Children’s Conceptions of Hopefulness and Hopelessness

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PSY 490 for Departmental Honors

Expected date of graduation: May 17, 2008

Project submitted: April 29, 2008
Acknowledgments

I would first like to thank Dr. Krista Casler, my advisor for this project, for her support, guidance and knowledge. I would also like to thank Dr. Michael Penn, my secondary advisor, for his helpful insight and input. I would like to thank Franklin & Marshall College for the generous award of the Marshall Grant that allowed me to cover all necessary research costs. I would like to thank Mrs. Roberta McAloon, the principal of Hatton Elementary School for allowing me to collect my data at the school. I would also like to thank Dr. Meredith Bashaw for her statistics expertise, Mr. Frank Koczur for his technical assistance, Ms. MaryAnn Russell for her administrative help and guidance, and Miss Jill Smith for assisting with the coding of my data. I would also like to thank my mother for getting me connected with Mrs. McAloon and for her help throughout my time spent at the elementary school. Finally, I would like to thank my family, friends and Ben for their support, affirmation and input along the way.
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Abstract

This study investigated thought patterns about hope and hopelessness in a non-clinical sample of late-elementary school-aged children. Forty third-, fourth- and fifth-grade students were read a story about two children, one of whom had hopeful patterns of thinking and the other of whom had hopeless patterns of thinking about a stressful life event. The child participants were then engaged in a brief semi-structured interview about the fictional children. They also responded to Kadzin et al.’s 1986 “Hopelessness Scale for Children.” To date, no study has systematically gathered qualitative data on children’s thoughts regarding hope and hopelessness. The results indicated that the majority of the children believed hopeful or hopeless feelings were subject to change, though fewer thought the hopeless feelings would change. Nearly all of the children saw the hopeful child as being the happier child, but most children did not think such feelings would translate into behavior.
Introduction

We tend to view children as epitomizing hope. Such a perspective is illustrated in cliché remarks such as "children are the future." But is this assumption valid? What if children are not as full of hope as we assume they are? Surely, evidence of the latter would make many of us consider children's conceptions of hopefulness and hopelessness a topic worth further inquiry. Indeed, to date, research on hope in children has sought primarily to assess the amount or degree of hope manifested in the lives of children. However, although this approach is highly useful for diagnosis, measurement-based approaches do not capture underlying thought processes. For this reason, the study reported here builds on previous quantitative work by investigating what and how children think about hope using qualitative methods. The goal is to go beyond the simple measurement of how much hope they exhibit. The predominantly quantitative approach taken in the study of hopefulness and hopelessness in children is based on adult literature and clinical diagnostic measures.

Research into hope and hopelessness in adults gained importance in the 1980s as hopelessness became related to and considered to be a subset of depression. Indeed, in the hopelessness theory of depression, which Abramson, Metalsky and Alloy presented in 1989 as a revision of the reformulated theory of learned helplessness that had been set forth by Abramson, Seligman and Teasdale in 1978, hopelessness is not considered to be a symptom, but is rather viewed as a cause of depression. The authors hypothesized that there is a causal chain leading to depression: The perceived occurrence of negative life events leads to attributions about the cause of these events, feelings of hopelessness are borne from these perceptions and attributions, and hopelessness depression results. The attributional style of the individual is key to this causal chain of events; a depressogenic attributional style serves as a diathesis-stress component of the
theory. Put simply, when an individual perceives that he or she has experienced a negative life event (or the lack of a positive life event), how he or she thinks about these events may increase the likelihood of hopelessness and thus may lead to the pathogenesis of hopelessness depression. Several studies have tested and confirmed aspects of this theory with adults and have sought to link hopelessness to depression as a cause rather than as a symptom (e.g., Metalsky & Joiner, 1992).

Efforts have been made to link hopelessness to depression in populations of adults and children. MacLeod and Byrne (1996) sought to distinguish between anxious and depressive future thinking of future experiences in a non-clinical population of adults. They found that the anxious-depressed group of adults had significantly higher levels of self-reported hopelessness than either the anxious or control group adults. Before Abramson et al. (1989) developed their theory of hopelessness depression, Minkoff, Bergman, Beck and Beck (1974) had found that hopelessness was a component of depression and was a stronger predictor of suicidal intent than was depression itself. Asarnow, Carlson and Guthrie (1987) also set to the task of relating hopelessness to depression, this time in children. In their study of 8 to 13 year-old psychiatric inpatients, “feelings of hopelessness were associated with both severity of depression and increased suicidal behavior” (p. 364). Snyder (1994) echoes this: “Hopelessness appears to be more important than depression in predicting suicidal tendencies in children” (p. 156). In accordance with the work of Abramson et al., McCauley, Mitchell, Burke and Moss (1988) concluded that “the depressive thinking style, including a negative view of the self and the future, that has been found in depressed adults can also be documented in clinically depressed children and adolescents” (p. 906).
Hopelessness has been shown by many different researchers to be a cause of or component of depression. The manifestations and consequences of depression in children make the need to understand children’s thoughts about hope even more urgent. In 1985, Letkowitz and Tesiny set out to determine the prevalence of depression in a non-clinical sample of elementary school-aged children and to obtain data on correlates of depressive symptoms in children. In their sample of children, the prevalence of depression was 5.2 percent. Children nominated by their peers as having depressive symptoms were also nominated as unhappy and unpopular. Within this non-clinical sample of children, it seems clear that depression affects a child’s ability to be socially accepted by his or her peers. Raising even more concern, the consequences of childhood depression appear to persist into adulthood. Using a clinically depressed sample of children matched with non-depressive psychiatric controls, Harrington, Fudge, Rutter, Pickles and Hill (1990) investigated the likelihood of depression or another psychiatric disorder 18 years later. They found that children who were depressed at first sampling were at high risk for depression in their adult life and that an adult episode meant that the individual was at high risk for another adult episode. Using the same population, Harrington, Bredenkamp, Groothues, Rutter, Fudge, and Pickles (1994) found that “apart from depression, the only other childhood risk factor that predicted an attempt [at suicide] in adulthood was conduct disorder” (p. 1313). Though the picture is a complicated one—many adults with depression never suffered from depression as a child—childhood depression does seem to have some predictive value for adult outcomes, illustrating the significance of understanding childhood depression, its causes and correlates.

