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Untangling Hope and Optimism: Implications for Counselors

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Counselors often help clients gain insight that allows them to view the world through a new lens, cope with emotionally painful and complex issues, and change behaviors that are not effective in achieving desired life goals. However, counselors, as well as other mental health professionals, often respond to clients' distress by relying on a medical model of psychopathology to reduce negative symptomology and increase quality of life. Positive psychology emerged as a new approach in the 1980s, focusing on clients' strengths, rather than deficits, which seems to be more congruent with most counselors' professional identity. Although relationships between positive psychology constructs such as hope, optimism, life satisfaction, and self-esteem have been investigated, questions remain regarding whether empirical evidence supports a distinction between them. More specifically, questions still remain regarding whether hope and optimism are the same fundamental human expression or distinct concepts, each adding unique value to learning more about clients' outlook and worldview.

Hope is defined as "1) trust or reliance; 2) desire accompanied with expectation of obtaining what is desired or belief that it is obtainable" ("Hope", 2011). From one

theoretical perspective, hope is described as an emotion, difficult to control, more similar to a passion rather than an action (Averill, Catlin & Chon, 1990), and motivating behavior similarly to other emotions (Bruiniks & Malle, 2005). From a different perspective, hope is conceptualized as a cognitive construct described as two-dimensional in nature with dual components of will and ways, involving agency and pathways (Snyder et al., 1991). Agency refers to a person's determination to pursue goal-directed behavior such as "I energetically pursue my goals" and "I meet the goals I set for myself" (Snyder et al., 1997). In contrast, pathways refers to one's ability to meet personal goals exemplified by thoughts such as "I can think of many ways to get out of a jam" and "Even when others get discouraged, I know I can find a way to solve the problem" (Snyder et al., 1997).

According to Bryant and Cvengros (2004), to understand hope precisely, one should view it as two distinct, positively correlated factors of agency and pathways, rather than a single theoretical concept. Having a global belief of agency associated with the future seems to be distinct from having a global knowledge of precise pathways to achieving one's goals. Further evidence supporting agency and pathways as significantly distinct constructs is the differential relationship they have to self-efficacy, where agency is strongly correlated to self-efficacy and pathways is not (Bryant & Cvengros, 2004). Research also indicates agency and pathways behave differently in how they relate to attributional style (Ciarrochi, Heaven, & Davies, 2007). Results indicated that the agency scale predicted attributional style more reliably than the pathways scale (Ciarrochi et al., 2007). Taken together, these studies suggest hope is a two-factor construct comprised of agency and pathways components.

Similar to hope, optimism has been defined as a positive anticipatory state "an inclination to put the most favorable construction upon actions and events or to anticipate the best possible outcome" ("Optimism", 2011). Optimism is described as a cognitive process (Bruiniks & Malle, 2005) focusing on outcome expectancies determining goal-directed behavior (Snyder et al., 1991). Furthermore, Bruiniks and Malle (2005) defined optimism as a generalized expectancy that one will experience good outcomes in life.

The literature is mixed regarding whether hope and optimism are distinct constructs. On one hand, studies suggest that hope and optimism appear to be related but are not identical constructs (Bruiniks & Malle, 2005; Magaletta & Oliver, 1999). Bruiniks and Malle (2005) indicate that hope and optimism are separate constructs, where hope is an emotional state and optimism a cognitive process. According to Magaletta and Oliver (1999) hope and optimism share the common thread of expectancies. However, hope is described as unique in that it includes components of expectancies about both self-efficacy and outcomes obtained by the self; whereas optimism is concerned with expectancies about outcomes obtained through others and forces outside the self (Magaletta & Oliver, 1999). Although both hope and optimism involve the expectation of a positive outcome, optimism is dependent upon the likelihood of an event actually occurring. For example, a person can hope to win the lottery without being optimistic that he or she will win because the odds of winning are so small. Hope and optimism have also been shown as distinct based on their different relationships to wish and desire, with the authors calling for additional research investigating the relationship between hope and optimism to other mental health states (Bruiniks & Malle, 2005). However, other studies

have pointed to the overlapping nature of the two constructs, with research indicating hope and optimism share 64% of their variance (Bryant & Cvengros, 2004).

