

# THE ROLE OF HOPE WITH SCHOOL AGED CHILDREN

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Hope has been defined as “the sum of perceived capabilities to produce routes to desired goals, along with the perceived motivation to use those routes” (Snyder, 2000 p. 8). Hope has the potential to influence several aspects of a child’s life. The purpose of this study is to examine the relationship between a child’s hope, quality of life, and spirituality. This research study explores how children utilize hope in their everyday life. Participants answered three surveys, Children’s Hope Scale, KINDLr, and Youth Spirituality Scale (YSS) and drew their interpretation of Hope. A total of 23 school aged children participated in the study. Participants were in grades first through seventh, ages seven to twelve years. Findings revealed significant correlation between hope and quality of life ( $r = .571$ ) and hope and spirituality ( $r = .422$ ). Further analysis revealed significant correlations between Hope sub-scores, agency thinking and pathways, and Quality of life sub-scores. In addition, results revealed the agency thinking and pathways coincide with each other on several dimensions of a child’s quality of life. Children’s scores on the HOPE scale predicted spirituality, as measured by the YSS,  $F=4.55$  ( $p=.05$ ) and quality of life, as measured by the KINDLr,  $F=10.12$  ( $p=.004$ ). Children’s drawings revealed numerous, positive, and diverse themes including kindness and compassion towards others, motivation/validation, on-going belief in self, healing/recovery, and, religious.

*Keywords:* Hope, Quality of Life, Spirituality, School Aged Children



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by

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## TABLE OF CONTENTS

TITLE PAGE.....	i
COPYRIGHT.....	ii
SIGNATURE PAGE.....	iii
ACKNOWLEDGEMENTS.....	iv
LIST OF TABLES.....	vii
LIST OF FIGURES.....	viii
CHAPTER 1: INTRODUCTION.....	1
CHAPTER 2: REVIEW OF LITERATURE.....	3
Origins of Hope.....	3
History of Hope Theory.....	4
Goals.....	5
Pathways (Waypower).....	6
Agency Thinking (Mental Willpower).....	6
Emotions and Self Esteem.....	7
High Hope VS. Low Hope and a Mix of Both.....	9
Development of Hope.....	10
False Hope: Is it Real?.....	13
Hope Theory Premise.....	17
Research on Children and Hope.....	17
Hope Theory, Religion, and Spirituality.....	21
Children’s Pictorial Depictions of Thoughts, Feelings, and Actions.....	25
Analyzing a Child’s Art.....	26

Summary: The Importance of Hope.....	29
CHAPTER 3: METHDOLOGY.....	32
Research Participants.....	32
Procedure.....	32
Instruments.....	33
Children’s Hope Scale.....	33
KINDLr.....	34
Youth Spirituality Scale.....	36
Data Analysis.....	37
CHAPTER 4: RESULTS.....	38
Sample.....	38
Research Questions 1-4.....	38
Hope Drawing.....	42
CHAPTER 5: DISCUSSION.....	59
Limitations and Future Research.....	63
Conclusions and Implications.....	64
REFERENCES.....	66
APPENDIX A: INSTITUTIONAL REVIEW BOARD APPROVAL.....	72
APPENDIX B: JOYFUL BEGINNINGS CHILD CARE CENTER APPROVAL LETTER.....	73
APPENDIX C: PARENTAL CONSENT LETTER.....	74
APPENDIX D: CHILDREN’S ASSENT LETTERS.....	77
APPENDIX E: PARENTAL DEMOGRAPHIC QUESTIONARRIE.....	81
APPENDIX F: CHILDREN’S DRAWINGS.....	82



LIST OF TABLES

1. Mean Scores for the Hope Scale, Youth Spirituality Scale (YSS), and KINDLr.....39

2. Bivariate Correlations Between Pathways, Agency Thinking, and Six Dimensions of the  
KINDLr .....41

## LIST OF FIGURES

1. Schematic of Feed-forward and Feed-back Functions Involving Agency and Pathways: Goal-Directed Thoughts in Hope Theory.....	8
2. The Development of Hope According to Hope Theory .....	12
3. Themes of Children’s HOPE Drawings.....	43

## CHAPTER 1: INTRODUCTION

Hope has been the topic of discussion for centuries. Frequently, the question asked is “What is hope?” followed by “Is hope real?” There are some that reject hope. For example, William Shakespeare wrote in his *The Rape of Lucrece*, “And so by hoping more they have but lesse” (Macbride, 2009 p.12). In contrast, there are those individuals, for example, Charles Richard Snyder, that have a firm belief in hope. Snyder (2002) compares hope to a rainbow, stating “a rainbow is a prism that sends shards of multicolored light in various direction. It lifts our spirits and makes us think of what is possible. Hope is the same—a personal rainbow of the mind” (p. 269).

I have chosen to study the concept of hope in the framework of Hope Theory for several reasons. First, the framework of Hope Theory is under-utilized, especially with school aged children. There were numerous studies conducted in the late 1990s, however, those studies utilized college age samples. Secondly, individuals do not understand, or are misinformed, about the construct of hope. Yet, the word hope is used daily for encouragement and inspiration in varying circumstances. For example, using the phrase, “let’s hope for the best” or “there’s always hope”. These phrases have a positive connotation, however, how does an individual hope for the best and how is there is always hope? This study will explore how school age children perceive and interpret hope. Lastly, this study will examine how the construct of hope affects a child’s quality of life and whether or not the child relates their hope to their spirituality or religious affiliation.

This study is unique in several ways. I examined school aged children, an underrepresented population in the literature. While there is sparse empirical data on young children and school-agers, this study will begin to fill that gap. A second unique feature is that I examined a child’s

perspective of hope. No other empirical study has interviewed children to explore their understanding of hope, thus this study explored previously untapped dimensions of hope. Next, this study applied Hope Theory. The majority of studies that incorporated hope theory utilized adolescents or college students as participants. A fourth unique dimension of this study was examination the relationship between a child's level of hope and their quality of life. A child's quality of life can include: physical well-being, emotion well-being, social well-being, family and friend well-being and school well-being. All of which have the potential to hinder or influence a child's future successes. Lastly, the final unique contribution is examination of the relationship between a child's level of hope and spiritual or religious affiliation.

This study will contribute to the literature by adding to the research on school aged children. There is limited empirical data available on school aged children. My study will begin the process of filling that gap of research. My examination of current literature has not revealed a study similar in nature. My study will also introduce Hope Theory as a new and valuable learning tool. My final contribution will be informing parents, teachers, principals, guidance counselors, and any important adult figure in a child's life to have the available research that demonstrates how important hope is in a child's life. More importantly, I want the caregivers of child to understand the construct of hope and how to increase and maintain their child's hope in stressful, traumatic, or everyday life events.

## CHAPTER 2: REVIEW OF LITERATURE

### The Origins of Hope

It appears that the very first mention of hope occurred in the most famous tale, Pandora's Box. In Greek mythology Zeus, the God of sky and thunder, becomes furious at the mortal Prometheus for stealing fire from the gods. Seeking revenge, the gods created the gorgeous Pandora, sending her earth bound to entice Prometheus's brother, Epimetheus. Pandora carried a dowry chest that contained plagues of the body; colic, gout, and rheumatism but also spite, envy, and revenge for the mind. Pandora was warned to never open the box. Zeus, practicing the first known form of reverse psychology, knew that Pandora's curiosity would get the best of her, the desire to peek inside the box would eventually consumer her. Pandora could not resist the temptation and of course opened the box. Everything spewed from the box landing among the earth-bound people. Quickly Pandora put the lid back on, and as she looked down she realized that the only thing left inside was hope (Snyder, 1994).

The question to be asked, was the lid placed back on, trapping hope inside? Or did hope escape? Mythology is quite vague on this topic (Smith, 1983; as cited by Snyder, 2000). Yet, Charles Richard Snyder believes that hope did escape. Snyder believes that hope was unleashed into the world; which is why so much attention is focused on hope (Snyder, 2000) The next logical question would be, is hope something that prolongs one's suffering or is hope the antidote? Plato referenced hope stating that hope is a "foolish counselor" (Snyder, 2000). Well known people throughout history have chastised those who believed in hope. Benjamin Franklin famously stated, "He that lives upon hope will die fasting." This quote signifying that those individuals that live upon hope will not live long, since hope, in Franklin's eyes, is not a real concept. It was extremely common for people centuries ago, to believe that hope was an illusion

of the mind, providing nothing more than a false promise. However, throughout history there were those who believed that hope was a positive, promising, and encouraging influence. Emily Dickinson, a well-known author and poet, wrote a poem describing hope as a bird, “Hope is the thing with feathers that perches in the soul -- and sings the tunes without the words -- and never stops at all” (Franklin, 1999). Václav Havel, a Czech writer and philosopher, explained hope is not the conviction that something will turn out well, but the certainty that something makes sense, regardless of how it turns out (Havel, 1990). Snyder took this positive view of hope. In his article “Hope Theory: Rainbow of the mind”, Snyder (2002) compares hope to a rainbow; “a rainbow is a prism that sends shards of multicolored light in various directions. It lifts our spirits and makes us think of what is possible. Hope is the same way—a personal rainbow of the mind” (p. 269). It is important to know that hope is related to all aspects of well-being. Hope Theory provides the framework that is very useful when considering major life events.

### **History of Hope Theory**

In the 1960s and 1970s, C. R. Snyder, was fascinated with reading motivational literature. He noted that within the literature he discovered a common theme, the desire to seek goals. Snyder was quite fond of and highly influenced by the book *The Nature of Explanation* (Craig, 1943). In this book, Craig (1943) convincingly reasoned that the main purpose of the brain was to comprehend and anticipate casual sequence (Snyder, 2002). Based on this book and several other cognitive theorists, who emphasized the pathways like thinking, Snyder concluded that individuals did use pathways in their thinking to overcome perceived barriers. In the 1980s, Snyder began interviewing college students asking them to describe their goals for that day. He quickly learned that not everyone used the term “goals” for their daily activities. Many individuals would say “things I have to do today” or another form of this phrase. In this

interviewing process Snyder realized that people did use pathway thinking and also mentioned the motivation needed to reach the desired outcome, all bolstering his hypothesis that people frequently are processing how to find routes to achieve their goals. Before defining hope, Snyder wanted to examine whether or not hope was situation specific, cross sectional and trait like, or a combination of the two. Snyder learned through interviews that hope was something more than the thoughts surrounding a specific goal. People placed an importance on hope that appeared to have a positive self-appraisal about their capabilities to reach their goals (Snyder, 2002). In 1991 Snyder and colleagues (Snyder, Irving, & Anderson, 1991) first defined hope as “a positive motivational state that is based on an interactively derived sense of successful agency (goal-directed energy) and pathways (planning to meet goals)” (Snyder, 2002a p. 250). In 2002, Snyder described more thoroughly what he labeled his “trilogy”, consisting of goals, pathways, and agency. Snyder also expanded his definition of hope stating that hope is the “perceived capabilities to produce routes to desired goals, along with the perceived motivation to use those routes” (Snyder, 2000 p. 8). The following definitions and explanations of Snyder trilogy: goals, agency, and pathways, will help to better explain the key components of Hope Theory.

### **Goals**

According to Snyder (2002), goals can be defined as human actions that provide targets of mental action sequences. Goals are the cognitive component that anchors hope theory. Goals can be long or short term and vary in degree to which they are specified. It is important to note that goals must have sufficient value to occupy the conscious thought and goals must be attainable yet contain a certain level of uncertainty. Snyder explains that goals that are 100% obtainable do not necessarily need hope. On the contrary, those that are perusing goals that are 0% obtainable would be better off pursuing different goals. Averill, Catlin, & Chon, (1990) and Snyder (2000)

concluded that intermediate probabilities of goal attainment is where hope prospers. There are two types of desired goals, positive or “approach” goals outcomes and negative goal outcomes. Positive goal outcomes include; reaching a goal for the first time, sustaining the present goal outcome, and increasing what has already been initiated. Negative goal outcomes are when one stops something so it never occurs or in its weaker form, delaying the appearance of a negative event (Snyder, 2002).

### **Pathways (Waypower)**

Pathways are how one perceives the ways through which he/she can to reach his/her goal. In 2002, Snyder introduced pathways thinking. Pathways thinking is in what way one reaches a goal; it is the perceived ability to generate a plausible route to achieve the desired goal. Pathway thinking provides a framework in which individuals are placed into categories, one is considered to be a low hope or high hope person. A person with high hopes pursues a goal that entails a plausible route with confidence, being certain of this pathway leading to their goal. In comparison, a person with low hope has a pathway to their goal that is tenuous. Snyder (2002) quotes a high hoped person as saying “I’ll get this done!” On the contrary, a low hope person makes comments such as “There is no way to fix this. I can’t do this.” If a barrier presents itself, preventing or complicating the goal attainment, a high hoped person can easily produce an alternate route to their goal. However, a low hoped person sees this as a challenge and possibly will not develop another route.

### **Agency Thinking (Mental Willpower)**

Agency thinking is the motivational component of Hope Theory. It is the mental energy to begin and continue using the pathway through all stages of reaching the intended goal. Agency thinking reflects the self-referential thoughts about not only starting to move along the pathway

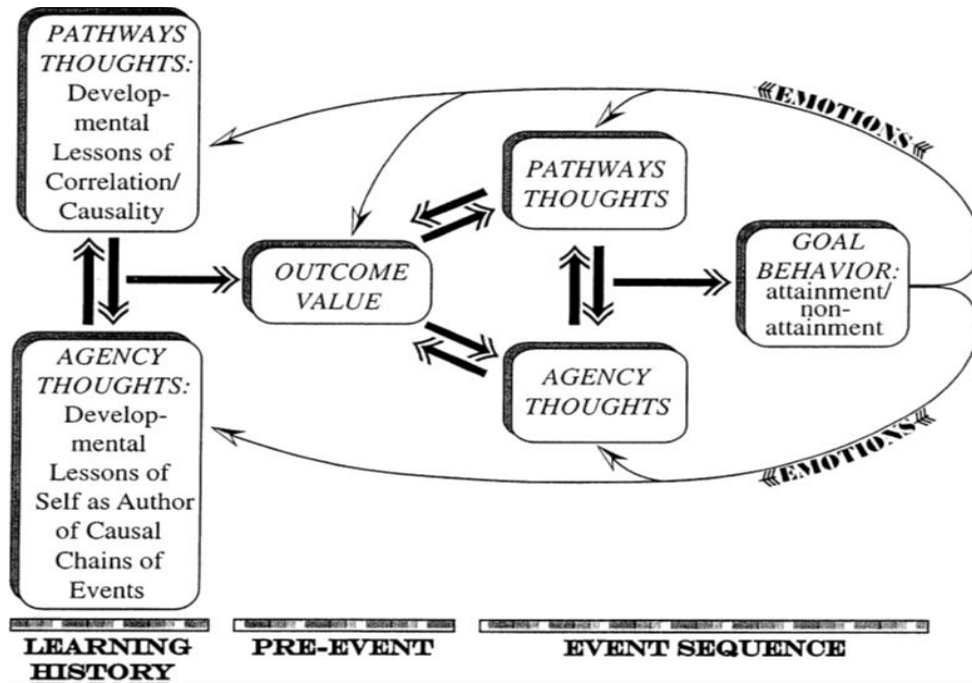


but continuing to progress along the pathway. This component of Hope Theory is quite important as it serves a significant role when people encounter barriers or impediments. Agency thinking helps a person apply the necessary motivations to the best alternate pathway when a barrier presents itself. Therefore, based on pathway thinking and agency thinking hope can be defined as “a positive motivational state that is based on an interactively derived sense of successful (1) agency (goal-directed energy) and (2) pathways (planning to meet goals)” (Snyder, Irving, & Anderson, 1991, p. 287). Within the progression of hopeful thinking in the goal-pursuit sequence, Snyder and colleagues hypothesized that pathways thinking increases agency thinking, thus yields further pathways thinking.