Whether considering hopelessness depression or hopelessness alone, the situation appears to be a serious one for children experiencing hopelessness, depression, or some combination
thereof. Unfortunately, and perhaps surprisingly, very little is actually known about children’s conceptions of hope and hopelessness. A handful of measurements have been designed to quantify hope in children, but one can argue that the value that can be gained from these research efforts is limited. Most of what we know stems from work done in 1974 by Beck, Weissman, Lester and Trexler, who developed The Hopelessness Scale (HS). This was originally for use with an adult population and consisted of 20 true-false items (e.g., “I can’t imagine what my life would be like in 10 years” and “I have great faith in the future”). Eleven of the 20 items were created from statements made by psychiatric patients deemed by clinicians to be hopeless. High scores on this measure represented high hopelessness. Scores on the HS were highly correlated with measurements of depression, suicidal ideation, clinical ratings of hopelessness in the same patient, and other tests designed to measure negative attitudes about the future. This scale was later adapted for use with children and was used by Asarnow et al. in their 1987 study of coping strategies, self-perception, hopelessness and perceived family environments in depressed and suicidal children as well as by McCauley et al. in their 1988 study of the cognitive attributes of depression in children and adolescents.

In 1986, Kazdin, Rodgers and Colbus formally revised the Beck et al. (1974) Hopelessness Scale into the Hopelessness Scale for Children (HSC). This measure consists of 16 true-false items and was originally tested in a clinical sample of children ages 6 to 13. Similar to the findings of Beck et al. (1974), Kazdin et al. found that children who scored high in hopelessness were “significantly higher in depression, lower in self-esteem, and lower in self-rated social behavior and were rated by their parents as participating less in social activities and evincing poorer school performance” (p. 244). Numerous studies to date have utilized Kazdin et al.’s Hopelessness Scale for Children primarily with a goal of measuring hopelessness among
different populations of children -- such as those with suicidal intent, depression or who represent various demographic backgrounds (Kazdin, French, Unis, Esveldt-Dawson & Sherick, 1983; Spirito, Williams, Stark, Hart, 1988; Asarnow & Bates, 1988; Kashani, Reid & Rosenberg, 1989; Wehmeyer & Palmer, 1998).

While the HSC is the dominant measure of hopelessness in children, it is not the only measure currently utilized. In his 1994 book, Snyder notes the use of his own hope scale and lists results nearly identical to those found by researchers using the HSC. Snyder’s Children’s Hope Scale consists of 6 items, with scores ranging from 6 to 36 (a high score represents high hopefulness). The scale is for use with children ages 8 to 16. This measure has been utilized not only by Snyder and his research collaborators, but in several studies by Kliewer and Lewis (1995) and Lewis and Kliewer (1996) linking hope, coping, adjustment, and family influences in children with Sickle Cell Disease.

Several different populations have been investigated using the HSC. Perhaps the most widely researched group has been the “clinical” group, or children who are clinically depressed or are otherwise psychiatric inpatients. Asarnow et al. (1987) and McCauley et al. (1988) provided evidence for the reliability and validity of Beck et al.’s 1974 Hopelessness Scale for use with clinical samples of children. Likewise, Kazdin et al. (1983), Kazdin et al. (1986), Spirito et al. (1988), and Asarnow & Bates (1988) utilized Kazdin et al.’s (1986) HSC with clinical samples of children. A second group with which these measurements of hopelessness have been utilized is the “non-clinical” group, or “normal” children. McCauley et al. (1988) provided data for Beck et al.’s Hopelessness Scale with a non-clinical group in addition to the clinical group. Similarly, Spirito et al., (1988) and Kashani et al. (1989) provided data using Kazdin et al.’s (1986) HSC on non-clinical samples of children. In 1998, Wehmeyer and Palmer sought to
provide factor structure and construct validity for scores on the Hopelessness Scale for Children (Kazdin et al., 1986) with students with cognitive disabilities. Though the specific aims of each of these studies vary, at root, each has been conducted to measure the amount of hope that may be evidenced in various populations of children and to compare these levels of hope with other, presumably related, variables (e.g. suicide, depression, coping style, parent marital status). These studies also indicate that hope can be measured in many different “types” of children; kids with diverse cognitive abilities and psychiatric statuses can be diagnostically evaluated for hope.

What has been learned from all these efforts to measure hope in children? As noted earlier, authors have concluded that the experience of hopelessness is associated with both severity of depression and with increased suicidal behavior (Kazdin et al., 1986; Asarnow et al., 1987; Kashani et al., 1989; Snyder, 1994). Other findings include that children with high hopelessness have lower self-concepts or lower self-esteem (Asarnow et al., 1987; McCauley et al., 1988; Snyder, 1994). A similar picture is painted by Snyder, who gives us a qualitative look into the lives of the hopeful and hopeless child in his 1994 book *The Psychology of Hope*. He gives the reader a sense of the “symptoms” that plague a child high in hopelessness: low enthusiasm, apathy, social/cognitive deficits, depression, aggressive behavior, helplessness, anxiety and low self-control. In contrast, the hopeful child has goal-directed thoughts and actions, good social problem solving skills, positive social relationships, positive self-concept, and a secure/trusting relationship with parents.\(^1\)

The available research on hope and hopelessness in children provides an initial look at this topic in ways that are useful for clinical diagnosis and treatment. However, basic questions

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\(^1\) Though Snyder (1994) provides these descriptions of hopeful and hopeless patterns of thinking in adults and children, they were gleaned from a case study methodology. Children’s thoughts have yet to be assessed in any systematic way.
are as yet unexplored. First, what do children think about hope and how do children think about hope? As we have seen through the previous literature review, much has been done to measure how much hopefulness or hopelessness are in given populations of children and much has been done to compare these measurements—often scores on questionnaires—to measurements of other variables such as depression or self-esteem. While assessing the degree of hope or hopelessness in certain populations of children has valuable uses, to fully understand how to help children without hope to think with hope, we must understand what it is that they are thinking. Such systematic measures are currently lacking.

Second, are there age-related differences in children’s concepts of hope? An understanding of developmental trends in this area is potentially valuable because it may provide key information for clinical diagnosis and treatment. For example, if younger children demonstrate a more flexible conception of hope (they see it as changing over time or as situationally dependent), treatment of affective disorders linked to hopelessness may focus on encouraging this cognitive flexibility before hopelessness inducing patterns of thinking become stable with increased age. Finally, do children view hopeless thinking as being global or situation-specific? In other words, do children aim their hope at the future in general or at a specific outcome? In his synthesis of various hope theories, Webb (2007) shows that hope can be conceptualized in both ways: it can be seen as “open-ended” or “goal-directed.” The question remains, however, whether children hope more in one mode or the other.

This study seeks to answer the questions above and thus has ventured into uncharted territory and requires an exploratory approach. The method taken here was straightforward: to have the participants think about hope by presenting them with a story of two children confronting the illness of a grandparent either with hope or with hopelessness. The participants
were engaged in an interview following the telling of the story to see what they thought about and how they related to the children in the story. The children participating were also administered the HSC. The theoretical work of Snyder (1994) informed the development of the methodology. Snyder emphasized that to hope is to desire a certain outcome and to believe that one is capable of attaining that outcome; hope is often manifested in action. Keeping this theoretical construct in mind, the participants were asked questions about what actions the children in the story may make. Snyder’s concept of hope also informs one particular hypothesis: that participants would describe the hopeful child in the story as being more proactive, determined, and prosocial while describing the hopeless child in the story with the opposite characteristics.