In order to learn more about the relationship between hope and optimism, it is helpful to investigate their relationship to other constructs related to positive psychology mental health states such as life satisfaction and self-esteem. Diener, Suh, Lucas, and Smith (1999) define global life satisfaction as a cognitive, personal assessment of the overall quality of an individual's life. Numerous studies have found a positive correlation between hope and life satisfaction (Gilman and Huebner 2006; Gilman, Dooley, & Florell, 2006; Huebner & Gilman 2006; Marques, Pais-Ribiero, & Lopez, 2007). Among adolescents, hope has been shown to predict the lack of depression and the enhancement of life satisfaction (Wong & Lim, 2009); and hope is positively correlated with life satisfaction and predictive of adolescents' perception of stressful life events and internalizing/externalizing behaviors one year later (Valle, Huebner, & Suldo, 2006). Optimism has also been studied as it relates to life satisfaction, and the two constructs have been shown to be correlated (Boland & Cappeliez, 1997; Chang, Maydeu, D'Zurilla, 1997; Chang & Sanna, 2001; Myers & Diener, 1995). Research indicates that optimism predicts the ability to adapt, and predicts physical and emotional health, as determined by the lack of depressive indicators and improved life satisfaction (Scheier & Carver, 1992). Thus, it seems that both hope and optimism are similar in their relationship to life satisfaction. Specifically, greater life satisfaction is related to both hope and optimism.

Several studies have also demonstrated a positive correlation between hope and self-esteem in adolescents (Carvajal, Evans, Nash, & Getz, 2002; Ciarrochi et al., 2007; Gilman & Huebner, 2006). Hope predicts how adolescents view their self-worth and their ability to adjust (Barnum, Snyder, Rapoff, Mani, & Thompson, 1998) and research indicates hopeful children have significantly more fulfilling lives and higher self-esteem than those who are less hopeful (Merkas & Brajsa-Zganec, 2011). The relationship between optimism and self-esteem has also been investigated with regards to their similarities and differences, and the constructs were found to be slightly different (Brown & Dutton, 1995; Fontaine & Jones, 1997). Whereas self-esteem relates to the level of confidence to accomplish one's goals, optimism relates to the belief that positive events will occur regardless of self-worth or abilities (Fontaine & Jones, 1997). Therefore, there have been studies showing positive correlations between hope and self-esteem. However, studies have not investigated the correlation between optimism and self-esteem; they have only pointed to how they are two slightly distinct constructs.

Research examining the relationship between hope and optimism provides conflicting evidence regarding the distinction between these constructs. Moreover, there is some evidence that the two components of hope, agency and pathways as defined by Snyder, et al. (1991), behave in ways that are significantly distinct from one another. Greater knowledge of the similarities and differences between hope and optimism would assist in advancing the theoretical accuracy of understanding these constructs, as well as providing information on how to best apply them to the counseling process. Therefore, the purpose of the current study is to examine the relationship between hope and optimism, thereby adding to the mixed literature on the similarity and distinctions between these two constructs. To achieve this aim, we examined the relationship among

the two components of hope, agency and pathways, and optimism and the relationship of these variables to life satisfaction and self-esteem.

Methods

Participants

Participants in the study were 101 undergraduate students (40% male; 60% female). Ages of the students ranged from 18 - 61 ($M = 25.36$, $SD = 6.95$). Participants were primarily White (83.2%), with 8.9% Hispanic, 4% Asian-American, 1% African-American, and 3% other. The majority of participants were seniors (36%), with 29% juniors, 22% sophomores, and 13% freshmen.

Procedures

Researchers identified instructors that allowed data to be collected either at the beginning or end of class time at a midsized, northwestern, metropolitan university. After making arrangements with instructors, researchers invited students enrolled in several undergraduate psychology and counseling-related courses to participate in the study by completing a research packet. Research packets were completed in about 30-40 minutes. All participants were treated according to established ACA ethical standards and the research was approved by the University Institutional Review Board.