### **Emotions and Self-Esteem**

Based on Hope Theory, emotions are by products of how an individual interprets their goal achievements. Therefore, “emotions are by-products of goal directed thought---positive emotions reflecting perceived success in the pursuit of goals, and negative emotions reflecting perceived failures” (Snyder, 2000, p. 11). In conjunction with emotions, self-esteem is also a by-product of how effective we are in the pursuit of goals (Snyder, 1994). How an individual perceives whether or not they achieved their goal leads to positive or negative emotions. Positive emotions reflect when one believes they are reaching their goals. In the contrast, negative emotions reflect when one does not believe they are achieving their goals. Hope theory emphasizes it is more parsimonious and useful to focus on thoughts of goal attainment to understand and help people (Snyder, 1994). This process of hope is a continuum as Figure 1 depicts.

Figure 1 Schematic of Feed-forward and Feed-back Functions Involving Agency and Pathways:  
 Goal-Directed Thoughts in Hope Theory



Snyder, 2002a, p.254

## **High Hope vs. Low Hope and a Mix of Both**

Snyder (2002, p. 249) states, “Higher hope consistently is related to better outcomes in academics, athletics, physical health, psychological adjustment, and psychotherapy.” Individuals with high hope are at many advantages as compared to those with low hope. For example, those with high hope are flexible thinkers. When a barrier or impediment presents itself to a person with high hope can quickly recover with another pathway in mind. A high hoped individual is very confident about their pathway, exuding positive emotions with “a sense of zest about their goal pursuit” (Snyder, 2002 p. 252). Stressors are not seen as challenging. From the beginning and throughout goal pursuit, a high hoped individual continuously has thoughts and actions that render the barrier less and less stressful, this is also known as coping (Lazarus, 1999, 2000; as cited by Snyder in 2002). Overall, those with high hope are perceived to be friendly, happy, and confident. They generate more goals and those goals tend to be considered stretch goals, or goals that are extensions of previous outcomes of other goals.

On the contrary, those that are low in hope are not flexible thinkers, they do not possess alternate routes to their desired outcomes, and are full of negative emotions and passive feelings. Their routes to the goals are not well articulated and when a barrier or stressor presents itself they are more likely to give up. Snyder (2002) mentioned that those that suffer from ADHD are more prone to having low hope. Their attention span is not long and not being able to focus on a goal leaves room for negative thoughts to emerge. One mixed pattern of hope is an individual that has high pathways and low agency. This would involve an active routing of thoughts that are not encouraged by the needed motivational thinking. An individual with the opposite problem, low pathways and high agency would involve an active motivation that lies neglected without the needed pathways of thought.

## **The Development of Hope**

Snyder stated that the caregivers of an infant play a large role in the child's development of hope. By learning to hope, the children are learning how to cope with the problems of today and tomorrow. Snyder states that "hoping is the mental bridging to goals dreamed now and attained in the future" (Snyder, 2000, p. 25). The first establishment of hope is in the infant to toddler stages. Snyder contends that pathways thoughts are related to three process: the sensing and perceiving of external stimuli, the learning of temporal linkages between events, and the forming of goals. Whereas agentic thinking consists of: the perception of oneself as originating actions; self-recognition; and the forming of goals. The forming of goals is in both agentic thinking and pathways thinking. Pathways thinking and agentic thinking are focused towards a goal, forming the basis for overall hope.

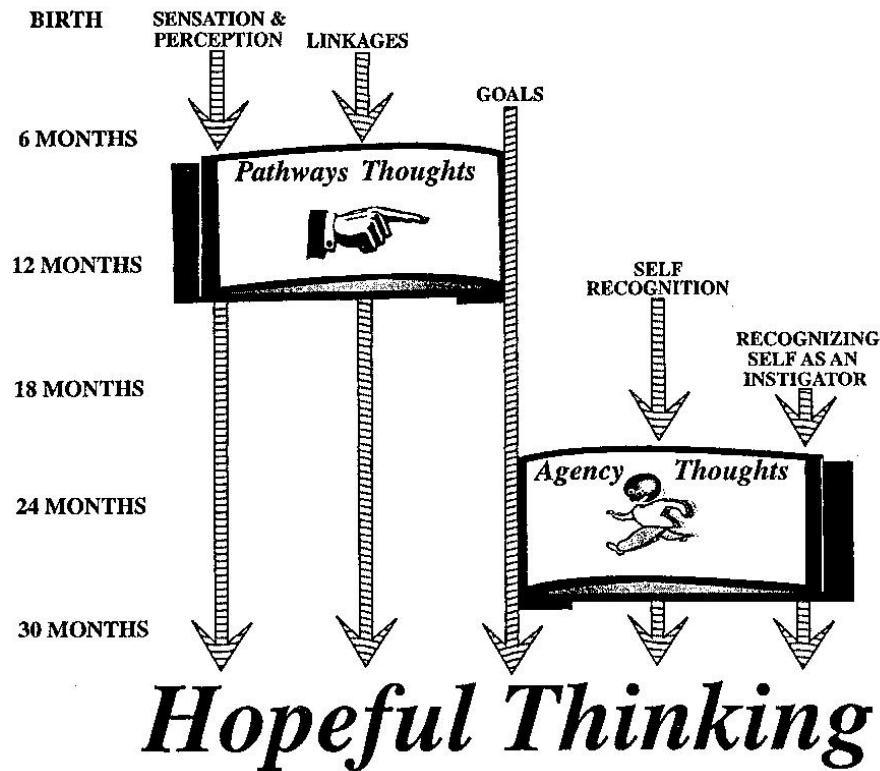
From birth, infants are using sensory information: smell, taste, sight, sounds, and touch to translate incoming information from their environment for their daily survival. For example, the infant recognizing their mother's face in comparison to a stranger's face. Infants become fixated by linkage lessons about a multitude of "this follows that" sequences. This means that young minds are quick in understanding that one event has the potential to lead to another event. These linkages can lead to positive or negative consequences; hence these linkages pertain to the newborn's survival (Snyder, 2000). For example, the infant must attend to signs that will lead to being fed, for example crying. These anticipatory thoughts appear to operate from then moment of birth and continue throughout life. By perceiving linkages to goals, the infant has acquired the basic processes necessary for pathways thinking.

Approximately, between the ages of 18-21 months, a child begins to use the pronoun "I". Statements such as "I can!" or "No, I can by myself", reveal short-term goals produced by

toddlers with the understanding that he/she can initiate the actions that will eventually lead to attaining the goal (Snyder, 2000). Snyder (2000) states that an infant pointing to an object is the infant identifying a goal. By pointing to one particular object, Snyder (2000) affirms that this suggests the infant is selecting one goal from several goals. For example, when a child selects a particular toy, this child has distinguished a purposeful use for that toy, or set a goal to accomplish with that toy.

Similar to adults, children can encounter a barrier. Negative emotions follow the impediment, and the success of overcoming the impediment should produce positive emotions, especially if the child perceives they have overcome the barrier and reached their desired goal. Parents, caregivers, and teachers play a part in helping a child overcome a barrier. When the child reaches a certain point of frustration with a barrier, it then becomes the parent or caregiver responsibility to assist the child by suggesting alternative routes to overcoming the barrier. This approach teaches the child the process of learning different pathways and agency thinking to apply to those barriers. Snyder believes that parents or caregivers should not protect or prevent barriers from occurring in a child's life. These barriers can be used as a learning tool for the parents or caregivers to help the child become high-hope thinkers for the rest of the child's life (Snyder, 1994; Snyder, 2000). Figure 2 demonstrates the development of hope from birth to adulthood.

Figure 2 The Development of Hope According to Hope Theory



Snyder, 2000 p. 26

## **False Hope: Is it real?**

False hope, as defined by Kwon (2000; 2002), is the state of having a desired goal and the necessary motivation (agency) but not having the plans (pathways) to achieve the goal. False hope is not a new notion. Numerous historical figures have exhausted hope, for example, in a speech in Virginia Convention, Patrick Henry, a former Virginia governor stated, “It is natural for men to indulge in the illusion of hope” (Snyder, 1994). Novelist Edgar Watson Howe noted that “hope lies to mortals, and most believe her.” Snyder too discusses and acknowledges the notion of false hope within his literature. Snyder (2002) takes the concept of false hope very seriously because he believes that the idea of false hope undermines the credibility of positive psychology yet, more importantly questions the power of human strength. Snyder et al., (2002) discusses three themes that he has encountered with other scholars related to false hope. Snyder applies Hope Theory to their criticisms on false hope; (1) the expectations rest on illusions rather than reality (Snyder, Rand, King, Feldman, & Woodward, 2002); (2) goals that are not obtainable or suitable are being pursued (Snyder, Rand, King, Feldman, & Woodward, 2002); and (3) the strategies to achieve the goal are poor (Kwon, 2000, 2002; Snyder, Rand, King, Feldman, & Woodward, 2002).

The first criticism of Hope Theory is that individuals set goals that are too big. On the premise of Hope Theory, a high hope individual acknowledges that not all their goals are attainable (Snyder, Rand, King, Feldman, & Woodward, 2002). On that premise under an extreme goal blockage, hope agrees to that reality. For example, in a study of sickle cell patients, hopeful thought decreased when the seriousness of the disease increased (Lewis & Kliever, 1996; Snyder, Rand, King, Feldman, & Woodward, 2002). Hinton-Nelson, Roberts, and Snyder (1996) discovered hope levels of inner-city children were lower when they had witnessed a

violent act against a family member and or friend as compared to not witnessing a violent act. Individuals with high hope may have an increase in their positive self-referential yet, they do not possess an extreme disillusion that makes them counterproductive. Individuals with high hope adjust their goal expectations according to the appropriate circumstances.

The second criticism, false hopes are founded on inadequately chosen goals, can be divided into two categories: goals that are too big and having bad goals. Individuals that set goals that are deemed to big may in fact be low in hope (Snyder, 2002). Throughout Snyder's research, he came to learn that individuals that possessed low hope set goals that were ludicrously high in certain areas of their life, while in other areas of their life they set easy goals. High hope individuals do set goals that are described as being difficult, or hard to achieve. High hope individuals do this because they see this as a challenge and these goals energize them. Another reason high hope individuals set difficult goals is they are flexible and they are able to think of other routes to their goals (Snyder 2002), in case a barrier does present. Individuals with high hope are persistent, even under stressful conditions (Snyder, 1994; 2000, 2002).

Snyder (2002) discusses the notion of false hope throughout the medical field. When a physician believes that his/her patient has less than a year to live, should that patient be told this or should the physician encourage the patient regardless of the prognosis, in a sense encouraging false hope? Snyder (2002) suggest that a "patient's hope may aid in the battle against a life-threatening disease in that such hope contributes to a fighting stance on which the patient follows the prescribed medical regiment" (p.267). Higher hope individuals are better at coping with physical ailments and are more likely to adhere to taking their medications (Moon et al., 2001 as cited in Snyder, 2002).



Snyder (1994) advocates for the mutual hope between patients and physicians. Snyder (1994) explains that this mutuality is shared by medical writers, one of the writers denotes, “The primary characteristic of the situation we find when a patient seeing help interacts with a physician trying to give help is mutual hope” (Freidson, 1970 as cited in Snyder, 1994 p. 289). Without hope, both the patient and physician have the potential to withdraw—the patient into noncompliance and the physician into detached unconcern (Snyder, 1994). Therefore, it is vital to have a mutual mindset, placing hope as the bridge between patient and physician.

When an individual sets a goal, the goal does not always demonstrate a positive outcome. The second criticism of Hope Theory, false hopes are founded on inadequately chosen goals, depicts this notion. Thus, Hope Theory is neutral, meaning the theory is not biased towards goals that have positive or negative outcomes (Snyder, 1994). For example, this would include those individuals that set goals that are against society norms. Snyder (2002) gives the example of a gang member wanting to show claim to his turf. High hope goals can be anti-social and these goals, although are detrimental to society, are not considered to be false. The reasoning behind this is simply because the gang member will achieve this goal even though it is against society as a whole. Since the goal is against the norms, one could deem it as setting a bad goal, the second category of inadequate goals. All goals have implications for the individual setting the goal and the surrounding environment and society. Throughout history, individuals have set goals that could possibly impede the society around them such as Hitler and his desire to achieve the “Final Solution”. It should be noted that due to the laws and governments that enforce laws, the majority of people set goals that are positive in nature which in turn allows society to accept them, the people (Snyder & Higgins, 1988, 1997; Snyder, Irving, Sigmon & Holleran, 1992; as cited by Snyder, 2002).

Snyder (2000) discusses suicide as a goal for an individual. It may sound odd or even morbid to conceive the notion that an individual would set a goal for him or herself of death. Snyder (2000) believes that suicidal thoughts and attempts are a result of a goal blockage. When an individual has determined that their goal has become permanently blocked, that individual may begin to entertain the thought of suicide. Furthermore, an individual believes that they cannot develop an alternative path to their goal around the blockage and have exhausted the sense of the necessary agency to generate new, more attainable goals, suicide can become a goal. Snyder (2000) believes that goal blockage is the primary reasoning for suicidal ideation, the individual's agency thinking and pathways thinking are influential. Snyder (2002) contends that "the person has set a goal, to stop the pain by killing himself or herself" (p. 267).

The third and final criticism involving Hope Theory and false hope is that false hope represents bad planning. This would occur when an individual sets goals only to select inappropriate strategies for achieving their goals. Hope Theory research has consistently provided evidence that individuals with high hope choose routes that are plausible for their goal, especially during stressful or goal impeding situations. On the contrary, individuals with low hope are often confused, avoidant, and ineffective in choosing pathways to their goals even during normal or non-impeding situations (Snyder 1994; 2002). Kwon (2000; 2002) tested false hope and defense styles as it coincides with hope theory. Kwon (2000) proposed his false hope hypothesis as "individuals with high hope and immature defense should think that they can achieve a goal (high hope) yet, that individual will choose poor strategies to achieve that goal (immature defense style)". For this hypothesis to be conclusive, the high hope and immature defense style should relate more to maladjustment than is experienced by those with low hope and mature defense style. Kwon (2000) results indicated that individuals with high hope related

better adjustment regardless of the defense style. Kwon (2002) replicated the study two more times. Both samples were recruited from an undergraduate introductory psychology course taking place at a large university with extra credit rewarded for participation. The first sample consisted of 172 participants (44 males and 128 female) and the second sample consisted of 174 participants (66 males and 108female). Within each study the same conclusion was drawn, there was no support found for false hope.