Methods

Participants

Fifty 8 to 11 year-old third, fourth and fifth grade students participated in this study. Five of the 50 total participants were included in pilot versions of the current study, and of the 45 remaining participants, 5 were excluded after the data were coded. When asked at the end of the interview “to tell [the experimenter] one more time how Bethany/John and Crystal/Curtis each felt about their grandparents being sick,” as a check of memory, these children did not demonstrate adequate recall. Most commonly, these children did not state that there were differences in the way Bethany/John and Crystal/Curtis felt about their grandparents’ illness. The final sample, then, included 40 children: 15 boys and 25 girls, 12 eight year-olds (third graders), 14 nine year-olds (fourth graders), and 14 ten and eleven year-olds (fifth graders). All children attended an elementary school in Southington, CT and their parents consented to their participation and provided brief demographic data.
The children participating in this study were not assigned to groups for the purpose of experimental manipulations, though age was included in the data analysis. On the demographic questionnaire, parents were asked to indicate their race or ethnicity, their annual household income, the level of educational attainment of both the mother and father (if applicable) and the formation of the family. Thirty-four of the 36 participants who answered the question regarding race or ethnicity were Caucasian (94.4 percent) and two were African-American (5.6 percent). Table 1 shows percent responses on the measure of household income. Thirty-nine participants responded to the question of income. Table 2 shows percent responses on the measure of mother’s and father’s educational attainment. The responses to the family formation question of the demographic questionnaire were not analyzed because some participants had unique family situations difficult to describe in a table. Rather than leave these participants’ responses out or simplify them in any way, this question was removed. All of the child participants were proficient in English. None of the participants involved would have had more exposure to the tests or variables than any other participant.

Table 1

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20,001-$40,000</td>
<td>7.7%</td>
</tr>
<tr>
<td>$40,001-$60,000</td>
<td>5.1%</td>
</tr>
<tr>
<td>$60,001-$80,000</td>
<td>10.3%</td>
</tr>
<tr>
<td>$80,001-$100,000</td>
<td>17.9%</td>
</tr>
<tr>
<td>$100,001-$120,000</td>
<td>23.1%</td>
</tr>
<tr>
<td>Over $120,000</td>
<td>35.9%</td>
</tr>
</tbody>
</table>
Table 2
Demographic Questionnaire Responses—Mother’s and Father’s Educational Attainment

<table>
<thead>
<tr>
<th></th>
<th>Mother^a</th>
<th>Father^b</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Grad</td>
<td>17.9%</td>
<td>29.7%</td>
</tr>
<tr>
<td>Some Undergraduate</td>
<td>12.8%</td>
<td>10.8%</td>
</tr>
<tr>
<td>Undergraduate Graduate</td>
<td>46.2%</td>
<td>35.1%</td>
</tr>
<tr>
<td>Graduate/Professional Degree</td>
<td>23.1%</td>
<td>24.3%</td>
</tr>
</tbody>
</table>

^a There were 39 total responses to questions of mother’s attainment. ^b There were 37 total responses to questions of father’s attainment.

Materials

A packet of information was sent home to parents of all third through fifth graders of the elementary school involved. Each packet contained the following: a cover letter from the Principal of the school, a cover letter from the experimenter detailing the purpose of the study, an informed consent form, and the demographic questionnaire (Appendices A-D). Each packet was enclosed in a manila envelope. A reminder notice was sent home to parents, reminding them to return the informed consent and questionnaire if they were interested in having their child participate in the study (Appendix E). During the course of the study, the experimenter kept a sheet with the names and ages of the participants and the date on which they were seen. The experimenter also had a script detailing her interactions with each of the participants and a copy of Kazdin et al.’s (1986) Hopelessness Scale for Children (Appendices F and G). The experimenter had a sheet onto which she recorded each of the children’s responses to the HSC. A video camera, a tripod and mini-DV tapes were used to record all of the sessions. Finally, each child was given a $5.00 gift certificate to Toys-R-Us and the Principal of the school was given a $10.00 gift certificate as a “thank you” present.
**Procedure**

Children participating in the study were taken out of their classrooms by the experimenter and were escorted to either an empty classroom or to the conference room where materials had been set up. The experimenter introduced herself to each participant, asked him or her to be seated in one of two chairs facing the video camera, recorded name, age, gender and the date on a list, pressed the record button on the camera, sat down, and began conducting the study from the script (Appendix F). The experimenter explained to the participant exactly what would occur during the course of the session and approximately how long it would take. The participants were asked not to worry about the camera and told that the session was being videotaped so that the experimenter would not have to hand write all of the participant’s responses. Each participant was then read a story about two girls or two boys (matched to the gender of the participant) who met at a hospital because their grandmothers or grandfathers had cancer and were in the hospital. The experimenter told the participant a bit about each of the boys or girls, such as their likes and dislikes and their hobbies. The participants were told that one of the children (Bethany or John) felt scared when her/his mother first told her/him about his/her grandparent’s illness, but was also positive that the cancer would get better some day. The participants were also told that the other child (Crystal or Curtis) does not feel positive that her/his grandparent will get better and does not feel positive about the future in general.

Each participant was then engaged in an interview about the children in the story to see what they remembered and what they thought about each of the children in the story (Appendix F). The participants were asked questions to test their recall of the story as well as questions about what the participant thought the children in the story would do in two difficult situations, if the participant thought the feelings of the children in the story would change and which of the
children in the story was the most like them. Finally, the participants were read the statements from Kazdin et al.’s (1986) Hopelessness Scale for Children (Appendix G) and the experimenter recorded the responses (true or false) on a piece of paper. When the participant finished giving their responses to the HSC, they were thanked, asked if they had any questions, and the purpose of the study was explained to them. The camera was turned off and the participant was given their gift card, signaling the end of the study. The study was brief in nature—fifteen to twenty minutes—to minimize the amount of instructional time missed by each child.

At the beginning of each session, the participant was given a number. On the tape and on the demographic questionnaire the child was identified only by his or her participant number. Numbers were assigned to ensure confidentiality of the responses. All materials were kept in envelopes and in safe places inaccessible to anyone other than the experimenter. At the close of each session, the participant was asked not to share the details of the study with his or her classmates and friends to make certain that no participant had any more experience with the test or purpose of the study than any other participant.

