



International Journal of Humanities & Social Science Studies (IJHSSS)
A Peer-Reviewed Bi-monthly Bi-lingual Research Journal
ISSN: 2349-6959 (Online), ISSN: 2349-6711 (Print)
Volume-II, Issue-I, July 2015, Page No. 262-270
Published by Scholar Publications, Karimganj, Assam, India, 788711
Website: <http://www.ijhsss.com>

Hope, Resilience and Subjective Well-being among college going Adolescent Girls

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Abstract

The aim of the present study was to examine the Hope, Resilience and Subjective well-being in a group of college going adolescent girls. The main objectives of the current study were to (i) Examine Hope among college going adolescent girls (ii) Examine Resilience among college going adolescent girls (iii) Examine Subjective well-being among college going adolescent girls and (iv) Examine relationships among the mentioned variables. A sample of 98 college going adolescent girls from one of the Government universities at Aligarh city were selected for the current study using convenience sampling technique. The measures used were i) Sociodemographic Data Sheet ii) Adult Trait Hope Scale (Snyder et al, 1991) iii) Subjective Well-being Scale (Diener, 1985) and iv) Resilience Scale (Wagnild & Young, 1993). The data were analyzed using descriptive statistics like mean, SD and correlational analysis was used to examine the relationships among the variables. The findings indicate significant positive relationships among Hope and Resilience, Hope and Subjective well-being and Resilience and Subjective well-being. The study highlights the importance of promoting positive mental health programs among college going adolescents using intervention strategies enhancing hope, resilience and subjective well-being in them.

Key Words: Hope, resilience, subjective well-being, positive mental health.

Introduction:

Hope: Researchers in the field of positive psychology have been trying to focus and explore positive psychological states like hope, well-being, resilience, hardiness, sense of coherence and similar related constructs which act as mediating and moderating factors for stress and thereby enhance satisfaction. Psychologists often conduct empirical work on adolescents primarily because of the fact that this age group is vulnerable to many psychological issues and rather than focusing on negative psychological states, exploring the strengths of adolescents and giving them feedback and training them to use those strengths can significantly reduce possible emerging psychological issues.

Hope, Resilience and Mustafa Nadeem Kirmani, Preeti Sharma, Mohammed Anas & Rumana Sanam
Adolescent age is the most productive age and directing and training them in using their strengths can a big step toward the development of any nation. It has become imperative to explore positive psychological states in youngsters rather than just focusing on psychopathology and correcting it.

In the late 20th century, theoretical and scientific interest in the concept of hope has developed among investigators and clinicians in psychology, medicine and nursing. Although there are a variety of conceptualizations of hope, there has been agreement on the essential characteristics of the concept. Hope is one of the factors in coping, is future oriented and considered to be multidimensional by most researchers. Snyder is most closely associated with the research and conceptualization of hope construct. Snyder (2002) gave hope theory. Hope theory also begins with viewing goals as the central organizing component of human behavior (Snyder, 2002). Hope in this model is primarily a cognitive construct that consists of two parts. If goals direct people's behavior, to reach them successfully people must have the capacity to generate *pathways*. Generating pathways is not sufficient to attaining goals, however. People also need to have confidence in "the perceived capacity to use one's pathways to reach desired goals" (Snyder, 2002). This "agency thought" is the motivational component of hope theory. Similar to optimism, hope is construed as a dispositional construct with scales measuring both trait and state hope. The construct of hope was actually "the perception that one can reach desired goals"; it was as if people were suggesting that this overall process involved two components of goal-directed thought—pathways and agency. Simply put, hopeful thought reflects the belief that one can find pathways to desired goals and become motivated to use those pathways. Human actions are goal directed. Accordingly, goals are the targets of mental action sequences, and they provide the cognitive component that anchors hope theory. Goals may be short- or long-term, but they need to be of sufficient value to occupy conscious thought. Likewise, goals must be attainable, but they also typically contain some degree of uncertainty (Snyder, 1994a, Stotland, 1969). In order to reach their goals, people must view themselves as being capable of generating workable routes to those goals. This process known as pathways thinking signifies one's perceived capabilities at generating workable routes to desired goals. These pathways thinking is typified by affirming internal messages that are similar to the appellation "I'll find a way to get this done!" (Snyder, Lapointe, Crowson & Early, 1998). The motivational component in hope theory is agency—the perceived capacity to use one's pathways so as to reach desired goals. Agentic thinking reflects the self-referential thoughts about both starting to move along a pathway and continuing to progress along that pathway. It has been found that high-hope people embrace such self-talk agentic phrases as "I can do this" and "I am not going to be stopped". Hope enables an individual to cope with a stressful situation by expecting a positive outcome. Because a positive outcome is expected, the individual is motivated to act in the face uncertainty. Individuals high in hope often appraise stressors as more challenging (as opposed to more threatening), and thus have the ability and motivation to find solutions to ameliorate the stressful feelings and resolve the stressor as a function of this orientation.