### **Hope Theory Premise**

When Snyder first examined hope, he stated hope to be simply “as a way of thinking” (Snyder, 2002 p. 249). Over the course of developing Hope Theory however, Snyder’s definition changed. He learned, after interviewing numerous people, that hope was something more than the thoughts surrounding a specific goal. Eventually, Hope Theory was built on a foundation where individuals set goals, developing the cognitive motivation (agency thinking) to begin and continue with the goals, and developing a pathway (pathways thinking) to reach that goal. When an individual achieves, or fails to meet their goal, emotions are a byproduct of the individual’s perception of how their goal was met or unfulfilled.

Examination of the empirical literature found that Hope Theory was used in a variety of contexts in regards to children. These contexts include: academic success, healthy habits, life satisfaction, ameliorate factor, and psychological adjustment.

### **Research on Children and Hope**

Snyder’s research of examining thousands of children and adolescents led him and colleagues to conclude that children report having higher hope than most adults (Snyder, 1994). High hope has been related to advantages in academic performance for students of all ages (Snyder, Cheavens, & Michael, Hoping, 1999). Snyder, et al. (1997), higher hope was related positively

with scores on subsequent achievement tests for grade-school children. Hope has also been a contributor to positive healthy habits and taking protective measures in children (Snyder, 1994). Berg, Rapoff, Snyder, and Belmont (2007) conducted a study investigating the relationship between hope and adherence to a daily inhaled steroid regimen among 48 asthma patients' ages 8–12 years old. Their findings significantly demonstrated that hope predicts pediatric asthma treatment adherence. High hope children were more likely to adhere to their daily asthma treatment in comparison to low hope children (Berg, Rapoff, Snyder, & Belmont, 2007).

Hope and children have also been examined in the context life satisfaction with the poverty being the major contributing factor. A study involving 150 children, ages seven –12 years, examined how the disadvantaged children's personal attribute interacts with the environment in developing their well-being (Ng, Chan, & Lai, 2014). Their results provided support that hope was positively correlated with the children's life satisfaction and hopeful thinking could motivate children to acquire resources and support from the community. Snyder (1994; 2000; 2002) posits that high hope individuals achieve their goals when a barrier, such as poverty, hinders goal pursuits by redirecting their pathway over or around the barrier. In the study the authors made note that the availability of and accessibility to adequate resources and support in the community severely determined whether the children with hopeful thinking could achieve their goal, eventually leading to the child's satisfaction with life. In other words, the available and accessibility to adequate resources had the potential to become a barrier for the children. Whether or not the child developed alternative pathways around the barrier was the main determinate for the child's hope, eventually leading to the child's life satisfaction.

Hope has also been studied in children who have suffered a traumatic event that leads to a diagnosis of PTSD (Kasle, Dahan , & Elias, 2008). A total of 331 children aged 9–11 years

studying in grades fourth to sixth four elementary schools in Israel participated. The children in the study experienced rocket attacks during Israel's Second Lebanon War. Examining possible resilience factors that included perceived social support and a sense of hope, the results demonstrated that hope was the primary predictor of PTSD. Hope was negatively correlated with PTSD; children who watched the news displayed higher levels of hope in comparison to children who did not watch the news; children who witnessed hard things (i.e. seeing a loved one hurt in war) demonstrated higher levels of hope in comparison to children who had not witness hard things; lastly, the more family support, the higher level of hope (Kasle, Dahan , & Elias, 2008). This study demonstrates hope as an ameliorate factor.

Hope has the potential to be a positive factor for children while they cope with an illness. For example, Lewis and Kliewer (1996) investigated links between hope, coping, and adjustment in a sample of children with Sickle Cell Disease (SCD). Two alternative models were developed to explicate the relationship between these variables. The first model, a mediator model, the mediator (coping) explains "why" a relationship exists between the predictor (hope) and criterion (adjustment) variables. In the second model coping moderated the relationship between hope and adjustment. Another way to explain this model is that coping efforts specify "when," or under what conditions, a relationship between hope and adjustment exists (Lewis & Kliewer, 1996). A total of 39 children and adolescents participated who had a diagnosis of SCD. The average age of participants was 11.0 years. Grades in school ranged from 1<sup>st</sup> to 11<sup>th</sup>, with the median grade being 5<sup>th</sup>. The results of the study demonstrated that hope was negatively related to anxiety, however, coping strategies moderated this relationship. It appears that hope was negatively related to anxiety when active, support, and distraction coping strategies were being utilized by children. Children with sickle cell disease who have high levels of hope and who report often

using active, support, and distraction coping strategies report less anxiety. This study demonstrates the importance in knowing a child's coping behaviors and their level of hope in order to understand the variations in a child's psychological adjustment (Lewis & Kliever, 1996).

Quality of life (QOL) has been defined as the satisfaction felt by an individual within various aspects of his or her life (Vila, et al., 2003). Health related QOL (HRQoL) is multidimensional and comprehensive construct that examines social, emotional, physical, and school functioning of a child (Varni, Seid, & Kurtin, 2001). Research on children's QOL is limited, however, several studies examined a child's QOL as related to sleep problems of children with autism (Delahaye, et al., 2014), severely obesity (Schwimmer, Burwinkle, & Varni, 2003), and asthma (Everhart & Fiese, 2009). Results from all studies confirmed that all factors-were negatively related to QOL for the child.

A large study involving over 2,500 pediatric patients with ten chronic disease clusters (asthma, cancer, cardiac, cerebral palsy, diabetes, end stage renal disease, gastrointestinal conditions, obesity, psychiatric disorders, and rheumatology) and health related QOL revealed that children diagnosed with any of the above factors reported more impaired overall health related quality of life than healthy children (Varni, Limbers, & Burwinkle, 2007). Patients with cerebral palsy self-reported the most impaired health related quality of life, while patients with diabetes self-reported the best health related quality of life. This study demonstrates the differential effects of pediatric chronic conditions on generic health related quality of life from the perspectives of children (Varni, Limbers, & Burwinkle, 2007). To date, there are no empirical studies examining QOL among healthy children.

Research exploring the relationship between children's quality of life and hope is nonexistent. Quality of life research has primarily focused on children with chronic health conditions rather than healthy, typically developing children. In contrast, the quality of life for adults with the factor of hope has been examined, including; HIV/AIDS (Yadav, 2010), renal failure (Malik & Mazahir, 2015), and ovarian cancer (Sjoquist et al., 2013). In all studies, hope was significantly, positively, correlated with the individual's quality of life. Thus, to expand the empirical literature, the time is ripe for exploration of quality of life and hope among healthy children.

### **Hope Theory, Religion, and Spirituality**

The definitions of religion and spirituality have been examined and reconstructed countless times throughout the centuries. Mueller (2010; as cited in Borgman, 2006) defines religion as “beliefs or doctrines, codes of conduct, and rituals expressed by a community of people” (p. 197). The definition of spirituality is broader than religion, being related to issues such as the meaning and purpose of life, and using spiritualistic beliefs to seek answers. Mueller (2010; as cited in Borgman, 2006) defines spirituality as “as the self-transcendence in which self becomes embedded in something greater than self, including the sacred, leading to connectedness, meaning, purpose, and contribution (p. 197). The definition of spirituality has been viewed as overlapping with the definition of religion (Pargament, 2013). However, it is important to note that the two concepts, religion and spirituality, can be viewed as being independent of one another. Spirituality however, can be a concept within religion.

Snyder, Sigmon, and Feldman (2002) have the objective stance that “every religion offers a prepackaged matrix of goals, pathways, for accomplishing those goals, and agency thoughts for applying those pathways” (p. 235). When examining mental and physical well-being, it is critical to understand how the three components of Hope Theory work together to benefit or hinder an

individual. Snyder et al. (2002), applying Pargament (2002) define of religion, utilizes the language of Hope Theory to re-define religion, as “the goal pursuit of significance using sacred pathways” (p. 235). Snyder (2002) continues to examine religion through the Hope Theory lens by applying each construct of Hope Theory (goals, agency thinking, and pathways thinking) as it relates to religion.

Goals are the central component for hopeful thinking. For individuals that are religious, spiritual or religious beliefs may edict their most valued goals. Snyder, Sigmon, and Feldman (2002) constructed six general classes of accepted goals based on Western religious traditions: (1) unity, harmony, or relationships with the divine; (2) supernatural assistance in stabling a peaceful, happy life; (3) a place in heaven or equivalent afterlife; (4) social support; (5) an understanding of truth; and (6) an increased comprehension of one’s purpose in life. It is important to note that the above goals are broad in their individual interpretation. It is also complicated to know when or if the goal has been attained, continuing the goal’s abstractness. The previously mentioned goals are considered to be the ultimate goals. There can also be “subgoals” that correlate with each ultimate goal. Based on Hope Theory, subgoals are concrete, smaller objectives that, when achieved, are perceived as bringing one closer to the achievement of larger goals (Snyder, 1994; Snyder, 2002). Subgoals are goals that can be achieve daily, hence their importance for religious individuals. Subgoals can include: reading the holy writ, performing rites or rituals at appropriate times, and practicing virtues (chastity, temperance, charity, etc....).

Individuals that are religious with high hope develop numerous pathways that are perceived to be obtainable in achieving one’s goals, both secular and religious. Potential pathways that are believed to be used to attain divine assistance in achieving goals are prayer, rites, and rituals.



Snyder (1994) discusses the notion of prayer as it relates to religious individuals with higher hope. For individuals with high hope, prayer increases an individual's mental energy, or their agency thinking. Routes that lead to gaining knowledge in the understanding of life include studying holy writ, pondering the words of religious leaders, and discussing ideas with others in the religious community (Snyder, Sigmon, & Feldman, 2002). Religions often teaches confidence to its believers, implying that they can accomplish their goals or the divine's commands (Snyder, Sigmon, & Feldman, 2002). These agency thoughts are the result of both specific religious beliefs and the supportive resources within the religious community.

Children are spiritual beings, yet their expression of their spirituality may be hindered by the lack of adult's ability to comprehend them (Mueller, 2010). It is important to understand how a child develops her or her spirituality and even more important how they utilize their spirituality. Fowler's Faith Development Theory (1981) describes the six stages an individual progress through as they develop their faith. I will elaborate on the first three stages. In infancy, age 0 to 1 and a half years old, the infant is learning to trust their caregiver. A trust is developing as the caregiver responds to the infant's discomfort, hunger, and safety. In the same aspect, their faith or spirituality is developing. The infant develops undifferentiated seeds of trust, courage, hope, love, and mutuality through interactions with the caregiver (Mueller, 2010; Fowler, 1981). The first stage, Intuitive-Projection Faith, children age one year into the second, are developing independence and learning to reproduce specific and meaningful behaviors.

Children within this stage are experiencing a rise of imagination and formation of images. Commonly, fantasy and reality are intertwined together. During this stage, hearing stories of faith and traditions of faith give children the language of faith (Mueller, 2010). Thoughts and language implicate the use of symbols in speech and ritual plain in the expression of spirituality

(Fowler, 1981; Mueller, 2010). The second stage, Mythic-Literal Faith, occurs between the ages of seven years old and twelve years old. Influences are concrete cognitive operations that provides a transition point in spirituality development. A child usually accepts the stories told to them by their faith community but most likely understand them in very literal ways. During this stage children have a growing need to understand and are concerned about “how things are” Children seek clarity of the basis of what is real and what seems real to them (Mueller, 2010). Mountain (2005) examined the use of prayer in children about 10 years of age. The results show prayer as a positive aspect of life for the children. Based on the results, Mountain (2005) views spirituality as being innate in children, and some aspects of prayer should be considered a natural ability. Prayer is recognized as a coping mechanism, useful for the expression of strong feelings, a way of reframing, self-talk, and appraisal. The third stage, Synthetic-Conventional Faith, occurs between the ages of 13 to 21 years old. This stage is characterized by the formation of a personal identity and faith. Teenagers are developing the desire to know what they want of themselves and for their life. Teenagers are also determining what they believe, separate and beyond what they have adopted from their parents or caregivers (Mueller, 2010). Spirituality should help the teen incorporate the values and information from their parents or caregivers to form a foundation for identity and an outlook on life.

It is equally important to understand how children utilize the lessons they have learned from parents, caregivers, and those within the community. Children express their spirituality when they sing songs, participate in prayers, or hold hands while they pray. Children may be conscience or unconscious of their spiritual involvement. Their demonstrations of love, the ability to draw love from their family and friends, and their expression of awe of the natural world, children provide strong aspects of spirituality to the world (Yust, 2003). However, children primary express their

spirituality through behaviors. They imitate rituals and use symbols in imagination play. They use art, dance, song, and movement to express joy, despair, awe, and wonder; to deal with suffering; and to question meaning in their experience (Mueller, 2010). Spiritual or religious practices may provide a structure for positive coping strategies. Research has provided information supporting the notion that spirituality or religious practices may act as a protective factor for children as “resilience” when faced with traumatizing events (Barnes et al., 2000). The term resilience refers to child’s ability to cope with difficult circumstances and the ability to grow through the experience.

### **Children’s Pictorial Depictions of Thoughts, Feelings, and Actions**

Children express themselves in various ways; verbally, through actions, or through play. In addition, children can express themselves through art. Children’s art work reflects their feelings, thoughts, and actions that are going through their minds. Typically, children’s drawings are simple and straightforward (Hsu, 2014). Children’s drawings offer a freshness, boldness, and sense of purpose (Coates & Coates, 2006).

A firm foundation has been built examining child’s art works. The foundation is based on a classic researcher, Rhonda Kellogg. According to Kellogg (1969), children are stimulated to move through different levels of drawing because of the discoveries they make through their own drawings. It has been assumed that the primary pleasure young children derive from scribbling, the first markings that young children commonly draw, is that of movement, or “motor pleasure” (Kellogg, 1969). Kellogg (1969) describes the very first development of children’s drawings as a sequence of basic shapes or forms and their configurations: starting from twenty basic scribbles, ranging from a dot to an imperfect circle. Scribbles can be observed at the age of two. Scribbles, an important descriptive analysis tool, are important as they are the building blocks of art, and

they permit a detailed and comprehensive description of the work of young children (Kellogg, 1969).

Once a child learns the basis of scribbling, they develop placement patterns. Placement patterns are markings on the sheet of paper or canvas that are regarded as an area to be marked. Placement patterns require a well-defined perimeter, or frame. Placement patterns require eye control, unlike scribbles. Scribbles do not need eye to hand guidance. In contrast, placement patterns do requiring seeing and the eye's guidance of the hand (Kellogg, 1969). By the age of three, children make diagrams, with single lines employed to form crosses and to outline circles, triangles, and other shapes (Kellogg, 1969). Once a child has formed the basis for shapes and lines, the child proceeds through stages including: various diagrams, combines, aggregates, mandalas, suns, and radials (Kellogg, 1969). Around the age of four, children begin to draw human like figures. These figures, according to Kellogg (1969) can be traced back to various scribbles, diagrams, combines, aggregates, and mandalas. Along with humans, animals, buildings, vegetation, and transportation are included in the early pictorialism of child art.