Results

In order to assess how participants answered each of the interview questions, the experimenter watched the tapes and developed a coding sheet based on the types of responses given by the participants. The experimenter coded all 45 participants and a second coder, blind to the hypotheses and aims of the study, coded 25 of the participants. The interrater reliability was 97.3 percent. Where differences in interpretation did occur, the experimenter and coder reached a consensus by viewing portions of the tapes again.

The coded responses were analyzed using SPSS 16. Frequency tables were created to evaluate the percentage of children that gave certain answers to the interview questions. Because
the coded data were nominal, Chi Square and Phi correlation analyses were conducted. The Chi Square and Phi correlation matrix yielded no significant results due to small cell sizes. The power was also too low to consider these measures meaningful assessments of the data. Therefore, the frequency tables were considered the most appropriate statistic for understanding the coded interview data.

To code the interview responses, each interview question asked was considered separately. The first question inquired into what the participant thought the story-children would do if they were presented with a really tough homework problem. Based on how the children responded, four possible answer choices arose: a) that the hopeful child would act in a characteristically hopeful way (proactive/adaptive behaviors) and the hopeless child would act in a characteristically hopeless way (passive behaviors), b) that the hopeless child would act in a characteristically hopeful way and the hopeful child would act in a characteristically hopeless way, c) that the two story-children would do the same thing (often similar proactive behaviors, e.g., ask a parent or teacher for help), or d) irrelevant answer that did not reflect understanding of the question or story. None of the participants gave an irrelevant response, 2 of the 39 who responded (5.1 percent) said that the hopeful child would behave in a hopeless way and the hopeless child would behave in a hopeful way, 26 (66.7 percent) said that the story-children would do approximately the same thing, and 11 (28.2 percent) said that the hopeful child would act in a hopeful way and the hopeless child would behave in a hopeless way.

Later in the interview, the experimenter asked the participants what they thought each story-child would do if he/she were in a fight with his/her best friend and the best friend would not talk to him/her any more. The answers to this question were coded in the same way as the homework problem question described above. Two participants of the 39 that responded (5.1
percent) gave irrelevant answers, 18 (46.2 percent) said the story-children would behave in approximately the same way, and 19 (48.7 percent) said the hopeful story-child would behave in a hopeful way and that the hopeless story-child would behave in a hopeless way.

The experimenter asked the participants, which of the story-children they thought seemed happier. Quite simply, these responses were coded by assessing how many of the children chose Bethany or John (the hopeful child) as being happiest, Crystal or Curtis (the hopeless child) as being happiest, or thought both story-children exhibited the same amount of happiness. Of the 40 participants who responded, 37 (92.5 percent) believed the hopeful child was happier, 2 (5.0 percent) believed the hopeless child was happier, and 1 (2.5 percent) believed both story-children seemed equally happy.

In the last question, the experimenter asked the participants if they believed the story-children’s feelings about their grandparents’ illness would change. These responses were coded into “feelings will not change” and “feelings will change” for both of the story-children. Thirty-three of 39 (84.6 percent) participants who responded believed that Bethany’s/John’s (hopeful child) feelings would change, while 6 (15.4 percent) participants believed Bethany’s/John’s feelings would not change. Thirty of 39 (75 percent) participants who responded believed that Crystal’s/Curtis’s (hopeless child) feelings would change, while 10 (25 percent) believed Crystal’s/Curtis’ feelings would not change.

The experimenter asked several questions throughout the interview that served as checks of understanding. There were two questions asking what the participants remembered about the story-children and how each story-child felt about his/her grandparent’s illness. There were also two questions that asked the participant to relate the feelings and experiences of the story-children to his or her own life and to the life of a friend (“which of the story-children is most like
you?” and “did you ever have a friend who felt like [the story-children]?”). One point was awarded to each of the questions on which the child demonstrated comprehension and understanding of the story. Therefore, the maximum number of points awarded was four; participants scoring under two points were excluded from analysis. Four of the 40 participants (10 percent) earned two points, 24 (60 percent) earned three points and 12 (30 percent) earned four points.

The children’s scores on the HSC were also evaluated as frequencies. The scores in the sample ranged from 0 to 7, with median = 2, mode = 1 and three values missing. On the scale, a high score is 16, representing high hopelessness. As is clear from the range of scores within this sample population, the scores of the children in this sample were grouped on the hopeful end of the scale.

Discussion

The goal of this study was to systematically collect qualitative data on how and what children think about hopefulness and hopelessness. Given this, it is important to understand how percentages of responses on interview questions can be unpacked and then given meaning in the light of developmental and hope theories. When asked to predict what the story-children would do if they were faced with a really hard homework problem, the majority of participants said that the two story-children would do approximately the same thing (66.7 percent). This seems to tell us that most children may not believe or understand that hopeful or hopeless feelings dictate how a person solves a problem. However, when considering the frequency of responses on the question of what the story-children would do if they had a fight with their best friends, only half of the participants responded that the story-children would behave in approximately the same way, while about half of the children responded that the story-children would act in
characteristically hopeful or hopeless ways. The difference in responses on these questions may suggest that more children believe hopeful or hopeless feelings influence behavior across similar situations, but not across all situations. That is, both the story and the best friend fight question refer to interpersonal events while the homework problem question does not.

When responses on the homework problem and best friend fight question were broken down by age (grade in school), a subtle but interesting difference emerged from the data. As is clear in Figure 1, most children of all grades believed the story-children would respond to the homework problem situation in similar ways. However, Figure 2 shows that while most fifth graders believed both story-children would approach the fight with their best friends in the same way, fewer third and fourth graders responded this way. This pattern of responses differs from the homework problem question responses in that more third and fourth graders said that when dealing with a fight with a best friend, the hopeful story-child would act in a characteristically hopeful way and the hopeless child would act in a characteristically hopeless way. This pattern

*Figure 1.* Line graph demonstrating the frequency of responses on the tough homework problem interview question as a function of age.

*Figure 2.* Line graph demonstrating the frequency of responses on the best friend fight interview question as a function of age.
of results suggests that while younger kids think hopeful and hopeless feelings are more likely to translate into action when the situations are similar (interpersonal), older kids seem less likely to think hopeful or hopeless feelings will carry through to action across situations.

These findings introduce an important question that we are unable to answer by referencing these data: is it that fifth graders think hopeful or hopeless feelings are largely confined to the situation that caused them to arise, or that hopeful and hopeless feelings do not translate into ‘characteristic’ forms of behavior at all? Evaluating the frequency of responses on the interview question of which child is happier raises the same question. An overwhelming majority of kids (92.5 percent) believed that the hopeful story-child was also happier. Though this indicates that kids are making a connection between hopeful feelings and positive affect, there is no reliable evidence that these feelings are believed to influence action; 66.7 percent and 46.2 percent of kids on the two ‘problem’ questions did not think the story-children would behave in any different, characteristic ways.