Hope versus Optimism: Optimism has been generally regarded as a cognitive variable (Scheier & Carver, 1987) while hope has tended to be seen as an emotion, albeit with cognitive components (Averill, Catlin, & Chon, 1990; Staats, 1989). According to Scheier and Carver, optimism can be described as a generalized belief in good outcomes. In contrast, hope is an affective variable. To classify hope as an emotion acknowledges that hope motivates action and affects thoughts and behavior. Hope is also hard to control and is nearly universal in nature. Where optimism is grounded in evidence, reasons, and a belief in personal efficacy, hope is rooted in early trust experiences (Erikson, Erikson, & Kivnick, 1986) and may be influenced by external or collaborative control

Hope, Resilience and Mustafa Nadeem Kirmani, Preeti Sharma, Mohammed Anas & Rumana Sanam beliefs (Pargament, Olsen, Reilly, Falgout, Ensing, & Van Haitsma, 1992). In summary, optimism is a cognitive construct consisting of a generalized belief in positive outcomes based on rational estimates of a person's likelihood of success and a belief in personal efficacy. Hope is an emotion rooted in early trust experiences and influenced by external and collaborative control beliefs. Conceptually people with high hope are pro-active and focuses on finding solutions to life challenges. It implies that subjective well-being of hopeful people should be high as these two variables are related to each other.

Resilience: Resilience is one of the protector factors for health. Resilience has been most frequently defined as positive adaptation despite adversity. One perspective on resiliency given by Werner (1995) conceptualizes resiliency in three ways. First as good developmental outcomes despite high risk status, second sustained competence under stress and finally recovery from trauma. Luthar (2000) gave the most common definition of resiliency. He defines it as “positive adaption despite adversity”. Luthar has called resilience a construct with two distinct dimensions: significant adversity and positive adaptation. From this perspective, resilience is never directly measured but is indirectly inferred from evidence of these dimensions. Resiliency is also commonly defined as “Bouncing back from adversities”. Yet this capacity to “bounce back” from adversity or even dramatic positive changes is particularly relevant in contemporary turbulent business environment. At first, resilience was thought to be quite rare in people, but now Masten (2001) posits that there is evidence that it can come “from the everyday magic of ordinary, normative human resources” and “has profound implications for promoting competence and human capital in individuals and society”. Rutter (1979) is one of the pioneers on research work on resilience especially on the context of children and adolescents. He argues that resiliency protecting factors occur at three levels, individual, family and community level. According to Coutu (2002), the common themes/profiles of resilient people are now recognized to be (a) a staunch acceptance of reality, (b) a deep belief, often buttressed by strongly held values, that life is meaningful, and (c) an uncanny ability to improvise and adapt to significant change. Except for its application to stress resistance, only surface attempts have been made to use resilience to advocate how leaders, associates, and overall organizations can bounce back from hard times. However, the rich theory and extensive research from clinical and positive psychology suggest that it too, like its three counterparts, can contribute to positive psychological capital with a return of desired performance outcomes.

