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Dispositional Hope and the Propensity to Cope: A Daily Diary Assessment of Minority Adolescents

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Abstract

The authors examined the predictive ability of *dispositional* hope components (pathways, agency) in explaining minority adolescents' consistent use of daily coping strategies. Using daily diary methodology, 126 low socioeconomic status minority participants completed a multidimensional measure of dispositional hope and reported on subsequent stressful events that they experienced and the coping strategies that they employed over the course of a 5-day period. Multilevel modeling analyses revealed that hope–pathways was uniquely and positively related to direct problem solving, planning, positive thinking, religious coping, distracting action, and overall coping use. Hope–agency was uniquely and positively associated with instrumental support for actions. Discussion focuses on the role of hope as a protective factor for minority adolescents experiencing stress, and particularly the unique predictive ability of each hope component.

Keywords

personality processes; hope; coping; minorities; adolescents

Adolescence is a time of great change in the developmental process. These changes occur in the physiological, emotional, and cognitive domains, and can elicit feelings of excitement, fear, and stress. Some adolescents are overwhelmed with stressful events that they have little or no control over, especially adolescents from underrepresented groups (Figueira-McDonough, 1998). In fact, dysfunctional coping styles have been identified as proximal determinants of risky behavioral choices (e.g., sexual behaviors; Cooper, Wood, Orcutt, & Albino, 2003). Although the *negative* characteristics and outcomes associated with stress in adolescence are certainly important, *positive* characteristics such as hope, optimism, resiliency, and growth are all too often overlooked. This omission ignores the possibility that (some) adolescents might, in fact, develop strengths or grow after encountering stressors. In

a broader sense, resilient children are more likely to become resilient adults (Werner & Smith, 1982).

Snyder (1994) noted that hope is most important for those who live in unpredictable, uncontrollable circumstances, such as minority adolescents living in urban environments. Individuals from ethnic minority groups are faced with frequent impediments, which include acculturation (acculturative stress), language difficulties, prejudice and stereotyping, and economics (Lopez et al., 2000). Given that components of hope are tied to goal-seeking behaviors as well as to experiences of overcoming obstacles in pursuing these goals, it seems reasonable to suggest that variation along hope variables would exist. Snyder originally suggested that ethnic minority individuals would have less hope than Caucasians because they are generally faced with notable and more frequent obstacles in goal attainment. However, recent evidence has shown that ethnic minority group members and Caucasians are extremely similar in hope (see Chang & Banks, 2007). Chang and Banks (2007) further argued that these obstacles might be perceived as opportunities (or challenges) for some ethnic minority group members. Perhaps more important, however, the variation along hope variables is predictive of important outcomes in some studies that have used ethnic minority samples. For example, ethnic minority individuals with a strong sense of hope (relative to those low in hope) perform well academically (Adelabu, 2008), have greater coping efficacy (Danoff-Burg, Prelow, & Swenson, 2004), and employ more problem-solving coping strategies and fewer avoidant coping strategies (Chang & Banks, 2007).

As Snyder and colleagues have outlined (e.g., Snyder, Cheavens, & Michael, 1999), hope is a motivational concept but clearly has a strong cognitive component. More specifically, hope is defined as “a reciprocally derived sense of successful agency (goal-directed determination) and pathways (planning of ways to meet the goals)” (Snyder et al., 1991, p. 571). Agency and pathways are not synonymous, and neither alone is sufficient to define hope. Pathway thoughts include a central route of obtaining a goal. However, the high-hope individual cognitively generates multiple routes for goal attainment. Agency deals with the selective ability to move along the pathway(s). This motivational component provides the force to pursue goals along the imagined pathway(s). In this model, striving toward goals elicits affective responses. When goals are impeded, negative affect results (e.g., Ruehlman & Wolchik, 1988). However, individuals who are high in hope are able to persevere and think of different conduits to try to attain the goal. Hope not only facilitates attaining a goal when that goal is unimpeded, it also helps individuals better cope when negative events or feelings arise. While Snyder’s conceptualization of hope is similar to other positive psychology constructs such as optimism and self-efficacy, there are differences (see Snyder, 2000; Snyder, Rand, & Sigmon, 2002, for a full exposition). Both hope and optimism involve positive expectations. For hope, however, these expectations are for a specific goal and sustained activity toward that goal, whereas optimism as defined by Carver and Scheier (2002) is a general expectation that good things will happen. Moreover, hope is conceptualized as a disposition or trait, and thus cross-situational. In contrast, self-efficacy (Bandura, 1997) is usually identified as specific abilities and skills that individuals believe they have in specific situations.

