 2000; Kwon, 2002; Snyder et al., 1996), Snyder (2002) proposed that hope theory might be applicable on a larger scale to reduce risk and inoculate segments of society against despair. As such, the finding that there are variables such as attachment and hope mediating the relationships between parenting and mental health outcomes should be very encouraging for persons who are striving to develop interventions for at-risk youth. On this issue, the present model suggests a tripartite approach that targets parenting, attachment styles, and hope.

Guided by Baumrind's (1991) conceptualizing of parenting as reflecting dimensions of demandingness and responsiveness, interventions could be developed for parents who are sufficiently motivated for the sake of their children to improve their parenting skills. In this regard, aside from authoritative parenting, each of the other parenting styles is

low on demandingness (permissive), low on responsiveness (authoritarian), or low on both (rejecting). Positive movement along either of the two dimensions should result in benefits for children.

Unfortunately, because of the nature of rejecting parenting, those children who need help the most also are least likely to have parents who are able or willing to provide it. Therefore, community- or school-based interventions should be developed to reach young people directly. After parenting, therefore, the next logical target for intervention would be the young person's attachment style. In this regard, research indicates that attachment styles can be reconfigured through relationships with significant others in adulthood (Diehl et al., 1998; Parker, 1994; Parker, Barrett, & Hickie, 1992; Travis, Bliwise, Binder, & Horne-Moyer, 2001).

Although interventions aimed at decreasing insecure attachment styles and building more secure styles may share common processes, those with anxious versus avoidant styles may benefit differentially from similar treatments. Those with anxious styles may have negative models of self and others, and may crave close interpersonal contact. Those with avoidant styles may have negative models of others but positive models of themselves, and may avoid closeness with others either out of a self-assured disavowal of personal need or out of fear of rejection (Bartholomew & Horowitz, 1991). As such, anxiously attached youth may benefit from consistency, responsiveness, and firm boundaries (demandingness), as well as by learning ways to tolerate and contain their own distress. For avoidant youth, demonstrating warmth and empathy and reinforcing behavior that promotes social interaction may be crucial.

The point of delivery for assessment and intervention most likely would be a school guidance counselor or school psychologist. In addition, providing at-risk youth with stable, supportive, and responsive adult relationships could ameliorate negative outcomes. In this regard, Masten (2001) proposed that connection to competent and caring adults in the community (engendering secure attachment) is a global factor that promotes resilience (e.g., hope) in children. After-school mentoring programs could be one means of providing this type of support. Teachers who are in daily contact with children can also play a primary role. On this issue, Ainsworth (1989) suggested that an especially perceptive teacher or coach could provide the sense of security that some children cannot attain with their own parents. Supporting Baumrind's (1991) conceptualization of parenting and Snyder's (2000c) notion of a "coach," our findings suggest that the presence of a responsive adult who is simultaneously caring, has high expectations, and demands high levels of performance can instill hope in a developing young person.

In contrast to attachment interventions, which are more individually tailored and clinically oriented, hope interventions easily lend them-

selves to group applications in the school classroom or in the local community center (Cheavens et al., 2001; Curry, Maniar, Sondag, & Sandstedt, 1999; Lopez, Bouwkamp, Edwards, & Terramoto-Pedrotti, 2000; Snyder, McDermott et al. 2002; Snyder, Lopez, Shorey, Rand, & Feldman, (2003); Snyder & Shorey, 2002). The aforementioned studies describe these hope interventions in detail and, as such, we will not pursue a detailed presentation here. These interventions all share a focus on developing goals, instilling the belief that those goals can be achieved (agency), and teaching specific strategies by which goals can be met (pathways).

Although students who have the lowest levels of hope are most at risk and are likely to benefit the most from hope interventions (Bouwkamp, 2001), all students could benefit and raise their levels of hope by participating in targeted hope programs at school (Lopez et al., 2000). We suggest that low-hope students, because they are more likely to be insecurely attached, will benefit the most from the positive social interactions that are part of these programs. Lastly, we believe that it is vital that a hopeful orientation be firmly established before late adolescence, during which time youths are called upon to make many decisions that will set their trajectories well into adulthood. In this regard, all young people should have meaningful goals, have specific plans for how those goals will be achieved, and possess the requisite motivation to realize their dreams. In brief, they should have hope.

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