Subjective Well-being: Subjective well-being is the subjective feeling of contentment, happiness, satisfaction with life and work, sense of achievement, utility, belongingness, and no distress, dissatisfaction or worry, etc. Some of the earlier definitions in psychology and sociology focused on well-being as the ultimate goal of life (Bradburn, 1969). Subjective well-being can also be defined in terms of general emotional functioning which is conceptualized within the construct of subjective well-being having high positive affect, low negative affect and high satisfaction with life. Subjective well-being can be defined as quality of an individual's life with regard to both the presence and relative frequency of positive and negative emotions over time and one's overall satisfaction with life (Diener, 1980). Subjective well-being/ life satisfaction tends to be stable over time and is strongly related to personality traits. Lyubomirsky (2001) argues that changing one's external circumstances has a temporary effect on life satisfaction but engaging in physical or mental activities that enhances life satisfaction can lead to lasting improvements in satisfaction in life.

According to Diener and Suh (1997), these evaluations may be in the form of cognitions or in the form of affect. The cognitive part is an information based appraisal of one's life that is when a person gives conscious evaluative judgments about one's satisfaction with life as a whole. The

Hope, Resilience and Mustafa Nadeem Kirmani, Preeti Sharma, Mohammed Anas & Rumana Sanam affective part is a hedonic evaluation guided by emotions and feelings such as frequency with which people experience pleasant/unpleasant moods in reaction to their lives.

Aim & Objectives: The aim of the present study was to examine Hope, Resilience and Subjective well-being in a group of college going adolescent girls.

Objectives: The main objectives of the current research were to

- (i) Examine Hope among college going adolescent girls
- (ii) Examine Resilience among college going adolescent girls
- (iii) Examine Subjective well-being among college going adolescent girls
- (iv) Examine relationships among the mentioned variables

Hypotheses:

H1: There will be a significant positive relationship between Hope & Subjective well-being.

H2: There will be a significant positive relationship between Hope & Resilience.

H3: There will be a significant positive relationship between Resilience & Subjective well-being.

Methodology:

Sample: The sample consisted of 98 college going adolescent girls students from one of the Government universities of Aligarh City selected using convenience sampling method. Out of these, 50 were undergraduate and 48 were from post graduate courses. The student sample comprised of 63 students from the faculty of Social Sciences and 28 from the faculty of Arts and 7 students were from the faculty of Management. The age range being from 18 to 23 years with a mean age of 21.34 years and SD of 2.61.

Procedure: The researcher first met the University management and informed them about the current study and its possible implications for the students. The permission was sought from them and details about the administration of the psychological tests and possible time taken was explained. Having sought the permission, the administration of the tests was done in group and in some cases individually. The management and the students were assured about the confidentiality of their responses and that the name of the University will not be disclosed in subsequent publications without their prior written permission.

Measures:

- (i) **Sociodemographic Data Sheet:** It was developed by the investigators to obtain information about respondents' name, age, gender, class, its year and stream.
- (ii) **Adult Trait Hope Scale** (Snyder et al,1991).It is a 12 item scale meant to measure hope. Four items measure pathways thinking, four items measure agency thinking and four items are fillers. Participants respond to each item using a 8-point scale ranging from definitely false to definitely true. Minimum score is 1 and maximum score is 64. Higher the score, the higher the hope in the respondents. Cronbach Alpha for the Hope Scale was found to be 0.86 and test-retest reliability was found to be 0.81.
- (iii) **Subjective well-being scale** (Diener, E., Emmons, R.A., Larsen, R.J., & Griffen, S, 1985).It is a seven point rating scale consists of five global statements about life satisfaction. Thus, minimum score on this scale is 5 and the maximum score is 35. A score above 21 indicates an above average satisfaction with life.
- (iv) **Resilience Scale** (Wagnild & Young, 1993). It is 7 point rating scale with response categories ranging from strongly disagree with a score of 1 to strongly agree with a score of 7. It has 25 items. The score ranges from 25 to 175. The higher the score, the higher the resilience. The