Hope has been found to be associated with (a) higher competency in numerous life areas (e.g., academics; Snyder et al., 1997), (b) use of adaptive coping methods (e.g., Irving, Snyder, & Crowson, 1998), (c) more flexible and positive thoughts (Snyder et al., 1996; Snyder & McCullough, 2000), and (d) more positive appraisals of stressful events (Affleck & Tennen, 1996). Hope is conceptualized as an individual difference factor that colors one’s appraisal of stressors and the coping process (Snyder et al., 1991). Thus, individuals high in hope should appraise stressors as more challenging (as opposed to more threatening), and

thus have the ability and motivation to find solutions to ameliorate the stressful feelings and resolve the stressor as a function of this orientation (consistent with the transactional model of stress and coping; Lazarus & Folkman, 1984; see also Thompson, Gustafson, Hamlett, & Spock, 1992). If a strategy is blocked or ineffective, they will try others (Hinton-Nelson, Roberts, & Snyder, 1996). According to this model, individuals perceive a stressor that they must adjust to, and cognitive sets, such as hope, would indirectly influence children's adjustment via mediating mechanisms such as appraisal and coping. The importance of the relation between hope and coping choice is realized further when theory suggests that the basic components of hope are established during infancy and toddlerhood and are relatively stable by middle childhood (Snyder, 1994).

The developmental issues with regard to coping are numerous (see, e.g., Aldwin, 1994; Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001). As children develop into adolescents, their coping repertoires increase with increased life experiences. Many researchers (e.g., Eisenberg, Fabes, & Guthrie, 1997) have argued that adolescents (relative to younger children) can often alleviate stress or eliminate a stressful situation because they have the cognitive, behavioral, and material resources to do so. Related to this, Seiffge-Krenke (2000) and others (e.g., Ebata & Moos, 1994) have found that older adolescents are more active and have a broader range of coping strategies and greater ability to view problems from multiple perspectives. Increased cognitive complexity and social maturity lead to more reflection about possible options (Seiffge-Krenke, 2000). The importance of this increased coping repertoire is that building resilience is a developmental process in which, over time, successfully overcoming adverse situations increases self-efficacy (Werner, 2000) and develops effective coping skills to handle new problems (Aldwin, Sutton, & Lachman, 1996). This developmental line of reasoning is also consistent with the relationships predicted from Snyder's hope theory. Adolescents who are high on hope-pathways are hypothesized to engage in more overall coping use because they are better able to see multiple ways to reduce the impact of the stressor.

Adolescents who use approach-oriented (or primary control or engaged) strategies (e.g., problem solving) experience less depression (Seiffge-Krenke & Klessinger, 2000) and are less likely to experience internalizing and externalizing symptoms (Wadsworth & Compas, 2002). Similarly, those adolescents who engage in secondary control coping experience fewer symptoms (Wadsworth, Raviv, Compas, & Connor-Smith, 2005). However, some adolescents prefer an overly rigid avoidant (or disengaged) style of coping, which is typically associated with more depression (Seiffge-Krenke & Klessinger, 2000) and higher frequency of substance use (Eftekhar, Turner, & Larimer, 2004; Wagner, Myers, & McIninch, 1999). Moreover, avoidant coping is associated with more symptoms in low-income samples (Banyard & Graham-Bermann, 1998). At the specific strategy level, however, inconsistencies exist. For example, Wills and Vaughn (1989) found a positive relationship between social support and self-esteem, whereas others (Ayers, 1991; Sandler, Tein, & West, 1994) have not found any significant relationship. Similar inconsistencies are noted for distancing. Specific forms of distancing such as social entertainment have been shown to be related to higher substance abuse and problems but not to self-esteem or self-efficacy (e.g., Glyshaw, Cohen, & Towbes, 1989). Although very few studies have been conducted on ethnic minority adolescents (see, e.g., Vaughn & Roesch, 2003), ethnic differences in coping-mental health outcomes are generally not found (see Gonzales, Tein, Sandler, & Friedman, 2001).¹

¹We present this summary on the relations between coping and outcomes of interest because we do make inferences relevant to these relations at specific points in the article.