Instruments

Hope. Hope was assessed using the Adult Dispositional Hope Scale (ADHS; Snyder et al., 1991). The ADHS is a 12-item scale which includes four items that measure agency thoughts and four items that measure pathway thoughts. Examples of items are "There are lots of ways around any problem," "I energetically pursue my goals," and "I worry about my health." Items are rated on an 8-point scale ranging from 1 (*definitely false*) to 8 (*definitely true*). Items for each of the subscales are summed. Coefficient alphas for this scale are moderate, ranging from $\alpha = .74$ to $\alpha = .84$, with subscale scores ranging from $\alpha = .63$ to $\alpha = .80$ for student and clinical samples. There is also adequate test-retest reliability, $r = .80$ or above for time periods up to 10 weeks with student samples (Snyder et al., 1991).

Optimism. Optimism was assessed using the Life Orientation Test (LOT-R; Scheier & Carver, 1992). The LOT-R is a 10-item scale. Examples of items are "In uncertain times, I usually expect the best," "It's easy for me to relax," and "I don't get upset too easily." Items are rated on a 5-point scale ranging from 0 (*strongly disagree*) to 4 (*strongly agree*). Items 3, 7, and 9 are reverse coded prior to summing all items. Coefficient alphas for this scale are moderate, $\alpha = .74$ to $\alpha = .84$. There is also adequate test-retest reliability, $r = .72$ (Hirsch, Britton, & Conner, 2010).

Life satisfaction. Life satisfaction was assessed using the Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985). The SWLS is a 5-item scale. Examples of items are "In most ways my life is close to my ideal," "I am satisfied with life," and "The conditions of my life are excellent." Items are rated on a 7-point scale ranging from 1 (*strongly agree*) to 7 (*strongly disagree*). Items are summed. Coefficient alphas for this scale are moderate, $\alpha = .79$ to $\alpha = .89$. There is also adequate test-retest reliability, $r = .83$ (Pavot & Diener, 1993).

Self-esteem. Self-esteem was assessed using the Rosenberg's Self-Esteem Scale (RSE; Rosenberg, 1965). The SES is a 10-item scale. Examples of items include "I feel that I have a number of good qualities," "I certainly feel useless at times," and "I take a positive attitude toward myself." Items are rated on a 5-point scale ranging from 1 (*strongly agree*) to 5 (*strongly disagree*). Items 2, 5, 6 and 8 are reverse scored prior to summing all items. Coefficient alphas for this scale are moderate, $\alpha = .77$ to $\alpha = .88$. There is also adequate test-retest reliability, $r = .82-.88$ (Rosenberg, 1989).

Results

A series of Pearson r correlations were conducted to assess the relationship between the two dimensions of hope, agency and pathways, and optimism and the relationship of hope and optimism to life satisfaction and self-esteem. Correlations among these variables are shown in Table 1. Results indicated optimism was significantly related to both the agency and pathways scales. The effect size for the relationship between optimism and agency was large ($r = .63$). In contrast, the effect size between optimism and pathways was small ($r = .28$). Agency, pathways, and optimism were all significantly related to life satisfaction and self-esteem. Examination of the effect sizes, however, indicated the effect sizes for the relationship of agency and optimism to life satisfaction and self-esteem were all large ($r = .53 - .63$), indicating agency and optimism share 28 - 34% of variance with life satisfaction and 36 - 40% of variance with self-esteem. In contrast, the effect sizes for the relationship of pathways to life satisfaction and self-esteem were in the small to medium range ($r = .28 - .32$), indicating pathways shares only 8% of variance with life satisfaction and 10% of variance with self-esteem.