Responses to the question of whether the participant believed that the story-children’s feelings about their grandparents being sick would change, revealed that most participants thought hopeful and hopeless feelings are likely to change. Children typically cited change in the condition of the grandparent as reason for this change. There was a subtle difference in the percentage of children who thought Bethany’s/John’s hopeful feelings would change and the percentage of children who thought Crystal’s/Curtis’s hopeless feelings would change: 84.6 percent and 75 percent respectively. In other words, there were slightly fewer children who thought hopeless feelings would change than children who thought hopeful feelings would change, possibly implying that hopelessness is seen as a more fixed state of mind. However, this
trend must be explored in a larger sample of children to see if the same difference emerges and is significant.

To consider the quantitative portion of the study, the range of scores on the HSC was entirely concentrated in the hopeful end of the scale. While this is uplifting (these kids were quite hopeful), it precludes these scores from giving a meaningful description of how kids on both ends of the hope spectrum would respond to the interview questions in this study. For this reason and because of low variability within the scores obtained, the HSC scores were not considered in any of the data analyses.

How can the findings of this study be understood in a developmental context? Though most of the interview questions did not elicit different responses from participants of different ages, responses on the best friend fight question did differ somewhat according to age. As described previously, more third and fourth grade participants believed that the hopeful story-child would act in a characteristically hopeful way (e.g., apologizing, giving the friend a gift, saying something nice to the friend) and the hopeless story-child would act in a characteristically hopeless way (e.g., getting angry, walking away, finding a new friend) than did fifth grade participants. One possible explanation for this trend can be found in Harter (1999), who, in her description of the development of the self in middle to late childhood, argues that children in this age range increasingly integrate representations of the self that were previously thought to be opposites. This includes an integration of both positive and negative self-concepts and emotion concepts. Kids in this age group can see themselves as being “smart” and “dumb” at school and as feeling happy and sad about the same target event. This may help us understand why third and fourth grade participants thought the story-children would act more consistently across situations (with the grandparent and a best friend). Fifth graders, with their more integrated self-
representations could hypothesize that the hopeful and hopeless children may feel and act differently in related situations.

Because this developmental trend was only found in responses to the best friend fight question, and not to the hard homework problem question, a logical query is whether or not another population of children would also conceptualize these problems in this way. The interpersonal nature of the story and of the best friend fight question may have made that particular question more salient than the homework problem question. Also, being interviewed in a school environment may have influenced the children to respond to the hard homework problem question in a way considered socially desirable; that both story-children would do the same thing: seek help or rely on other creative problem-solving resources. Replication is needed to illuminate whether an increasingly integrated self-concept influences children to see hopeful or hopeless feelings as more or less expressed cross-situationally.

How do the results of this study relate to theories of hope? As noted in the introduction, the methodology of this study was derived from Snyder’s (1994) theory of hope. In this theory, hope is “the sum of the mental willpower and waypower that you have for your goals” (Snyder, 1994, p. 5). Willpower “is a reservoir of determination and commitment that we can call on to help move us in the direction of the goal to which we are attending at any given moment” (p. 6). Waypower “is a mental capacity we can call on to find one or more effective ways to reach our goals” (p. 8). This is a goal-directed mode of hope (Webb, 2007) that presumes action toward reaching a goal will be taken if one is hopeful. This conception of hope, however, was not supported by the data collected in this study. As noted above, children were able to clearly delineate affective differences between the story-children and were able to describe how each story-child felt about his or her grandparent’s illness. However, the children who participated in
this study did not consistently think that either of the story-children would act in ways that Snyder described as being characteristically hopeful or hopeless. This may imply that a conception of hope as universally inducing action may be overestimating the relationship between thought (or feelings) and action.

There is an important methodological issue that could help explain this affect-action disconnect found in the children’s responses, however: the story-children were both facing a ‘goal’ that was completely out of their control. In this study, neither the hopeful or hopeless story-child had the ability to influence whether their grandparent got well. However, in both the interview questions related to how the story-children might behave, the story-child had the ability to influence the outcome of the situation (e.g., asking a parent or teacher for help on the homework problem, apologizing to the best friend). Indeed, Snyder (1994) found that perception of control was positively correlated to scores on his Hope Scale. Sense of control (whether perceived or actual) somewhat confounds my ability to draw conclusions about whether Snyder’s theory of hope is supported by this data, and thus, future studies should seek to control the perceived level of control as much as possible.

Several other considerations come to mind when attempting to describe why the particular patterns of results were achieved in this study. In his theory of hope, Snyder assumes that the way hope is conceptualized by an individual is continuous from infancy into adulthood. He believes that the willpower and waypower model applies equally to both adults and children. Perhaps this is not the case. In his 2007 paper, “Modes of Hoping,” Darren Webb describes two “meta-modes” of hope: “goal-directed” hope (as in Snyder’s model) and “open-ended” hope.

However, a handful of children commented that hopeful and hopeless feelings could have a self-fulfilling prophecy effect: if a child has a hopeless outlook on their grandparent’s wellness, then perhaps that grandparent will never get well.
Open-ended hope “lacks a concrete objective and takes the form of an open-ended orientation toward the future” (Webb, 2007, p. 68). Webb points out that from this theoretical perspective, there is no “definite account of what it is to hope” and how we hope may change over time and with circumstance (p. 80). Though these two meta-modes of hope seem contrary, Webb argues that this is not the case; our hope may be goal-directed at certain times and open-ended at others. Considering hope this way, it seems plausible that how children hope may be different in mode from how adults hope. For example, a mode of the meta-mode of goal-directed hope is “estimative hope.” Webb explains that because estimative hope considers the probability of achieving the desired outcome (e.g., grandparent surviving cancer, repairing relationship with best friend), “the relationship between estimative hope and action is thus uncertain and contingent” (p. 74). Though it is unlikely that children carefully weigh the exact probability of an outcome occurring, they may learn through their own experiences or the experiences of others what outcomes are possible, and thus see hope-based action as uncertain. The patterns of results in this study may be interpreted as suggesting this very fact. This only adds stress to the fact that a fuller understanding of how children conceptualize hope is necessary.

As alluded to in the description of responses on the HSC, the variability on certain measures in this study was generally extremely low. This was true not only for scores on the HSC, but also for the measures of ethnicity and household income. Repeating a similar methodology with a more diverse sample of children would be a valuable next step.

Also, children were asked to describe how other, fictional children would feel and act in distressing situations. The main reason for this method was to render the study as psychologically innocuous to the child participating as possible. Ethically, it is more difficult to justify a study in which children are asked to recall psychologically distressing situations and to
comment on how they acted and felt, especially in the absence of a therapeutic presence who could counsel and assist the child if distressed. By asking the participants to estimate how children they have never met might act and feel, the children’s true thoughts about hope may be somewhat compromised, though psychological well-being is maintained. A more direct methodology may yield different, more accurate results.

