2010

The role of context in adolescent hopelessness: differences in associated variables and felt experience

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The Role of Context in Adolescent Hopelessness:

Differences in Associated Variables and Felt Experience.

A thesis submitted in partial fulfilment of the
requirements for award of the degree

Doctor of Philosophy (Clinical Psychology)

from the

UNIVERSITY OF WOLLONGONG

by

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B.Psyc (Hons)

Department Of Psychology

2010

(Revised 2011)

CERTIFICATION

I, David St.Quintin, declare that this thesis, submitted in partial fulfilment of the requirements for the award of Doctor of Philosophy (Clinical Psychology), in the Department of Psychology, University of Wollongong, is wholly my own work unless otherwise referenced or acknowledged. The document has not been submitted for qualifications at any other academic institution.

David St.Quintin

22 September 2010

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ABSTRACT

Although sizeable, the literature on hopelessness in young people is fragmented and lacks integrated consideration of the possible effects that social context plays in the genesis, maintenance and experience of hopelessness. The current research comprised two studies designed to allow for clarification and integration of the literature. Study 1 was a quantitative survey of students (n=450) drawn from metropolitan and rural high schools in New South Wales, Australia. While levels of hopelessness did not differ between the rural and metropolitan samples, regression analyses revealed differences between the variables associated with hopelessness in each of the groups. Results suggest that hopelessness was experienced differently between groups, with the metropolitan experience of hopelessness characterised by affective distress and perceived lack of support, and the rural experience by a perceived lack of control over external events affecting their lives. Study 2 was a qualitative, interview-based study designed to clarify and expand on the results of Study 1. Young people were sampled from university and residential rehabilitation populations. Descriptions of hopelessness were compared between university and rehabilitation sample groups, and between those who described a metropolitan or a rural background. Metropolitan youth were more likely to describe hopelessness as characterised by distress and withdrawal from valued activities, while rural youth described hopelessness as involving a loss of positive personal qualities, and decreased confidence in their own abilities. Compared to the university sample, young people in residential rehabilitation were more likely to describe hopelessness with reference to shame or moral failure, withdrawal from others, and loss of positive qualities of the self. Participants in the residential rehabilitation sample were also more likely to identify history of family conflict and abuse in their accounts of the aetiology of hopelessness. Taken together, these results suggest that

social context plays a role in influencing individuals' understanding and experience of hopelessness. Implications for interpretation of the literature and clinical applications are discussed.

ACKNOWLEDGMENTS

This thesis would not have been completed without the amazing support and help of a great many people. I have survived with my sanity (barely) intact, and it is the people who have helped me out through the whole process who are the reason for this. To all those who helped me out along the way, I owe you a debt I will probably never be able to repay. I am fortunate to have you in my life and for this I am grateful.

I need to give special thanks to my family without whose support I would have given up long ago. Thanks Mum (for putting up with my unreasonable requests, helping me whenever I needed it and generally looking after me). Thanks Dad (for reminding me that there is life after uni). And thanks Gray (for indulging my difficult moments).

Thanks must also go to Patrick Heaven for providing the supervision that has allowed me to produce something polished. You stuck with me when I was being slack. A lesser man would have told me to sod off. Your input and encouragement have been invaluable.

I also need to acknowledge the contribution of Nadia Crittenden, for all her assistance, for sticking up for me when I needed it. You are a wonderful human being.

Thanks need to also go to Peter Caputi for assistance with stats and all of the people who stepped in to help with co-rating my qualitative data and the rest of the grunt work; Janet Sallabank, Melinda Murray-Scherf and the rest of you, thanks.

Lastly I need to thank Kristy. For being a true partner. For giving me the final push when I need it. For challenging me. For tolerating late nights typing and the occasional freak-out. The best damn girlfriend a guy could hope for. I swear I will not enrol in a PhD again… ever.

To you all; Thank you.

3 computers have died in the production of this thesis

CHAPTER 1. Introduction

This thesis set out to explore the predictors of hopelessness and its associated variables in young people from a range of different socio-demographic backgrounds. The focus on the socio-demographic aspects of youth hopelessness was dictated by two separate but related findings in the epidemiological literature.

The first of these findings relates to the consistently observed relationship between hopelessness and suicide (e.g., Beck, Steer, Kovacs & Garrison, 1985; Cox, Enns & Clara, 2004). Those people who have stronger feelings of hopelessness are more likely to feature in statistics around suicide. This relationship has been found to hold both in relation to suicidal ideation / intent (Cox, Enns & Clara, 2004; Dyer & Kreitman, 1984; Kaslow et al., 2004; Minkoff, Bergman, Beck & Beck, 1973; Priester & Clum, 1992; Young et al., 1996) and in relation to completed suicide (Beck, Steer, Kovacs & Garrison, 1985), and appears to be largely consistent across adolescent and adult age-groups (Cotton & Range, 1993; Cotton & Range, 1996; Dyer & Krietman, 1984; Kazdin, French, Unis, Esveldt-Dawson & Reid, 1983; Morano, Cisler & Lemerond, 1993; Pillay & Wassenaar, 1995; Pinto, Whisman & Conwell, 1998; Whisman & Pinto, 1997).

The second group of findings driving the current thesis stems from the epidemiological literature around the pattern of suicide rates in the Australian population and the changes in this over time. Prior research has indicated that suicide rates among young people (and particularly for young males) in rural areas are much higher than the rates of their metropolitan peers. Additionally, while rates of suicide of young people in

Australia increased dramatically during the 30 years leading up to 2000 (Dudley et al., 1998), a disproportionate amount of this increase was attributable to increases in the suicide rates of young people from rural areas (Cantor & Neulinger, 2000; Dudley et al., 1998; Graham et al., 2000; DeLeo, 2009; Dudley & Florio, 2002). Although speculation has been made as to some of the economic and sociological factors contributing to these differences in suicide rates, to date the possible influence and interaction of psychological factors in these differences has been under-explored.

In drawing together these findings, the strong relationship between suicidality and hopelessness and the dramatic increase in suicide rates in certain sociodemographic groups raises interesting questions about whether there are differences in either the level of hopelessness, or the effects of hopelessness between these groups. The examination of hopelessness in these groups therefore bears investigation. Any differences in the levels or effects of hopelessness between these groups has the potential to offer valuable insights into either the interaction between hopelessness and sociodemographics, or the nature of hopelessness as a variable in itself.

In order to explore these possibilities two studies were undertaken. The first study used a quantitative methodology designed to determine whether there were differences in the level and correlates of hopelessness exhibited by metropolitan and non-metropolitan high-school students. Two independent samples of high-school students drawn from metropolitan and non-metropolitan schools were administered a questionnaire with scales assessing hopelessness and a number of variables that have previously identified in the literature as being associated with hopelessness. These questionnaires included measures of depression, anxiety, stress, attributional style, meaninglessness, loss of

control and social support. While no differences were found in absolute levels of hopelessness between the groups, differences in the correlates of hopelessness between the groups offered some indication of differences in the ways in which hopelessness was experienced and understood in each of these groups. This finding is of particular interest when considered in light of the differences in suicide rates between these groups and suggests that some of the variance in suicide rates may be explicable not by differences in absolute level of hopelessness between groups but by differences in the way in which hopelessness is understood and experienced between those groups.

The second study in this thesis was designed to explore these differences in the understanding and experience of hopelessness between groups in greater detail. As the intent was to examine (potentially) subtle differences in the experiences and understandings of the individuals in our sample, a qualitative data collection methodology was selected. Three groups of participants were studied: a sample of university students from a metropolitan background, a university student group from a non-metropolitan background and a group of young clients from a residential drug and alcohol rehabilitation facility comprising people from both metropolitan and non-metropolitan backgrounds. In this manner it was hoped that the independent effects of rurality/non-rurality could be identified separately from the effects of other sociodemographic factors that may present confounds to the interpretation of differences. This second study did identify clear differences in the ways that the metropolitan and non-metropolitan groups understood and experienced the concept of hopelessness. Inter-group differences were also found between the residential rehabilitation group and the other groups, but these were less easily interpretable than those between the metropolitan / non-metropolitan groups.

The between-group differences in the experience and understanding of hopelessness that these studies have explored constitute a novel contribution to the literature on hopelessness. By clarifying some of the differences in the meaning of hopelessness to people from different groups, these results offer a more multifaceted understanding of hopelessness that has implications for future research, as well as the designing of appropriate treatment and health promotion programmes that adequately address the needs and experiences of different groups.

CHAPTER 2. Review of the Literature

2.1 Statement of the Problem – The Importance of Hopelessness

Australia's youth suicide rate has climbed sharply over the last 30 years (DeLeo, 2009; Dudley & Florio, 2002; Dudley, Kelk, Florio, Howard & Waters, 1998; Graham, Reser, Scuderi, Zubrick, Smith & Turley, 2000; Dudley & Florio, 2002). In 1996 the World Health Organisation (W.H.O.) estimated the rate of Australian youth suicide at 25.7 deaths per 100,000 population (World Health Organisation, 1996). By world standards this rate is particularly high and meant that Australian young people were killing themselves at a rate greater than their peers in the U.S. (21.9 per 100,000), Northern Ireland (21.5) and England and Wales (10.0) (World Health Organisation, 1996). While this alarming increase in suicide rate does reflect an increase in the suicide rate of Australian adolescents generally, much of this increase appears to be due to an especially dramatic escalation in the rate of suicide deaths among young (15-24 year old) males and, particularly, young males from rural areas (Cantor & Neulinger, 2000; Dudley et al., 1998). Data collected by the Australian Bureau of Statistics since these W.H.O. data were produced suggest that, while there has been a decline in youth suicide rates, there has been little change in these gender- and region-based trends in Australian suicide rates since that time (DeLeo, 2009; Graham et al., 2000).

In a retrospective analysis of suicide data on 15-24 year olds collected by the Australian Bureau of Statistics between 1964 and 1993, Dudley and colleagues (1998) found a striking change in the demographic distribution of suicide deaths among young males. While the suicide rate of young males from metropolitan areas had been greater than that found among young rural males in 1964, by 1993 this pattern had been reversed

such that, across all states, the suicide rate of young rural males had overtaken that of their metropolitan peers. The overall change in pattern was most pronounced in small rural towns with populations under 4,000, although there were some particular local areas that exhibited idiosyncratic trends. During this same time period, the suicide rate of young females had not increased in either rural or metropolitan areas (Dudley et al., 1998). Importantly for the current discussion, this heightened risk for young rural males continues to be a feature of the data collected on suicide in the years since Dudley et al.'s (1998) analysis (De Leo, 2009).

What these findings appear to suggest is that there exist certain contextual/temporal risk factors for suicide among young people in Australia. Most pronounced among these is that being a young male from a rural area seems itself to be a risk factor for suicide, but also that local issues and changes in wider cultural issues over time can alter relative risk for suicide in young people (DeLeo et al., 2009; Dudley et al., 1998). That relative suicide risk is a dynamic phenomenon affected by societal and contextual factors is a suggestion that warrants further investigation to more fully understand the contextual and psychological factors at play in driving these trends across populations.

Regarding the disparate trends in suicide rates between regions, a range of explanations have been offered. These explanations have tended to emphasise the particular physical, economic and cultural factors at play for young males in rural areas. These have included (but have not been limited to) accounts that invoke: (a) the relatively easier access that people in rural areas have to firearms; (b) the changing face of the Australian economy and the particular financial and employment challenges that this has posed for young rural males; (c) the cultural proscriptions against help-seeking that

predominate in some rural communities, and (d) the lack of professional helping services available even when sought (Fox, Blank, Rovnyak & Barnett, 2001; Taylor, Page, Morrell, Harrison & Carter, 2005; see also Wilson, Deane & Ciarrochi, 2005 for a recent discussion of psychological factors involved in help-seeking and help-negation in the adolescent context).

While these sociocultural level explanations offer a greater understanding of the cultural context in which these trends exist, there has been a relative absence of accounts that detail how these contextual factors impinge upon the cognitive, emotional and behavioural processes of the individuals within these contexts. This position is consistent with that of Hirsch (2006), who, after reviewing the research on recent trends into suicide worldwide, identified a need for better understanding of the ways that rurality influences the psychological processes underlying suicide. What is lacking from the literature at this time however, is a psychosocial account to complement the sociocultural explanations of the trends in rural suicide.

The variable that is most often (and most strongly) linked to suicide in the psychological literature over the past 30 years is hopelessness (e.g., Cox, Enns & Clara, 2004; Smith, Alloy & Abramson, 2006). The most common descriptions of hopelessness define it as a general expectation that outcomes that an individual desires most will not transpire and furthermore that there is nothing that can be done to change this situation (Beck, Weissman, Lester & Trexler, 1974; Kazdin, Rodgers & Colbus, 1986; Metalsky, Joiner Jr., Hardin & Abramson, 1993). More concisely put, hopelessness is a general pessimistic attitude towards one's own self and future. Hopelessness is therefore typically defined in cognitive terms; as a set of attitudes or a

predisposition to a pessimistic cognitive style. This is somewhat at odds with its use in general discourse where people would be more likely to state that they "feel" hopeless and therefore conceive of it more in emotional than cognitive terms. It is the cognitive processes around expectation of personal frustration and negative outcome that is theorised to motivate suicidal thinking and behaviour.

Feelings of hopelessness surrounding employment prospects, relationships and the future generally have long been recognised as some of the best prospective predictors of completed suicide (Beck, Steer, Kovacs & Garrison, 1985). Aspects of hopelessness have been found to be strongly and consistently associated with suicidal intent in many studies of both adults (e.g., Minkoff, Bergman, Beck & Beck, 1973; Cox, Enns & Clara, 2004; Dyer & Kreitman, 1984; Kaslow et al., 2004; Priester & Clum, 1992; Young et al., 1996) and adolescents (Cotton & Range, 1996; Dyer & Krietman, 1984; Kazdin, French, Unis, Esveldt-Dawson & Reid, 1983; Morano, Cisler & Lemerond, 1993; Pillay & Wassenaar, 1995; Pinto, Whisman & Conwell, 1998; Whisman & Pinto, 1997). Similarly, hopelessness has been found to be closely related to a number of forms of deliberate self-harm, which, although not strictly suicidal in intent are nevertheless quite obviously self-destructive (Brittlebank et al., 1990; McLaughlin, Miller & Warwick, 1996). As with the associations found for more explicitly suicidal behaviour these relationships seem to apply across a wide range of ages.

Although hopelessness is closely associated (both theoretically and empirically) with other variables implicated in suicide and self-harm, such as depression (Kashani, Soltys, Dandoy, Vaidya & Reid, 1991; Kashani, Suarez, Allan & Reid, 1997; Kazdin et al., 1983) and low self-esteem (Overholser, Adams, Lehnert & Brinkman, 1995) a number

of findings suggest that this hopelessness-suicide link is not simply an artefact of the relationship between hopelessness and these other variables. In adults, path analytic studies have supported the independent associations of hopelessness with suicide (Keller & Haase, 1984), and the findings of Dyer and Krietman (1984) suggest that it is the relationship between hopelessness and suicidal behaviour that explains the relationship between depression and suicide, rather than the other way around. A recent community-based longitudinal study of adults in the U.S. found that hopelessness was an independent risk factor for suicidal ideation, attempted suicide and eventual suicide over and above depression and substance use (Kuo, Gallo & Eaton, 2004). Individuals in this study who had expressed feelings of hopelessness at the beginning of the study were 11.2 times more likely to have completed suicide in the pursuant 13 years than were people who did not report feelings of hopelessness at initial assessment (Kuo, Gallo & Eaton, 2004). These themes have also held true in studies of younger people: Kazdin et al. (1983) found that the strong correlation between depression and suicidal intent in adolescents disappeared when level of hopelessness was controlled.

