



BUILDING HOPE FOR ADOLESCENTS: THE IMPORTANCE OF A SECURE SOCIAL BASE

Adolescence is a time when young people naturally work at transferring primary relational bonds from their parents to peers and romantic partners. The successful resolution of this process is critical for transitioning from childhood dependency to productive and independent adult roles. In this process, most parents strive to instill commonly accepted values and norms in their children, knowing that these standards are important for their children's future successes. These transitions are deemed successful from a societal standpoint when young people continue to be guided by these values as they enter early adulthood.

For many adolescents, however, transitions into adult roles are difficult. The frustrations and setbacks that they experience during the transition process can produce profound emotional pain. Such difficulties may be pronounced for young people with behavioral or mental health challenges. Striving to cope with mental health issues simultaneously with normal developmental tasks can make navigat-

ing social situations particularly daunting.

In this article, we show how building and maintaining hope may be particularly important for young people with emotional and behavioral challenges, because hope is a key part of both resilience and recovery. People who work with adolescents can benefit from understanding the role that hope can play, and how hopefulness can be increased, during this crucial time of transition to adulthood.

Hope as we define it (see Snyder, 2002) is a future-oriented pattern of thinking that involves the abilities to: (a) set clear and challenging "stretch goals," (b) develop the strategies or pathways to those goals, and (c) muster the necessary motivation to use those pathways to pursue objectives. All three hope components are necessary in order to successfully attain goals. Success in this context does not simply mean "getting what one wants," but rather getting what one wants in such a way that mental health benefits are maximized.

When each of the hope com-

ponents is present in sufficient magnitude, people will expect to succeed. Even when they do not succeed, however, high- as compared to low-hope people are better able to cope with their failure experiences. When low-hope people fail to achieve goals, they typically cannot create alternate pathways to go around obstacles. Accordingly, these individuals with low hope are prone to give up, to criticize their own abilities, and to experience strong negative emotions. On the other hand, when individuals with high hope fail to attain goals, they simply acknowledge that they did not try hard enough or that they did not have access to the most useful pathways. Instead of becoming stuck in criticizing themselves, the high hoppers get busy in finding solutions. As a result, any negative emotions experienced by high-hope people are not likely to incapacitate them. On this point, we have found that high- relative to low-hope people try harder and persevere longer after failure experiences precisely because of their abilities to retain their positive emotions.

Researchers consistently have found that high- compared to low-hope people achieve superior outcomes across a range of performance and mental health indices (see Snyder 2002, for a review). For this reason, we have suggested that having hope is vital for the successful transition from adolescence to satisfying adult roles (Shorey, Snyder, Yang, & Lewin, 2003). We also have proposed that intentionally instilling hope in young people should be a societal priority. To understand how hope can be instilled, however, we first will need to look at how hope develops naturally in the course of childhood development.

Hopeful Development

Hopeful development begins in early childhood through ongoing interactions with consistently available and responsive caregivers (Shorey et al., 2003; Snyder, 1994). Children learn that they can engage freely in exploring their environments when parents provide what attachment researchers have termed *secure bases* (See Bowlby, 1969/1982). The secure base is a safe haven to which a child can return for comfort, support, and guidance when she becomes fearful because of the obstacles that she encounters. Over time, children with secure bases will internalize beliefs in the availability of other people, in themselves as being lovable, and in the world as being a safe and predictable place. Parenting can thus support *secure attachment styles* in children. In contrast, *insecure attachment styles* can result when this type of parenting is not available. Permissive, authoritarian, and rejecting parenting styles are linked to insecure attachment. Other variables including negative life events (e.g., loss of a parent, life-threatening illness in a parent or the child, or parental psychological disorders) and wider social contexts (e.g., economic patterns necessitating parents working long hours and thereby being less available and/or

less responsive) can take away children's secure bases and lead to insecure attachment.

Adolescents with insecure attachment styles are predisposed to experiencing setbacks in establishing satisfying peer and romantic relationships. For example, adolescents with "preoccupied" attachment styles are likely to place an exaggerated premium on relationship importance. When they experience relational setbacks these young people often have exaggerated negative emotional reactions. Moreover, because they are hypervigilant for potential signs of rejection, they are likely to perceive interpersonal threats even when such threats are negligible or nonexistent. Given their high levels of emotionality, they then may lash out angrily, or they may urgently seek reassurances from others. Other people, however, are likely to perceive such behaviors as aversive and withdraw their support. In this way, preoccupied individuals contribute to their experiencing that which they fear the most—rejection.

With increased perceptions of being distanced or rejected, anxiety for these preoccupied persons is likely to rise dramatically. Efforts regulate these negative emotions and to reestablish some semblance of interpersonal security may include the preemptive rejection of others or the desperate seeking of approval order to bolster floundering self-esteems. Such approval seeking may take the form of delinquent behaviors sexual promiscuity, or drug or alcohol abuse.