The Current Study

The purpose of this study was to examine the contribution of *dispositional* hope to the prediction of daily coping in a low socioeconomic status ethnic minority sample. In a recent review of stress and coping in children and adolescents, Compas et al. (2001) highlighted the many strengths and weaknesses of this research area. These include the virtual absence of ethnic minority adolescents as a target population in coping research; broad and vague conceptualizations that some researchers have used to define coping, which make it difficult to compare, standardize, and integrate findings into existing theory (this has been particularly difficult when individual coping strategies [e.g., making a plan of action] are aggregated into global dimensions of coping [e.g., problem-focused]); grouping coping strategies into false dichotomies (e.g., approach/avoidance, problem-focused/emotion-focused) may not provide an adequate coping model for adolescents; and a distinction needs to be made between conceptually defining coping as something that someone *typically* thinks and does (i.e., a trait or style) from what they actually think or do (i.e., a state [or process as Ayers, Sandler, & Twohey, 1998, refer to it]). The current study sought to remedy each of these weaknesses. Using a short-term repeated measures design, we used the dimensions of dispositional hope to predict daily coping strategies over the course of 5 days. Specifically, we were interested in documenting how hope is associated with coping use. On the basis of past research and hope theory, we hypothesized that individuals high in hope (relative to those low in hope) would use more direct problem solving, planning, positive thinking, and overall coping.

Method

Participants

Participants were high school students recruited from residential summer programs at San Diego State University. These programs are aimed at serving low-income, first-generation, college-bound students from historically underrepresented groups (see Vaughn & Roesch, 2003, for a full description of a related sample).² Participants ($N = 126$) completed the target dispositional and situation-specific measures (to be described below). There were approximately equal numbers of boys and girls ($n_s = 66$ and 60), and their ages ranged from 14 to 18 years ($M = 15.5$ years, $SD = 1.0$). More than half of the sample was Hispanic (57%), with smaller percentages of other ethnic groups: 15% Asian American/Pacific Islander, 14% African American, 7% biracial, 4% Native American, and 2% Caucasian/European American.

Measures

Dispositional hope—Dispositional hope was measured using the Children's Dispositional Hope Scale (Snyder et al., 1997). The scale is a 6-item measure with two 3-item subscales for Pathways (hope–pathways; $\alpha = .73$) and Agency (hope–agency; $\alpha = .73$). The following items make the Pathways subscale: (a) “When I have a problem, I can come up with lots of ways to solve it”; (b) “I can think of many ways to get the things in life that are most important to me”; and (c) “Even when others want to quit, I know that I can find ways to solve the problem.” The following items make up the Agency subscale: (a) “I think I am doing pretty well”; (b) “I am doing just as well as other kids my age”; and (c) “I think the things that I have done in the past will help me in the future.” Participants were asked to think about how they are in most situations and circle the response that describes them the

²The sample in this study was drawn from the same program as the sample presented in Vaughn and Roesch (2003). These samples, however, were independent: The former was part of a summer program in 2003, whereas the latter was part of the summer program in 2002. There was no overlap in the samples.

best. Items for these subscales are rated on a 6-point scale ranging from 1 = *none of the time* to 6 = *all of the time*, where higher scores indicate more hope (agency or pathways).