In a study of adolescents hospitalised for psychiatric problems, Asarnow and Guthrie (1989) found that although *suicide attempts* were significantly associated with both level of depression and level of hopelessness, *suicidal ideation* (which presumably precede actual attempts) was predicted by hopelessness alone. Hopelessness is further implicated in the suicidality of young people by findings that children with higher levels of hopelessness tend to be less repulsed by the idea of death (Cotton & Range, 1993) and benefit less from brief psychosocial treatment interventions (Harrington et al., 2000). Together, these findings suggest that along with being an underlying factor associated with suicidal thinking in young people, hopelessness also works to remove

some of the cognitive barriers that might prevent the young person from acting on these thoughts. Indeed, hopelessness has come to be seen as one of the core psychological factors in understanding suicide (Kashani et al., 1997; Kazdin et al., 1983) and has been identified in contemporary reviews of adolescent assessment procedures as one of the "primary risk factors" for suicide (Stoelb & Chinboga, 1998).

This is not to say that other variables are not of importance. While hopelessness has been found to be a better predictor of suicidal ideation than self-esteem in some samples of adolescent psychiatric inpatients (e.g., Dori & Overholser, 1999; Wagner, Rouleau & Joiner, 2000), the results of other studies (using both inpatient and community samples of adolescents) suggest that both self-esteem and hopelessness make unique contributions to the prediction of suicidal ideation both cross-sectionally (Overholser, Adams, Lehnert & Brinkman, 1995) and longitudinally (McGee, Williams & Nada-Raja, 2001).

Similarly, research with university students has found that the tendency to cognitive rumination interacts with hopelessness in the prediction of suicidal ideation. While hopelessness partially mediated the effect of rumination on suicidal thinking, hopelessness moderated the effects of rumination on the duration of that suicidal ideation (Smith, Alloy & Abramson, 2006). Thus, although rumination did have some direct effects on suicidal ideation, the duration of that suicidal ideation was predicted by rumination only *through* its effect on hopelessness. This is an important finding given that relative risk of acting on suicidal thinking is increased the longer that style of thinking continues (Smith, Alloy & Abramson, 2006). The specifics of the relative contributions of these other variables in the development of suicidal ideation is

therefore complex, but whatever the specifics of the process, hopelessness is doubtlessly playing a significant role.

In addition to its well-established link with suicide, hopelessness (and similar variables such as feelings of discouragement) has been found to be linked to a number of other negative life outcomes for adolescents. While less immediately tragic, these are nonetheless of concern due to their negative effects on the individual, their family and social network, as well as society at large. For example, Krampen and von Eye (1984) found that the young males in their sample incarcerated for offences related to 'drug delinquency' differed systematically in their levels of hopelessness from both a non-incarcerated control group and young males incarcerated for non-drug related offences. Level of hopelessness, it seems, is one of a matrix of variables that differentiates not just adolescent offenders from non-offenders, but is also able to explain the presence of drug use as part of their delinquency (Krampen & von Eye, 1984).

Hopelessness also seems to play a role in other general indicators of psychological functioning and appears to be a variable with myriad implications for psychological functioning. Malinchoc, Colligan and Offord (1996) found striking differences in MMPI profiles between adolescents classified as pessimistic (hopeless) rather than optimistic in their expectations. The differences in MMPI profile were such that the pessimistic group exhibited a profile that was almost the (pathological) mirror-reverse of that seen in the optimistic group. Other findings suggest that, in certain familial environments, higher levels of hopelessness are associated with higher levels of anxiety (Lewis & Kliewer, 1996), and are predictive of the use of social avoidance and withdrawal as coping strategies (Nurmi, Toivonen, Salmela-Aro & Eronen, 1996).

General feelings of discouragement (a major component of hopelessness) has been linked to 'giving up' among job seekers (Bowman, 1984), and hopelessness has been linked with poorer health outcomes and greater psychological distress in young people diagnosed with cancer (Blotcky, Raczynski, Gurwitch & Smith, 1985; Hinds, 1988).

The precise role of hopelessness in these negative outcomes does not seem to be simple, however, and appears to be conditional on contextual factors. Using a sample of adolescents from a variety of social situations, Miner (1991), found that the effects of hopelessness varied depending on the groups to which her participants belonged. While a very strong association between level of hopelessness and various negative psychosocial outcomes (eg., low self-esteem, poor body image, lower quality of social relationships, less feelings of mastery and overall poorer emotional adjustment) was evident among homeless adolescents and unemployed adolescents living at home, these relationships were not as strong for adolescents living at home who were employed or currently studying (Miner, 1991). These results strikingly illustrate the variable effect of hopelessness across different groups. Although this variability in outcomes clearly appears to be dependent on the social contexts in which the adolescents live, a full understanding of the nature of these contextual effects and the underlying processes is currently lacking from the literature.

The findings of research on hopelessness clearly identify it as a variable of great psychological importance. Despite this however, there has, it seems, been a general reluctance to explore the concept in a way that allows for the integration of these diverse findings. Minkoff, Bergman, Beck and Beck (1973), suggest that "(o)ne explanation is the entrenched belief of many clinical investigators that hopelessness is a

diffuse feeling state and therefore too vague and unquantifiable to be systematically investigated" (p. 455). Although this may indeed explain the reluctance of many early researchers and theoreticians to engage too closely with the concept of hopelessness, these appeals to the unquantifiability of hopelessness no longer reflect the current state of the literature.

With the development of reliable and valid instruments for the measurement of hopelessness now accomplished (e.g., Beck, Weisman, Lester & Trexler, 1974; Kazdin, Rodgers & Colbus, 1986; Nunn, Lewin, Walton & Carr, 1996), the present challenge for the literature lies in the theoretical unification of the diverse approaches that have been taken to the study of hopelessness. To date, much of the research into hopelessness has been conducted in rather piecemeal fashion and has tended not to concern itself with the task of developing a theoretical context in which to understand these findings. The following chapters will examine these various research approaches in finer detail and attempt to identify the areas of overlap that present a possibility for integration of the literatures.

2.2 The Factors Associated With Hopelessness

As discussed in the preceding section, a growing research literature has developed around hopelessness in both adults and adolescents. Despite this, however, a number of important questions about the nature of hopelessness as a psychological construct remain unanswered. While hopelessness has been used as a variable in many studies, most commonly it appears as an independent variable in the investigation of some other psychological, functional, social or health outcome (e.g., Beck, Steer, Kovacs &

Garrison, 1985; see also Dyer & Kreitman, 1984; Minkoff, Bergman, Beck & Beck, 1973). So while we might know what effects hopelessness tends to have, at this stage, it is difficult to draw conclusions about the nature of hopelessness itself, its precursors or maintaining factors.

This is not to say that the nature and causes of hopelessness have not been empirically investigated, however, and a number of variables have been implicated in the development of hopelessness in young people. There is a growing literature around the factors associated with hopelessness in young people, and although there has tended to be a greater focus on the use of general adult samples, there is considerable overlap between many of the variables that emerge as important in each of these groups. This suggests that the processes involved in hopelessness are similar across age ranges and that many of the findings in the adult literature are likely to be also applicable to younger people.

Variables as diverse as social / locational context (e.g., Pushka, Sereika, Lamb, Tusaie-Mumford & McGuinness, 1999), depression (e.g., Kashani, Soltys, Dandoy, Vaidya & Redi, 1991; Kashani, Suarez, Allan & Reid, 1997; Kazdin, French, Unis, Esveldt-Dawson & Reid, 1983), self-esteem (e.g., Dori & Overholser, 1999; Kashani, Soltys, Dandoy, Vaidya & Redi, 1991; Marciano & Kazdin, 1994; Overholser, Adams, Lehnert & Brinkman, 1995), anxiety (e.g., Lewis & Kliewer, 1996; Nunn, Lewin, Walton & Carr, 1996), stressful events (e.g., Pillay & Wassenaar, 1997), social support (e.g., Kashani, Soltys, Dandoy, Vaidya & Redi, 1991; Kashani, Suarez, Allan & Reid, 1997), personality factors (e.g., Fritsch, Donaldson, Spirito & Plummer, 2000; Maltby & Day, 2000; Nordstroem, Schalling & Asberg, 1995), cognitive style (e.g., Turner & Cole,

1994) and existential factors (e.g., DuRant, Getts, Cadenhead, Emans & Woods, 1996; Hammond & Romney, 1995; Newcomb & Harlow, 1986) have all featured in the literature as possible contributors to hopelessness in young people. But it is the sheer diversity of variables that have been implicated in its development that highlights the major gap in the literature on hopelessness. While we are able to generate a list of factors that seem to play some role in hopelessness, the processes by which these variables (which have all been *individually* implicated in hopelessness) interact to produce hopelessness in young people remain unclear. The relative effects of each of these variables on hopelessness and the nature of any relationships between them are unknown.

This situation has resulted from the lack of theoretical unity that seems to characterize the literature around hopelessness. The research that has been conducted to date has tended to occur in isolation and to focus on only one or a few different variables at a time. As a result, there is no theoretical statement that is able to explain the relative roles of each of these many variables in hopelessness. While it is true that many of the individual studies have been undertaken from a theoretical base (e.g., see Joiner Jr., 2001; and Abramson, 2000 for two reviews of research in this area conducted within a hopelessness-depression theory framework), no theoretical context that has been applied to this area is able to take account of all (or even most) of the variables that have been found to be of importance to hopelessness. Interpretation of the empirical findings, therefore, is complicated by the dis-integrated and piecemeal nature of the literature. As it stands, interpretation of the literature, especially as it refers to the relative roles of variables from different streams of research, requires much guesswork.

Despite this lack of theoretical unification, however, the literature on hopelessness can be informally grouped into a number of interlinked but relatively discrete categories based on the variables invoked by the researchers to explain hopelessness. Following this trend in the literature, the remainder of the current literature review will therefore focus on a number of broad categories of research into hopelessness. Research that focuses on explanatory variables identified in the areas of social/cultural (ie., contextual) factors, affective/emotional factors, cognitive style, personality, and social support factors will be dealt with, to develop a picture of the overall state of the contemporary hopelessness literature.

2.3 The Role of Context in Hopelessness

The differences in suicide rate between Australian young people from different demographic contexts observed by Dudley et al. (1998) strongly suggest that there is a definite role for contextual factors in the explanation of the psychological processes around suicide in young people. However, the specific role of these contextual factors in the processes around suicide is not entirely clear. Given the role that hopelessness appears to play in the development of suicidal ideation and behaviour (e.g., Asarnow & Guthrie, 1989; Goldston et al., 2008; Dyer & Kreitman, 1984; Kazdin et al., 1983; Keller & Haase, 1984; Kuo, Gallo & Eaton, 2004), understanding the effect of contextual factors on hopelessness provides one route for greater clarity around their role in related negative outcomes such as psycholological disorder and suicide.

The effects of context on psychological processes has received considerable attention in the literature on cross-cultural psychology (Smith & Bond, 1993; Tseng, 2001). Cross-

cultural psychology seeks to explore the role that culture as a contextual variable plays in influencing the nature of psychological process and outcome between different cultural groups. By comparing psychological phenomena between groups drawn from different cultural backgrounds, cross-cultural psychology aims to explain the role of culture and demarcate those aspects of psychological process that are fundamental to the process itself from those aspects that are the result of cultural influence (Smith & Bond, 1993). Although the current thesis does not seek to address the role of culture as such, the cross-cultural literature does provide some insights into the ways that one set of contextual variables (i.e., cultural factors) can influence the psychological processes of the individuals immersed in it. Within the current study's investigation of regional contextual effects on hopelessness, our understanding of the effects of being located in a specific region is derived from the literature on culture.

Culture can be broadly defined as the set of norms for interpreting and responding to the world shared by people within given cultural groupings (Rohner, 1984). While being influenced in some part by aspects of biology and the physical environment, culture is fundamentally a product of human social interaction (Segall, Berry, Dasen & Poortinga, 1990). Culture, therefore, is that set of socially constructed meanings that provide a structure for the individuals in a given cultural group to impose understanding on events in not just their physical, but also their social and psychological worlds. These (culturally-based) understandings, in turn, generate a set of shared norms for appropriate cognitive, emotional and behavioural responses to those events. Thus to the extent to which different cultural groupings differ in regards their cultural norms, so will the individuals in those groups differ from individuals in other cultural groups in their interpretations of and responses to events in their lives. (Rohner, 1984)

The effects of cultural influence on psychological process have been widely investigated in a number of areas of relevance to the study of hopelessness. Primarily amongst these are the areas of social cognition and psychopathology. The suggestive evidence around each of these areas will now be briefly reviewed. A full review of the cross-cultural literatures on these areas is beyond the scope of this thesis and, in any case, unnecessary to the central argument that the context (culture or region) that individuals find themselves in has the potential to shape the nature of their psychological processes.

The extent to which that aspect of social cognition known as attributional style is of relevance to the study of hopelessness will be reviewed more fully in a later chapter. Briefly however, attributional style describes the explanations that individuals offer themselves around the causes of events in their lives (Seligman, Abramson, Semmel & von Baeyer, 1979). Attributional style represents the habitual tendencies for an individual to attribute the causes of events to factors that can vary along three dimensions: internal or external; stable or unstable, and; global or specific. Particular patterns of attributions that people habitually offer themselves have been found to be related to a number of other psychological and behavioural outcomes including level of hopelessness (e.g., Garber, Weiss & Shanley, 1993; Hjelle, Belongia & Nesser, 1996; Johnson, 1992; Johnson, Crofton & Feinstein, 1996; Priester & Clum, 1992).

The nature of the attributional style / hopelessness relationship however is not straightforward and appears to be affected by a number of different contextual variables including age and cultural background (Mezulis, Abramson, Hyde & Hankin, 2004).

Research into the relationship between attributional style and hopelessness has found that the patterns of relationship differ between different cultures. While studies with Western populations tend to find a 'self-serving bias' (Nisbett & Ross, 1980), wherein subjects are more likely to attribute success to internal causes (such as ability or effort) and failure to external factors (such as bad luck or task difficulty), this pattern is not as evident in samples from Non-Western backgrounds (Mezulis, Abramson, Hyde & Hankin, 2004). In a study using Japanese and American students, Kashima and Triandis (1986) found that although the American students demonstrated a clear self-serving bias, the Japanese students tended to show a different pattern. In this study the Japanese students tended to use a 'self-effacement bias' where they attributed failures to their own lack of ability (Kashima & Triandis, 1986). That two groups from different cultural contexts tended to show such markedly different attributional style suggest that consideration of contextual factors is crucial to a full understanding of attribution processes and their consequences such as hopelessness.