### **Analyzing a Child's Art**

Studying children's representational drawings, we can gain insight into the nature and development of the corresponding internal representations of the subject matter within children's minds (Jolley, 2010). Expressive techniques can be used to examine children's pictures. These techniques include: literal, content, and abstract (Jolley, 2010). Literal expressions include, moods or emotions. For example, facial expressions of people, animals, or other living things or inanimate objects. Content expressions include: subject matter from life to convey expressive meanings. For example, a picture of a house and family, smiling, on a summer day with bright colors has the potential to express a positive mood. Abstract expressions express formal

properties shown in pictures independently of representational subject matter. Formal properties of a picture, such as lines (shape, thickness, direction, texture, and shading), color and composition (spatial arrangement of the elements on the page/canvass) all assist the picture's expressive potential (Jolley, 2010).

When analyzing child's drawings, several characteristics can be used to better understand the picture. The researcher can make note of the colors used, the size of objects in relationship to other objects, and the placement of objects. The comparison to size of objects is often used in Kinetic Family Drawing Test (Burns & Kaufman, 1970). For example, when a child draws an object bigger than others, they are demonstrating its importance (Lowenfeld, 1939). Color is also an important diagnostic tool used to analyze children's drawings. Several studies have been conducted that demonstrate the use of color for what children perceive as "nice" things and "nasty" things (Burkitt, Barrett, & Davis, 2003; Burkitt, 2004). The studies revealed that children's color choices in their drawings do vary between characterizations, positive and negative, and even between different descriptions, also positive and negative. Darker colors, especially black, were used for the drawing or coloring of the negative characteristics. Primary and secondary colors (i.e. yellow, pink, red) were used to depict the positive characteristics (Burkitt, Barrett, & Davis, 2003; Burkitt, 2004).

Image themes and image features are also important to acknowledge when analyzing a child's picture (Hsu, 2014). Image themes can include, life events and concerned themes. In the study conducted by Hsu (2014), a child drew a picture of their family, a life event. The family is the most intimate aspect of the child's life. Concern themes include the conscious and subconscious desires. For example, in Hsu (2014) a child drew a picture of a house collapsing, another child drew a picture of a typhoon. These pictures suggest inner fears and uncertainty the child is

experiencing (Hsu, 2014). When the themes of a child's drawings are closely observed, and analyzed through the themes, structure, characteristics, and colors the emotions represented can be understood (Yeh, 1985 as cited in Hsu, 2014).

Drawing is an alternative form of communication for children (Hsu, 2014; Coates & Coates, 2006). The picture the child draws is important in understanding the thoughts, feelings, and emotions of a child. However, what needs to be help equally as important is the simultaneous utterance as the child draws (Coates & Coates, 2006). These utterances have the potential to further the nature, content, and meaning of the child's art work. Coates and Coates (2006) examined children, ages 3 to 5, verbal communication as the child drew a picture of their choosing. The communication that was exerted during the drawing time provided numerous benefits: a better understanding of the child's picture, it's meaning; the child's interests, for example, several children began drawing their depiction of their favorite TV or songs; gain an insight into the child's cognitive and social skills; and lastly, a deeper understanding of the child's thinking and developing sentience, for example, when the children were drawing in groups, discussing their picture content, the children often added information that was not obvious by looking at the picture (Coates & Coates, 2006).

A child's drawing is a valuable piece of information that should not be taken lightly. The picture holds the child's emotions, past, present and future; the child's concerns, dreams; and the child's thoughts and perceptions on various topics that are occurring in their life. Drawing is a tool that should be utilized not only by children, as a nonverbal communication method, but by adults to understand a child's perceptions, emotions, and experiences (Hsu, 2014; Jolley, 2010; Coates & Coates, 2006)

## **Summary: The Importance of Hope**

Hope is “the sum of perceived capabilities to produce routes to desired goals, along with the perceived motivation to use those routes” (Snyder, 2000, p. 8). Hope Theory encompasses an individual’s desire to set obtainable goals, cognitive motivational energy (agency thinking), and an individual’s perceived ability to produce plausible routes (pathways thinking), all to achieve their goals. Snyder (2002) views hope as being crucial for enhancing the quality of life.

Individual’s strengths should be enhanced through activities that match their strengths, rather than acknowledging their weaknesses. If this premise were to be utilized, “it would allow people to obtain the joys associated with successfully pursuing the goals for which they are most suited” (p. 269). Snyder compares hope to a rainbow, recognizing that the prism that is created, by the rainbow, sends numerous rays of multicolored light in various directions allowing the viewer to imagine of all that is possibilities, just as hope does.

Hope and children’s quality of life is significantly understudied. However, based on the research that examines an adult’s hope and quality of life, it can be hypothesized that hope would play a positive, significant role in a child’s quality of life. Research has demonstrated that hope positively and significantly influences an adult’s quality of life regardless of the presenting circumstances (Yadav, 2010; Sjoquist et al., 2013; Malik & Mazahir, 2015).

The relationship between hope and spirituality has thoroughly been researched and documented. Some individuals may denote that spirituality enhances their hope, while others may conclude that their hope influences their spirituality. Some individuals may relate their spirituality to a religion, while others contend their spirituality stands alone. Research has distinguished that regardless of how one demonstrates their spirituality, the relationship between hope and spirituality as a coping mechanism during difficult circumstances is resilient.

Hope is a legitimate, powerful construct. Hope has the potential to assist individuals in achieving goals, whether the goals are small or large, time consuming or daily achieved, hope inspires individuals to continue their goal achieving process with a positive outlook.

The purpose of this research study to explore how children use hope in their everyday lives. This research study will explore the following research question:

(1) Is there a relationship between the child's hope and their quality of life?

a. H: Children with higher hope will have higher quality of life.

(2) Is there are relationship between the child's hope and their spirituality?

a. H: Children with higher hope will have higher spirituality.

(3) Does a child's hope predict his/her spirituality?

a. H: Hope will positively predict children's spirituality.

(4) Does a child's hope predict his/her quality of life?

a. H: Hope will positively predict children's quality of life.

(5) Exploration of how children visually depict their perception of hope in an effort to generate an understanding.

b. H: Children will use a variety of inanimate and religious symbols to visually depict hope.

I believe that having an understanding of what hope is, the construct of hope, will greatly benefit parents, guardians, teachers, medical personal, counselors, therapists, and many other specialists, but more importantly to children. Impediments, or barriers, often occur in life. Impediments can be something as simple as running late to school, to something catastrophic, and life altering as being diagnosed with a terminal illness. If a child already possesses the ability to maintain and increase their hope; by setting realistic goals, understanding how to choose



pathways that will lead to the goal attainment, and believe in the cognitive motivation to continue in their goal pursuit, the impediment will not hinder the child's hope. This understanding of the constructs of hope will be beneficial to the child for the rest of their life. Building and maintaining hope is a strenuous task, however, utilizing the components of Hope Theory; goals, pathways thinking, and agency thinking, is the first step in achieving the ultimate goal: having hope.

## **CHAPTER 3: METHODOLOGY**

### **Research Participants**

Children, ages seven to 12 years old, were selected for participation in this research study. The convenience sample included 23 participants. Participants were recruited from the afterschool program at Joyful Beginning Child Care Center, a child care center that serves children ages two to twelve years. The program administrator at Joyful Beginnings gave permission for this facility to serve as a data collection site. This study was approved by the IRB. The researcher had a professional relationship with the director/owner of the child care center and worked as a teacher at the child care center for five years. The owner/director of the child care center gave permission for the center to be a data collection site.

### **Procedure**

Parents of potential participants received informational letter about the research study, informed consent form, and demographic questionnaire containing questions about child's birth date, ethnicity, gender, and grade in school. Child assent was obtained following parental consent and prior to data collection. Each child was individual interviewed and be allotted approximately 25-35 minutes to complete the surveys: Children's Hope Scale, Youth Spirituality Scale, and KINDL-R. Each child was given the choice to complete the survey independently or have the researcher read the survey items to him / her. Nine participants completed the surveys independently. Fourteen participants asked the researcher to read the questionnaire items aloud. The nine participants that completed the surveys independently were in 5<sup>th</sup> through 7<sup>th</sup> grade. Following completion of the surveys, each child was asked to draw their interpretation of "hope". Paper and markers were provided for the children and the child had between 10 to 15 minutes to complete their picture. The researcher asked the child if he / she

want to discuss the drawing and take notes during the process. The data completion took place in a quiet area within the child care facility during June 2016.

## **Instruments**

### *Children's Hope Scale* (Snyder, 1994; 2000; 2002)

The Children's Hope Scale is a six item self-report measure that is based on the premise that children are goal-directed and that their goal-directed thoughts can be understood according to agency and pathways (Snyder, 1994; Snyder, 2000). The Children's Hope Scale has been validated for the use with children ages seven to sixteen, or second grade and beyond (Snyder, 2000). The internal alphas for overall scale ranging from .72-.86, with a median of .77 and test-retest correlations of .71-.73 over a one-month period (Snyder, 2002). The Children's Hope Scale can be hand-scored, allowing for it to be completed and scored in approximately three minutes. The scale can be read to the child by the administrator and marked by the administrator or the child can read and complete the scale by him or herself. Three of the six items reflect the agency thinking component of Hope Theory and the other three items reflect the pathways thinking component of Hope Theory (Snyder, 2000).

Hundreds of children participated in numerous studies conducted by Snyder, Hoza Pelham, Rapoff, Ware, Danovsky, Highberger, Ribinstein, & Stahlet (1997; Snyder, 2000) leading to the report that the average level of hope on the CHS is approximately 25. Scores of 29 or higher are in the top 15% and reflect children with strong beliefs in having both the agency and the pathways to achieving their goals (Snyder, 2000). Children that score 21 or less are in the lower 15%. These children are typically skeptical about having the agency and pathways thinking to achieve their goals (Snyder, 2000). For each of the CHS components, agency thinking and pathways thinking, the average score is 12.5. A score greater than 15 indicates the

child is in the top 15%, in contrast, a score less than 15 indicates the child is in the lower 15%. The majority of children demonstrate equivalent levels of both agency and pathway thinking (Snyder, 1994; Snyder, 2000). A sample of questions from the Children's Hope score include: (1) I think I am doing pretty well, (2) I can think of many ways to get the things in life that are most important to me, and (3) I am doing just as well as other kids my age.

*KINDLr - Kid-KINDLr* (Ravens-Sieberer & Bullinger, 1998A)

The KINDLr is a 24-item scale that is used for assessing Health-Related Quality of Life in children and adolescents aged 3 years and older. The original version of the questionnaire, the KINDLr, was developed by Monika Bullinger in 1994. Ulrike Ravens-Sieberer & Monika Bullinger revised the KINDLr developing the KINDLr in 1998 (Ravens-Sieberer & Bullinger, 1998B). The KINDLr questionnaire consists of 24 Likert-scaled items associated with six dimensions: physical well-being, emotional well-being, self-esteem, family, friends and everyday functioning. The sub-scales of these six dimensions can be combined to produce a total score. The KINDLr can be used for children and adolescents between 3 and 17 years of age.

The survey takes between five to fifteen minutes to complete. The average time of completion is 10 minutes, younger children may require extra time for completion. For each item, the children and teenagers are required to mark the response that comes closest to their own personal experiences. The scale was designed to be straightforward and easy to understand. It is not necessary for the administrator to be present while the survey is being completed, however, it is advised in case a child does not possess the reading skills are not of a necessary. In such cases, the KINDLr questionnaire can be administered in the form of an interview, face-to-face or by telephone (Ravens-Sieberer & Bullinger, 1998B). The scores achieved on the individual KINDLr sub-scales and the KINDLr total score represent a quantification of the subject's health-related

quality of life from the respondent's point of view. The values within the individual sub-scales can be studied directly. The distance from the possible limits (maximum and minimum achievable values) can give a first indication of a respondent's self-assessment (Ravens-Sieberer & Bullinger, 1998B). The items and sub-scales of the KINDLr questionnaire are calculated such that a higher score corresponds to a higher health-related quality of life (Ravens-Sieberer & Bullinger, 1998B).

The reliability and validity of the scale was tested with two different samples of children. The first sample consisted of 1501 participants in the fourth and eighth grade completed the short version of the KINDLr. The sample consisted of 48.3 % girls and 51.7 % boys (Ravens-Sieberer et al., 1998B). The second sample consisted of 1050 children and adolescents from seven German rehabilitation clinics completed the KINDLr questionnaire before embarking on a rehabilitation program. The sample consisted of 50.7 % girls and 49.3 % boys. The internal consistency for the subscale reached values of .70. Overall, scale displayed a consistency coefficient of over .80 (Ravens-Sieberer & Bullinger, 1998B). In the same study, validity ranged between .39 to .72. The low score of .39 was expected as it examined the child's physical aspect of quality of life. The KINDLr purposes more directed at the psychosocial of a child's quality of life. Examples of questions from the KINDLr include: for physical health, during the past week I have felt ill; for emotional well-being, during the past week I had fun and laughed a lot; for self-esteem, during the past week I was proud of myself; for family, during the past week I go on well with my parents; for friends, during the past week I played with friends; and last for the sub-scale for school, during the last week in which I was at school doing my schoolwork was easy.

*The Youth Spirituality Scale (YSS)* (Sifers, Warren, & Jackson, 2012)

The Youth Spirituality Scale (YSS) was developed by Sifers, Warren, and Jackson (2012) as a self-report to measure asking about a child's beliefs and behaviors. The scale has been validated for use with children ages seven to fifteen. The scale consists of 20 items, including one item to identify invalid responses. The YSS uses a five-point scale, 5 indicating 'Very much' or 'Always' and 1 indicating 'not at all' or 'never'. Items are worded to be inclusive of deferring spiritual and religious backgrounds (Benson et al., 2005 as cited in Sifers, Warren, & Jackson, 2012) and understandable to children as young as eight based on the Flesch-Kincaid grade level (Sifers, Warren, & Jackson, 2012). The questions in the YSS are also consistent with the mythical-literal and synthetic conventional stages of faith as described by Fowler (1981). There are four subscales: relationship with God, relationship with others, religious practices, and socially desirable responding. Question number 14 ('How often do you lie?') is used to identify invalid responding, or is consisted to be a validity check.

In order to provide reliability and validity, Sifers and colleagues conducted two studies. The first study consisted of a sample of 175 students from public schools in grades third through ninth. The mean age for this sample was 11.1 years. Age ranged from seven to 14 years (Sifers, Warren, & Jackson, 2012). The second study consisted of 124 participants. 48.4% were boys (51.6% were girls). The ages ranged from 8 to 15 years old. Internal reliability for the YSS was acceptable to good for the scale. Cronbach's alpha for the whole scale was .893; Relationship with God was .887; Relationship with others was .796; Religious practices was .707, and Socially desirable responding was .289. Test-retest reliability for the 28 participants that returned one year later was adequate. The second study had an average score of 4.07 (the first study had an average score of 4.02). Time one and time two scores were significantly positively correlated

(Sifers, Warren, & Jackson, 2012). Example of questions from the YSS include: How sure are you that there is a God, Higher Power, or Ultimate Reality? How often do you follow rules? How often do you pray, meditate, or talk to God, Higher Power, or Ultimate Reality? How often are you thankful?