Hope, Resilience and *Mustafa Nadeem Kirmani, Preeti Sharma, Mohammed Anas & Rumana Sanam*
 two subscales are “personal competence” with 17 items and 8 items which measures “acceptance of self and life”. Resilience comprises of 5 essential characteristics of meaningful life (purpose), perseverance, self-reliance, equanimity and existential aloneness (i.e. coming home to yourself). The first of these characteristics is identified as the most important that lays the foundation for the other four. Higher the score, the higher the resilience in the respondents. The internal consistency of the scale ranges from 0.76-0.91. Test re-test reliability has been found to be approximately 0.84.

Analysis of data: The protocols were scored and Descriptive statistics was used to measure mean and SD of the sample and Product moment correlation was used to examine interrelationships among the variables.

Results and Discussion:

Table 1 (a): Distribution of students according to Courses

Sl. No.	Courses	Students	
		Frequency	Percent
1	Undergraduate	50	51.02%
2	Post-graduate	48	48.97%
	Total	98	100%

Table 1 (b): Distribution of students according to Streams/Faculties

Sl. No.	Course	Students	
		Frequency	Percent
1	Social Sciences	63	64.28%
2	Arts	28	28.57%
3	Management	07	7.14%
	Total	98	100%

Table 1 (c): Mean, SD, of Hope, Resilience and Subjective well-being in college going adolescent girls

Variable	Mean	SD
Hope	33.65	4.24
Resilience	76.54	10.75
Subjective well-being	23.45	3.62

Hope, resilience and subjective well-being in college adolescent girls in table 1(c) indicate that on the measure of hope, the score is little above the mean score implying almost average or just below average hope in adolescent girls. The score on resilience is below average of the possible total score on the scale. The score on subjective well-being is above 21 means relatively average subjective well-being of the respondents. The scores of the three measures of the variables do not fit conceptually with each other. High hope and resilience is often associated with above average subjective well-being. The current findings might have come because of the unique respondents and sociodemographic characteristics of the sample. Secondly, Indian population in general give casual

Hope, Resilience and *Mustafa Nadeem Kirmani, Preeti Sharma, Mohammed Anas & Rumana Sanam* responses on the questionnaires which further makes the research difficult to interpret and often such findings are the results of these possible operating contaminated variables and even the researchers at time take data casually which reinforce casual responses in the respondents.

Intero relations among the variables

Table 1(d): Correlations among Hope, Subjective well-being and Resilience

Variables	Hope	Subjective well-being	Resilience
Hope	1	+0.48 **	+0.39 **
Subjective well-being	+0.48 **	1	+0.42**
Resilience	+0.39 **	+0.42**	1

** Significant at .01 level

Correlational analyses in table 1(d) clearly indicate significant and positive correlations among hope, subjective well-being and resilience. The correlation between hope and subjective well-being has been found to be significant and positive (+0.48) which means that as hope increases among people, their subjective well-being also increases and visa versa. This proves the research hypothesis set up by the researcher (H1). Evangelista et al (2003) in clinical their work also found that positive psychological states like hope, and constructs like subjective well-being and quality of life are associated with each other and low hope people were found to have poor subjective well-being and quality of life. Hasnain et al (2014) in their study exploring hope, optimism and happiness as correlates of subjective well-being in a group of young adults found that hope emerged as one of the predictors of subjective well-being implying that hope and subjective well-being are associated with each other. People with high hope cognitions will plan and executive their plans and will strive toward positive solutions of life challenges. Thus, hopeful people will experience overall satisfied with life. Stotland (1969) conceptualized hope as “an expectation greater than zero of achieving a goal”. He argued that the degree of hope is determined by the perceived probability of achieving the goal and the importance of the goal itself. If a sufficient level of importance is attached to a particular goal, then hope is ignited, mediating between the desire and the actual movement between the goals. Gottschalk (1974) viewed hope in terms of positive expectancy, defining it in terms of optimism that particularly favorable outcomes are likely to occur. Hope is thus a proactive, motivating force that impels the individual to move through psychological problems. Godfrey (1987) proposes that hope is the belief in some probability of a positive outcome. Though such hope is instigated by an affective jolt, it is a cognitive process of weighing the likely outcomes in an individual’s life.