That cultural context plays a part in some of the processes involved in generating psychological distress and pathology is also consistent with some of the more direct research into cross-cultural psychopathology in the psychiatric and clinical psychology literatures. The existence of culture-bound syndromes has long been recognized in cross-cultural clinical psychology. Culture-bound syndromes are particular patterns of psychological symptoms that arise (almost) exclusively within a particular culture or group of cultures and are not typically found in other cultures (American Psychiatric Association, 1994). These syndromes do not appear to simply represent variations of disorders found in other cultures and are typically related quite closely to beliefs that are part of the cultural framework within which they are found. As such, they are often

pathological extensions of beliefs that are normal within their cultural context. Although these beliefs can be concerned with witchcraft, magic or possession in cultures where such beliefs have some level of acceptance within that culture (eg., the syndromes of *rootwork* found in the Carribean and southern United States, *shin-byung* from Korea), they can also be more mundane in their focus. A number of culture-bound syndromes have been identified that are concerned more with social shame (eg., *taijin kyofusho* from Japan) or with preoccupations with sexual organs or loss of semen that would seem bizarre or excessive in Western cultures (eg., *koro* from Malaysia, *shenkui* from China) (APA, 1994). Indeed given its pattern of incidence and its relation to common cultural beliefs there is an argument that Anorexia Nervosa and Bulimia Nervosa may indeed represent a culture-bound syndrome for developed Western cultures (APA, 1994; see also Khandelwal, Sharan & Saxena, 1995, and; Lee, Ho & Hsu, 1993 for discussions of intercultural differences in the presentation of anorexic-type disorders).

While the culture-bound syndromes may be a particularly striking example of the role of cultural context in psychopathology, cross-cultural research has also identified a number of culture-based patterns in the form that the more 'universal' psychological disorders take in different cultural contexts. Traditionally, depressive and psychotic disorders have been viewed as 'universal' disorders. In the case of schizophrenia, the prevailing view for most of the history of this disorder has been that it is a biological disorder whose symptoms, while clearly psychological in expression, have at their basis, biological causes. As such, schizophrenia has been viewed as a biological / medical entity that exists largely independent of culture. In this account of the disorder, while the specific content of its symptoms (ie., delusions, hallucinations and

behavioural disturbance) may be influenced by culture, the presence or absence of them is a biological matter. If this is the case, aspects of the disorder such as its geographic distribution, relative prevalence, relative frequency of different class of symptom and course (aspects presumably governed by the underlying biological disorder) should therefore be roughly equivalent across cultures.

What cross-cultural research has tended to find however, is that these aspects of the disorder, which are supposed (in the traditional view) to be controlled primarily by biology, in fact differ in specific and identifiable ways between cultural contexts. Although the prevalence of schizophrenia and the nature of its core symptoms are not dramatically different across cultures, a number of specific differences do emerge (Lopez & Guarnaccia, 2000). People from developed Western countries with schizophrenia are more likely than their non-Western counterparts to experience affective symptoms, and to experience a chronic and long-term disability related to their illness. Western subjects also present with delusions as a feature of their illness much more frequently than do people from developing countries. By contrast, non-Western subjects are more likely to present with catatonic symptoms and show a higher rate of visual and auditory hallucinations (Lopez & Guarnaccia, 2000).

Additionally, there are striking differences in the course of psychotic disorders across cultural contexts. It has long been recognized that individuals with schizophrenia in non-Western cultures have a more positive prognosis than their Western counterparts (e.g., Waxler, 1979). The reasons why the course of schizophrenia tends to take a more benign path in non-industrialised societies are not entirely clear, although whether this is due to differences in cultural beliefs around psychotic symptoms, different treatment

responses, or some other factor, these are all at some level reflective of differences in the cultural milieu in which the disorder is manifest. Whatever the specific reasons however, it is clear that, despite having similar incidence and core symptoms across cultures, differences in the context in which the disorder appears do tend to play a major role in directing the specifics of presentation and course (Lopez & Guarnaccia, 2000).

Similarly with depressive disorders, the traditional view of biological psychiatry has been that the psychological symptoms of this disorder are little more than expressions of an underlying biological disorder. Now while this view has not been the one that has held sway in the psychological literature, 'universalist' elements have nevertheless been implicit in many of the psychological accounts of depression and depressive disorders. Whether the specific underlying cause be seen as biological, environmental or a combination of the two (as in "stress-diathesis" models), implicit in these formulations is often the belief that depression is the natural and inevitable result of the confluence of these causative factors. Additionally, the form that depression takes has also been seen as somehow inevitable. The typically Western picture of depression as characterized by depressed mood, anhedonia, loss of motivation, and vegetative symptoms such as appetite and sleep disturbance (APA, 1994), are assumed within much of the psychological literature to be the natural consequences of the stress-triggered vulnerability. The idiom of distress typically seen in the depressive presentations of people in the developed Western world has come to be seen as the natural manner of expression of the underlying distress. The possibility that the underlying processes may differ between cultural groups, or that the manner of expression of depressive distress could differ between cultural groups has received only scant attention in the traditional psychological literature (Barlow & Durand, 2001).

As with psychotic disorders however, cross-cultural investigation has found some striking cultural patterns in depressive disorder that bring its status as a 'universal' into question. Studies of intercultural variation again suggest that there is a core group of depressive symptoms that hold true across cultures. Sadness, joylessness, anxiety, tension, lack of energy, loss of interest, problems with concentration and suicidal ideation were common features of depression that seemed to be independent of culture. However while depressive affect and cognitions together with excessive guilt were the symptoms more frequently seen in the Western sample, manic states and somatisation symptoms were significantly more frequent features in depressed non-Western cultures (Marsella, Sartorius, Jablensky & Fenton, 1985). This contrast in the rates of somatisation symptoms in depression has been borne out in other research (e.g., Cheung, 1982; Jadhav, 1996; Mukherji, 1995) to the extent that somatisation (rather then depressed mood) may be the most ubiquitous expression of depression in non-Western cultures (Marsella, Sartorius, Jablensky & Fenton, 1985; Mukherji, 1995).

There is also convincing evidence that the specific factors that precipitate and buffer against depressive problems differ between cultures (Goldston et al., 2008). Given the differing emphases on autonomy and individual achievement versus connectedness and the fulfilling of role obligations between individualist and collectivist cultures, Markus and Kitayama (1991) argue that different types of experiences place people at risk of depression in these different types of culture. This hypothesis has received partial support from the findings of Stewart et al. (2004), using a large sample of adolescents from the United States and China. These researchers found that while feelings of low self-efficacy significantly predicted depression in adolescents from the United States (an

individualistic culture), self-efficacy was a less salient predictor of depression in adolescents from the more collectivist Chinese culture (Stewart et al., 2004).

Furthermore, the greater emphasis that collectivist cultures place on social connectedness, and the support that this presumably entails, has been postulated to act as a buffer against depressive problems for the people within that culture that may explain some of the differences in rates of depressive disorder observed between cultures (Chen, 1996; Tanaka-Matsumi, 2001). While this suggestion does present interesting theoretical possibilities, given the complexity of effects around social support and connectedness, hypotheses such as these require further empirical investigation before it becomes anything more than speculation.

The existence of culture-bound syndromes and the differences in the antecedents and symptom profile of 'universal' disorders have posed a significant difficulty for any theory of psychopathology that views psychological distress and disorder as being independent of the cultural context in which it occurs. As the breadth of cross-cultural research expands, it is becoming increasingly clear that psychopathology, and psychological distress in general, are intimately and inextricably linked to the context in which they arise.

Given these differences in the nature of psychological processes seen between cultures, it is apparent that psychological science cannot sensibly exist in a context-free vacuum. Aspects of the context in which individuals find themselves have the potential to exert an influence on the individual's psychological processes. The nature and extent of this contextual influence is likely to differ depending on the exact variables being studied

and the specific contexts in which they are studied. Until more is known about these contextual effects however, it is prudent to conduct and interpret research through a lens that acknowledges the possibility of contextual influence colouring the results.

In an attempt to address these issues several cross-cultural researchers (exemplified by Sinha, 1986) have proposed the need for an "indigenous psychology" that is specific to the cultural contexts to which it applies. This proposal has the potential to require the development of methodologies that are appropriate and meaningful to the cultures being studied, and potentially, distinctive theories to model psychological processes in different cultures. Within this framework, where two cultural contexts differ markedly in the way they influence a particular psychological process, so too the theories that best describe that psychological process and the methodologies used to study it in each of those context will differ markedly. In cases where contextual factors are less dissimilar in their influence on the object of study, so too the methodologies and theories needed for each of those contexts will be more similar (Rogler, 1999; Sinha, 1986).

While there has been an increasing willingness on the part of researchers to engage in the type of contextually specific psychology outlined above, this has tended to take ethnic and national cultural groups as its focus (e.g., see Smith & Bond, 1993 for a discussion of trends in cross-cultural research in social psychology). While study of the differences between these larger social groupings undoubtedly offer insights into some of the effects of context on psychological processes, there has been a relative lack of research into the effects of more localized contextual factors within cultures. Demographic factors such as socioeconomic status and regional location, for example,

while having the potential to influence the nature of psychological processes have not received the same attention as cross-cultural differences.

Partly in response to this gap in the literature, there has been some attempts to examine the effects of more localized contextual factors through the notion of "place" (Canter, 1986; Canter, 1991; Pretty, Chipuer & Bramston, 2003). "Place" in this sense refers to those aspects of the specific local economic, environmental and social context that can have an effect on psychological processes for the individuals living within that context.

It is the particular subcultural environment that directs the meanings ascribed to objects and events, and the norms for behaviour within a given local area. Place, can therefore be understood as the local social and psychological environmental context. With this focus on more local contextual phenomena, it is possible to conceptualise smaller regions, communities or population groups as contextual entities that, while sharing much of their culture with surrounding groups nevertheless differ from them in particular ways due to local conditions (Pretty, Chipuer & Bramston, 2003).

An approach such as this allows for a finer grained investigation of contextual effects than has previously been a feature of the psychological literature. Given the extent to which hopelessness can be affected by contextual factors, the potential that this sub-cultural focus offers researchers may be particularly important. For example, in a study by Perez-Smith, Spirito and Boergers (2002), it was found that environmental contextual factors at the neighbourhood level played a role in predicting level of hopelessness in adolescents who had attempted suicide. Even after controlling for factors such as socioeconomic status and pre-existing level of depression, adolescent

suicide attempters from neighbourhoods that were characterized by weaker social networks tended to exhibit higher levels of hopelessness than their suicide attempting peers from neighbourhoods with stronger social support networks (Perez-Smith, Spirito & Boergers, 2002).

Similarly, Pretty and colleagues (1994;1996) have found that local contextual factors can have significant effects on a number of indices of adolescent well-being, including feelings of loneliness (Pretty, Andrewes & Collett, 1994; Pretty, Conroy, Dugay, Fowler & Williams, 1996). These effects of local context have also been observed in adult samples, with African-American women from relatively more disadvantaged or troubled neighbourhoods found to be more likely to experience distress and depression in response to life events than their peers from less disadvantaged and more cohesive neighbourhoods (Cutrona et al., 2000; Cutrona et al., 2005).

That local contextual effects such as these can be observed at even the neighbourhood level, suggests that this level of analysis is useful for a more complete understanding of many aspects of adjustment, including hopelessness. While this does not necessarily imply that every neighbourhood need be studied individually, it does suggest that where groups from different contexts have shown differing levels or patterns of hopelessness these groups would be most profitably investigated in ways that allow the effects of their respective contexts to be taken into account.

A number of these contextual groups can be identified from the literature. In Australia, there is already substantial suggestive evidence of differences in both level of hopelessness and unique patterns in the psychological processes around hopelessness in

adolescents from a number of groups. Adolescents who are homeless and / or have problems with delinquency (Miner, 1991), and adolescents from rural areas (see discussion of differences in suicide rates by region in the previous chapter) both seem to be groups whose outcomes are influenced by the effects of their social contexts.

In the case of homeless adolescents, Miner (1991) found that hopelessness related to a number of measures of adjustment differently in a sample of homeless adolescents compared to a sample of adolescents living at home. Although the homeless adolescents showed surprisingly good results on a number of indices of adjustment, regression analyses of the various groups revealed that hopelessness was differentially associated with outcome by group. For those adolescents in the homeless group, hopelessness was a significant predictor of lower global self-esteem, worse emotional tone, poor body and self-image, dissatisfying social relations, lower moral values, poorer family relationships, lower feelings of mastery, lower vocational and educational goals and lower overall adjustment. For adolescents who were both homeless and unemployed, lower impulse control, lower body and self-image, dissatisfaction with social relationships, poorer family relationships and lower feelings of mastery were all predicted by hopelessness. By contrast, in the sample of adolescents living at home, hopelessness was only significantly associated in the regression analysis with lower feelings of mastery, lower vocational goals and lower overall adjustment. For the adolescents living at home, it was depression, rather than hopelessness, that was the more pervasive predictor of outcome (Miner, 1991).

The differences in specifics of the regression equations that best model the data for each of these groups suggests that the psychological processes involved in hopelessness for

individuals in these groups differ as a function of the contexts from which the samples were drawn. That is, it is not just the outcomes that differed for these groups, but also the underlying psychological processes that drive these outcomes. That groups such as these represent distinct populations with psychological processes that differ in nature from other groups has not been the focus of a great deal of empirical or theoretical attention.

Such a consideration of contextual factors may also be able to provide some insights into the differences observed in relation to hopelessness, psychopathology and adjustment outcomes between young people from rural and urban areas. The close link between hopelessness on the one hand, and suicidal ideation and behaviour on the other, is by now well recognized in the literature (see previous section for a brief discussion of this), as are the dramatic differences in suicide rates between young Australians in rural and urban areas. Although there has been a great deal of consideration of how contextual factors in rural areas may be influencing suicide rates (e.g., Fox, Blank, Rovnyak & Barnett, 2001; Wilson, Deane & Ciarrochi, 2005), this level of explanation remains to be fully integrated with more psychological explanations. That is to say, while there are both context-level and psychological-level explanations that attempt to account for these observed differences in suicide rate, to date there has been little attempt to integrate the two. So while we might be able to give partial accounts from both perspectives, we are not in a position to make any definitive statements about whether the contextual factors at play might be altering the psychological processes involved and, if this is the case, how.

The current studies are aimed at investigating the psychological processes involved in hopelessness in a number of Australian contexts. Central to the current investigation however, is the assumption of the possibility that the groups from different social contexts may differ, not just in their levels of the variables studied or in their outcomes, but that they may also differ in the patterns of association between these variables. That is to say, insofar as these various groups represent groups that are exposed to different contextual factors, so too the processes that lead to hopelessness in each of the groups may vary. The current study represents an attempt to model the particular processes that lead to the outcomes in groups drawn from a number of different social contexts. As such, it is an effort at integrating the contextual level of analysis with the psychological level of analysis that has been the focus of most of the literature to date.

The following sections will now review the literatures around the psychological variables that have been found to be of importance in the study of hopelessness.

2.4 Affective and Emotional Factors

2.4.1 Depression and Depressed Mood

Clinically significant levels of depressive symptomatology are common in adolescence and appear to manifest at similar rates among adolescents in a range of different cultural contexts (Ruchkin et al., 2006). While girls more frequently report depressive symptoms than do boys, prevalence rates for both genders tend to be higher than in equivalent adult populations (Ruchkin et al., 2006; Rushton et al., 2002). Given the intuitive link between depression and hopelessness, it is unsurprising that strong

relationships are typically found between depression and hopelessness in adolescent samples (e.g., Garber, Weiss & Shanley, 1993; Hammond & Romney, 1995; Stewart et al., 2004). Across samples of inpatient and general community adolescents, studies have found the proportion of variance shared by hopelessness and depression to range between 23% (Garber, Weiss & Shanley, 1993), and 41% (McCauley, Mitchell, Burke & Moss, 1988). The proportion of variance shared by these variables is consistently moderate-to-high and holds across a range of cultural contexts (eg., Stewart et al., 2004) and different measures of these variables. These correlations in adolescent samples mirror the high levels of association that have long been observed between measures of these variables in adult samples (eg., [r = .63] Minkoff, Bergman, Beck & Beck, 1973; [r = .71] Priester & Clum, 1992). This association also remains high when hopelessness is operationally defined in terms of a more specific orientation towards specific events or situations rather than a generalized attitude (Lynd-Stevenson, 1997).