### **Data Analysis**

Demographic questions; grade, gender, age, and ethnicity, was entered into SPSS examining the mean of each factor. Research questions one and two were analyzed using correlations between the child's hope and quality of life, and the child's hope and spirituality. To answer research questions three and four, a multiple regression was conducted to examine if hope predicts the child's life satisfaction, and spirituality. For the multiple regression, the child's age was held constant. Analysis of the children's drawings was completed using the following procedure. Children's drawings were reviewed by the researcher and her thesis advisor independently to identify the following in each participant's drawing: animate and inanimate objects, colors of objects, sizes of objects, placement of objects, and religious symbols. The researcher and her thesis advisor then compared the above categories until consensus was achieved.

## CHAPTER 4: RESULTS

### Sample

A total of 23 children participated in this research study. Descriptive statistics was conducted to examine to mean age and grade of the sample. Age was calculated into months old instead of years. The mean age was 10 years old (120 months) and the mean grade level was 4<sup>th</sup>.

Demographic data including child's birth date, ethnicity, gender, and grade in school was collected from parents. The sample included 17 females and six males, 20 were identified as Caucasian and three as African American.

All research study participants completed the measures: (1) Children's Hope Scale, a six item self-report measure that is based on the premise that children are goal-directed and that their goal-directed thoughts can be understood according to agency and pathways (Snyder, 1994; Snyder, 2000); (2) Youth Spirituality Scale (YSS), developed by Sifers, Warren, and Jackson (2012), a self-report to measure asking about a child's beliefs and behaviors; (3) KINDLR questionnaire consists of 24 Likert-scaled items associated with six dimensions: physical well-being, emotional well-being, self-esteem, family, friends and everyday functioning (Ravens-Sieberer & Bullinger, 1998B). Cronbach's alpha for the HOPE scale, KINDLR, and YSS were .70, .77, and .84 respectively. Table 1 illustrates the mean scores for each measure.

### **Research Question #1:** *Is there a relationship between the child's hope and their quality of life?*

Person r correlations were conducted to assess the relationship between hope and quality of life and hope and spirituality. Significant positive correlations were found between Hope and the KINDLR,  $r = .571$  ( $p = .01$ ), indicating that higher hope was associated with higher quality of life. Additional correlations were conducted to explore the relations between subscales of the Hope Scale (Agency and Pathways) and subscales of the KINDLR (physical, emotional, self-



Table 1

*Total Mean Score for the Hope Scale, YSS, and KINDLr.*

	N	Means (SD)	Std. Error Mean
YSS	23	76.48 (10.466)	2.182
Hope	23	25.83 (5.507)	1.148
KINDLr	23	91.00 (9.395)	1.959

esteem, family, friends, and school). Significant positive correlations were found between pathways (Hope) and self-esteem (KINDLr) ( $r = .506$ ) and pathways and school ( $r = .470$ ) at the .05 level (Table 2). Significant positive correlation was found between agency and self-esteem ( $r = .415$ ), agency and school ( $r = .453$ ), at the .05 level, and family and agency ( $r = .609$ ) at the .01 level (Table 2). These results indicate that for this sample of children, agency and pathways are working together in regards to the KINDLr dimensions of self-esteem, school, and family.

**Research Question #2:** *Is there are relationship between the child's hope and their spirituality?*

Person r correlations were conducted to assess the relationship between hope and spirituality. Results revealed a significant positive correlated,  $r = .422$  ( $p = .05$ ). This indicates higher hope was associated with high spiritual/religious beliefs.

**Research Question #3:** *Does a child's hope predict his/her spirituality?*

Regression analysis was used to test if a child's hope score significantly predicted his/her spirituality score. Hope scores significantly predicted quality of life scores,  $b = .422$ ,  $t(21) = 2.13$ ,  $p = .045$ . The results of the regression indicated that hope explained 42.2% of the variance ( $R^2 = .422$ ,  $F(1,21) = 4.56$ ,  $p = .045$ ).

**Research Question #4:** *Does a child's hope predict his/her quality of life?*

Regression analysis was used to test if a child's hope score significantly predicted his/her quality of life score. Hope scores significantly predicted quality of life scores,  $b = .571$ ,  $t(21) = 3.187$ ,  $p = .004$ . The results of the regression indicated that hope explained 32.6% of the variance ( $R^2 = .326$ ,  $F(1,21) = 10.16$ ,  $p = .004$ ).

Table 2

*Bivariate Correlations between Pathways, Agency Thinking, and Six Dimensions of the KINDLr.*

	Physical	Emotional	Self-Esteem	Family	Friends	School
Agency Correlation	.370	-.179	.300	.609**	.363	.453*
sig. (2-tailed)	.083	.414	.164	.002	.089	.030
N	23	23	23	23	23	23
Pathways Correlation	.199	-.244	.506*	.267	.300	.470*
sig. (2-tailed)	.363	.263	.014	.218	.165	.024
N	23	23	23	23	23	23
Physical Correlation		-.294	.415*	.400	.123	.148
sig. (2-tailed)		.173	.049	.059	.575	.501
N		23	23	23	23	23
Emotional Correlation			-.109	-.035	.130	-.004
sig. (2-tailed)			.622	.874	.553	.987
N			23	23	23	23
Self-Esteem Correlation				.288	.164	.129
sig. (2-tailed)				.182	.455	.557
N				23	23	23
Family Correlation					.288	.213
sig. (2-tailed)					.182	.330
N					23	23
Friends Correlation						.394
sig. (2-tailed)						.063
N						23

\*\* . Correlation is significant at the 0.01 level (2-tailed).

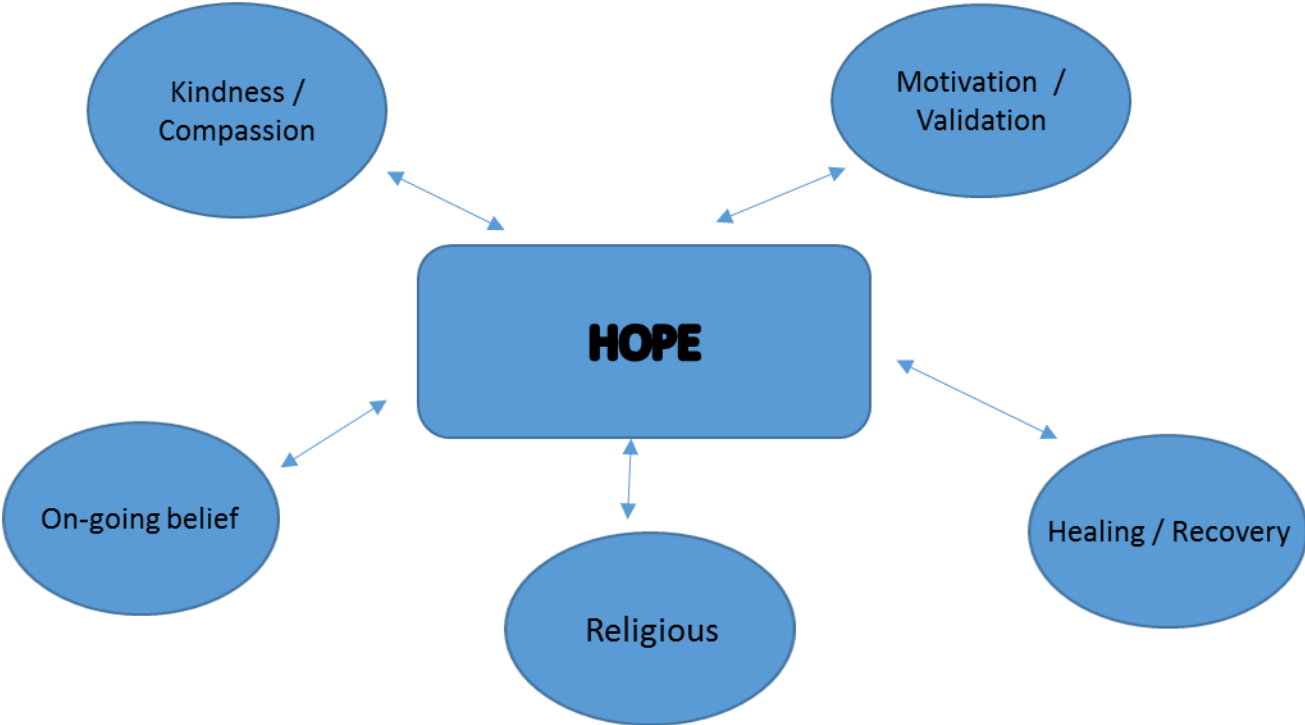
\* . Correlation is significant at the 0.05 level (2-tailed).

## Hope Drawings

After each child completed the three surveys, he/she was asked by the researcher to draw his/her interpretation of hope, or how they pictured hope. Markers, crayons, and paper were provided by the researcher. After analyzing each individual picture, a series of over-arching themes emerged. Figure 3 depicts the five dominant themes that emerged from analysis of the children drawings. Some of the dominate themes included sub-themes. The dominate theme was kindness and compassion towards others. This dominate theme included subthemes; loving/caring, helping others, sharing, being nice, better quality of life, and altruistic. The second theme was motivation/validation. The subthemes included; bright hope, believing in self, and maternal hope. The third theme, on-going belief, included transitional period and futuristic hope as subthemes. The unique subtheme, transitional period, defined Hope as a transitional period for an individual. Signifying, that an individual's hope is a process, after which, the individual emerges "hopeful". The fourth theme, religious, did not have any subthemes. Lastly, the theme of healing/recovery did not have subthemes. There was a total of 15 subthemes and five over-arching themes.

The themes were deduced by the child's use of colors, placement, size, and symbols. The child's explanation of their picture, was another variable that contributed to the rationale of themes. For example, the use of religious symbols related the child's drawing to the theme of religion. The child explaining that their picture was about love and/or caring, related their picture to the theme of love and/or caring. Five participants expressed their hope through sports. This was done by drawing themselves playing a sport (i.e. football), or writing a sentence and explaining verbally to the researcher, "I hope to play professional football one day".

**Figure 3** Themes of Children’s HOPE Drawings



Below are in-depth descriptions of each child's picture. Each child's comments, color choices, and explanation of their interpretation of hope is included.

**Child #1: Age: 7 years 5 months, Grade level: 1<sup>st</sup>**

**Theme: Altruistic Hope**

**Unique Characteristics: Size of the brother and school building**

Child #1 drew her brother standing beside the school building that they both attend. The child explained the picture as being her brother and the school. The child stated, "I hope he does good in school" followed by "I hope he passes his test today". The child paid close attention the details of her brother. For example, the child drew a realistic image of the brother's hair, including the shape, length, and color. The size of the child's brother was large, almost as large as the school building. The child used basic colors; red, blue, black, and brown. The theme is altruistic hope.

**Child #2: Age: 7 years 8 months, Grade: 1<sup>st</sup>**

**Theme: Hope to Share**

**Unique Characteristics: The two animate objects "sharing" vegetables**

Child #2 drew two animate objects, both human, and four inanimate objects including a wagon, vegetables, the sky, and grass. The child explained her picture as her and the researcher "sharing vegetables". The child continued, "I hope that we share the vegetables together". The theme for this picture is hope to share. The child drew herself a little taller than the researcher. The child used the following primary and secondary colors: blue, green, purple, red, yellow, black, and brown.

**Child #3: Age: 7 years 6 months, Grade: 1st**

**Theme: Care/Love** The theme is hope to share.

**Unique Characteristics: Size of the heart, ribbon relating back to mother's shirt and hat, and the use of many colors**

Child #3 drew a large heart that was centered on the paper. The heart was drawn and colored purple. The child traced the heart five times with five separate colors; silver, gold, blue, pink, and green. To the right of the heart, the child drew a smaller pink ribbon. The child related her hope drawing to her mother's shirt and hat. The child explained that her mother wears "a shirt that has that ribbon on it." The child stated that the heart means "care and love" and the ribbon means "hope" and can also mean "care". The ribbon was somewhat smaller in comparison to the heart. There are no animate objects. The child used primary and secondary colors. The theme for the child's drawing is care/love.

**Child #4: Age: 8 years 2 months, Grade: 2nd**

**Theme: Futuristic Hope**

**Unique Characteristics: The writing of a sentence, one color choice, and descriptive explanation of hope**

Child #4 chose not to draw a picture. Instead, the child wrote a simple sentence; "they mit think I hope that I make it ". When asked if "they hope you make it" was about things in the future, the child stated, "yes, even things for tomorrow." The child did not specify what the "things" included. This theme is futuristic hope. This child did state that drawing a picture of

hope was “hard”, however, the child did state that hope was “nice and sweet”. The child only used the color orange. The theme is futuristic hope.

**Child #5: Age: 8 years 5 months, Grade: 2<sup>nd</sup> grade**

**Theme: Believe in Yourself**

**Unique Characteristics: Color choices and the linkage of color to important words**

Child #5 drew a picture of an animate object, a person, holding a softball bat, an inanimate object. The child paid close attention to the details in picture, labeling the brand of bat. At the top, center of the picture, the child wrote, “Believe in yourself”. Once again, the child paid close attention to the details in the sentence. The letter “B” in the sentence was written in red, the other letters were written in green. The child drew a red arrow pointing to the sentence. By having the letter “B” a different color and the arrow, the same color as the letter, pointing to the sentence, demonstrating the importance to the child. The red arrow leading to the red “B” may indicate the child’s area of emphasis. When the child was asked to explain how her picture meant hope to her, she stated, “that I can hit the ball and not be scared and I think I can do it”. The child continued, “hope means to believe in yourself”. The theme for this picture is believing in yourself. The colors used in the picture included green, red, blue, and purple. All colors were bright, primary and secondary colors. The theme is believe in yourself.

**Child #6: Age: 7 years 8 months, Grade: 2<sup>nd</sup>**

**Theme: Helping Others**

**Unique Characteristics: Location of the heart on the paper and descriptive characteristics of relating Hope to a school event**



Child #6 drew a red heart centered on the paper. In comparison to the size of the paper, the heart was average in size. In the center of the heart, written in purple the child wrote, “it takes heart”. On the bottom left and right side of the heart the child drew two jump ropes. The jump ropes were pink and purple. When the child was asked to explain his picture, he stated, “there is this hope thing at school for people with heart disease”. He continued, “see the jump ropes, its jump rope for heart to raise money.” The colors used include red, pink, and purple. The theme for the drawing is helping others.

**Child #7: Age: 8 years 11 months, Grade: 3<sup>rd</sup>**

**Theme: Being Nice**

**Unique Characteristics: Colorful animate objects and descriptive explanation of picture**

Child #7 drew two animate objects, little girls, on the monkey bars. The picture takes place outside. The little girls are drawn in bright, vivid colors; yellow, purple, and blue. The monkey bars are drawn in black ink and are not colored in. The size of the little girls is in proportion to the monkey bars. When asked to explain her picture, the child stated, “these are two little girls. One fell off the monkey bars and the other asked if she was okay.” The child added, “by being nice to others shows hope.” The child used yellow, purple, and blue markers. The theme for this picture is being nice.