Coping measure—Daily diaries were one page in length and assessed two primary constructs: stress and coping. Participants were first asked to describe the most stressful or bothersome event that had occurred to them in the past day using an open-ended format. Next, the participant rated the perceived stressfulness of this event using a 7-point rating scale (1 = *very slightly* to 7 = *extremely*). Coping was assessed with eight specific coping strategies using a 4-point rating scale (1 = *not at all* to 4 = *a lot*). Participants were asked to report on the extent to which they used any of the specific strategies after the stressful event they had just described. These items were taken primarily from the Children's Coping Strategies Checklist and the How I Coped Under Pressure Scale (Ayers & Sandler, 2000), and were selected to represent relatively distinct methods of coping.³ The eight strategies included support for actions (e.g., “asked people who have had similar experiences what they did”), humor (e.g., “laughed about the situation”), direct problem solving (e.g., “took additional action to get rid of the problem”), planning (e.g., “tried to come up with a strategy about what to do”), positive thinking (e.g., “looked for something good in what was happening”), acceptance (e.g., “learned to live with it”), religious coping (e.g., “sought God's help”), and distracting actions (e.g., “turned to other activities to keep my mind off of things”). In addition, an overall coping use variable was created as an index of the number of coping strategies that were used when a stressor was encountered. The variable was the sum of a dichotomous decision about whether or not each of the eight individual strategies had been used. Scores of 2, 3, or 4 on the rating scale for each coping strategy indicated at least *some* use of a particular strategy. In the context of the overall coping use variable, a value of 1 was assigned to each strategy indicating some use. A value of 0 was assigned to each coping strategy where no use was indicated (a value of 1 on the original rating scale). Thus, scores could range from 0 (no use of any coping strategies) to 8 (use of all coping strategies).

Procedure

Because the participants were high school students, and most of them minors, parental consent was obtained, as well as assent from the students. The dispositional hope measure was completed at the beginning of the first week that the adolescents entered the summer program. The first diary entry was then made 1 week later, and for 5 consecutive days, starting on a Monday and ending on a Friday. To minimize variation in reporting times and to maximize compliance of the stress and coping diary, participants completed their diary page at the same time each evening in a classroom setting. Individual diaries were distributed and picked up each evening.

Results

Descriptive Statistics

There was a total of 548 observations (diary pages completed) for the 126 participants, with an average of 4.35 observations per participant. Of the stressful events reported, 48% were related to academics (i.e., homework, tests), with smaller percentages of stressful events related to social relationships (23%; i.e., boy-friends/girlfriends, classmates), health (6%; i.e., tired, sick), time constraints (4%; i.e., not enough time, procrastination), and family

³We relied heavily on the findings of Sandler and colleagues (e.g., Sandler et al., 1994) and Tolan and colleagues' (1997) work with minority adolescents in developing the items. The four-factor structure found by Sandler et al. (1994) has been supported in urban youth, and the four factors reflect Active, Avoidant, Distraction, and Support Seeking. Moreover, the eight strategies used in this study are also similar to the seven factors found by Tolan et al. (1997) in a sample of inner-city youth (Seeking Support, Seeking Guidance, Positive Thinking, Venting, Distraction, Avoidance by Substance Abuse, and Humor).

(2%; divorce, health of family member). Means and standard deviations for the target study variables are presented in Table 1. The distributions of all target study variables were relatively normal. Slight negative skewness was found for the following coping variables: direct problem solving, planning, and acceptance. These three coping strategies were also the most used by participants, whereas humor and support for actions were used least often, although the differences in coping strategy use were particularly small (means ranged from 1.99 to 2.27). The overall coping use variable revealed that, on average, 4.87 individual coping strategies were used at least *a little* per stressful event. The perceived stress of these events was generally more moderate when evaluated at the sample level (see Table 1).

Correlational Analysis

Correlations among the target study variables are also presented in Table 1. The correlation between hope–agency and hope–pathways was large and positive ($r = .70$). With respect to the coping variables, the overwhelming majority of these relationships were also significant and positive, although the range of the correlations was considerable (r s ranged from .08 to .65). One could make the argument that the high correlation among some of the target study variables indicates that they are measuring a similar construct. We neglected to compute higher order constructs, in general, for two reasons. First, the maximum shared variance between any two target study variables was 49% (between hope–agency and hope–pathways), suggesting that unique variance is still larger even for the two variables with the strongest relationship. Second, we were particularly interested in exploiting this unique variance in the prediction of individual coping strategies, rather than general coping dimensions, a point emphasized by many researchers (e.g., Ayers et al., 1998; Kitano & Lewis, 2005; Sandler, Wolchik, MacKinnon, Ayers, & Roosa, 1997; Wills, Sandy, Yaeger, Cleary, & Shinar, 2001), who noted that a more fine-grained analysis might help clarify the inconsistent coping relations found in samples of children and adolescents.