The observation of strong associations between hopelessness and depression in both adult and adolescent samples is consistent with other findings pointing to considerable similarities in the nature of depression in these two groups. In a well-controlled longitudinal study, Gotlib, Lewinsohn, Seeley, Rohde and Redner (1993), found that the cognitive correlates of depression in adolescents in the general population echoed those typically found in adult samples. Across four groups of adolescents categorized as currently depressed, previously depressed, never depressed or experiencing other (non-depressed) psychiatric symptoms, these researchers found patterns of cognitive style very similar to those previously found in adult samples. Using variables derived from the cognitive formulations of depression articulated by Beck (1976), Rehm (1977), and Abramson et al. (1978; 1989), results indicated that the adolescents in each of the

groups yielded results that were similar to those that have previously been found in corresponding adult samples. In terms of causal attributions for events, self-reinforcement, self-esteem, dysfunctional attitudes and expectations for positive outcomes (a variable with many conceptual similarities to hopelessness) the adolescent groups were consistent with those found in similarly defined adult groups. (Gotlib, Lewinsohn, Seeley, Rohde & Redner, 1993).

Further evidence of the similarities between adolescent and adult depression can be found in the results of Allgood-Merten, Lewinsohn and Hops (1990). Although this study found higher rates of depressive symptomatology (as measured by the Centre for Epidemiological Studies-Depression Scale *[CES-D]*; Radloff, 1977) in their adolescent sample than is typically found in adult samples, the patterns of correlations found in their adolescents were remarkably similar to those typically found in adult samples. As in the adult literature, current depression was associated with elevated levels of anxiety, lower self-esteem and recent occurrence of stressful events (Allgood-Merten, Lewinsohn & Hops, 1990).

While there are major differences between adolescent, young-adult and adult populations regarding social networks, power relations, socioeconomic context, potential for independent action, and developmental stage, the nature of the depressive problems experienced by each of these groups appears to be remarkably similar. It is possible therefore, to supplement the relatively limited literature on the depression-hopelessness link in adolescence with some (guarded) generalizations based on adult findings.

The high coincidence of hopelessness and depression in adults is well documented (e.g., see Steer, Kumar & Beck, 1993). Indeed, in much of the literature on depression in adults, the depression-hopelessness association is so taken for granted that hopelessness is simply assumed to be one of the symptoms of depression. The intimate connection between hopelessness and depression is also apparent in the processes involved in recovery from depression. Decreases in depressive symtomatology and decreases in hopelessness during the recovery process occur in tandem (Needles & Abramson, 1990; Johnson et al., 1996; Johnson, Han, Douglas, Johanet & Russell, 1998) and the presence of hopelessness that does not respond to cognitive therapy early in treatment is predictive of poorer recovery from depression over the course of treatment (Kuyken, 2004). Review of the literature suggests that whether one is discussing the processes involved in increasing or decreasing mental health, hopelessness and depression are fundamentally linked such that changes in one are necessarily accompanied by changes in the other.

The strength of the association between hopelessness and depression has, however, raised some important theoretical questions about the nature of their relationship. Most notable among these questions are those regarding the direction of causality between these two variables. The traditionally accepted view is exemplified by Beck (1967). In accounts of this type, hopelessness is seen as either an outcome of depressed mood, or as part of the overarching depressive syndrome itself. Beck (1967) includes hopelessness (described as negative expectations for the future) as one element of the 'cognitive triad' of depression (that also includes negative view of the self and of current experience) that characterizes the automatic thinking styles of depressed individuals (Beck, 1967; Beck, 1976; Beck, Rush, Shaw & Emery, 1979). While not

arguing that hopelessness about the future is exclusive to depression, the tendency to think in ways that view the future in negative and hopeless ways is exaggerated and made habitual as part of the depressive syndrome and, in turn, serves to maintain the individual's depressed mood (Hawton, Salkovskis, Kirk & Clark, 1989). That accounts of this kind underpin the cognitive therapies that have been dominant in modern clinical psychology attest to the near ubiquity of their acceptance.

While hopelessness has traditionally been regarded as an outcome of depressed mood, or as one of the components of an overarching depressive syndrome, more recent theories, such as the Hopelessness Theory of Depression, offer interpretations of the data that posit a reversal of the direction of this relationship. This theory will be dealt with in greater depth in a later section of this thesis focusing on cognitive attributional style; however, its basic features contrast it to the more traditional views and are worth reviewing briefly here. The Hopelessness Theory of Depression is an outgrowth of Seligman and Abramson's early work on attributional style and learned helplessness (Seligman et al., 1979). It hypothesizes that hopelessness stems from that *interaction* of particular patterns of attributional style (that is, people's habitual ways of explaining the causes of events to themselves) with stressful events, and that this hopelessness, in turn, leads to the development of a particular hopelessness-depression syndrome (Abramson, Alloy & Metalsky, 1988; Abramson, Metalsky & Alloy, 1988). In effect then, this theory reverses the direction of assumed causality in the association between hopelessness and depression (Alloy, Abramson, Metalsky & Hartlage, 1988). Rather than being an outcome of depression, or a component of a depressive syndrome, in this formulation, hopelessness precedes and precipitates the development of depression.

Studies investigating the Hopelessness Theory of Depression have produced mixed results. While some aspects of the theory have received considerable empirical support (e.g., Kapçi, 1998), a number of studies have produced results that are difficult to accommodate within the theory (e.g., Johnson, 1992). Although some of these studies have suffered for basic misunderstandings about the pathways that are hypothesized by the theory (Alloy, Abramson, Metalsky & Hartlage, 1988 discuss this in some detail) revision and expansion of the theory in order to account for some of the inconsistencies in results is an ongoing process (Abela & Brozina, 2004; Dobkin, Panzarella, Fernandez, Alloy & Cascardi, 2004).

Attempts to directly compare the hopelessness theory of depression with the more traditional accounts have not yet been able to speak to the definitive superiority of either approach (Hankin, Abramson, Miller & Haeffel, 2004) so the precise nature of the relationship remains unclear. However with the evolving nature of the hopelessness theory of depression and the equivocal nature of the empirical findings around it, the more traditional accounts continue to hold sway in the literature. In either case, the link between depression and hopelessness is undoubtedly close and justifies consideration of depression as a necessary component of any examination of hopelessness.

2.4.2 Stress

Another aspect of affective distress that has been found to have strong links with many aspects of psychopathology, emotional disturbance and poor psychological well-being is stress. Stress is a fundamental component of the diathesis-stress models of psychopathology and the vast literature on the relationship between stress and mental

health clearly indicate that the experience of high levels of stress can have a deleterious effect upon psychological well-being (Amone-Polak et al., 2009; Grant, et al, 2006).

Stress is a term that has entered the popular lexicon and, as a result, tends to be used with greater or less precision in many everyday contexts. In the psychological literature, stress is most typically defined according to Lazarus' conception, as the pattern of cognitive, emotional, physiological and behavioural responses that occur when an individual appraises the demands of a situation as outstripping the resources at their command with which to deal with them (Lazarus 1991; Lazarus & Folkman, 1984). Thus stress is usually defined as both dynamic and idiographic in nature. Dynamic, in that it is the persons' response to the changing demands of their environment that must itself change in response to those environmental changes. Idiographic, in that although there is some consistency in the response across individuals, there is scope for variation between people in the nature of the response and the relative predominance of the various components due to individual differences in the resources that individuals bring to bear in dealing with situational pressures.

The notion of *'stress'*, therefore, presents a challenge to research. Research subjects arrive in the testing situations with their own (often imprecise) conceptions of it, it changes with response to particular environmental demands, and it can vary across individuals. As a result, researchers have most often resorted to assessing not stress itself, but the stressful events, situations and circumstances that stress occurs in response to.

Adolescence and young adulthood have been popularly characterized as a time of 'storm and stress' (e.g., see Violato & Wiley, 1990). Although it is clear that this period involves immense changes and significant challenges for the individual as they make the transition into adulthood, research evidence tends to suggest that generally, individuals manage and navigate the challenges of this period well (e.g., Arnett, 1999; Gegas & Seff, 1990). While self-reported depression is higher in adolescents than in the general adult population suggesting that it is a period of heightened risk for developing emotional problems (Kandel & Davies, 1982), the vast majority of individuals survive this stage relatively intact. It is during the adolescent and young adult years that individuals develop and expand on their repertoire of responses to cope with stressful situations (Compas, Connor-Smith, Saltzman, Thomsen & Wadsworth, 2001; Williams & McGillicuddy-DeLisi, 2000). As such, stress and the individual's relative ability to deal with it and the situations that give rise to it, are important areas of study in adolescents and young adults.

Major life stresses such as school, employment and interpersonal relationship problems have been observed to affect emotional well-being in a cumulative fashion. One effect of this is that adolescents whose situation exposes them to unusually high numbers of *stressful events* tend also to demonstrate higher levels of depression (McFarlane, Bellisimo, Norman & Lange, 1994) and hopelessness (Pillay & Wassenaar, 1997). Although there is some evidence to suggest that the stress - hopelessness relationship might be stronger for girls (Siegel & Brown, 1988; Windel, 1992), and especially in early adolescence (Siegel & Brown, 1988), it does appear to hold for both the sexes across the entire span of adolescence.

Examples of this association can be seen in studies of adolescents from family environments with high levels of conflict. Given the hypothesized link between stress and emotional disturbance, one would expect that adolescents from families of this type, who are exposed to chronic levels of stress greater than their peers from families with less conflict, would also experience greater levels of emotional disturbance. There is clear evidence from a number of studies that this hypothesis finds support in the data in a number of areas (Bank & Burraston, 2001; DuRant, Getts, Cadenhead, Emans & Woods, 1996; Prange et al., 1992; Shek, 1997a, 1997b, 1997c, 1998a, 1998b; Stark, Humphrey, Crook & Lewis, 1990).

Using a sample of adolescents from Hong Kong, Shek (1998b), found that discrepancies between the perceptions of adolescents and their parents regarding the level of family functioning was predictive of level of hopelessness. Whatever the actual level of family functioning, the adolescents in this study who perceived the family as less supportive and more conflictual tended also to show poorer levels of emotional adjustment and higher levels of hopelessness both currently, and one year later. While this effect was slightly stronger for the girls sampled, the trends held across both sexes (Shek, 1998b). Similar results have been found with adolescents from the United States. In a longitudinal study of depressed children, Stark, Humphreys, Crook and Lewis (1990), found that level of depression was predicted by level of family cohesion and conflict. Children from more conflictual and less cohesive (and by extension, more stressful) families tended to have more severe depressive symptomatology than depressed children from homes with better family functioning (Stark, Humphries, Crook & Lewis, 1990).

Physical illness, especially chronic physical illness is undoubtedly a stressful situation regardless of the age of an individual when their health problems begin. Studies of adolescents hospitalized for physical illness have revealed that as a whole, they experienced heightened levels of hopelessness and psychiatric disturbance compared to age matched controls (Pillay & Wassenaar, 1996). Lewis and Kliewer (1996) studied children with chronic sickle-cell disease. These researchers found that for these subjects, even the active use of coping mechanisms, such as accessing social support, did not buffer greatly against the deleterious effects of the stress of their illness on level of adjustment and hopelessness (Lewis & Kliewer, 1996).

The experience of loss is another psychosocial stressor that has been shown to have a potentially negative impact on emotional adjustment in adolescence. Loss in adolescence can take many forms, from the loss of friendship and romantic relationships, through to changes in familial situations (e.g., as occurs with parental separation) and the loss of important others through death. Morano, Cisler and Lemerond (1993), found that the recent experience of loss was associated with increased hopelessness in a sample of adolescent psychiatric inpatients relative to their inpatient peers who had not had recent experiences of loss. This effect of increased hopelessness in response to loss was especially pronounced among those adolescents who rated their family as being insufficiently supportive. Together, this combination of recent loss and lack of social support were the best predictors of suicide attempts prior to admission. These findings suggest that the stress associated with the experience of loss is a major contributor to hopelessness in adolescence, especially for adolescents whose family networks are insufficient to help buffer against it (Morano, Cisler & Lemerond, 1993).

Other sources of stress in adolescence, such as the chronic stress associated with chronic socioeconomic deprivation are less well explored. While it appears that this type of stress does have a negative impact on adjustment in adolescence, it is unclear from the literature how specific a risk factor this is for predicting hopelessness, as opposed to other types of adjustment problems in adolescence (Wadsworth, Raviv, Compas & Connor-Smith, 2005). Although there is a clear pattern in adults linking this type of stress to feelings of powerlessness and depression, in adolescents the patterns are more complex and the effects of extended socioeconomic stress appear to include both internalizing (e.g., depression) and externalizing problems (e.g., antisocial behaviours) (Wadsworth, Raviv, Compas & Connor-Smith, 2005). Consequently the impact of socioeconomic stress on hopelessness in adolescence is difficult to determine.

The literature on the effects of stress in adolescence overlaps to a large extent with other sections of the literature. The hopelessness theory of depression, for example, includes stress as a fundamental component of the theory that, in interaction with attributional style, determines level of hopelessness and, in turn, depression. This theory therefore posits a more complex relationship between stress and hopelessness than the direct relationship most often investigated in the stress and coping literature. As the hopelessness theory of depression will be discussed in depth in a later section it will not be reviewed here. At this point however, it is worth noting that here again the link between stress and hopelessness has received considerable support.

One aspect of the literature around the effect of stress on hopelessness that is troublesome however is the reliance on the use of exposure to *stressful events* as an

index of stress. As noted at the beginning of this section, stress is a multifaceted construct with emotional, cognitive, physiological and behavioural components. With the literature emphasising the objective situations and events that precipitate stress there is a proportionate lack of emphasis on the *subjective experience* of stress.

This represents a major gap in the literature and has resulted in much of the research taking as its focus life events that are assumed *a priori* to be stressful, rather than the felt experience of stress. As such, a number of potential confounds are introduced into the research. Adolescents differ in their resilience to stress and differ in their coping resources (Herman-Stahl & Petersen, 1996). Whereas some adolescents might find certain events stressful, due to greater resilience and coping resources, other adolescents may experience only minimal stress in response to those same events. While there are some experiences that are almost universally experienced as stressful, what is most important theoretically is the adolescent's subjective experience of those events as stressful. Additionally, because no study is able to exhaustively assess the impact of *every* event that could potentially lead to stress, the current 'stressful events' literature would provide stronger evidence regarding the stress-hopelessness link if one were able to consider it in the light of a complimentary 'subjective experience of stress' literature.

One of the aims of the current studies will be to redress this gap in the literature by focusing on the relationship between adolescent's felt experience of stress and hopelessness. By using measures that are able to gauge the participants' cognitive, behavioural and physiological stress responses independent of the events that prompted them (Lovibond & Lovibond, 1995), the focus on 'stress' in the current study will be on the individual's stress response to events, rather than on the events themselves. In this

way, the current study can help to reduce some of the confounds that have previously been a feature of research into this area.