**Child #8: Age: 9 years 4 months, Grade: 3<sup>rd</sup>**

**Theme: Hope for a Better Quality of Life/Basic Needs of Life**

**Unique Characteristics: One color choice, inanimate objects, and descriptive explanation of picture**

Child #8 drew an animate object, a person, living inside of a house, an inanimate object. Within the house there are three inanimate objects; a chair, TV, and a cup the person is holding. Inside the cup is water. The person is drawn with a mustache. Outside of the house, there is one inanimate object, a bike. To the left of the house is another animate object, another person. The person is holding a sign that reads “neeb home”. When the child read the sign to the researcher, he did say “need”. The child misspelled the word on the sign. The child used one color, silver. When asked to explain his picture, how it means hope to him, he stated “the homeless guy needs hope for a home and food.” The theme for this drawing is hope for a better-quality life/basic needs of life.

**Child #9: Age: 10 years 10 months, Grade: 5<sup>th</sup>**

**Theme: Hope for Healing and/or Recovery**

**Unique Characteristics: Single Building, Red Ribbon, Lights are on inside the building, and descriptive explanation**

Child #9 drew an inanimate object, a single building. The building does stand alone. The picture has grass, a sky, and a pathway leading to the building. The grass is primarily green, however, the child did use a light yellow to highlight certain areas. The child paid attention to the details in the building and on the building. For example, on the building the child drew a red ribbon. Inside the hospital there is a light on, indicated by the yellow color choice. The building was described by the child as being a hospital. When asked to explain her picture and how it means hope to her, the child expressed, “hope is a wish or dream you want to come true, like a miracle. Hospitals saves lives daily, give comfort to people that done have much time left. I went to a hospital, so hospitals give hope.” The child did not elaborate on her experience in a hospital.

Colors used in the drawing included black, grey, green, red, yellow, and brown. The theme for this picture is hope for healing and/or recovery.

**Child #1: Age: 11 years 3 months, Grade: 5<sup>th</sup>**

**Theme: Positive Transitional Period**

**Unique Characteristics: Location of flower and butterfly on the paper, very colorful, and descriptive explanation**

Child #10 drew a large rose. Centered, on top of the rose, there is a colorful, large butterfly. The rose is centered on the paper, with the leaves on the bottom and top. The butterfly is recreated very similar to stained glass with defined sections colored with different colors. The butterfly also has numerous symbolic meanings; time, growth, and transformation. When asked to explain her picture and how it means hope to her, the child expressed, “a butterfly symbolizes hope because it starts out weak, small, and helpless- the caterpillar. But, then it goes through changes and becomes a beautiful, graceful, and strong. The caterpillar has hope. The chrysalis period is the hope period for the caterpillar. It goes inside weak and emerges strong and graceful.” The colors used in this picture included red, green, blue, and light blue. The theme for this picture is hope is a positive transitional period.

**Child #11: Age: 10 years 4 months, Grade: 4<sup>th</sup>**

**Theme: Futuristic Self-Hope**

**Unique Characteristics: Emotions are depicted and descriptive explanation of picture**

Child #11 drew a building that contained gymnastic equipment. The child drew a blue floor mat, a brown balancing beam, and a yellow and blue bar. There are two animate objects, two

small girls, both are the child. One girl is on top of the brown balancing beam and the other is wearing an orange gymnastic outfit and standing beside the yellow and blue bar. The two girls are small in size, however, in comparison to the size of the equipment, the proportions are correct. The child expressed that the girl in the picture is wearing the orange suit and she is smiling. The girl that is wearing brown, on the brown balancing beam, does not show emotion, however, the child expressed that you are looking at the “inside of the building from the outside.” When asked to describe her picture and how it means hope to her, the child explained, “I hope to be good at it, to get really good at it (gymnastics). To be successful.” The colors the child used include blue, yellow, brown, white, and orange. The theme for this drawing is futuristic self-hope.

**Child #12: Age: 10 years 3 months, Grade: 4<sup>th</sup>**

**Theme: Futuristic Self-Hope**

**Unique Characteristics: Division of paper, yet has one theme (Sports), colorful, and descriptive explanation of picture**

Child #12 divided her paper into two sections. At the center of the page is a label of “Sports” written in purple. The left section depicted two inanimate objects, a yellow and red softball and a brown bat traced in pink. In comparison to the size of the paper, the bat and ball are medium in size. Above the picture is a sentence that reads, “I hope that I can be a pro in softball!” On the right section, there is 2 inanimate objects, a blue and yellow pom-pom and sign that reads “Let’s go”. In comparison to the size of the paper, both objects are medium in size. Above the picture reads the sentence, “I hope I can be a good cheerleader someday!” When asked to explain her picture and how it means hope to her, she explained, “I hope to be a pro at softball and I hope to

be a good cheerleader one day.” There are no animate objects in the drawing and the child used blue, yellow, red, brown, and pink markers. The theme for the picture is futuristic self-hope.

**Child #13: Age: 12 years 1 month, Grade: 6<sup>th</sup>**

**Theme: Caring/Loving**

**Unique Characteristics: Size and location of heart on the paper, very colorful, and descriptive explanation of the picture**

Child #13 drew a large red heart centered on the paper, with two smaller hearts inside. There are 15 smaller pink hearts around the large red heart. On the bottom of the page the child wrote in large blue letters “Love”. The letter “L” does appear to be written in a decorative style. The word “love” is underlined with blue and purple. There are no animate objects. There are 19 inanimate objects, the hearts and word. When asked to describe her picture and how it meant hope to her the child stated, “it means hope as a symbol for love and hope means caring for others because you have love for them, maybe a lot of love.” The child used pink, red, blue, and purple in the drawing. The theme for this picture is caring/love.

**Child #14: Age: 12 years 5 months, Grade: 6<sup>th</sup>**

**Theme: Hope with Faith/Helping with Faith**

**Unique Characteristics: Religious symbol, emotions are depicted, location of animate object, and descriptive explanation of image**

Child #14 drew an angel, an animate object, centered on her paper. The child used two colors, purple and gold. The angel, colored purple, is smiling. The angel does appear to be holding their hands together. The halo is gold. The angel is a religious symbol. In comparison to the size

of the paper, the angel is medium in size. When asked to explain her drawing and how it means hope to her, the child stated, “I think of an angel when I think of hope because they help you through tough times because you have faith.” The child clearly related hope to faith. The child used purple and gold. The theme for this picture is hope with faith/helping with faith.

**Child #1:; Age: 12 years 11 months, Grade: 7<sup>th</sup>**

**Theme: Hope (Bright)**

**Unique Characteristics: Very colorful, location on paper, and descriptive explanation**

Child #15 wrote the word “Hope” on the center of his paper. Each letter of hope is a different, bright color. “H” is purple, outlined blue, “O” is pink and outlined blue, “P” is blue, and “E” is yellow, outline blue. Around the word appear to be strategically placed purple lines. There are no animated or inanimate objects. When asked to explained his picture, the child stated, “hope brightens your day. Like playing a sport with hope helps you do better than you think you did.” The child continued, “I used bright colors because hope is bright and the lines around hope are to make it stand out”. The child used bright, primary and secondary colors. The theme for this picture is Hope.

**Child #16: Age: 9 years 3 months, Grade: 3<sup>rd</sup>**

**Theme: Validation**

**Unique Characteristics: Very colorful, placement of objects, emotions that were depicted, and descriptive explanation of picture**

Child #16 drew three animate objects; two people and a unicorn. The child also drew grass, using two shades of green. The person in all blue represents the “meanie”. The person with

yellow and orange hair, wearing green and brown represent a little girl. The “meanie’s” face appears to be animalistic. Their mouth appears to be attached to their nose. The “meanie’s” hair is brown and not styled. The “meanie” does not appear to have feet, only hands. There are eyes, but no pupils. The little girl has humanistic features. For example, she has blue eyes and eyelashes. Her hair is long, colorful, and curled on the bottom. The child has both feet (wearing shoes) and hands. The little girl’s facial expression does appear to be melancholy, the lips are straight and the eyes are looking away. Above the little girl is a very colorful unicorn. The unicorn is primarily blue and has purple, pink, green, and orange colors. The unicorn has facial features including eyes, eyelashes, mouth, and ears. The unicorn is smiling. The unicorn’s tail and mane are colorful. The unicorn’s wings are equally colorful, possessing polka dots. The unicorn has brown hoofs as well.

When asked to explain her picture and how it means hope to her, the child expressed that the blue figure was the “meanie” and colorful haired person was “a little girl”. The child continued, “the meanie is making fun of the little girl for believing in unicorns, and then one flies by! She hoped a unicorn would fly by and it did!” The child used blue, yellow, orange, green, pink, purple, brown, and black. The theme is validation.

**Child #17: Age: 9 years 3 months, Grade: 3<sup>rd</sup>**

**Theme: Maternal Hope/Motivation**

**Unique Characteristics: Placement and size of animate object, emotion is depicted, and descriptive explanation**

Child #17 drew a person in the lower left corner of her paper. In comparison to the size of the paper, the person is small in size. The person has eyes, a nose, mouth, arms, and fingers. The

person also has hair that appears to be styled. The person's mouth is smiling and is wearing brown pants, red shoes, and a purple shirt. The person is the only object on the paper. When asked to describe her picture the child stated, "my mom gives me a lot of hope, motivates me, and helps me- have hope. She helps me a lot to have hope." There are no inanimate objects in the drawing. The child used red, purple, and brown markers. The theme for this drawing is maternal hope/motivation.

**Child #18: Age: 11 years 9 months, Grade: 5<sup>th</sup>**

**Theme: Futuristic Hope/Dream**

**Unique Characteristics: Self depiction (hair), emotion is expressed, descriptive explanation of the picture**

Child #18 drew three animate objects, people. The person beside the goal post is marked out, playing football. The image takes place outside on green grass with a yellow goal post. A yellow sun is drawn in the top left corner. The person on the left side is the child. He is wearing orange and green uniform with a blue helmet and shoes. His facial expression is smiling. There is detailed paid to the drawing of the child. The hair the child drew matches his own hair, color and style. The other person is orange and wearing a red and blue uniform. This person is also wearing a blue helmet. When asked to explain his picture and how it means hope to him, he expressed, "I hope to play for the NFL, it's my dream". The child used primary and secondary colors. The theme for this picture is dream/futuristic hope.

**Child #19: Age: 12 years 9 months, grade: 7<sup>th</sup>**

**Theme: Helping/Reciprocity**



**Unique Characteristics: Single color used, placement and size of animate objects, phase written within the picture, and descriptive explanation of image**

Child #19 used a single color, orange, to draw his picture. There are two animate objects, both people in the drawing. The people are stick figures; however, they do possess facial features. Both figures are smiling. The picture is not centered; it is large in size in comparison to the size of paper used. Above the person on the left side, there is a speech bubble with “I can help you” written inside. When asked to explain his picture and how it means hope to him, the child explained, “When you are having a hard time and someone can help you. It’s not the end of the world. When you get down and someone comes along to help, it gives you hope.” This demonstrate reciprocity, someone helps you which in turn gives you hope. Only the color orange was used in the drawing. Theme for this picture is helping.

**Child #20: Age: 9 years 4 months, Grade: 3<sup>rd</sup>**

**Theme: Doing the right thing/Helping others**

**Unique Characteristics: Emotions are depicted throughout image, size of animate objects, and descriptive explanation of picture**

Child #20 used the entire paper for her drawing. At the bottom left corner are blue lockers. There is a total of seven animate objects in the picture. All people have been outlined with black ink, however, three have been colored in using markers. Beside the lockers there is a person, wearing blue with gold shoes. This is the researcher. In the researcher’s hand are blue papers. There are also blue papers on the floor that appear to have be scattered. Above the scattered papers, are four other persons, all have no color and have been drawn with black ink. The person wearing green in both objects is the child. The child has dropped her papers on the ground. In the

first image, the child has an upside-down mouth. The child expressed to the researcher that this picture of her was “sad, upset”. The child in the picture has her arms raised. The child expressed to the researcher that in the picture she was “frustrated because all her papers had fallen on the floor”. The researcher (in blue) is helping the child pick-up her papers. The researcher’s hands are extended to the side. The last image of the child (in green) on the right side of the paper, she is smiling. The child’s arms have been lowered to the side. This image of the child is the largest of them all. Above the drawing there is a sentence that reads, “Doing the right thing and helping others!”

When asked to explain her picture and how it means hope to her, the child stated, “I think of hope as helping me do something. When I think of hope, it’s doing the right thing.” The color choices for the picture are green, blue, and gold. The figures are outlined in black. The theme for this picture is doing the right thing/help others.

**Child #21: Age: 12 years 1 month, Grade: 6<sup>th</sup>**

**Theme: Happiness with a Religious Symbol**

**Unique Characteristics: Religious symbols, colorful, location and size of animate and inanimate objects, and explanation of image**

Child #21 divided her paper into two sections. The section on the left side is labeled “Angel”. Underneath the label is an angel drawn with black ink. Around the angel are yellow lines. The child expressed to the research that this was “light around the angel”. The angel does have facial features, a smiling face. On the right side of the divide, the child drew a rainbow. The colors include; blue, purple, yellow, and pink. Both images are religious symbols. When asked to explain her picture the child stated, “hope to me means happiness, rainbows, and angels. All

make me happy.” The angel is an animated object and the rainbow is inanimate. The child used yellow, blue, purple, yellow, and pink. Black was used as an outline color. Theme for this picture is happiness with religious symbols.

**Child #22: Age: 8 years 11 months, Grade: 3<sup>rd</sup>**

**Theme: Colorful/Beautiful**

**Unique Characteristics: Religious symbols, colorful, location and size of animate and inanimate objects, and explanation of image**

Child #22 drew a rainbow towards the bottom of the page. The colors used are purple, blue, yellow, orange, and burgundy (deep red). Under the rainbow there is a yellow angel. The child labeled the angel as “Angle”, also written in yellow. Both are religious symbols. The angel does not appear to have facial features. When asked to explain how her picture represented hope to her, the child explained, “rainbows are colorful and always beautiful, just like angels and hope.” The child used the following colors in her drawing: purple, blue, yellow, orange, and burgundy (deep red). The theme for this picture is colorful/beautiful.

**Child #23: Age: 12 years 5 months, Grade: 6<sup>th</sup>**

**Theme: Love**

**Unique Characteristics: Colorful, emotions are represented, and descriptive explanation of picture**

Child #23 drew a detailed picture of two people holding hands on a sunny day. The child drew clouds, outlined in blue, black birds, and a yellow sun in the upper right corner. The grass was at the bottom of the page. There are nine flowers in the picture. The child described the

picture as a “beautiful day”. In the middle bottom of the paper, there are two individuals, male and female, holding hands and smiling. Both have facial features. The female has brown hair and is wearing a pink shirt with a blue skirt. The male has brown hair and is wearing an orange shirt with blue pants. When asked to explain her picture and how it means hope to her, the child stated, “my picture represents love, happiness, and an easy life and that to me means hope.” The child used primary and secondary colors. The theme for this picture is love.