Next, the correlations between measures were considered. The correlations for hope–pathways and hope–agency with the coping variables revealed a fairly distinctive pattern. Hope–pathways was significantly and positively associated with direct problem solving, planning, positive thinking, religious coping, distracting actions, and overall coping use. Hope–agency was only significantly and positively related to support for actions, direct problem solving, and positive thinking. The correlations among the coping strategies were all significant and positive. Perceived stress was not significantly associated with either hope variable, but was significantly and positively related to direct problem solving, planning, religious coping, and distracting actions.

Multilevel Modeling

To more formally test the relations between hope and coping, we employed multilevel modeling. Multilevel modeling was chosen over procedures that use ordinary least squares estimation because this technique provides better parameter estimates when data are hierarchically structured (see Raudenbush & Bryk, 2002; Nezlek, 2001). Because the data were structured as daily assessment (Level 1) nested within individuals (Level 2), each daily coping strategy was specified as the dependent variable in a separate multilevel model. The Level 2 hope variables were the primary predictors of interest. For all models tested, covariates included perceived stress (Level 1 variable)⁴ and age and gender of the participant (Level 2 variables). The regression coefficients presented below are unstandardized (b). In addition, the reduction in the proportion of variance explained (or error) index is presented as an indicator of effect size for all statistically significant effects.

⁴Type of stressor and time of day were not significantly associated with any coping strategy and thus were not further considered in the analyses.

This index is analogous to R^2 from linear regression (see Nezlek, 2001; Raudenbush & Bryk, 2002, for a full discussion of this index). In the current context, this index represents the additional variance accounted for by a target effect controlling for all other effects in the model, analogous to a semipartial correlation squared (sr^2). The results from the eight models are presented by type of effect.

The first-order effect of hope–pathways was significantly and positively related to direct problem solving ($b = .20, p = .002, sr^2 = .128$), planning ($b = .22, p = .002, sr^2 = .108$), positive thinking ($b = .22, p = .002, sr^2 = .077$), religious coping ($b = .24, p = .008, sr^2 = .023$), distracting actions ($b = .18, p = .011, sr^2 = .052$), and overall coping use ($b = .32, p = .049, sr^2 = .021$). Participants who scored high on hope–pathways consistently used more of these specific types of coping as well as used more total types of coping in combating stress than those who scored low on hope–pathways. No other significant first-order effects for hope–pathways or cross-level interactions with perceived stress were found for this hope variable (all $ps > .05$).

The first-order effect for hope–agency was significantly and positively associated with support for actions ($b = .15, p = .018, sr^2 = .050$). Participants who scored high in hope–agency asked people who have had similar stressful experiences what they did relative to those who scored low in hope–agency. No other significant first-order effects or cross-level interactions with perceived stress were found for this hope variable (all $ps > .05$).

With respect to the covariates, perceived stress was significantly and positively associated with religious coping ($b = .07, p = .011, sr^2 = .018$), support for actions ($b = .13, p < .001, sr^2 = .031$), direct problem solving ($b = .09, p = .006, sr^2 = .030$), and planning ($b = .12, p = .004, sr^2 = .028$), and significantly and negatively associated with acceptance ($b = -.09, p = .013, sr^2 = .047$). When the target stressful event was described as very stressful, individuals reported using more of these coping strategies on a daily basis, with the exception of acceptance. Participant age was significantly associated with support for actions ($b = -.13, p = .034, sr^2 = .055$), with younger participants using this coping strategy more than older participants. No statistically significant effects were found for gender (all $ps > .05$).