2.5 Affective Variables That Have Been the Focus of Less Interest

2.5.1 Anxiety

Another element of affective distress that has been found to play a significant role in hopelessness is anxiety. Anxiety problems are known to often co-occur with depressive reactions and adjustment problems in all age-ranges (DSM-IV, APA., 1994) and as such, anxiety is an important variable to be considered in the study of psychopathological reactions generally. It is perhaps surprising that, to date, very little research has been focused on directly examining the link between anxiety and hopelessness in adolescence. The vast majority of studies into hopelessness do not make mention of anxiety and do not include it as a variable of any importance.

In studies where anxiety and hopelessness have been studied simultaneously, the similarity in correlates of each of these variables does support the suggestion of some degree of association between anxiety and hopelessness (e.g., Pinto & Whisman, 1996; Slater & Haber, 1984). Research into the effects of different types of family environment, for example, has found that similar types of environments are predictive of both anxiety and hopelessness in children and adolescents (Slater & Haber, 1984). Additionally, anxiety has been found to relate to other variables such as attributional style (Roberts et al., 2001), and self-mutilative (Penn et al., 2003) and suicidal

behaviour (Penn et al., 2003; Pinto & Whisman, 1996) in similar ways as do hopelessness and depression.

Although anxiety has not tended to be a focus of study for many researchers, there have been a few studies in the hopelessness literature that have directly assessed the relationship between anxiety and hopelessness. Kashani, Soltys, Dandoy, Vaidya and Reid (1996) included anxiety in the range of variables they assessed in a sample of children hospitalized for psychiatric problems. These researchers divided their sample into high and low hopeless groups based on the participants' responses on the Hopelessness Scale for Children (Kazdin, French, Unis, Esveldt-Dawson & Reid, 1983; Kazdin, Rodgers & Colbus, 1986) and found that those in the high hopeless group reported significantly greater anxiety than their low hopeless peers (Kashani, Soltys, Dandoy, Vaidya & Reid, 1996). While this is not the most powerful method of detecting associations between variables, their results nevertheless suggest that there is a relationship between anxiety and hopelessness in emotionally disturbed children.

This suggestion of a relationship between anxiety and hopelessness has been borne out by the results of Nunn, Lewin, Walton and Carr (1996). In a series of studies using a number of non-psychiatric populations (including a sample of adolescent males drawn from the general population) the overall correlation coefficient between anxiety and hopelessness was $r = -0.64$. Importantly, this relationship was not just an artefact of the association of anxiety and depression, as when level of depression was controlled, the partial correlation between anxiety and hopelessness remained strong ($r = -0.46$) (Nunn, Lewin, Walton & Carr, 1996). The strong unique effect of anxiety on hopelessness across all of their samples, prompted these researchers to suggest that anxiety could be

conceived of as the affective consequence of "hope under threat". That is, as the individual comes to perceive a risk that their desired outcomes for the future may not eventuate, anxiety results (Nunn, Lewin, Walton & Carr, 1996). That anxiety was found to be a variable with the ability to independently explain over 20% of the variance in hopelessness in that study marks it out as a variable of clear and considerable import in the understanding of hopelessness.

That the anxiety-hopelessness association observed by Nunn, Lewin, Walton and Carr (1996), remains significant when level of depression is controlled is in line with recent findings attesting to the independence of anxiety and depression in the processes involved in hopelessness. Prospective studies using both laboratory-based and more naturalistic methodologies to investigate the processes that underlie depression and anxiety suggest that these two indices of affective distress have different aetiologies (Hankin, Abramson, Miller & Haeffel, 2004). While cognitive conceptions in line with Beck's formulation and with the hopelessness theory of depression both adequately account for level of depression, neither of these models provides a good fit for the data around anxiety. This finding is of importance to the current discussion. While theories such as the hopelessness theory of depression and Beck's cognitive theory offer accounts for the mechanisms underlying the link between depression and hopelessness, these accounts are not as capable of explaining the association between hopelessness and anxiety (Hankin, Abramson, Miller & Haeffel, 2004). The specifics of this relationship therefore, await further empirical investigation and clarification.

Whatever the specific mechanism underlying the relationship between anxiety and hopelessness, there is a small but growing body of literature supporting the notion that anxiety is a variable of some importance in the study of hopelessness.

2.5.2 Feelings of Meaninglessness in Life and Loss of Control

Two additional examples of affective variables that the literature has found to be related to hopelessness deal with adolescents' feelings of purpose and meaning in life, and their sense of control over their lives. The variables of Meaninglessness and Perceived Loss of Control were initially operationalised by Newcomb and Harlow (1986) and have been found to covary with a number of different indices of maladjustment among adolescents. The remainder of this section will now deal with these two variables starting with meaninglessness.

Feelings of meaninglessness refer to a general perception of alienation, and a lack of a unifying belief system, future plans, or feeling of purpose in life (Newcomb & Harlow, 1986). It therefore reflects a construct as much existential as affective, but it is the experience of this emotional component (rather than the cognitive reflection or rumination on existential issues) that is assumed to be primary in bringing about the emotional, behavioural and relational sequelae to this variable. Feelings of meaninglessness produce an uncomfortable disequilibrium that is experienced as a tension that motivates the individual to search for ways to relieve this tension (Newcomb & Harlow, 1986).

Newcomb and Harlow (1986), looked specifically at substance use as one solution to the tension that accompanies feelings of meaninglessness. They found a clear relationship between greater experience of meaninglessness and higher levels of drug-use in two independent samples of adolescents. Importantly, in both of their samples the effects of stressful life events on drug use were mediated by hopelessness. Although the mediating effect was stronger in younger adolescents (a sample consisting of cohorts of 12, 15 and 18 year olds) than it was in older adolescents (17, 18 and 19 year olds), the effect nevertheless obtained with all age groups studied (Newcomb & Harlow, 1986).

These researchers also speculate that although drug use is one possible solution that adolescents might use to deal with the stress of meaninglessness, if an adolescent was unable to find adequate ways to reduce or cope with the unpleasant emotions associated with meaninglessness, then helplessness and hopelessness are a potential result (Newcomb & Harlow, 1986). Although this hypothesis was not directly assessed in the Newcomb and Harlow (1986) study, indirect evidence from a number of other studies do lend it some support.

'Purpose in life' is a variable that has a number of conceptual similarities to meaninglessness. Indeed, purpose in life can be seen to be subsumed by meaninglessness as one of its hypothesized constituent parts. A number of studies have investigated the links between purpose in life and indices of psychological wellness. Purpose in life has been found to predict level of risky drinking among college students (Palfai & Weafer, 2006) and to covary with hopelessness in response to negative family situations (e.g. DuRant, Getts, Cadenhead, Emans & Woods, 1996; Shek, 1998a).

Feelings of purpose in life have also been found to be a mediating factor between individuals religious beliefs and their subsequent levels of wellbeing, including perceptions of hopelessness (Steger & Frazier, 2005). Additionally, while purpose in life correlates negatively with hopelessness, it has been found to uniquely predict a portion of the variance in suicidal ideation in psychiatric inpatients over and above that accounted for by depression and hopelessness (Heisel & Flett, 2004).

The importance of purpose in life is illustrated by a study of HIV patients by Lyon and Younger (2001). In their study purpose in life was found to be a stronger predictor of depression than was HIV disease severity. For the HIV patients in their study, the presence of disease itself was not as important a determinant of their emotional state as were their feelings that life had purpose (Lyon & Younger, 2001). That feelings of purpose in life can buffer mood against the presence of life-threatening illness echoes the words of Friedrich Nietzsche (paraphrased later by Victor Frankl) that " he who has a why to live can bear almost any how" (Frankl, 1963).

Given the conceptual similarity between (lack of) purpose in life and meaninglessness it is likely that meaninglessness would show similar associations to other variables as does purpose in life. At this stage however, while the evidence suggests that meaninglessness and hopelessness are related, the exact nature of this relationship remains unclear.

The second of the variables conceptualized by Newcomb and Harlow (1986), is perceived loss of control. This variable refers to a feeling that events have become out of one's own personal control in response to uncontrollability in the environment.

There are a number of psychological variables that revolve around the idea of control and the extent to which people feel that they are personally in control of their destinies, most notable among these are locus of control (Rotter, 1971), self-efficacy (Bandura, 1995) and attributional style (Seligman, Abramson, Semmel & von Baeyer, 1979). Although there is overlap between these variables a number of points differentiate perceived loss of control from these other variables.

Rather than being a long-standing personality dimension (as is the case with locus of control), a habitual pattern of cognitive explanations for the causes of events (as in attributional style), or a feeling of personal capability or incapability (as in self-efficacy), perceived loss of control refers to the emotional response that acompanies perceiving the course of ones' life as being dictated more by external forces than by one's own efforts (Newcomb & Harlow, 1986). While an individual with an external locus of control, an external attributional style or a low self-efficacy might also have high levels of perceived loss of control, these variables each focus on different aspects of the individual's feelings of control or lack thereof.

In the longitudinal design employed by Newcomb and Harlow (1986), perceived loss of control was predictive of future feelings of meaninglessness and together with that variable mediated the effects of stressful life events on drug use. That perceived loss of control leads to feelings that life is meaningless makes intuitive sense, and together with the meaninglessness-hopelessness link outlined earlier, suggests a pathway for the development of hopelessness, from perceived loss of control through feelings of meaninglessness. If this hypothesized pathway is indeed the case, then feelings of loss

of control of one's own destiny is an important initial step in the development of hopelessness (Newcomb & Harlow, 1986).

The direct investigation of this hypothesis has however received only minimal attention. A longitudinal study of Icelandic adolescents has replicated many of the findings of Newcomb and Harlow (1986) in relation to the link between perceived control and substance use, particularly those around nicotine and illicit drug use in adolescent females (Adalbjarnardottir & Rafnsson, 2001). However this study did not include hopelessness as a variable and so is unable to offer any insight into the role of hopelessness in this process. In one of the clearest studies to assess control beliefs to date, Clements, Sabourin and Spiby (2004), found support for the association between increased perception of control and lower levels of hopelessness among women in domestic violence situations. That perceptions of personal control can retard the development of hopelessness even in situations as traumatic as domestic violence attests to the power of the role of perceived control in the processes around hopelessness.

The results of studies on related variables provide further support for the association of hopelessness and perceptions of control. While many of the variables involving control beliefs are defined as conceptually distinct constructs, they also overlap to a large degree, and are operationalised in similar ways, so it is reasonable to assume that their relationships with other variables will also be similar (Adalbjarnardottir & Rafnsson, 2001). A selection of the research findings around these related variables will be reviewed briefly.

In a study of 8 to 17 year olds referred to outpatient community mental health clinics in the U.S., Weisz and colleagues found that beliefs around control were related to depressive symptomatology in the older (12-17 years), but not the younger (8-11 years), sections of their sample (Weisz, Southam-Gerow & McCarty, 2001). This result appears to reflect age-related abilities to use abstract reasoning skills to infer and predict cause-effect relationships. This cognitive-maturational influence emphasises the cognitive nature of variables; while they do have implications for affective outcomes, variables related to perceived control also have a large cognitive component (Weisz, Southam-Gerow & McCarty, 2001).

Zimmerman's (1990), study of the broad construct of 'empowerment' found a significant negative relationship between this variable and hopelessness. The adult subjects in this sample who had lower feelings of empowerment and control tended to show higher levels of hopelessness than subjects who felt more empowered (Zimmerman, 1990). Research into the construct of locus of control (Rotter, 1971) has also tended to return results that offer some limited support to the hypothesis that perceived loss of control might play a role in the development of hopelessness.

Ward and Thomas (1985), and Brackney and Westman (1992), investigated the manner in which level of hopelessness was associated with locus of control in university undergraduates. Both of these studies reported that those with a more external locus of control (i.e., those who saw events in their life as being more controlled by external such as luck or the actions of other people rather than internal factors such as hard work or talent) tended to have higher levels of hopelessness than their more internal peers. Importantly for the current review, similar results have also been found in adolescent

samples (e.g., Hammond & Romney, 1995). Further suggestive evidence for the association between locus of control and hopelessness in younger people can also be drawn from consideration of their common correlates such as suicide attempt (Beautrais, Joyce & Mulder, 1999) and childhood depression (McCauley, Mitchell, Burke & Moss, 1988). Conversely, higher levels of control beliefs (i.e., beliefs that one is able to effect control over events in their own life) have been found to be associated with lower levels of depression, and appear to act as a buffer variable against the onset of depressive symptoms in adolescence (Herman-Stahl & Peterson, 1999).

These results with variables similar to perceived loss of control, together with the intuitively appealing conceptual link proposed between loss of control and hopelessness together provide a compelling argument for a hopelessness-loss of control link in adolescents and young people. As in the case of the proposed meaninglessness-hopelessness link, however, this relationship awaits direct empirical investigation.

2.6 Cognitive Style and the Role of Attributions

While it is clear from the preceding sections that there are a number of affective/emotional variables that have been empirically and conceptually linked to hopelessness in adolescents and young people, the affective component represents only a part of the story regarding the factors underlying hopelessness. Turning now to cognitive variables, the cognitive factor that has been most commonly linked with hopelessness in the literature is attributional style.

Attributional style refers to the particular long-standing, habitual tendencies that individuals show in attributing causes to events in their life (Seligman, Abramson, Semmel & von Baeyer, 1979). The construct of attributional style rests on the (not unreasonable) assumption that when an event occurs people make implicit causal attributions that provide an explanation to themselves as to *why* that event occurred. This explanation to the self is motivated by a need to structure the information received from the world in ways that helps them to understand, predict and adapt to the complex physical and social environments that they live in (Seligman, Abramson, Semmel & von Baeyer, 1979). It is therefore a process that involves the active imposition of meaning on the world. Influenced by aspects of parenting and life events through childhood (Bruce et al., 2006), by early- to mid-adolescence, this process develops into an individual's habitual *style* (Cole et al., 2008). This attributional style then guides the individual's interpretation of future events such that they will show a tendency to attribute events in particular ways across different situations and contexts.

Defining attributional style in this way, as a general response tendency that is relatively consistent across time and context, ascribes to it many of the qualities of a personality variable. Indeed, the distinction between attributional style and variables that fall under the heading of "personality" is not entirely clear-cut, with both referring to entrenched patterns of relating to the world. The differing emphases of these two types of variable justify the discussion of the two separately. Whereas personality variables traditionally encompass emotional or motivational tendencies as their prime focus (as in Neuroticism for example; Eysenck, 1947; Eysenck & Eysenck, 1975), the construct of attributional style refers specifically to more cognitive processes. Maintaining a distinction between the two is therefore not simply a matter of heuristic convenience, but also helps to

prevent basic misunderstandings about the nature of the variables. Additionally, considering these two classes of variables separately also leaves the way open for the generation of testable hypotheses regarding how they relate to each other.

Although there are a number of different formulations of the concept of attributional style (e.g., Weiner, 1985), the most widely accepted and useful conceptualizations derive from that of Seligman, Abramson, Semmel and von Baeyer (1979). This system represents a cognitive extension of Seligman and colleagues' earlier work on learned helplessness (Abramson, Seligman, & Teasdale, 1978; Maier & Seligman, 1976), and conceptualizes attributions as varying along three dimensions; internal-external; stable-unstable, and; global-specific. Where an individual's attribution for a given event falls on each of these three dimensions is hypothesized to interact with the valence of the event to produce the individual's response to that event.