Examination of the quantitative data and the qualitative data derived from the children’s drawings, there is evidence that they are connected. For example, three children related their hope to their spiritual and/or religious beliefs (i.e. drawing an angel). The children that drew themselves being successful (i.e. successful playing sports, successful in a relationship, or successful in school), related their hope to having a positive quality of life. One child directly related his hope to a positive quality of life and drew a house with numerous objects inside (i.e. a TV, a chair, and an individual drinking from a cup). There was an individual standing outside of the house holding a sign that read “Neeb home”. The child verbally stated to the researcher that the individual holding the sign needed hope to have a home. The participants within this study were able to articulate and relate their hope to a better quality of life or their spiritual / religious beliefs.

## CHAPTER 5: DISCUSSION

The findings of the study resulted in 23 school-aged children completing all three surveys and drawing their interpretation of hope. The mean Hope score for participants in this study was 25.83. The reported average hope score by Snyder is 25 (Snyder, 2000; Snyder et al., 1997). Thus, the sample in this study, based on Snyder's research, has an average level of hope. The mean KINDLr score was 91. The highest score possible on the KINDLr is 120. This signifies that the sample in this study reported a relatively high health related quality of life. Finally, the average YSS score was 76.48. This signifies the sample had a moderate to high spiritual belief. The highest score is 100. So, 50 would be considered average.

Results demonstrated a strong correlation between the dimensions of hope (agency and pathways), and several dimensions of quality of life (physical, emotional, self-esteem, family, friends, and school). Pathways was correlated to a child's self-esteem and school. Agency was correlated to a child's self-esteem, school, and family. These results indicate that when a barrier or blockage presents itself in the aspect of self-esteem, school, or family, the child's ability to provide positive self-motivation (agency) and develop an alternative route around the barrier to achieve a goal (pathways), is present. To date, there is no empirical research available to compare the results of this study. I only have correlations upon which to base my results. Lastly, results revealed that pathways and agency components are equally working together in numerous aspects of the child's life. This is supported by Snyder's research (Snyder, 1994; 2000; 2002).

Evidence found in this study does support research question one exploring the relationship between a child's quality of life and their hope. This results revealed that a child's pathways was related to his / her self-esteem and school, two dimensions of a child's quality of life. Students of various grade levels who have high hope performed better academically (Snyder, Cheavens, &

Michael, 1999). For example, hope relates to higher scores on subsequent achievement tests for grade-school children (Snyder, Hoza, et al., 1997). There is limited research on a healthy child's self-esteem and hope. However, based on the numerous studies involving college students (Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., et al. 1991), it can be learned that when an individual perceives they are doing well at something, for example achieving high grades, their hope level increases. Having this knowledge allows teachers, parents, school counselors, and principals the ability to encourage, and possibly, teach children how to have hope. Snyder (1994) states that instead of schools implementing self-esteem programs, they should instead implement programs that teach a child to set realistic goals, develop pathways to achieve those goals, and learn how to possess the positive cognitive motivation to succeed at their goals, or have hope.

Research question two explored the relationship between the child's hope and his / her spirituality. Results supported the idea that a child's hope is indeed related to his / her spirituality. There is, however, limited empirical research on a child's hope and how it relates to their spirituality. Snyder (1994) states that higher hope is related to prayer. The agency component of Hope Theory is related to an individual's willingness to pray. This means that prayer increases an individual's mental energy (Snyder, 1994). For children, a study conducted has derived that children who are spiritual are happier (Holder, Coleman, & Wallace, 2010). Expanding the research on children and spirituality, Coles (1990) interviewed children from a diverse religious/spiritual background and learned of the instances of the use of prayer as part of the spiritual life for children (Coles, 1990 as cited in Mountain, 2005). Spirituality can provide meaning for life and explanations for events, this has the potential encourage a sense of comfort, hope, and value in the face of the challenges of human existence (Sifers, Warren, & Jackson,

2012). Based on the limited research, a child's hope does not derive from their spirituality, instead their spirituality has the potential in enhance their hope. This is not to say that children with lower levels of hope will not benefit from spirituality. There is not enough data to make a definitive statement.

Of the 23 drawings, three participants drew religious symbols (i.e. angels) and expressed verbally that their hope related to their religion. The youngest to related their hope to their spirituality/religion was eight years and 11 months and in the 3rd grade. The child's hope score was 36, the highest score possible. Their YSS score was 71. This score on the YSS is above average, average being 50. The other two participates, both in 6<sup>th</sup> grade and 12 years old, that drew religious symbols, had average to high hope scores, 25 and 31. One child had a YSS score of 80, a high spirituality score. The other child's YSS score was 77, a relatively high score as well. Although, this three participants average to high hope scores did reflect their spiritual/religious beliefs, this is not enough empirical evidence to reach a conclusion.

Research questions three and four explored the possibility of a child's hope predicting his / her spirituality or quality of life. Findings from the study determined that hope does predict both a child's spirituality and quality of life. Snyder's hope model is a predictive model. This means that this model is used to best predict the probability of an outcome. Numerous studies conducted by Snyder support the notion that hope does predict several aspects of an individual's life (Snyder, 1994; Snyder, 2000; Snyder, 2002).

Previous literature has examined children's hope, spirituality, or quality of life; however, very limited research is available that examines the predictive qualities of hope for children. One significant study that examines hope's predictive qualities for children in regards to their spirituality was conducted in 2012. Marques et al., (2013) examined 227 adolescents in a

longitudinal study of the relation between hope, spirituality, religious practice and life satisfaction. Their results concluded that hope and spirituality, not religious practice, were strongly linked to adolescents' life satisfaction (Marques et al., 2013). Based on this study, it can be suggested that strategies to enhance life satisfaction in children could focus namely on hope and spirituality. Enhancing a child's hope, or maintaining their hope, while providing spiritual activities, or outlets, based on the results of this study, should increase a child's overall life satisfaction. Yet, further research is needed.

The researcher initially derived 15 diverse themes related to hope from the children's drawings. From those 15 themes, the research team combined themes into five distinct categories: kindness and compassion towards others, motivation/validation, on-going belief in self, healing/recovery, and religious. There were very few religious symbols. Three children drew an angel, of those three children, two drew a rainbow coinciding with the angel. All children used bright, vibrant colors. Bright colors denote positive characteristics towards the topic of the drawing. Research has revealed primary and secondary colors (i.e. yellow, pink, red) were used to depict the positive characteristics (Burkitt, Barrett, & Davis, 2003; Burkitt, 2004). The color used to depict negative characteristics was black (Burkitt, Barrett, & Davis, 2003; Burkitt, 2004). Lowenfeld (1939) stated when a child draws an object bigger than others, they are demonstrating its importance.

Each child's picture was a unique expression of their interpretation of hope. All children that participated used primary and secondary colors (i.e. blue, red, yellow, green, pink, purple, orange, and brown). Some children used the color black or brown to outline objects. The colors used to color their drawing, denote positive characteristics, emotions, and thoughts towards the topic that was asked. In this research study, children's drawing were indicative of positive



connotations of hope. Most children who drew animate objects (i.e. persons) with smiling faces. Smiling faces are considered as depicting happiness, a positive emotion. The placement and size of the objects varied from child to child. Whether it was on the center of the paper or an object standing alone, each child was able to demonstrate the value, or importance, of their meaning of hope through various animate/inanimate objects, words, phrases, and explanations to the researcher.

Hope, based on Hope Theory, is defined as a positive motivational state that is based on an inter- actively derived sense of successful agency and pathways (Snyder, 2002). In this study, agency and pathways worked together in assisting the children in self-esteem, school, and family. This means that when a barrier presents itself in one of those aspects, the children are able to produce a plausible route (pathways) around the barrier and provide the positive cognitive motivation (agency) to stay on the pathway.

### **Limitations and Future Research**

Limits of the study were present in the sample's demographic characteristics. The sample had very little gender and ethnic diversity. The sample size was small, influencing the lack of diversity. The students that participated, were either at the beginning, in the middle of, or completing end of grade testing. Studies have demonstrated that test anxiety does influence a child's cognitive (i.e. thoughts about social humiliation and the consequences of failure) and psychological symptoms (i.e. increased heart rate and muscle tightness) (Segool, Carlson, Goforth, Von Der Embse, & Barterian, 2013). Thus, the children that participated in the study had the potential to be experiencing text anxiety symptoms, thereby potentially negatively influencing the questionnaire results and / or pictures.

Lastly, participants were familiar with the researcher. The researcher has been working at the child care center for five years as a teacher. The majority of the children that participated, have known the researcher for that time period. This relationship with the researcher, has the potential to influence the children, and possibly the participant's responses to the survey questions and their drawings. In addition, participants knew about the research study and the graduate program the researcher is involved in. This too has the potential to influence the participant's responses to the survey questions.

Future research examining the importance of hope for school aged children needs to continue. This study demonstrates its importance and influence in several aspects of a child's life. The more research and knowledge that exist about hope and children, the higher potential exist that children will be successful, encouraged, and hopeful.

### **Conclusions and Implications**

This study provides an insight into the role of hope with school aged children. From this study, one can learn how hope is utilized by a child. Quality of life for a child embraces numerous factors; physical well-being, emotional well-being, self-esteem well-being, school well-being, family well-being, and friend well-being, all of which have the potential to influence a child dramatically. The role of hope can be powerful. Hope can influence a child's self-esteem. This influence has the potential to influence other aspects of their life. The process of hope is one that involves transference. For example, when a child has high hope they are more likely to have high self-esteem. Their high self-esteem and high hope will transfer to the child's ability to concur their fear of trying out for a sports team. This process of transference can influence numerous aspects of the child's life. Hope's role in a child's life is important, I believe that it is vital.

Implications from this research can be utilized in school settings, medical settings, and a vast variety of other settings that involve children. Hope has the potential to provide motivation for children in classrooms. Hope has the potential to aid in healing and recovery from medical diagnoses. Hope helps children validate their emotions, their thoughts, and their dreams. Hope encourages children to consider other's feelings, thoughts, and perceptions. Parents, teachers, guardians, school counselors, coaches, anyone who works with children or has a positive influence on a single child should understand the role of hope. Most importantly, children can be taught to hope. A child's hope can be increased or enhanced through the education of goals, pathways, and agency meanings and understandings. From this enhancement, raises an increase in self-esteem, and from this self-esteem the possibilities are endless.

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## APPENDIX A: INSTITUTIONAL REVIEW BOARD APPROVAL



**EAST CAROLINA UNIVERSITY**  
**University & Medical Center Institutional Review Board Office**  
4N-70 Brody Medical Sciences Building · Mail Stop 682  
600 Moye Boulevard · Greenville, NC 27834  
Office 252-744-2914 · Fax 252-744-2284 · [www.ecu.edu/irb](http://www.ecu.edu/irb)

### Notification of Initial Approval: Expedited

From: Social/Behavioral IRB  
To: [Elizabeth Nunn](#)  
CC: [Sandra Triebenbacher](#)  
Date: 5/10/2016  
Re: [UMCIRB 16-000099](#)  
The Role of Hope

I am pleased to inform you that your Expedited Application was approved. Approval of the study and any consent form(s) is for the period of 5/10/2016 to 5/9/2017. The research study is eligible for review under expedited category # 7. The Chairperson (or designee) deemed this study no more than minimal risk.

Changes to this approved research may not be initiated without UMCIRB review except when necessary to eliminate an apparent immediate hazard to the participant. All unanticipated problems involving risks to participants and others must be promptly reported to the UMCIRB. The investigator must submit a continuing review/closure application to the UMCIRB prior to the date of study expiration. The Investigator must adhere to all reporting requirements for this study.

Approved consent documents with the IRB approval date stamped on the document should be used to consent participants (consent documents with the IRB approval date stamp are found under the Documents tab in the study workspace).

The approval includes the following items:

Name	Description
Child Demographic Questions.docx	Data Collection Sheet
child_assent_form_Elizabeth.doc	Consent Forms
demographics questions.docx	Surveys and Questionnaires
Elizabeth_Assent Form 12 years old.doc	Consent Forms
HOPE scale 7 to 16 yrs.pdf	Surveys and Questionnaires
IRB Summaries.docx	Study Protocol or Grant Application
KINDL 7 to 17 yrs.pdf	Surveys and Questionnaires
Parental-Permission-Form_Elizabeth.docx	Consent Forms
Script-Guided Questions for interview.docx	Interview/Focus Group Scripts/Questions
YSS.png	Surveys and Questionnaires

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

**APPENDIX B: JOYFUL BEGINNINGS CHILD CARE CENTER APPROVAL LETTER**

Joyful Beginnings Child Care Center  
4273 Juanita Avenue  
Ayden NC 28513

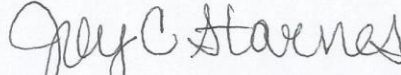


January 26, 2016

To whom it may concern,  
ATTENTION: IRB Board

My name is Joy Starnes. I am the owner/director of Joyful Beginnings Child Care Center. I am writing you to inform you that I have given Elizabeth Nunn permission to use my facility as a data collection site to gather information for her thesis. I fully support her research study and will work with her to facilitate and obtain parental permission.

Thank you for your time,

  
Joy C. Starnes

# APPENDIX C: PARENTAL CONSENT LETTER

Study ID:UMCIRB 16-000099 Date Approved: 5/10/2016 Expiration Date: 5/9/2017

East Carolina University



## Parental Permission to Allow Your Child to Take Part in Research

Information to consider before allowing your child to take part in research that has no more than minimal risk.

Title of Research Study: The Role of Hope with School Aged Children  
Principal Investigator: Elizabeth Nunn (Person in Charge of this Study)  
Institution, Department or Division: Department of Human Development & Family Science  
Address: 238 Rivers West Greenville, NC 27858-4353  
Telephone #: 252-328-4630

Researchers at East Carolina University (ECU) study issues related to society, health problems, environmental problems, behavior problems and the human condition. To do this, we need the help of volunteers who are willing to take part in research.

### Why is my child being invited to take part in this research?

The purpose of this research is to examine the relationship between a child's hope, quality of life, and spirituality. Your child is being invited to take part in this research because your child is a healthy volunteer and attends Joyful Beginnings Child Care Center. The decision for your child to take part in this research will also depend on your permission for your child to participate and your child's decision to participate. By doing this research, we hope to learn about the relationship between a child's hope, quality of life, and spirituality.

If you and your child agree for him/her to volunteer for this research, your child will be one of about 30 children participate.

### Are there reasons my child should not take part in this research?

Your child can participate in this study if he/she is willing to participate and is between the ages of 7-12 years.

### What other choices do I have if my child does not take part in this research?

Participation in this study is voluntary and your child may choose not to participate or may choose to stop at any point during the study.

### Where is the research going to take place and how long will it last?

The research will be conducted at Joyful Beginnings Child Care Center. Interviewing will take place during after school hours (3pm-6pm). The total amount of time your child will be asked to volunteer for this study is once for approximately 45 minutes.

### What will my child be asked to do?

Your child will be asked to do the following: complete three (3) surveys:

- Hope Scale to measure your child's hope
- KINDL-R scale for measuring quality of life
- Youth Spirituality Scale to measure spirituality

Page 1 of 6

Consent Version # or Date: \_\_\_\_\_

Participant's Initials

*Title of Study: The Role of Hope with School Aged Children*

- Each scale will take approximately 5-15 minutes to complete. Once the surveys are complete, your child will be asked to draw their interpretation of Hope. Paper and markers will be provided. The interviewer will ask your child to describe what they are drawing and the meaning of what they are drawing. Once this is completed, your child will be escorted back to their after-school classroom.