Table 1
Pearson r Correlations

	Agency	Pathways	Optimism	Life Satisfaction	Self-Esteem
Agency	-				
Pathways	.41**	-			
Optimism	.63**	.28*	-		
Life Satisfaction	.60**	.28*	.58**	-	
Self-Esteem	.63**	.32**	.53**	.55**	-

* $p < .01$; ** $p < .001$

Discussion

Positive psychology focuses on harnessing strengths in clients to promote growth and well-being. Hope and optimism have both been studied as positive attributes that can be promoted within counseling. The literature, however, is mixed regarding whether hope and optimism are overlapping or distinct constructs (Bruiniks & Malle, 2005; Bryant &

Cvengros, 2004; Magaletta & Oliver, 1999). Further, hope has been divided into agency, defined as goal-directed energy, and pathways, defined as planning to meet goals (Snyder et al., 1991). The purpose of the current study was to examine the relationship between hope and optimism. To achieve this aim, we examined the relationship among the two components of hope, agency and pathways, and optimism and the relationship of these variables to life satisfaction and self-esteem.

Results of this study indicate that optimism is differentially related to the agency and the pathways components of hope. Specifically, optimism and agency share 40% of variance, whereas optimism and pathways share only 8% of variance. These findings suggest that optimism and the pathways component of hope may be distinct constructs, whereas optimism and the agency component of hope may be more closely related. This is consistent with previous findings that suggest that agency and pathways are distinct constructs and relate differently to self-efficacy (Bryant & Cvengros, 2004) and adolescents' attributional style (Ciarrochi et al., 2007). However, contrary to previous findings that agency may be sufficient for measuring hope (Ciarrochi et al., 2007), we found that agency statistically overlaps and behaves similarly to optimism.

Further support for the distinction between agency and pathways was found in the relationship of hope and optimism to life satisfaction and self-esteem. Specifically, agency and optimism were significantly related to life satisfaction and self-esteem, with effect sizes in the large range and shared variance of 28 – 40%, whereas the effect sizes for the pathways to life satisfaction and self-esteem correlations were in the small to medium range, with shared variance of only 8 – 10%. Thus, results suggest that the pathways component of hope and optimism are distinct constructs. In contrast, results indicate the agency component of hope and optimism may be similar constructs.

Limitations

While this study contributes to our understanding of whether hope and optimism are overlapping or distinct concepts, most notably the similarities between pathways and optimism, there are certain limitations that warrant discussion. First, most participants in the study self-identified as White, thus limiting the generalizability of the results to populations from a diversity of cultural and ethnic backgrounds. Second, participants in this study were college students, thus further limiting the generalizability of the results. Further, data were obtained through self-report. Although self-report can produce biased responses, it is commonly used to assess constructs such as hope and optimism and provides information that is similar to what clients provide their counselors— perceptions of mental health states such as life satisfaction, self-esteem, hope, and optimism.

Counseling Implications

Fostering hope is central to the counseling process. Our findings suggest that the agency component of hope, or determination to achieve goals, is more highly related to optimism, self-esteem, and life satisfaction than the pathways component, or means to achieve goals. When working to instill hope in clients, counselors might find it useful to first focus on the agency component of the construct. The agency component focuses on a person's determination to pursue goal-directed behavior, or motivation. Motivation is essential for moving toward desired goals. Additionally, agency is more closely related to optimism, life-satisfaction, and self-esteem, all of which are areas of client strength

which can be emphasized within the positive psychology framework. Thus, fostering agency may increase these other areas of client strength. Once agency, or determination, is established or increased, the counselor may focus on the pathways component of hope, collaborating with the client to identify the means for achieving goal-directed behavior and desired outcomes.

Future Research

Although this study provides new information about the similarities and differences between hope and optimism, more questions have also been raised. For example, it would be interesting to investigate whether the relationship between pathways and optimism is similar to what we found when using a more diverse or international sample. Furthermore, it would be helpful to learn if there are differences based on demographics such as age, gender, ethnicity, socioeconomic status, and education level. Moreover, it would be interesting to further explore whether agency is sufficient for measuring hope (Ciarrochi et al., 2007), or whether pathways is a more precise measure, since in this study it was shown to share less variance with optimism, suggesting it is a distinct construct.

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