For example, if a person failed a test (a negative event) the effect that this event would have on levels of depression and hopelessness would depend upon the specific nature of the attributions the individual makes to explain that failure. The theory predicts that if an individual attributes the failure to internal (e.g., "I'm stupid"), stable ("I'll always be stupid") and global ("I'm stupid at everything") factors, then a higher level of depression will result than if the attribution had been to more external, unstable and specific factors (such as "bad luck"). This pattern is reversed for positive events, where more internal / stable / global attributions are hypothesized to predict lower levels of depression (Seligman, Abramson, Semmel & von Baeyer, 1979).

Studies focusing on this predicted link between attributional style and depression have found considerable support for an association between the two. Negative attributional styles of the form described above have been found to be linked with higher levels of depressive symptomatology in children (Asarnow & Bates, 1988; Blumberg & Izard, 1985; Cole & Turner Jr., 1993; Dixon & Ahrens, 1992; Hilsman & Garber, 1995; McCauley, Mitchell, Burke & Moss, 1988; Robinson, Garber & Hilsman, 1995), adolescents (Cole & Turner Jr., 1993; Cole et al., 2008; Garber, Weiss & Shanley, 1993; Hops, Lewisohn, Andrews & Roberts, 1990; McCauley, Mitchell, Burke & Moss, 1988; Nolen-Hoeksema, Girgus & Seligman, 1991), and adults (Joiner Jr., 2001; Pillow, West & Reich, 1991; Priester & Clum, 1992; Schlenker & Britt, 1996). Negative attributional styles have also been found to be prospectively linked to suicide attempts in adolescents (Lewisohn, Rohde & Seeley, 1994) and have been identified as an important indicator of suicide risk in adolescents in the clinical setting (Lewisohn et al., 2001a). Furthermore, attributional style has been found to partially mediate the effects of cognitive-behavioural interventions on depressive symptom severity in adolescents, such that part of the positive effect of cognitive-behavioural therapy on depressive symptoms occurs *through* the alterations it encourages in attributional style (Horowitz et al., 2007). The consistency of results linking this negative attributional style for negative events with depressive symptomatology across all age groups supports the interpretation of this internal/stable/global attributional style as a depressogenic cognitive style.

In the case of hopelessness however, it is the stable and global dimensions that are hypothesized to be the more important predictors. This hypothesis makes intuitive sense; it is likely that, if a person cognitively appraises negative outcomes as being due

to stable and global factors, they will come to expect similarly negative outcomes in the future (as the causal factors are seen as stable across time), and in a wide range of situations (as the factors will be seen as being at play in a wide range of situations). Regardless of whether the causal factors were seen as internal or external, that they were stable and global would be sufficient to lead to an expectation of similar negative outcome in the future and hence, hopelessness. As such, this particular (stable / global) type of negative attributional style has been proposed as a cognitive diathesis for hopelessness that, when activated by negative life-events, leads to its development (eg., Cole et al., 2008; Priester & Clum, 1992; Turner & Cole, 1994).

Empirical examination of this hypothesis in adults has tended to find moderate to strong relationships between hopelessness and negative attributional style (e.g., Garber, Weiss & Shanley, 1993; Hirsch et al., 2009; Hjelle, Belongia & Nesser, 1996; Johnson, 1992; Johnson, Crofton & Feinstein, 1996; Priester & Clum, 1992; Seligman et al., 1999). The literature on the link between attributional style and hopelessness in younger age-groups is much smaller (see Gladstone & Kaslow, 1995), and has produced more mixed results (e.g., Cole et al, 2008; Turner & Cole, 1994). While there is evidence to support the link for older adolescents, the relationship may be less reliable among children and younger adolescents (Cole et al., 2008).

Even in age-groups where the relationship between hopelessness and attributional style holds however, the exact nature of the relationship between these variables appears to be complex. The complexity of this relationship is illustrated by the results of Tiggemann, Winefield, Winefield and Goldney (1991), utilising a sample of Australian young adults and a sophisticated time-series design. These researchers found that,

although attributional style and hopelessness correlated as predicted at both Time 1 and again a year later, the relationship at Time 2 ceased to be significant once Time 1 well-being was controlled for. After controlling for Time 1 well-being, the only Time 2 variable that remained significantly correlated with attributional style was self-esteem. Although the nature of the statistical procedures used do not preclude the possibility that a tendency to negative attributional style has a role in *maintaining* hopelessness, the overall pattern of results point to attributional style being only one of a number of pathways to hopelessness rather than a necessary (or indeed sufficient) condition for the *development* of hopelessness (Tiggemann, Winefield, Winefield & Goldney, 1991).

This interpretation does not necessarily pose a strong challenge to the initial hypotheses derived from Seligman, Abramson, Semmel and von Baeyer (1979). Alloy, Abramson, Metalsky and Hartlage (1988) point out that the exact nature of the hypothesized relationship between hopelessness and attributional style has been the source of some confusion in the literature. In the original statement of the hypotheses, attributional style was posited as an underlying mechanism in the maintenance of depressive symptoms and hopelessness, rather than a necessary factor in the onset of these symptoms initially. Although attributional style was suggested as one possible factor in the onset of depressive problems, no claim was made that it was a necessary or even major causal factor (Alloy, Abramson, Metalsky & Hartlage, 1988). This may explain the lack of association found in some studies between attributional style and hopelessness (Alloy, Abramson, Metalsky & Hartlage, 1988).

Any full consideration of the relationship between hopelessness and attributional style would not be complete however, without consideration of the literature around the

'hopelessness theory of depression' (Abramson, Alloy & Metalsky, 1988; Abramson, Metalsky & Alloy, 1988; Atherley, 1988). This theory adds to the hypothesised pathways between attributional style and its outcomes and adds a considerable empirical literature that, although it complicates the interpretation of this relationship, nevertheless warrants review. This will be the focus of the following section.

2.6.1 The Hopelessness Theory of Depression

Attributional style is also a central component of the 'hopelessness theory of depression' (Alloy et al., 1999; Abramson, Alloy & Metalsky, 1988; Abramson, Metalsky & Alloy, 1988; Atherley, 1988; Lakdawalla, Hankin & Mermelstein, 2007). This theory is an extension of earlier work on 'learned helplessness' and reverses the direction of causality assumed between depression and hopelessness by most other theoretical approaches. Within this conceptualization, rather than being a component of an overall depressive syndrome, or consequent to it, hopelessness is seen as a causal determinant of a specific subset of depressive symptoms. The individual's attributional style interacts with positive and negative life events to determine level of hopelessness which then plays a part in the creation or alleviation of further depressive symptomatology (Johnson et al., 1998). High levels of hopelessness lead, in turn, to the development of a hopelessness-depression syndrome characterized by mood, self-esteem, motivational and cognitive symptoms, rather than the vegetative symptoms (Alloy, Just & Panzarella, 1997; Joiner Jr., 2001). It should be noted, therefore, that although this theory is referred to as the hopelessness theory of *depression*, it would more accurately be named the hopelessness theory of *hopelessness depression*,

specifying, as it does, a model not for the development of depression generally, but for hopelessness depression specifically.

The pathway to depression specified by the hopelessness theory of depression therefore generates a number of testable hypotheses that have received a great deal of attention in the empirical literature. Starting first with to the outcomes predicted by the theory; the existence of a particular sub-syndrome of hopelessness-depression that consists of the symptoms specified in the theory has received mixed support. While some studies have found that the symptoms predicted by the theory do actually follow from the processes outlined in the model (e.g., Alloy, Just & Panzarella, 1997; Joiner Jr., 2001), a number of other studies have found different combinations of symptoms (Spangler, Simons, Monroe & Thase, 1993; Whisman & Pinto, 1997). This difficulty in finding the specific syndrome outlined by the theory is not a trivial theoretical concern. The cognitive-affective pathway to depression that the hopelessness theory of depression specifies links depressive symptoms to the cognitive aspects of hopelessness beliefs. Thus the theory has considerable difficulty accommodating outcomes that involve symptoms not included in the hopelessness-depression subset.

One possible explanation for these results rests on the fact that the hopelessness theory outlines only one of the possible routes to depression, and does not preclude the possibility of individuals experiencing other forms of depression (e.g., more biologically-based types) showing similar patterns of attributional style and hopelessness to people experiencing hopelessness-depression. This means that investigations of the type described above are vulnerable to 'contamination' by the inclusion of individuals with other types of depression whose patterns of hopelessness

and attributional style nevertheless correspond to the patterns predicted by hopelessness theory. The inclusion, for example, of individuals who were experiencing a biological-type depression, but who coincidentally had a pattern of attributional style and hopelessness consistent with that specified by hopelessness theory, would produce results not easily interpretable by the theory and could lead to misleading conclusions. However, without any means of differentiating these cases (e.g., biological-depression vs. hopelessness-depression) other than by outcome (in terms of the specific nature of the respective depressive syndromes), the theory can find itself in circular arguments and the utility of the theory becomes questionable.

Putting aside questions around the particular depressive syndrome specified in the theory, a number of other aspects of the theory have also produced equivocal findings. Turning to the temporal and causal sequence postulated by the theory, recent research by Iacoviello et al, (2010) has confirmed that hopelessness, rather than being a component of depression, frequently appears prior to the onset of an episode of major depression in people who show a remitting-relapsing form of the disorder. Hopelessness, they conclude, together with irritability and decreased self-esteem appear to form part of the prodrome for depressive illness, preceding the episode itself and (consistent with the predictions of the theory) contributing to its onset. A difficulty for the hopelessness theory of depression however, is the additional finding of that study that aspects of the depressive episode (including hopelessness) tend to remit in reverse order to their appearance. Thus, in people for whom hopelessness predates their depressive episode it also tends to remain for a period after the core symptoms of the depressive episode have remitted (Iacoviello et al., 2010). That depression (which according to the theory is *caused and maintained* by hopelessness) can remit while

hopelessness remains, is difficult to reconcile with the hopelessness theory of depression.

Although aspects of the theory, such as the association between negative attributional style and hopelessness, have received considerable support, Alloy, Abramson, Metalsky and Hartlage (1988) point out that much of the research into this theory has been conducted in a piecemeal fashion. As the theory specifies a series of processes in the development of depression, for the theory to find support, it must be established not just that individual variables relate to each other, but also that the processes involving these variables relate to each other as specified by the theory. There is however, a relative lack of studies simultaneously and comprehensively investigating the successive stages proposed by this theory. Of those studies that have attempted to test the theory as a whole, although some have found support for the hypothesized mechanisms (e.g., Kapçi, 1998; Alloy et al., 1999), others have found that the pathways posited may not accurately summarise the processes involved in the aetiology of depression (Cole & Turner Jr., 1993; Iacoviello et al., 2010; Johnson, 1992; Lewisohn, Joiner & Rohde, 2001) or that the processes are influenced by other variables such as gender (Spangler, Simons, Thase & Monroe, 1996). Where research has found support for the hypotheses of the hopelessness theory of depression, it is not entirely clear that these accounts offer a better explanatory model of the data than do theories that ascribe primary importance to other variables such as self-esteem (Metalsky, Joiner Jr., Hardin & Abramson, 1993) or self-worth (Morris, Ciesla & Garber, 2008).

This pattern of mixed results is effectively summarized by the results of two major meta-analytic reviews of the literature. Gladstone and Kaslow (1995) conducted a

meta-analysis on the data from 28 studies on hopelessness-depression in children that together involved 7500 participants. These researchers found strong support for the association between depression and attributional style predicted by the hopelessness theory of depression. Effect sizes for these associations ranged from moderate to large (Gladstone & Kaslow, 1995).

A more comprehensive picture of the state of the empirical literature is provided by the results of Joiner Jr. and Wagner's (1995) meta-analysis of studies involving both children and adolescents. This meta-analysis, as in that of Gladstone and Kaslow (1995), found support for many of the direct relationships described in the theory. In both the cross-sectional and longitudinal data they reviewed they found support for many aspects of the theory, although there were a number of features of the theory around which results were more mixed. In particular, Joiner Jr. and Wagner (1995) were unable to conclude whether negative attributional style was specific to depression or rather a common feature of a variety of disorders in childhood and adolescence. Also, based on the studies they included in their review, it was unclear whether or not stressful events were necessary for the development of depression, as postulated by hopelessness theory, or whether a negative attributional style under any conditions was sufficient (Joiner Jr. & Wagner, 1995).

A number of the questions around the issue of specificity of attributional style in predicting hopelessness depression have been directly investigated by Hankin, Abramson, Miller and Haeffel (2004). In a series of prospective studies with university undergraduates, they found that attributional style interacted with the occurrence of negative events in the prediction of future level of depression, but that this interaction

was not predictive of future anxiety level. This finding suggests that in accordance with hopelessness theory, attributional style does act as a specific predictor of depression (rather than other forms of distress) in at least some population groups. While this does provide some support for an important postulate of the theory, it does not, however, rule out the possibility that attributional style acts as a less specific or generalized vulnerability in younger age groups (Gotlib, Lewisohn, Seeley, Rohde & Redner, 1993; Joiner Jr. & Wagner, 1995).

Similarly inconclusive results have been found in a number of studies evaluating the hypothesized role of stress and negative events in the hopelessness-depression model. Although some studies have found support for the hypothesized interaction between stress and attributional style (e.g., Kapçi, 1998), a number of studies have yielded contradictory results. Cole and Turner Jr. (1993), for example, found that a high occurrence of stressful events predisposed children to the development of a more negative attributional style, and that although attributional style did have an impact on depression, negative events still uniquely predicted a significant portion of the variance in depression. These findings pose a number of challenges to hopelessness theory. That negative events might predispose the individual to developing a depressogenic attributional style is an aspect not addressed by the hopelessness theory of depression and potentially brings into question the nature of the relationship between negative events and attributional style. Furthermore, the suggestion that negative events might have an effect on depression and hopelessness independent of attributional style is not accounted for within the theory and represents a significant problem for the theory.

Results that are similarly problematic for the theory have also been reported in the Australian context by Tiggeman, Winefield, Winefield, and Goldney (1991a). Although this study found attributional style to be related to subsequent emotional outcome (in terms of depression and hopelessness), the pathways between negative life events, cognitive style and well-being did not correspond to those hypothesized by hopelessness theory. Recently, a number of additional concepts have been introduced into the theory to help it accommodate a number of these contradictory findings. Abela and Brozina (2004), describe a number of addenda to the theory, including the notion of 'priming' of attributional style. Adding this concept to the theory, depressogenic attributional styles exist as potentialities that need to be first made salient, or primed, in order for them to come into play in the prediction of depression and hopelessness. If an individual's depressogenic attributional style is not adequately primed by negative events, then that attributional style will be less predictive of depression in response to subsequent negative events. In their evaluation of this hypothesis using a prospective design with undergraduate university students, Abela and Brozina (2004), found support for this conception of priming in the prediction of emotional outcome. At this stage however, the implications of this notion for the hopelessness theory of depression have been fully explored.

Although this mechanism appears to address some of the problems identified in the literature, the processes involved in the priming of negative attributional styles remain unclear. It is not yet clear what sorts of negative experiences might best prime different types of attributional styles. It is also not clear whether these primes will operate with different effectiveness across people and, if they do, what determines these inter-individual differences.