**What might I experience if I take part in the research?**

There are no anticipated risks (the chance of harm) associated with this research. Any risks that may occur with this research are no more than what you would experience in everyday life. We don't know if your child will benefit from taking part in this study. There may not be any personal benefit to your child but the information gained by doing this research may help others in the future.

**Will my child be paid for taking part in this research?**

We will not be able to pay you or your child for the time you volunteer while being in this study.

**Will it cost me anything for my child to take part in this research?**

It will not cost you any money to be part of the research.

**Who will know that I took part in this research and learn personal information about me?**

ECU and the people and organizations listed below may know that your child took part in this research and may see information about your child that is normally kept private. The only individuals listed below will know that your child took part in this research study and may see information about your child that is normally kept private. With your permission these people may use your child's private information to do this research:

- Elizabeth Nunn, Graduate Student at East Carolina University
- Dr. Sandra Lookabaugh, Associate Professor, Department of Human Development and Family Science, East Carolina University (graduate advisor for Elizabeth Nunn)
- The University & Medical Center Institutional Review Board (UMCIRB) and its staff have responsibility for overseeing your welfare during this research and may need to see research records that identify you.

\*\*\* No names or other identifying information will be associated with any written or oral presentation of results of this research study.

**How will you keep the information you collect about my child secure? How long will you keep it?**

All collected data will be stored in Dr. Lookabaugh's office, Rivers West 133, in a locked cabinet. Data will be stored for a minimum of three years after the completion of the study. After three (3) years, all data will be destroyed.

**What if my child decides he/she doesn't want to continue in this research?**

Your child can stop at any time after it has already started. There will be no consequences if he/she stops and he/she will not be criticized. Your child will not lose any benefits that he/she would normally receive.

**Who should I contact if I have questions?**

The people conducting this study will be able to answer any questions concerning this research, now or in the future. You may contact the Principal Investigator at 252-414-3023 (days, between 12pm (noon) until 6pm).

If you have questions about your child's rights as someone taking part in research, you may call the Office of Research Integrity & Compliance (ORIC) at phone number 252-744-2914 (days, 8:00 am-5:00 pm). If you would like to report a complaint or concern about this research study, you may call the Director of the ORIC, at 252-744-1971.

*Title of Study: The Role of Hope with School Aged Children*

**I have decided my child can take part in this research. What should I do now?**

The person obtaining informed consent will ask you to read the following and if you agree, you should sign this form:

- I have read (or had read to me) all of the above information.
- I have had an opportunity to ask questions about things in this research I did not understand and have received satisfactory answers.
- I know that my child can stop taking part in this study at any time.
- By signing this informed consent form, my child is not giving up any of his/her rights.
- I have been given a copy of this consent document, and it is mine to keep.

---

**Parent's Name (PRINT)**                      **Signature**                      **Date**

**Person Obtaining Informed Consent:** I have conducted the initial informed consent process. I have orally reviewed the contents of the consent document with the person who has signed above, and answered all of the person's questions about the research.

---

**Person Obtaining Consent (PRINT)**                      **Signature**                      **Date**

*Consent Version # or Date:* \_\_\_\_\_

\_\_\_\_\_  
*Participant's Initials*

## APPENDIX D: CHILDREN'S ASSENT LETTERS

Study ID:UMCIRB 16-000099 Date Approved: 5/10/2016 Expiration Date: 5/9/2017

Hi. My name is Elizabeth Nunn. I have been a teacher at Joyful Beginnings for over four years. Right now, I'm trying to learn about hope. I would like to ask you to help me by being in a study, but before I do, I want to explain what will happen if you decide to help me.

I will ask you to answer a few questions on three different surveys. It will probably take about 45 minutes to complete the surveys. Please remember there are no right or wrong answers. By being in the study, you will help me understand how hope helps you.

Your parents, teacher, classmates will not know what you have said, written, or drawn. When I tell other people about my study, I will not use your name, and no one will be able to tell who I'm talking about.

Your mom and dad says it's okay for you to be in my study. But if you don't want to be in the study, you don't have to be. What you decide won't make any difference with your grades, about how people think about you, or it won't affect your relationship with me. I won't be upset and no one else will be upset if you don't want to be in the study. If you want to be in the study now, but change your mind later, that's okay. You can stop at any time. If there is anything you don't understand, you should tell me so I can explain it to you.

You can ask me questions about the study. If you have a question later that you don't think of now, you can call me or ask your parents to call me.

Do you have any questions for me now?

Would you like to be in my study and talk to me, answer some questions, draw some pictures?

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**Name of Child:** \_\_\_\_\_ **Parental Permission on File:**  Yes  No  
*(If "No," do not proceed with assent or research procedures.)*

**Child's Voluntary Response to Participation:**  Yes  No

**Signature of Researcher:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Optional) Signature of Child:** \_\_\_\_\_



IRB Study # \_\_\_\_\_

Title of Study: The Role of Hope with School Aged Children

Person in charge of study: Elizabeth Nunn

Where they work: Joyful Beginnings Child Care Center

Study contact phone number: 252-414-3023

Study contact E-mail Address: nunne08@students.ecu.edu

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People at ECU study ways to make people's lives better. These studies are called research. This research study is trying to find out how Hope can better your life.

Your parent(s) needs to give permission for you to be in this research. You do not have to be in this research study if you don't want to, even if your parent(s) has already given permission.

You may stop being in the research study at any time. If you decide to stop, no one will be angry or upset with you.

**Why are you doing this research study?**

The reason for doing this research study is to learn about Hope and how it will be helpful to children.

**Why am I being asked to be in this research study?**

We are asking you to take part in this research study because you are a healthy child and I think I have a lot to learn from you.

**How many people will take part in this study?**

If you decide to be in this research study, you will be one of about 30 people taking part in it.

**What will happen during this study?**

You will be asked to answer questions from three (3) surveys.

- Hope Scale to measure hope
- KINDL-R scale to measure quality of life
- Youth Spirituality Scale to measure spirituality

Each survey will take about five (5) to 15 minutes to complete. When you have completed those surveys, you will be asked to draw your interpretation of hope.

This study will take place at Joyful Beginnings and will last about 45 minutes total.



**Who will be told the things we learn about you in this study?**

ECU and the people and organizations listed below may know that you took part in this study and may see information about you that is normally kept private. With your permission, these people may use your private information to do this research:

- Elizabeth Nunn, Graduate Student at East Carolina University
- Dr. Sandra Lookabaugh, Associate Professor, Department of Human Development and Family Science, East Carolina University (graduate advisor for Elizabeth Nunn)

\*\*\* No names or other identifying information will be associated with any written or oral presentation of results of this research study.

**What are the good things that might happen?**

Sometimes good things happen to people who take part in research. These are called "benefits." There may not be any personal benefit to you but the information gained by doing this research may help other children in the future.

**What are the bad things that might happen?**

Sometimes things we may not like happen to people in research studies. These things may even make them feel bad. These are called "risks." In this study, there are no known risks.

**What if you or your parents don't want you to be in this study?**

If you or your parents don't want you to be in this research study, that's ok.

**Will you get any money or gifts for being in this research study?**

You will not receive any money or gifts for being in this research study.

**Who should you ask if you have any questions?**

If you have questions about the research, you should ask the people listed on the first page of this form. If you have other questions about your rights while you are in this research study you may call the Institutional Review Board at 252-744-2914.

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If you decide to take part in this research, you should sign your name below. It means that you agree to take part in this research study.

\_\_\_\_\_  
Sign your name here if you want to be in the study

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print your name here if you want to be in the study

\_\_\_\_\_  
Signature of Person Obtaining Assent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Obtaining Assent

**APPENDIX E: PARENTAL DEMOGRAPHIC QUESTIONNAIRE**

**Please answer the following questions about your child:**

**1) What is your child's birth date? (mm/dd/yy)?**

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**2) What is your child's gender?**

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**3) What is your child's ethnicity?**

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**4) What is your child's current grade level?**

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APPENDICES F: CHILDREN'S DRAWINGS

Child #1: Age: 7 years 5 months, Grade: 1<sup>st</sup>



#2

Cassidy

ms. Elizabeth



#4

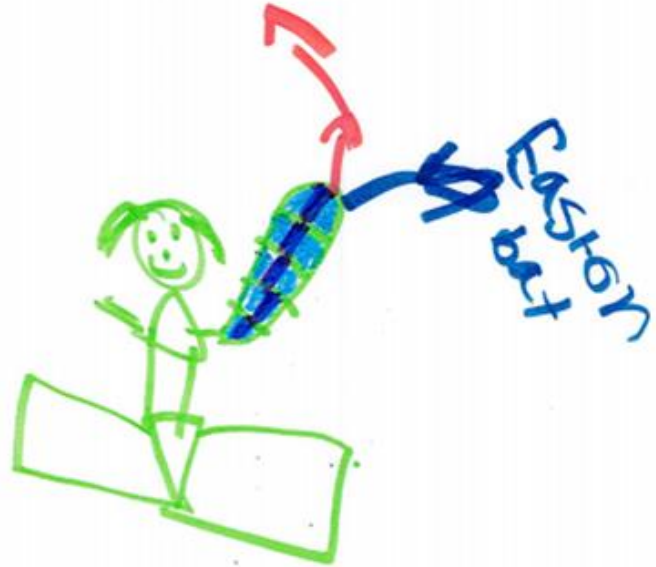


they mit think ~~I~~  
hope that I makit

#5

Believe in your self

#6



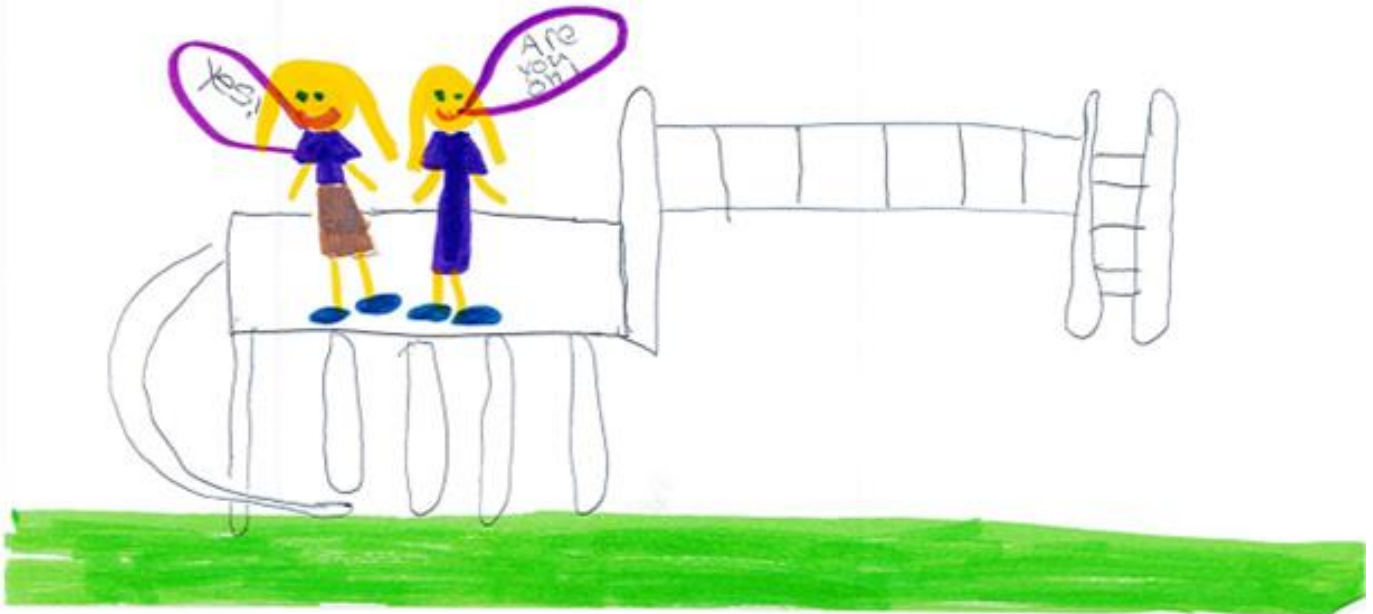


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#7



#8



#9





#11



#12



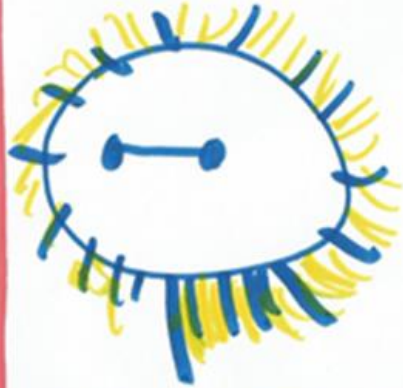
# SPORTS

#13

I hope that I can be  
a pro in softball!



I hope I can be  
a good cheerleader  
someday!



Let's go





Child  
#16



#10



#17



#18





#19



#20



I can help you



# 22

Doing the right thing  
and helping others!



#23

Angel

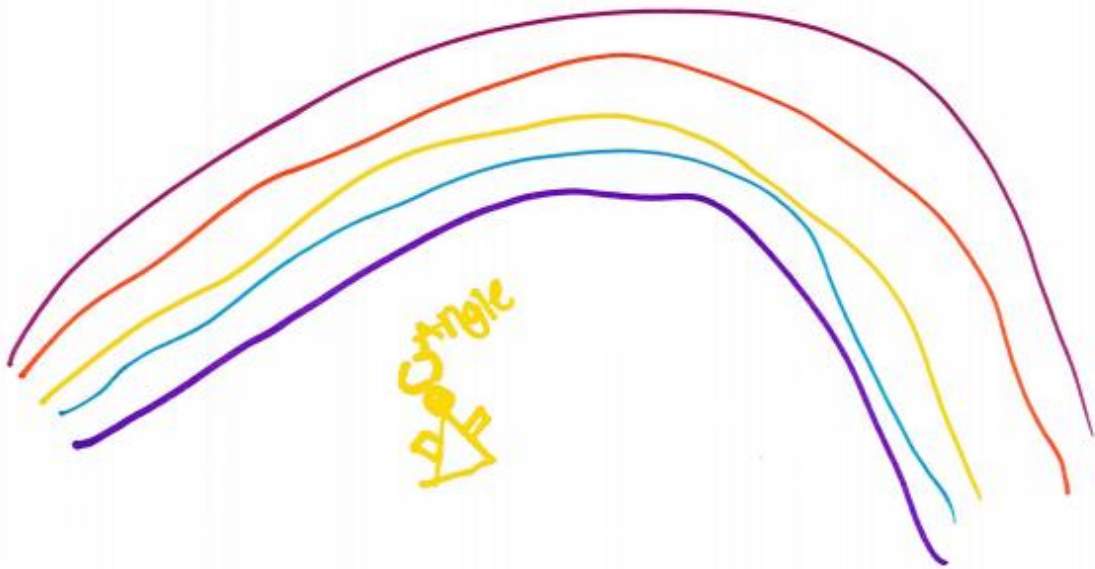


Rainbow





#24



#235