Conclusion

The findings of this study, though preliminary, represent a key first step in understanding what and how children conceptualize hopefulness and hopelessness. The current research provided a unique opportunity to learn from a non-clinical sample of hopeful children how they would predict the feelings and actions of others (whether hopeful or hopeless). Given that all of the children in the study were able to relate their own life experiences to those of the story-children, we can be certain that children do think about hope. The majority of the children interviewed believed that hopeful and hopeless feelings were flexible—subject to changes with time and circumstance. If these responses truly relate to how children would feel and behave themselves, this is promising for mental health professionals, teachers and parents. Perhaps that “flexible” thinking can be tapped into to bring a child back who has entered the depths of hopelessness.

This study represents one of the possible ways to systematically collect data on children’s thoughts. Now that such preliminary results have been collected, several questions should be specifically addressed in future research. First, how would the results of a more direct methodology (e.g., asking children directly what they think it is to hope) differ from those found by the current study? Second, how would children of diverse backgrounds and levels of hope differ in their responses to open-ended questions about hope? Third, would other samples of
children seem to think there is a disconnect between hope in affect and hope in action? Fourth, how can other theories of hope be utilized for a more thorough understanding of children’s conceptions of hope? Though this research raised more questions than it answered, important trails have been blazed that now need to be systematically followed.
References


Appendix A

Hatton Elementary School
50 Spring Lake Road
Soutthington, Connecticut 06489

December 21, 2007

Dear Parent/Guardian:

Danielle Francois is conducting a research project for her senior year program at Franklin & Marshall College. This is completely voluntary on your part. We have hosted other research projects before, so this may not be new to some of you.

Danielle is Mrs. Alisa Piech's daughter, so our school is a good choice for her research project and close to home.

Sincerely,

Roberta McAloon
Principal
Appendix B

Dear Parent/Guardian:

My name is Danielle François and I am currently a senior psychology major at Franklin & Marshall College. I am enrolled in a course that allows me to conduct an independent research project for the entire year. I am currently working on a project investigating the nature of hope in children that has been approved by a board of ethics at the school. Thank you for your interest and for considering your child’s participation in this study.

At your child’s school or after school program, they will be told two stories about average children, the same age and gender as themselves. Each story child had a somewhat distressing event occur to him or her recently. The story children each think about these events in a different way: one child holds a hopeful attitude and the other child a less hopeful attitude. My goal is to engage the children participating in an interview following the telling of these stories. They will be asked questions about the children in the stories, including things they believe the children can accomplish, if the children’s attitudes can change, and which child is most like them. The children participating will then be given a brief questionnaire that will measure their level of hope.

Before the experiment begins, the child will have the procedure fully explained to them. During the course of the experiment each child will be videotaped so that the experimenter may engage the child rather than fill out forms detailing the child’s responses. At the completion of the experiment, each child will be given a gift certificate to Toys-R-Us as a thank you present.

Though children who participate in this study will be asked to consider two children who have experienced a distressing event in their lives, child participants will not be asked to imagine distressing events themselves and will not be asked to discuss a time when something distressing happened to them. The events in the stories are no more distressing than events encountered by people of all ages in daily life. The events may include a family move, illness of a relative or the loss of a pet. These measures have been found ethical by board of ethics at the school and have been declared not to create risk for the children participating.

The responses of all the children will remain confidential and anonymous and their name will never be associated with their responses in any type of report. If anything of a very distressing or disturbing nature is revealed in the course of the experiment, though I believe this is unlikely to occur, you will be notified. The data, when compiled into a report will be made available to your child’s school or after school program. Please take a copy if you are interested. If you have any further questions, please feel free to email me at the following email address: dfrancois@fandm.edu. Also feel free to contact my advisor, Dr. Casler, at kcasler@fandm.edu.

If you are interested, please complete the next several pages and return them to school with your child after the holiday break. Thank you again!

Sincerely,
Danielle François
Appendix C

PARENT OR GUARDIAN’S INFORMED CONSENT FOR A MINOR’S PARTICIPATION IN A SURVEY

Child participant’s name: _______________________________  Age: __________

Both the purpose of this project and the procedure that will be used have been fully explained to me. I understand that the student is a senior at Franklin & Marshall College and that her research has been approved by her instructor and a stringent human subjects review board.

I understand that no identifying information will be used in any report describing my child’s behavior and that only the student named below and her instructor will be informed of my child’s participation in this survey. I also understand that the information my child and I provide over the course of the study will be completely anonymous and confidential unless something of a dangerous or illegal nature is revealed, in which case the experimenter is bound by law to report these details to the authorities. I understand that the experimenter’s interview with my child will be videotaped for purposes of data collection and that those tapes will be made available only to the experimenter, an assistant and the instructor. I understand that within a year of the study’s completion these tapes will be destroyed.

To ensure that my child is comfortable throughout the course of the experiment, I hereby waive my right to question the experimenter about my child’s responses. I understand that if anything of concern should arise, I will be notified. I hereby give my consent for my child to participate in the aforementioned study.

I understand that I have the right to revoke this consent at any time, even if ethical standards in psychology have not been violated. In the event that I have any questions or concerns about any aspect of this assignment, I will immediately contact the course instructor, Dr. Krista Casler, at 717-291-3828 or krista.casler@fandm.edu.

________________________________________  ____________  __

STUDENT ENROLLED IN PSY490

DATE  CONTACT PHONE

203-631-2851

DATE  CONTACT PHONE
Appendix D

DEMOGRAPHIC QUESTIONNAIRE

Please remember that your responses on this questionnaire are completely confidential and will not be associated with your name or your child’s name at any time. Thank you for your honesty!

1. Race/ethnicity (e.g. African-American, Caucasian, Asian-American, etc.):

2. My relation to the child participating:

3. My educational attainment:
   Please mark the highest level completed.

<table>
<thead>
<tr>
<th>Elementary school</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle school</td>
<td></td>
</tr>
<tr>
<td>Some high school</td>
<td></td>
</tr>
<tr>
<td>High school graduate</td>
<td></td>
</tr>
<tr>
<td>Some undergraduate</td>
<td></td>
</tr>
<tr>
<td>Undergraduate degree</td>
<td></td>
</tr>
<tr>
<td>Graduate or Professional degree</td>
<td></td>
</tr>
</tbody>
</table>

4. Father/Mother/other guardian’s educational attainment:
   Please mark the highest level completed.

<table>
<thead>
<tr>
<th>Elementary/primary school</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle school</td>
<td></td>
</tr>
<tr>
<td>Some high school</td>
<td></td>
</tr>
<tr>
<td>High school graduate</td>
<td></td>
</tr>
<tr>
<td>Some undergraduate</td>
<td></td>
</tr>
<tr>
<td>Undergraduate degree</td>
<td></td>
</tr>
<tr>
<td>Graduate or Professional degree</td>
<td></td>
</tr>
</tbody>
</table>

5. Yearly household income:
   Please mark the yearly income of your household.

   | $0-$20,000 |  |
   | $20,001-$40,000 |  |
   | $40,001-$60,000 |  |
   | $60,001-$80,000 |  |
   | $80,001-$100,000 |  |
   | $100,001-$120,000 |  |
   | Over $120,000 |  |
6. Family formation:
Please mark which relatives/guardians the child lives with primarily.