Along with these theoretical issues, other findings in the literature suggest that variables not considered in the model, such as gender (Garber, Keily & Martin, 2002; Johnson, 1992), and family history of depression (Garber, Keily & Martin, 2002) may also play significant roles in the paths between stress, attributional style, and emotional well-being. While useful as a theoretical model to explain some of the data around emotional well-being, the hopelessness theory of depression is not able to stand alone as a comprehensive account of the processes around depression and hopelessness. As such, the current studies will assume the causal relationship outlined by the more traditional accounts of depression and hopelessness that still hold sway in the literature. Nevertheless, the large and growing empirical literature around the hopelessness theory of depression provides considerable evidence for the association between hopelessness and depression that remains strong regardless of the direction of causal relationships between them (e.g., Garber, Keily & Martin, 2002).

In concert with the cognitive dispositions summarized by attributional style however, there is a considerable literature that has developed around the associations between hopelessness and the emotional dispositions that fall under the heading of personality variables. This review will now turn its focus to the personality variables found to be related to hopelessness.

2.7 Personality and Hopelessness

A proposition that has received some attention in the literature is the tantalizing possibility that there may be some personality variable or personality type that

predisposes an individual to developing feelings of hopelessness. The DSM-IV includes as one of its diagnoses "provided for further study" the category of Depressive Personality Disorder which includes as one of its criteria a general tendency to pessimism or hopelessness (DSM-IV, APA, 1994 pp. 732-733). While this diagnosis does not enjoy the same status as the diagnoses in the "official" section of the manual, its inclusion as a category to spur research in the area illustrates the interest in finding personality dimensions that are related to, and perhaps explain the development of, higher levels of hopelessness.

It is surprising then, that in comparison to the number of studies investigating the role of personality in depression, relatively few have been conducted on the association between hopelessness and the dimensions of normal personality (Chioqueta & Stiles, 2005). As a result, research findings are relatively thin on the ground. Of the studies that have been conducted into personality and hopelessness however, the two personality variables that have received the most attention in the literature are neuroticism (Eysenck, 1947) and self-esteem (Rosenberg, 1965). The literatures on each of these variables will now be dealt with in turn.

2.7.1 Neuroticism – The Role of Emotional Stability

Most typically in the literature, neuroticism is defined in line with Eysenck's early conceptualization (Eysenck, 1947; Eysenck & Eysenck, 1975). It is a personality trait that by definition represents a long-standing temperamental or dispositional factor that has implications for cognitive, emotional and behavioural responses across a wide variety of situations, and in Eysenck's (1947) formulation, is assumed to be ultimately

biologically-based. Neuroticism can be viewed as a fundamental determinant of adjustment to one's environment, being a broad variable that refers to the extent to which an individual is able to manage their own emotional states. It encompasses aspects of emotional instability that can be described as a general tendency to less pleasant mood states (Maltby & Day, 2000). There is thus a close conceptual link between neuroticism and negative emotional outcome, including, of course, hopelessness. It is clear that it would be reasonable to expect that someone with a poor ability to regulate their emotional state and a tendency to a negative mood state (ie., someone high on neuroticism) would be at greater risk of developing hopelessness than relatively more emotionally stable individuals.

Given this conceptual association, it is not surprising that the empirical relationships found between neuroticism and various negative emotional outcomes are typically strong. Research has revealed links between neuroticism and the variables of suicidality (Ashton, Marshall, Hassanych, Marsh & Wright-Honari, 1994; Beautrais, Joyce & Mulder, 1999), and depression (e.g., Flett, Hewitt, Endler & Bagby, 1995; Hill & Kemp-Wheeler, 1986; Saklofske, Kelly & Janzen, 1995; Widiger & Trull, 1992). Although the literature investigating the link between hopelessness and neuroticism is much smaller (Chioqueta & Stiles, 2005), the findings have tended to mirror those around depression, and lend support to the conceptual associations between neuroticism and hopelessness outlined above (Maltby & Day, 2000; Nordstroem, Schalling & Asberg, 1995).

Also, other variables that are conceptually similar to Eysenck's (1947) formulation of neuroticism have been shown to be strongly related to lowered psychological well-

being. For example, Chioqueta and Stiles (2005) used the NEO Personality Inventory (Costa & McCrae, 1992), to assess neuroticism in a sample of university undergraduates. These researchers found that hopelessness was predicted by neuroticism, and in particular the facet of this dimension describing a tendency to depression. This finding is in accordance with the findings of other studies using the five factor model which have also found strong associations between this conceptualization of neuroticism and hopelessness (e.g., Dyck, 1991; Velting, 1999).

Fritsch, Donaldson, Spirito and Plummer (2000) have found an association between the Millon Adolescent Personality Inventory (Millon, Green & Meagher, 1982) dimensions of 'sensitivity' and 'affect regulation' (variables with considerable conceptual overlap with neuroticism) on the one hand, and hopelessness on the other. Also, people with Borderline Personality Disorder, a group with chronic patterns of self-harming and suicidal behaviour who represent those at the extreme end of the neuroticism continuum, typically also score highly on measures of depression that include items on hopelessness (Wiggins, 2003).

Thus, although there is a distinct lack of research investigating the link between neuroticism and hopelessness, there is nevertheless a good deal of indirect evidence suggesting a link between the two. What research has been conducted, however, has tended to be conducted in isolation from other streams of the hopelessness literature. As such, it is not possible at this stage to determine how neuroticism relates to the other variables related to hopelessness and what independent or interactive effects it has on hopelessness. Integration of these results into the wider literature on hopelessness and

its determinants is therefore needed before the relative importance of trait neuroticism can be evaluated together with other variables.

2.7.2 Self-Esteem

Self-esteem refers to the evaluative component of self-knowledge and is thus the extent to which the individual values their own attributes and self (Baumeister et al., 2003). The term self-esteem is used variously to refer to a stable trait-like factor and a cognitive-emotional state-like variable that is responsive to situational fluctuation. In Rosenberg's (1965) original formulation of this variable however, self-esteem was seen as the individual's stable tendency to take a positive (or negative) view of oneself and / or specific aspects of the self. As the majority of measures used to assess self-esteem are composed of items that reflect this definition, in this context it fits more comfortably into the category of trait-like personality variable than that of transient affective state. Indeed, even when researchers are reporting results in terms of *state* self-esteem, they are actually using assessment instruments that are based in a *trait* conceptualization, and are operationalised in accordance with this (Crocker & Wolfe, 2001). This review will therefore deal with self-esteem as a trait or relatively stable personality factor, rather than as a state variable.

Self-esteem is generally found to be higher in males than females (Overholser, Adams, Lehnert & Brinkman, 1995; Allgood-Merten, Lewinsohn & Hops 1990) and has been found to be strongly associated with a number of environmental factors in adolescence, notably the quality and nature of relationships with family (Rosenberg & Kaplan, 1982; Shek, 1998a). For adolescent females in particular, empirical evidence exists for a link

between greater perceptions of the ability to be more 'authentic' in their relationships with valued others and higher levels of self-esteem (Impett et al., 2008). Together, findings of this sort suggest that although self-esteem is a long-standing factor that is possibly linked with temperament, it is also a personality variable that is, to a large extent, learnt. This point has been a fundamental consideration of the theory around self-esteem since first articulated by Rosenberg (1965). Self-esteem, it seems, is as much a product of societal pressures, interpersonal relationships and environmental learning factors as it is a product of the individual.

There is a wealth of data testifying to the complex nature of the relationships between self-esteem (and its inverse, self-criticism) and other aspects of psychological distress, maladjustment and psychopathology. Level of self-esteem reliably discriminates between adolescent psychiatric inpatients and adolescents drawn from the general population (Kashani, Soltys, Dandoy, Vaidya & Reid, 1991). Self-esteem has also been found to be related to suicidality among samples of children (Marciano & Kazdin, 1994), adolescents (Overholser, Adams, Lehnert & Brinkman, 1995) and adults (Cox, Enns & Clara, 2004). This relationship seems to be strong, and rivals the suicide-hopelessness relationship in terms of predictive power.

Among child psychiatric inpatients, low self-esteem has been reported to discriminate suicidal ideators from those without suicidal thoughts more effectively than hopelessness (Marciano & Kazdin, 1994). Findings with adult samples however, suggest that suicidal ideation and attempts in adult age groups is best predicted by a model that includes both self-esteem and hopelessness as independent variables (Cox, Enns & Clara, 2004). Whether self-esteem is a better, equal, or close second to

hopelessness in regards ability to predict suicidal thinking and behaviour, these findings suggest that self-esteem plays a major role in the development of significant pathology and self-injurious or suicidal behaviour. This alone warrants its inclusion as a variable of potential importance in the study of psychopathology generally.

Regarding the relationship between self-esteem and hopelessness, research has tended to reveal strong associations between the two. Kashani, Soltys, Dandoy, Vaidya & Reid (1991), studied the correlates of hopelessness in a sample of children and adolescents hospitalized for mental health problems and found a strong and clear association between self-esteem and hopelessness. The children and adolescents in their sample who had lower levels of self-esteem also displayed significantly greater levels of hopelessness than their high self-esteem peers (Kashani et al., 1991).

This finding has been replicated amongst adolescent mental health inpatients (Dori & Overholser, 1999; Overholser, Adams, Lehnert & Brinkman, 1995), and among high school students drawn from the general population (Overholser, Adams, Lehnert & Brinkman, 1995). In their comparative study of adolescents drawn from the general population and a psychiatric inpatient sample, Overholser et al. (1995), found significant differences between the level of self-esteem of community and inpatient adolescents. Importantly however, across both of these samples, low self-esteem was related to higher levels of depression, hopelessness and suicidality.

On the basis of the consistent results from a range of adolescent populations, the relationship between self-esteem and hopelessness does seem to hold true for young people from a range of different contexts. In addition to being quite consistent across

adolescents in both the community and inpatient settings, the link between aspects of self-esteem and hopelessness appears to be quite robust cross-culturally. Similar patterns of correlations have been reported between these variables in samples of adolescents from Hong Kong (Au & Watkins, 1997), and Russia (Ruchkin, Eisemann & Hagglof, 1999). That this association seems to exist independent of culture suggests that the link between these two variables is quite fundamental.

The primary nature of this relationship is also supported by other findings that suggest that, rather than being a generalized indicator of distress, that self-esteem may represent a fairly specific vulnerability to depression and hopelessness (Hammond & Romney, 1995; McCauley et al., 1988). Low-self-esteem has been found to differentiate currently depressed children and adolescents from those with a history of depression who are no longer depressed and from those with other (non-depressed) psychiatric diagnoses (McCauley et al., 1988). In examining adolescents' self-perceived competence (a variable conceptually related to self-esteem), Tram and Cole (2000), found that perceptions of personal competence mediated the relationship between stressful life-events and depressive symptoms. Indeed, based on research findings such as these, a number of theorists have concluded that self-esteem, rather than just being associated with hopelessness and depressive symptoms are actually implicated in the processes underlying them (Baumeister, 2003).

The degree to which self-esteem is actually involved in producing depression and hopelessness, however, remains unclear. In a review of the literature around self-esteem by Baumeister et al (2003), these authors conclude that there is inadequate empirical evidence to support the (superficially tempting) assumption that self-esteem

plays a causal role in these variables. Baumeister et al (2003) point out that in the absence of convincing longitudinal or experimental research the direction of causality is unclear. They caution against interpreting the associations observed in the literature as confirming any hypotheses around self-esteem acting as vulnerability for or buffer against depression or hopelessness (Baumeister et al., 2003).

Baumeister et al. (2003) also argue that with self-esteem in particular, common method variance introduces difficulties in interpreting correlations, even in the absence of causal considerations. Given that self-esteem can be defined as a tendency to respond to questions about the self positively, determining the meaningfulness of correlations between self-esteem and other variables that require the individual to rate aspects of themselves (e.g., social performance, mood, hopelessness, etc) is not straightforward (Baumeister et al., 2003). Nevertheless, they do note that some of the research on models that include interactions between self-esteem, cognitive (attributional) style and depression, does appear to show some promise (Baumeister et al., 2003).

Rothbaum, Morling and Rusk (2009) have articulated a process by which stressors that threaten perceptions of self-worth lead individuals with beliefs of low self-worth or feelings of self-worth that are unstable, to adopt depressogenic cognitive styles. Within their model, these cognitive styles in turn increase the risk of developing feelings of hopelessness and depression (Rothbaum, Morling & Rusk, 2009). While their model is in accordance with the findings of much of the literature into self-esteem, and does appear o avoid many of the criticisms levelled by Baumeister et al. (2003), to date the processes outlined in their model have yet to be directly evaluated.

Regardless of these processes however, the fact that moderate to strong associations are typically found between self-esteem and hopelessness, in itself, justifies the inclusion of self-esteem in any thorough investigation of the predictors and determinants of hopelessness. Due to the lack of integration in the various empirical literatures however, the manner in which self-esteem acts together with other variables in the prediction of hopelessness is not as clear. This is an area in which integration of the literature is required for two reasons: firstly to move closer to answering some of the questions raised by Baumeister et al. (2003) in relation to self-esteem specifically, and; secondly, to clarify the multivariate linkages between hopelessness and its associated variables generally.

2.8 Social Support

The fourth and final class of variables that will be reviewed here are concerned with social support. Supportive social relationships have been acknowledged as a basic human need and an essential element in psychological wellbeing (Ryan & Deci, 2001). Supportive social networks provide the individual with emotional support, affirmation and validation, information, and instrumental support (Stroebe & Stroebe, 1996). The effects of social support in protecting adolescents against many different aspects of maladjustment and psychopathology is well recognized (Herman-Stahl & Peterson, 1999). Seeking out and utilizing social support is consistently returned as one of the most effective strategies for coping with both normal developmental challenges (e.g., McFarlane, Bellisimo, Norman & Lange, 1994), and even extreme stress in adolescence (e.g., Zeidner & Ben-Hur, 1993). As such, social support can be seen to act as a buffer against the effects of stress associated with the social and developmental pressures of

adolescence (Herman-Stahl & Peterson, 1999; McFarlane, Bellisimo, Norman & Lange, 1994; Petersen, Sarigiani & Kennedy, 1991).

Highlighting the importance of social support factors, Van Orden et al., (2010) reviewed the literature on factors related to suicide and assign social relationship factors a primary role in the development of suicidal ideation. Within their interpersonal theory of suicide, factors such as isolation from social supports, thwarted feelings of belongingness and perceptions that they are a burden on others interact to produce and maintain suicidal thinking and consequent risk (Van Orden et al., 2010). While this model does highlight the importance of social support factors to mental health outcomes, the specifics of this model await empirical evaluation.

One element of social support whose connection with mental health outcomes in adolescence has received a great deal of attention is quality of family functioning. As one of the prime sources of support for most adolescents, it would be expected that the family plays an important role in helping buffer against stress in adolescence. This hypothesis receives considerable support in the literature. Family discord, poor family functioning, lack of familial cohesion and members' perceptions of the family environment have been found to correlate with a number of different dimensions of adolescent psychopathology. Some of the areas that have been associated with family functioning in adolescence include depression (Barrera Jr. & Garrison-Jones, 1992; Fendrich, Warner & Weissman, 1990; Prange et al., 1992; Rubin et al., 1992), anxiety (Stark, Humphrey, Crook & Lewis, 1990), externalizing and conduct disorders (Fendrich, Warner & Weissman; 1990; Prange et al., 1992), drug use (Prange et al.,

1992) and suicide (Dervic, Brent & Oquendo, 2008; Flouri & Buchanan, 2002; Wyder, Ward & De Leo, 2009).