Discussion

Consistent with recent theorizing (Snyder, 1994; Snyder et al., 1999), ethnic minority adolescents high in hope–pathways used a greater number of overall coping strategies in dealing with daily stressors. Moreover, both components of hope were significantly associated with specific daily coping strategies: hope–pathways with direct problem solving, planning, positive thinking, religious coping, and distracting actions; and hope–agency with support for actions. These effects were evident after controlling not only for the other hope component but also other characteristics of the individual (gender, age) and characteristics of the stressor (perceived stressfulness of the event).

According to Snyder (1994), the high hope–pathways individual cognitively generates multiple routes for goal attainment (in this case, reduction of stress or the elimination of the stressor) so that one has alternative pathways to the goal if the target pathway is blocked. This is reflected in the number coping strategies used. Also according to Snyder, however, ethnic minority individuals might have lower hope in this regard because there are more goal-related obstacles for these individuals. The current study provides empirical evidence refuting this suggestion. Consistent with Chang and Banks (2007), we would argue that these obstacles might be perceived as opportunities (or challenges) for many ethnic minority group members. These findings are also consistent with Sandler's (2001) model of risk and

resilience. Self-system processes such as hope–pathways could result in positive cognitions and persistence in coping efforts as well on the basis of this model. That individuals high in hope–pathways used more overall coping strategies is also consistent with recent research on flexible coping (Seiffge-Krenke & Klessinger, 2000). Cheng and Cheung (2005) have suggested that individuals who are flexible with respect to the use of coping strategies across situations have a heightened ability to differentiate ways to handle a problem, but also have the ability to integrate the pros and cons of these alternative perspectives. Therefore, one could surmise that these individuals come to a stressful event able to think of different ways to eliminate or minimize the stressor and distressful feelings.

As the relation between hope–pathways and religious coping and distracting actions shows, however, this overall use (or flexibility) may not always involve coping strategies that have generally been considered adaptive or approach-oriented. Stressors encountered in one's daily life are multifaceted, and may require both approach- and avoidant-oriented coping strategies (Sandler et al., 1997), suggesting that adolescents tend to use a range of coping strategies. Recent conceptualizations of coping, however, do not classify religious coping and distracting actions as avoidant (or disengaged) coping strategies, and these specific strategies have been shown to be related to positive adjustment (e.g., Connor-Smith, Compas, Wadsworth, Thomsen, & Saltzman, 2000). Similarly, increased use of religious coping has been shown to be associated with less distress (Ai, Park, & Huang, 2007), reductions in adolescent drug use (Brechtling & Giancola, 2007) and posttraumatic stress symptoms (Zehnder, Prchal, & Vollrath, 2006), and increases in stress-related growth in ethnic minority adolescents (Vaughn & Roesch, 2003). Recent speculation (e.g., Mattis & Jagers, 2001; Shih, 2004) suggests that religious coping should be considered an approach or active coping method in ethnic minority populations, as it is typically used as a means to preserve culture, family, and identity (see Chun, Moos, & Cronkite, 2006, for a similar argument with regards to avoidance coping methods).

Ethnic minority adolescents high in hope–agency did *not* exhibit greater coping use than ethnic minority adolescents low in hope–agency. However, individuals high on this disposition did use more support for actions relative to those who scored low on this disposition, after controlling for hope–pathways and other characteristics of the individual and the stressor. This suggests that a supportive other can serve as a role model by providing information or comfort in a time of stress. Because this dimension reflects agency beliefs and serves primarily as a motivational component in hope theory (Snyder, 1994), encouragement or information from another individual, be it a family member or peer, may be the resource that adolescents who score high on this dimension draw strength or reassurance from, thus reducing negative responses by providing a sense of predictability and also helping to maintain primary or secondary control (Heckhausen & Schulz, 1995). This finding is extremely important and consistent with relationship-focused coping being a primary predictor of adjustment in ethnic minority individuals (Wong, Wong, & Scott, 2006) and Wong's (1993) resource-congruence model of coping efficacy, which suggests that adjustment to stress is greatest when sufficient culturally appropriate and salient coping resources (e.g., supportive others) are available.