<table>
<thead>
<tr>
<th>Relative/Guardian</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td></td>
</tr>
<tr>
<td>Stepfather/stepmother</td>
<td></td>
</tr>
<tr>
<td>1 or more grandparents</td>
<td></td>
</tr>
<tr>
<td>1 or more aunts or uncles</td>
<td></td>
</tr>
<tr>
<td>Unrelated guardian</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
Dear Parents:

This is just a reminder note regarding the packet of information that was sent home with your child before the holiday break. If you are interested in having your child participate in the study described in the packet, please return the forms in the envelope to your child’s teacher at your earliest convenience. Thank you so much for your help.

Sincerely,
Danielle Francois
Appendix F

Script for hopefulness study
Girl version

• Child enters- I introduce myself:
  “Hi _______ (child’s name), my name is Danielle and I am a college student. I am doing this project for school and I am so glad you are going to help me! Let me tell you a little about what we are going to do today. First, I am going to tell you about two children I know, Bethany and Crystal. After I tell you about them, I’m going to ask you a few questions—I’m simply interested in finding out what you remember and what you think about Bethany and Crystal. Finally, after we talk about the children a bit, I am going to ask you a few more questions that are from a questionnaire. One more thing before we begin. As you can see, I am videotaping our conversation. Don’t worry about the camera; I am recording so that I don’t have to write down all the things you tell me. With the camera, I can pay attention to you instead! Now, tell me a little about you! What grade are you in at school? What is one of your favorite things to do?

• Child answers the questions. When finished:
  “O.K. well let’s get started! Are you ready?

  Last summer I was volunteering in a hospital near where I live. One day when I was working, I met two girls who were playing cards in one of the waiting areas in the hospital. As I’ve told you, their names were Bethany and Crystal. They were the same age as you and looked quite a bit like you too! While I was working, I asked them each some questions about themselves. Let me tell you a bit about each girl.

  Bethany is in ___ grade and science is her favorite subject. Bethany really likes to make up games with her friends at home and at school. She mostly likes school, but thinks it can be hard sometimes. Sometimes she forgets to hand in her homework. Bethany gets to school every day on time and even got a certificate for perfect attendance!

  Crystal is also in ___ grade. Social Studies is her favorite subject. She really likes to draw and paint, especially animals. She likes school most of the time but got a really bad grade on a project in science last quarter. Recently, Crystal won an award for one of her drawings. It was published in the local paper and she got a certificate for winning the contest.

  The girls met at the hospital because both of their grandmothers have cancer and were in the hospital. I asked each girl how she felt about her grandmother’s illness. Bethany told me that she cried and was pretty scared when her mother first told her. Even though she felt worried, she also felt positive that the cancer would get better someday. She felt that if her grandmother went to the doctor and took her medicine that the cancer would go away. Crystal felt different from Bethany. She had been very worried and sad ever since her mother told her about her grandmother’s illness. She was not sure if her grandmother would ever get better. She did not feel very positive when she thought about the future.

• Introduce interview-
“Now I would like to ask you a few questions about Bethany and Crystal. Before we start, there are a few things I need to mention to you first. First there are no right or wrong answers, just tell me whatever you think. Second, you can tell me anything you want, but if you tell me anything that is dangerous to you or dangerous to someone else, I will have to share that with another adult. Finally, if you have any questions about it you become uncomfortable at any time, please let me know. I want this to be a fun experience for you. Ready? Questions? O.K. let’s begin.”

Tell me everything you remember about Bethany. How did Bethany feel about her grandmother being sick? [When finished] What do you remember about Crystal? How did Crystal feel about her grandmother being sick? [If correct, say “yes, Bethany was very scared at first about her grandmother’s illness but feels more optimistic now and Crystal does not feel positive about the future; she still feels very worried and scared. If not correct, say “wait, let me remind you…”] What do you think Bethany would do if she were faced with a really hard homework problem? What about Crystal?

Which of the two children I told you about seems happier? Why?

Do you think that the way Bethany feels about her grandmother being sick will change? Why? What about the way Crystal feels? Why?

When you think about Bethany’s and Crystal’s attitudes and feelings, which girl is most like you? Why?

Did you ever have a friend who felt like Bethany or Crystal? [If yes…] Tell me about it.

If Bethany had a fight with her best friend and the friend wouldn’t talk to her, what do you think she would do? Why? What if this happened to Crystal? What would she do? Why?

Finally, can you tell me one more time how Bethany and Crystal each felt about their grandmother being sick?

“Thank you so much! I really appreciate everything you shared with me. Stretch for a minute if you need to. If you are ready to keep going, we will move on to the last part.” [Wait for response…]

• Introduce Questionnaire

“This is the last thing we’ll be doing today. I am going to read you a series of statements. I would like you to listen to each statement and then tell me if you feel that way, or if it is describing something that you might say. If the statement sounds like you, tell me it is true. If it does not sound like you, tell me it is false. Here is the first one. [Read first statement and get answer.] If you don’t
understand one of the statements or if you have any questions, let me know. Ready?"

- Take out HSFC, read statements, and mark answers.
- When finished:
  
  "Thank you very much for all of your help today! Do you have any questions about anything? In this project, I am interested in learning what kids your age think about hope and hopelessness. I am also interested to see how the way you feel about yourself affects the way you answered questions about Bethany and Crystal. If you ever want to talk to someone else about this topic, a good person to talk to is (guidance counselor’s name), your guidance counselor at school. Thanks again for your help. Here is a $10 gift card to Toys –R- Us that I wanted to give you as a thank-you present. One last thing…please don’t tell your friends or siblings about exactly what we talked about today…if they are going to participate, I want it to be fun for them too! I hope you had some fun today!

- Give child gift card; child leaves.

