ADULT HOPE SCALE (AHS)

Reference:

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., et al.(1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology, 60*, 570-585.

Description of Measure:

A 12-item measure of a respondent's level of hope. In particular the scale is divided into two subscales that comprise Snyder's cognitive model of hope: (1) Agency (i.e., goal-directed energy) and (2) Pathways (i.e., planning to accomplish goals). Of the 12 items, 4 make up the Agency subscale and 4 make up the Pathways subscale. The remaining 4 items are fillers. Each item is answered using an 8-point Likert-type scale ranging from Definitely False to Definitely True.

It should be noted that the authors recommend that when administering the scale, it is called "The Future Scale".

Abstracts of Selected Related Articles:

Snyder, C. R. (2002). Hope theory: Rainbows in the mind. Psychological Inquiry, 13, 249-275.

Hope is defined as the perceived capability to derive pathways to desired goals, and motivate oneself via agency thinking to use those pathways. The adult and child hope scales that are derived from hope theory are described. Hope theory is compared to theories of learned optimism, optimism, self-efficacy, and self-esteem. Higher hope consistently is related to better outcomes in academics, athletics, physical health, psychological adjustment, and psychotherapy. Processes that lessen hope in children and adults are reviewed. Using the hope theory definition, no evidence is found for "false" hope. Future research is encouraged in regard to accurately enhancing hope in medical feedback and helping people to pursue those goals for which they are best suited.

Everson, S.A., Goldberg, D.E., Kaplan, G.A., Cohen R.D., Pukkala, E., Tuomilehto J., & Salonen J.T. (1996). Hopelessness and risk of mortality and incidence of myocardial infarction and cancer. *Psychosomatic Medicine, 58*, 113-121.

We examined the relationship among low, moderate, and high levels of hopelessness, all-cause and cause-specific mortality, and incidence of myocardial infarction (MI) and cancer in a population-based sample of middle-aged men. Participants were 2428 men, ages 42 to 60, from the Kuopio Ischemic Heart Disease study, an ongoing longitudinal study of unestablished psychosocial risk factors for ischemic heart disease and other outcomes. In 6 years of follow-up, 174 deaths (87 cardiovascular and 87 noncardiovascular, including 40 cancer deaths and 29 deaths due to violence or injury), 73 incident cancer cases, and 95 incident MI had occurred. Men were rated low, moderate, or high in hopelessness if they scored in the lower, middle, or upper one-third of scores on a 2-item hopelessness scale. Age-adjusted Cox proportional hazards models identified a dose-response relationship such that moderately and highly hopeless men were at significantly increased risk of all-cause and cause-specific mortality relative to men with low hopelessness scores. Indeed, highly hopeless men were at more than three-fold increased risk of death from violence or injury compared with the reference group. These relationships were maintained after adjusting for biological, socioeconomic, or behavioral risk factors, perceived health, depression, prevalent disease, or social support. High

hopelessness also predicted incident MI, and moderate hopelessness was associated with incident cancer. Our findings indicate that hopelessness is a strong predictor of adverse health outcomes, independent of depression and traditional risk factors. Additional research is needed to examine phenomena that lead to hopelessness.

Babyak, M. A., Snyder, C. R., & Yoshinobu, L. (1993). Psychometric properties of the Hope Scale: A confirmatory factor analysis. *Journal of Research in Personality, 27*, 154-169.

Confirmatory factor analysis was employed to test several psychometric hypotheses regarding the Hope Scale. Across four large samples of college students, a two-factor (agency and pathways) model of hope reproduced the observed data consistently better than did a one-factor model. Support also was found for the tenability of a higher-order latent construct overarching these two factors. Neither the assumption of parallel nor tau-equivalent measures were met, however, suggesting that the items within a given factor are not interchangeable. Reliability estimates of (1) the items as indicators of the first-order construct, and (2) the first-order constructs as indicators of the higher-order latent variable also are presented

Scale (taken from http://www.ppc.sas.upenn.edu/hopescale.pdf)

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided.

1. = Definitely False
2. = Mostly False
3. = Somewhat False
4. = Slightly False
5. = Slightly True
6. = Somewhat True
7. = Mostly True
8. = Definitely True

___ 1. I can think of many ways to get out of a jam.

___ 2. I energetically pursue my goals.

___ 3. I feel tired most of the time.

___ 4. There are lots of ways around any problem.

___ 5. I am easily downed in an argument.

___ 6. I can think of many ways to get the things in life that are important to me.

___ 7. I worry about my health.

___ 8. Even when others get discouraged, I know I can find a way to solve the problem.

___ 9. My past experiences have prepared me well for my future.

___10. I've been pretty successful in life.

___11. I usually find myself worrying about something.

___12. I meet the goals that I set for myself.

Scoring:

Items 2, 9, 10, and 12 make up the agency subscale.
Items 1, 4, 6, and 8 make up the pathway subscale.

Researchers can either examine results at the subscale level or combine the two subscales to create a total hope score.