There are a number of limitations to the current study. First, because of the small sample size, the relationship between hope and coping could not be examined in each ethnic minority group. Although Chang and Banks (2007) showed similar relationships between hope and a number of *outcome* variables (e.g., coping, affect) in a college student sample, similar comparisons have not been made using ethnic minority adolescent samples. Second, our conceptualization of situation-specific coping could be questioned. Participants at the end of each day recalled and described the most stressful event that they had experienced and the specific coping strategies that they had used in combating it. Certainly, this

recollection of the thoughts, feelings, and behaviors is still prone to biased memory recollections. However, by reducing the “recollection window,” the current study has greatly improved the measurement of coping. Third, our use of single-item measures of coping strategies could be questioned on psychometric grounds. However, single-item measures are commonly used in diary studies to minimize participant burden (see Conner et al., 2006; Nezlek, 2007; Shrout, Herman, & Bolger, 2006), and the assessment of these coping strategies and their aggregation over time increases reliability. Fourth, an argument could be made that “positive” or “adaptive” coping strategies were oversampled in the current study. As noted earlier, the coping strategies selected generally conform to past research (e.g., Sandler et al., 1997; Tolan, Guerra, & Montaini-Klov Dahl, 1997). However, future research should include a broader array of avoidant-oriented coping strategies such as withdrawal and denial. Fifth, inclusion of an *outcome* variable (e.g., daily negative affect) on the daily diary form would have allowed the identification of adaptive and mal-adaptive coping strategies.

The findings from the current study have important implications both for understanding the management of stressful events and the underlying mechanisms related to hope for minority adolescents. High-hope (and particularly high hope–pathways) adolescents may differ not merely quantitatively from low-hope adolescents, they may actually differ in terms of self-regulatory processes, patterns of socialization, or social skills training. It is important to note that individual differences in reactivity and temperament are expected to be related to coping and may either enable or disable certain types of coping responses (Compas, 1998). Highly reactive individuals, in a negative sense, are not able to deal with stress as well as those who are lower in reactivity because they are slower to recover from a stressful event and display greater reactivation of arousal with repeated exposure to stress (see Compas et al., 2001). Those with higher reactivity have inhibited behavior in coping with stress and will view stress as threatening. They will then use more avoidance and withdrawal coping strategies as opposed to those who are uninhibited and who tend to use more approach-oriented and active coping skills. Specifically, when one considers the reactivity stemming from hope these negative processes and outcomes are likely assuaged, and positive processes and outcomes are magnified.

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Table 1

Correlations and Descriptive Statistics for Target Study Variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12
1. Hope—pathways	1.00											
2. Hope—agency	.70**	1.00										
3. Support for actions	.15	.23**	1.00									
4. Humor	.05	.05	.29**	1.00								
5. Direct problem solving	.32**	.20*	.57**	.30**	1.00							
6. Planning	.28**	.15	.50**	.23**	.65**	1.00						
7. Positive thinking	.35**	.22*	.43**	.32**	.53*	.47**	1.00					
8. Acceptance	.07	.09	.25**	.34**	.26**	.36**	.52**	1.00				
9. Religious coping	.25**	.15	.24**	.08	.47**	.38**	.49**	.30**	1.00			
10. Distracting actions	.19*	.04	.38**	.28**	.46**	.46**	.57**	.54**	.43**	1.00		
11. Overall coping use	.20*	.13	.65**	.45**	.64**	.57**	.50**	.53**	.50**	.65**	1.00	
12. Perceived stress	-.09	.00	.11	.00	.21**	.31**	.11	.14	.17*	.16*	.12	1.00
<i>M</i>	4.03	4.15	1.99	1.83	2.29	2.25	2.20	2.26	2.01	2.27	4.87	3.86
<i>SD</i>	1.05	1.15	1.11	1.03	1.11	1.16	1.12	1.15	1.19	1.14	2.30	1.86
Scale range	1–6	1–6	1–4	1–4	1–4	1–4	1–4	1–4	1–4	1–4	1–8	1–7

Note. Daily coping variables were aggregated across time for these correlations.

*
 $p < .05$.**
 $p < .01$.