The current research also revealed significant positive correlation between hope and resilience (+0.39). This means that hope increases, resiliency in people also increases. This Hypothesis is also proved in the current research (H2). Similar findings were obtained by Collins (2009) in her study on life experiences, resilience, hope and mindfulness in a group of college going students found that hope and resilience were found to be positively correlated. Several studies claim to have examined the relationship between hope and resilience, but these studies did not use a resilience measure. Similarly in Indian perspective, a substantial body of researches has demonstrated the positive correlation between hopefulness (Gupta & Suman, 2004) and resilience (Deb & Arora, 2008). Luthans, Avolio, Walumbwa, and Li (2006) simply assumed hope must be a protective factor and interviewed people who they subjectively determined to be hopeful and resilient. Other researchers attempted to measure this relationship without measuring resilience at all or by measuring it as if it were the same as general well-being or lack of psychopathology (Roger, 2006). Therefore, hope is commonly believed to be a protective factor but has not been measured appropriately as such, and

Hope, Resilience and Mustafa Nadeem Kirmani, Preeti Sharma, Mohammed Anas & Rumana Sanam has not been investigated as a moderator of life events and resilience. Hope involves conceptualizing goals, and having the confidence and ability to move toward these goals, as well as motivation gained by overcoming past barriers. Hope also helps people respond constructively to difficult circumstances, so it seems likely that responding hopefully has a lot in common with responding resiliently. Resilience represents a homeostatic rebounding to a prior level of functioning. On the other hand, hopefulness, which is theoretically predicated on goal-setting perspectives, is comprised of the ability to identify meaningful goals and also problem-solve effectively enough to attain those goals. It seems that hopefulness could be a potential mechanism whereby resilience is attained. For instance, in the case of frustration or a negative life event, if a person has hope (e.g., they can see a future goal and work toward its attainment), then they may be more likely to resume their normal pre-stressor level of functioning. There is an issue of bi-directionality. An individual who is generally more resilient, or who has experienced a history of resilient recoveries, may be more likely to be hopeful as a result.

The current research also revealed significant positive correlation between subjective well-being and resilience (+0.42) proving the research hypothesis (H3). Similar findings were obtained by Hobfall et al (2007) in their study on the associations among post traumatic growth, well-being and resilience. Pat-Horenczyk & Brom (2007) also found the positive correlation between resilience subjective well-being and post traumatic growth. The current findings are consistent with those of Rahmani (2012), Lee (2009), and McGarry, et al (2013). Mahmood and Ghaffar (2014) examined the correlations among resilience, subjective well-being and psychological distress in dengue survivors and significant positive correlation between resilience and subjective well-being (+0.80). Conceptually, resilience means bouncing back from adversities. It implies that those who have this trait will attempt to face the challenges in an efficient and positive way. This in turn could make such individuals more happy and contented with life which will enhance their subjective well-being.

Conclusions & Implications:

1. The current study examined correlations among Hope, Resilience & Subjective Well-being in a group of college going adolescent girls.
2. The study revealed significant positive correlations among Hope and Subjective well-being, Hope and Resilience and also between Subjective well-being and Resilience.
3. The study highlights the significance of starting positive mental health centers at college and university level where in students should be trained by trained mental health professionals in positive behavior skill building strategies enhancing hopefulness, resiliency and their well-being. This will not only improve their academic aspects of life but also improve their emotional well-being. This in turn adds to a social capital of the nation.

Improvement in the current study and Future Directions:

1. The sample needs to be increased to increase generalization in results.
2. Group comparisons in terms of students from different faculties, UG and PG and even gender differences need to be included in the future work.
3. Future work should use more vigorous research design and advanced statistical techniques like structural modeling and multiple regression to have more objective and statistically valid results.

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