- Some interview considerations:
  - If child does not answer question:
    1. Wait approx. 30 seconds, so as not to rush child. Perhaps they are thinking.
    2. Repeat question.
    3. Still no answer? Check to make sure he/she understood what I was asking. If not, rephrase.
  - Child begins to ramble completely off topic:
    - Politely interject, thank child, tell them that what they were saying was very interesting, but that you have another question for them.
  - Child seems very uncomfortable
    - Ask child if he/she needs a break. Would he/she like to continue?
Script for hopefulness study
Boy version

- Child enters- I introduce myself:

  “Hi _______ (child’s name), my name is Danielle and I am a college student. I am doing this project for school and I am so glad you are going to help me! Let me tell you a little about what we are going to do today. First, I am going to tell you about two children I know, John and Curtis. After I tell you about them, I’m going to ask you a few questions—I’m simply interested in finding out what you remember and what you think about John and Curtis. Finally, after we talk about the children a bit, I am going to ask you a few more questions that are from a questionnaire. One more thing before we begin. As you can see, I am videotaping our conversation. Don’t worry about the camera; I am recording so that I don’t have to write down all the things you tell me. With the camera, I can pay attention to you instead! Now, tell me a little about you! What grade are you in at school? What is one of your favorite things to do?

- Child answers the questions. When finished:

  “O.K. well let’s get started! Are you ready?

  Last summer I was volunteering in a hospital near where I live. One day when I was working, I met two boys who were playing cards in one of the waiting areas in the hospital. As I’ve told you, their names were John and Curtis. They were the same age as you and looked quite a bit like you too! While I was working, I asked them each some questions about themselves. Let me tell you a bit about each boy.

  John is in ___ grade and science is his favorite subject. John really likes to make up games with her friends at home and at school. He mostly likes school, but thinks it can be hard sometimes. Sometimes he forgets to hand in his homework. John gets to school every day on time and even got a certificate for perfect attendance!

  Curtis is also in ___ grade. Social Studies is his favorite subject. He really likes to draw and paint, especially animals. He likes school most of the time but got a really bad grade on a project in science last quarter. Recently, Curtis won an award for one of his drawings. It was published in the local paper and he got a certificate for winning the contest.

  The boys met at the hospital because both of their grandfathers have cancer and were in the hospital. I asked each boy how he felt about his grandfather’s illness. John told me that he cried and was pretty scared when his mother first told him. Even though he felt worried, he also felt positive that the cancer would get better someday. He felt that if his grandfather went to the doctor and took his medicine that the cancer would go away. Curtis felt different from John. He had been very worried and sad ever since his mother told him about his grandfather’s illness. He was not sure if his grandfather would ever get better. He did not feel very positive when he thought about the future.

- Introduce interview-

  “Now I would like to ask you a few questions about John and Curtis. Before we start, these are a few things I need to mention to you first. First these are no right or wrong answers; just tell me whatever you think. Second, you can tell me anything you
Tell me everything you remember about John. How did John feel about his grandfather being sick? [When finished.] What do you remember about Curtis? How did Curtis feel about his grandfather being sick? [If correct, say “yes, Bethany was very scared at first about her grandmother’s illness but feels more optimistic now and Crystal does not feel positive about the future; she still feels very worried and scared. If not correct, say “wait, let me remind you…”]

What do you think John would do if he were faced with a really hard homework problem? What about Curtis?

Which of the two children I told you about seems happier? Why?

Do you think John’s feelings about his grandfather being sick will change? Why? What about the way Curtis feels? Why?

When you think about John’s and Curtis’s attitudes and feelings, which boy is most like you? Why?

Did you ever have a friend who felt like John or Curtis? [If yes…] Tell me about it.

If John had a fight with his best friend and the friend wouldn’t talk to his, what do you think he would do? Why? What if this happened to Curtis? What would he do? Why?

Finally, can you tell me one more time how John and Curtis each felt about their grandfather being sick?

“Thank you so much! I really appreciate everything you shared with me. Now we’ll take a short break. I have a book of neat puzzles…why don’t you work on one for a few minutes?

• Introduce Questionnaire
  “This is the last thing we’ll be doing today. I am going to read you a series of statements. I would like you to listen to each statement and then tell me if you feel that way, or if it is describing something that you might say. If the statement sounds like you, tell me it is true. If it does not sound like you, tell me it is false. Here is the first one. [Read first statement and get answer.] If you don’t understand one of the statements or if you have any questions, let me know. Ready?”

• Take out HSFC, read statements, and mark answers.

• When finished:
  “Thank you very much for all of your help today! Do you have any questions about anything? In this project, I am interested in learning what kids your age
think about hope and hopelessness. I am also interested to see how the way you feel about yourself affects the way you answered questions about John and Curtis. If you ever want to talk to someone else about this topic, a good person to talk to is (guidance counselor’s name), your guidance counselor at school. Thanks again for your help. Here is a $5 gift card to Toys –R- Us that I wanted to give you as a thank-you present. One last thing…please don’t tell your friends or siblings about exactly what we talked about today…if they are going to participate, I want it to be fun for them too! I hope you had some fun today!

• Give child gift card; child leaves.
## Appendix G

### Hopelessness Scale for Children

Kazdin, Rodgers & Colbus (1986)

Please write T if the statement is true of you, or F if it is false.

<table>
<thead>
<tr>
<th>Statement</th>
<th>T or F</th>
</tr>
</thead>
<tbody>
<tr>
<td>I want to grow up because I think things will be better.</td>
<td></td>
</tr>
<tr>
<td>I might as well give up because I can’t make things better for myself.</td>
<td></td>
</tr>
<tr>
<td>When things are going badly, I know they won’t be bad all of the time.</td>
<td></td>
</tr>
<tr>
<td>I have enough time to finish the things I really want to do.</td>
<td></td>
</tr>
<tr>
<td>Someday, I will be good at doing the things I really care about.</td>
<td></td>
</tr>
<tr>
<td>I will get more of the good things in life than most other kids.</td>
<td></td>
</tr>
<tr>
<td>I don’t have good luck, and there’s no reason to think I will when I grow up.</td>
<td></td>
</tr>
<tr>
<td>All I can see ahead of me are bad things, not good things.</td>
<td></td>
</tr>
<tr>
<td>I don’t think I will get what I really want</td>
<td></td>
</tr>
<tr>
<td>When I grow up, I think I will be happier than I am now.</td>
<td></td>
</tr>
<tr>
<td>Things just won’t work out the way I want them to.</td>
<td></td>
</tr>
<tr>
<td>I never get what I want, so it’s dumb to want anything</td>
<td></td>
</tr>
<tr>
<td>I don’t think I will have any real fun when I grow up.</td>
<td></td>
</tr>
<tr>
<td>Tomorrow seems unclear and confusing to me.</td>
<td></td>
</tr>
<tr>
<td>I will have more good times than bad times.</td>
<td></td>
</tr>
<tr>
<td>There’s no use in really trying to get something I want because I probably won’t get it.</td>
<td></td>
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