Of course, difficulties forming social relationships can arise in children and adolescents whose parents are warm, available, and re-

sponsive. Despite available parental support, children with emotional and behavioral problems often have difficulties with interpersonal relationships. Social anxiety, depression, impulsivity, and difficulty decoding emotional cues all may impede the development of relationships, and can result in decreasing hopefulness. Furthermore, children and adolescents with emotional and behavioral difficulties may spend much of their time coping with and managing the effects of their disorders. As a result, they may miss out on a range of opportunities to build hope or to reach important developmental milestones.

As hope for achieving commonly accepted social goals begins to wane, other goals may take precedence for children and adolescents who are struggling. Goals of belonging gradually may be replaced by goals of escaping feelings of distress and negative emotionality. Goals of gaining entry into valued peer groups may be replaced by goals of gaining entry into any peer group in which acceptance and security can be attained.



Teaching Hopeful Thinking

It is important to be mindful that adolescents who experience such rough transition phases may perceive society's representatives (e.g., parents, teachers, or school administrators) as being out of touch with the goals that are most important to them—their social goals. In this respect, contemporary psychology researchers have consistently documented the primacy of social goals and over achievement-oriented goals. This is not to say that adolescents do not understand the practical significance of being skilled in the arts of reading, writing, and arithmetic. The application of achievement-oriented academic skills, however, may seem abstract and unimportant to adolescents if they are in emotional pain because their current needs for security and belonging are not being met. For this reason, lessening adolescents' emotional pain by helping them to learn how to attain social goals may enhance their academic achievements. In this regard, interventions that increase social competence also significantly increase academic competence (Watson, et al., 1989).

We have found evidence in our own laboratory about the primacy of social goals. Among college-aged students, for example, the hope of achieving social goals (relating to friends, family, or romance) had a direct impact on positive mental health, whereas hope for achieving performance-oriented goals (relating to work or academics) did not. This and other research has convinced us that adolescents' social goals cannot be ignored if we expect them to pursue socially valued goals related to academic and career achievements. In this regard, we have developed a curriculum that is specifically tailored to raising hope among at-risk adolescents.

Our approach has been to teach hopeful thinking in a framework that emphasizes the importance of having a secure social base. We also teach adolescents to attend to their basic needs of security and affiliation as they move toward pursuing higher order goals (e.g., goals involving college educations that are wants rather than basic needs). Thus, the system of hopeful thinking that we teach is applied to the goals that adolescents view as being personally important. For example, if a young person is lonely, we work on helping him or her to develop the strategies, resources, and moti-

should have a consistently available adult mentor. When parents are not available, young people can rely on a caring neighbor, teacher, or other "coach" to fill this mentor role. Research has indicated that the key characteristic of resilient children is that they find their own mentors in the community (Masten, 2001). Therefore, coaching teens in social skills is important in helping them make these adaptive interpersonal connections. Moreover, adults need to be particularly attentive to the affiliative bids made by young people whom they encounter. Young people who need the most

guidance may be the same children who have parents who are least able to provide it. A supportive and available "coach" can help break the mold of previous relationships and failure experiences and help teens build new roadmaps for their futures.

With mentoring and social support in place, teens can be free to focus on learning how to create and construct "adaptive" goals. Many goals that adolescents initially



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vation to pursue friendships. We do not think that it would be advisable to ignore this young person's loneliness and to ask him or her to concentrate on the goals that we think are important (e.g., academics success). Experiencing success in their own personally important life areas, however, should have the effect of bolstering the drives and motivations of young people to succeed in other socially valued life areas.

Of course, children will be willing to try new strategies and behaviors to the extent that they have secure bases to retreat to for comfort, support, and guidance when they stumble or encounter impediments. In this regard, every child

initially verbalize in our hope intervention groups are constructed in such a way that they set the teen up for failure. For example, open-ended goals (e.g., to become rich or to become a better person) are not measurable and do not have specific time frames within which they can be reached. Accordingly, the pursuer cannot know when the objective has been reached, nor can he or she experience the positive emotions associated with successful goal attainment. One of the first things that we do in our groups, therefore, is to help adolescents to frame their goals so that they are (a) measurable, (b) set in distinct time frames, (c) single goals (to get a job and make lots of

money is two goals), (d) consistent with longer-term life objectives, and (e) cause no harm to self or others.

Once goals are framed so as to facilitate success, we and other mentors are in the position to begin teaching ways to problem solve—helping teens anticipate roadblocks, develop alternative routes to go around impediments, and find new resources. Finally, supported by trusted mentors and armed with adaptive goals and strategies, teens can learn ways to bolster their own positive emotions and motivations.

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