Parental involvement appears to play a major role in this association between family functioning and psychological outcomes during adolescence. Using a large community based sample of adolescents, Flouri and Buchanan (2002), found that adolescents who reported lower levels of parental involvement in their lives, or who were distanced from one parent through family separation, were significantly more likely to have experienced suicidal ideation than their peers (Florio & Buchanan, 2002). For young males (15-24 years old) in particular, family separation has been found to profoundly impact psychological wellbeing, with young males from separated families having a risk of suicide that is four times higher than their age-matched peers from intact families (Wyder, Ward & De Leo, 2009).

The impact of family discord on psychological well-being also appears to be influenced by cultural factors, with evidence that the well-being of adolescents from some ethnic minority groups (and particularly minority group members with low levels of acculturation to the dominant culture) may be differentially more affected by family discord (Lau, Jernewall, Zane & Myers, 2002). Whether this is due to differences in aspects of the minority culture (e.g., greater emphasis on collective values that prize family harmony) or aspects of the wider social situation (e.g., lower levels of acculturation leading to greater relative isolation from supports outside the family) is unclear (Lau, Jernewall, Zane & Myers, 2002). Regardless of specific cultural factors at play in various groups, however, on the basics of the association the empirical literature is clear: in families that function well enough to provide a social support buffer for its

adolescent members, their level of psychopathology is lower than in adolescents from families that either do not function well enough to provide this buffer, or that function in ways that increase stress for the adolescent.

Social support in adolescence is not found exclusively within the family. Social networks increase in adolescence and in order to investigate the role of social support, wider sources of support must also be considered (Scott & Scott, 1998). These wider sources include, among others, the individual's peer friendship network, and teachers, coaches or other adult role models. The effects of these extra-familial sources of support are felt early. Degree of support from peers and teachers has been found to relate to academic outcomes for elementary school students and appear to have a role in determining whether young people develop the skills needed to effectively utilise these supports through their adolescence (Elias & Haynes, 2008).

Among adolescent girls, the quality (not just the quantity) of these extra-familial relationships has been linked to a number of indices of psychological wellbeing, with lower levels of 'authenticity' in these relationships linked to higher levels of depression and lower self-esteem (Impett et al., 2008). The quality of adolescent girls' communication with peers has also been found to buffer against self-harm in the face of interpersonal conflict and victimisation (Hilt, Cha & Nolen-Hoeksema, 2008). In addition to its effects on psychological outcomes, social support in adolescence has also been found to have an effect on health related behaviours. More supportive peer networks also appear to influence the psychological processes around risky sexual behaviour among adolescents (Brady, Dolcini, Harper & Pollack, 2009). For adolescents with low levels of peer support, risky sexual behaviours appear as a coping

mechanism in response to life stress, while for adolescents with higher levels of peer support, peer socialisation (rather than stress coping) plays the larger role in decisions around risky sexual behaviours (Brady, Dolcini, Harper & Pollack, 2009).

Kashani and colleagues (Kashani, Soltys, Dandoy, Vaidya & Reid, 1991; Kashani, Suarez, Allan & Reid, 1997) investigated the relationship between overall social support and hopelessness in two samples of adolescent inpatients hospitalised for psychiatric problems. In both of these samples, researchers found that adolescents displaying high levels of hopelessness were able to identify relatively fewer sources of social support in their lives than were adolescents with low levels of hopelessness. Additionally, relative to low hopelessness adolescents, high hopelessness adolescents were significantly less satisfied with the satisfaction that they did receive (Kashani, Soltys, Dandoy, Vaidya & Reid, 1991; Kashani, Suarez, Allan & Reid, 1997).

These results suggest a number of complimentary interpretations. The first of these is that having fewer sources of satisfactory social support in their lives renders adolescents more likely to develop feelings of hopelessness. In this explanation, hopelessness results from a relative lack of the emotional and instrumental support needed to help the young person solve problems in their life. Without this support, the young person is more likely to cognitively appraise problems as insurmountable, unsolvable and therefore hopeless. The young person is consequently not offered the opportunity to develop confidence in their own ability to solve problems and their appraisal of hopelessness is generalized to future problem situations. Through this mechanism the appraisal of hopelessness in specific situations develops into a more generalized feeling of hopelessness.

Another possible interpretation of these data, however, involves the suggestion that adolescents who are prone to develop feelings of hopelessness are also less likely to avail themselves of the social support around them. This interpretation receives partial support from the findings of low satisfaction with social support among the more hopeless adolescents in these samples. This low satisfaction level may reflect a pre-existing belief that their social network will be unable to provide them with support that is good enough to help them solve problems already seen as insurmountable and hopeless. In either case, the perception of lack of social support is intimately bound up with the perception of problems as unsolvable and hopeless (Kashani, Soltys, Dandoy, Vaidya & Reid, 1991; Kashani, Suarez, Allan & Reid, 1997).

A possible solution to the question of whether young people become hopeless because of an actual lack of social support, or fail to avail themselves of possible sources of support *due* to the discouragement and pessimism associated with hopelessness can be garnered from the literatures on attributional style and loneliness. Applied to the social setting, attributional style for *social events* has been found to predict distress and subsequent social outcomes. Children with tendencies towards a negative (ie, pessimistic) attributional style for events in their social interactions with peers have been found to report higher levels of subsequent depression than children with a more positive attributional style (Toner & Heaven, 2005). Importantly, those children with more negative attributional styles for social events also tend to report higher levels of loneliness 2 years later (Toner & Heaven, 2005).

Complimenting these findings, recent research by Ciarrochi and Heaven (2008) using structural equation modelling to test for mediational effects in a longitudinal study of Australian high school students, found evidence for a bi-directional relationship between social attributional style and social support. While attributional style for social events in grade 7 predicted quantity and quality of social support in grade 8 and grade 9, quantity of social support in grade 8 also predicted attributional style in grade 9. Both social support in grade 9 and (to a lesser extent) grade 9 attributional style predicted perceptions of social support in grade 10 (Ciarrochi & Heaven, 2008). These findings suggest that the relationship between pessimistic attitudes and perceptions of social support is complex and that both elements interact to reinforce each other over time.

The literature on loneliness in adolescence paints a similar picture. Feelings of loneliness can be seen as one expression of the individual's isolation from sources of possible social support. Adolescents tend to view loneliness (as opposed to simply being alone) negatively, and associate it with a range of negative feelings including feelings of hopelessness (see Buchholz & Catton, 1999 for a review of this literature). Page's (1991) research into the connection between loneliness and hopelessness found that, as adolescents' feelings of loneliness increased, so too did their levels of hopelessness. Furthermore, feelings of loneliness tend to be associated with avoidant (Nurmi, Toivonen, Salmela-Aro & Eronen, 1996) and passive modes of coping (Moore & Schultz, 1983) that serve to further distance the adolescent from potential sources of social support.

Together these results suggest that perceived distance from social support and hopelessness produce a cyclical pattern, wherein a hopeless orientation to social

interactions leads the adolescent to feel that rejection or disappointment is certain. This expectation leads to more passive and avoidant modes of interaction that, in turn, increase loneliness and isolation that feeds back into the loop to increase the adolescent's feelings of hopelessness. The two interpretations of Kashani and colleagues data (Kashani, Soltys, Dandoy, Vaidya & Reid, 1991; Kashani, Suarez, Allan & Reid, 1997), therefore, most likely act in tandem: first producing, and then perpetuating feelings of hopelessness.

This interpretation is lent support by the results of a prospective study by Slavin and Rainer (1990), at least in regards adolescent girls. Although these researchers found that adolescent depression was strongly and simply associated with lower perceived family support among both males and females at Time 1, the patterns that emerged for perceived peer support at Time 1, and for peer and family support at Time 2 (eight months later) were more complex. Although the depression level of the females in this sample had not changed by Time 2, those females who were more highly depressed at Time 1 reported a decrease in emotional support from their families at Time 2. This effect was not observed in the males in this sample. This result suggests that high levels of depressive symptoms and low perceived social support in adolescent females (but not males) may lead them to interact with potential supports in ways that increase their emotional distance from them. This increased distance from support then, in turn, functions to maintain their depressed mood (Slavin & Rainer, 1990).

That the relationship between hopelessness and social support is complex is in keeping with the notion of social support itself. 'Social support' is not a unitary construct, but rather involves aspects of instrumental and emotional support that come from a variety

of sources that include (but are not limited to) peers, parents and other family members, and members of the individual's wider community (Scott & Scott, 1998). Where research has attempted to examine these various aspects of social support separately a complex pattern of results emerges that suggests that their effects are mediated by gender, age and social interaction factors.

The stress-buffering effect of social support varies according to gender and the specific source of support that is being studied. Rubin, Rubenstein, Stechler, Heeren, Halten, Housman and Kasten (1992), examined the impact of different sources of social support in a sample of U.S. high school students. While the most important source of social support for the girls in their study came from family sources, peer support appeared to play the more significant role for the boys. Complimentary findings have been reported by Innes (2000), focusing on the impact of social support on level of hopelessness in a sample of Australian high school students. While overall social support was an important predictor of hopelessness for only the girls in this sample, when the various sources of support were examined separately a more complex picture emerged. Whereas level of hopelessness in the girls in this sample was predicted by perceived care from both parents, only perceived care of the father had a significant impact on levels of hopelessness for boys (Innes, 2000).

The finding that social support for males in the Innes (2000) study was coming mostly from their relationship with their father is also consistent with the literature describing attachment patterns in adolescence (e.g., Bowlby, 1969). It is also in line with other empirical findings in the literature, and supports the conclusion that whereas females tend to derive, expect, and encourage a great deal of emotional support from a number

of sources in their social network, and to value this support highly, males tend not to (Berndt, 1982, 1986; Bukowski, Newcomb & Hoza, 1987; Maccoby, 1995; Raffaelli & Duckett, 1989; Slavin & Rainer, 1990; Youniss & Smollar, 1985). Young males may therefore find themselves in a position where for periods of their adolescent development, their overall social support is coming from fewer sources, thus increasing the demands on each of those sources and the individual's investment in their relationship with those sources.

While the differences observed in the Innes (2000) study are consistent with patterns seen in the usage of social support in adults, that males tend to access social support from fewer sources than females (Greenberger & O'Neil, 1993), there is also evidence that relationship patterns change with age as individuals move through adolescence. Relationships with peers are generally thought to increase in intimacy by mid-adolescence (Buhrmeister, 1992), however the influence of these changes in the quality of relationships in helping adolescents cope with stress is not straightforward. Using a sample of adolescents from the rural U.S., Herman-Stahl and Peterson (1996) examined the stress buffering effect of social support in various age groups. They found that, although the use of social support had a strong stress buffering effect in early adolescence, this stress buffering effect decreased with age. This suggests that social support in adolescence may be a double-edged sword, promoting adjustment in early adolescence, but then serving to limit feelings of mastery and personal control as the individual approaches mid- and late-adolescence.

Adding to the complexity of the relationship between social support and emotional well-being in adolescence, a number of findings suggest further dimensions of

complexity that have yet to be investigated in greater depth. For example, research on the interface between family and friendship support network has suggested that, rather than being independent networks, the family and friendship relationships of adolescents actually interact in complex ways. The importance of this interaction seems to be such that, even in the presence of high familial and peer support, conflict between these two support networks can lead to high levels of distress and depressive symptomatology in the adolescent (Barrera Jr. & Garrison-Jones, 1992).

The match between parent and adolescent perceptions of family life also appears to be important. Discrepancies between adolescents' and parents' assessments of family functioning and cohesion have been found to be associated with a range of different psychopathologies in adolescence. Where that discrepancy is greater, adolescents tend to have greater hopelessness, lower life-satisfaction, less purpose in life and lower self-esteem. Although these effects are yet to be comprehensively investigated, they appear to be higher for female than male adolescents (Shek, 1998a).

Another recent addition to the social support literature is found in recent revisions to the hopelessness theory of depression (discussed in greater detail elsewhere in this thesis) that have begun to recognize the important role that the feedback individuals receive from their social support networks plays in influencing attributional style and consequently emotional well-being. The research that has begun into this area of hopelessness theory has produced promising results (Dobkin, Panzarella, Fernandez, Alloy & Cascardi, 2004), although these revisions await further investigation before the precise nature of this process is understood.

Although it is clear from the literature that social support and hopelessness are closely associated, this association is complex and varies according to gender and age factors. As with other areas of research into hopelessness, the social support literature has tended to develop independently of other research strands. While there is a trend towards integration of this literature with other areas of research (e.g., Dobkin, Panzarella, Fernandez, Alloy & Cascardi, 2004) further investigation of the relative roles of social support variables and their interaction with other factors in the development of hopelessness is needed.

2.9 Summary of the Literature Review

While hopelessness in adolescence and young adults has received much theoretical and empirical attention, the literature around this variable tends to be conducted within a number of discrete areas that remain to be integrated. Variables from the cultural, affective, cognitive, personality and social support domains have all been implicated in the development and / or maintenance of feelings of hopelessness in young people. However, at this stage little is known about the relative roles of variables across these domains in the processes of developing and maintaining hopelessness. This represents a significant gap in the current literature around hopelessness. While knowledge of the variables that are individually related to hopelessness is valuable, a comprehensive understanding of hopelessness requires the integration of this knowledge into a coherent literature that provides a basis for a less piecemeal literature. A more integrated literature would allow for a more systematic programme of research to evaluate testable theory-based hypotheses around the processes involved in hopelessness.

Given the relationships that are reliably found between suicidality, psychopathology and feelings of hopelessness, there is also a clear need for the literature to be able to inform the design of effective prevention and treatment programmes that can sensibly take into account the relevant cultural and psychological factors involved. However, to the extent that the literature is at present dis-integrated, it is limited in its ability to fulfil this role.

This review of the literature has identified a number of the more important variables related to hopelessness that will form the focus for the current research: Social contextual factors; depression; anxiety; stress; cognitive attributional style; feelings of meaninglessness and loss of control; social support; and the personality variables of neuroticism and self-esteem. The plan for the current programme of research and the rationale underlying it will be addressed in the following chapters.

CHAPTER 3. Issues Informing the Rationale for the Current Studies

From the review of the literature a number of problems were identified with the literature on hopelessness which fell under two broad headings: Firstly, the lack of integration of the various streams of research into hopelessness such that the relative contributions of the variables involved were unclear. Secondly the lack of consideration of ecological and contextual factors and the influence these may have on the processes involved in the development and maintenance of hopelessness.

Together these two issues function to reduce the usefulness of the literature on hopelessness in young people. As it stands, the literature is not able to clearly speak to the roles of the numerous variables that have been found to be associated with hopelessness, or how they interact with local subcultural or ecological factors in the processes around hopelessness. As such, if one were to search for any clear statements regarding the nature of the processes involved in hopelessness in young people that could guide theory-building or research design, they would be left wanting. Similarly, clinicians who consult the current literature with questions regarding the specific factors to target in prevention or treatment programmes for problems with hopelessness in young people from their community, would be unable to derive clear answers.

To bring together the various literatures in a way that addresses some of the problems outlined above, research needs to concern itself with two methodological issues. Firstly, there would need to be an emphasis on looking at those variables that have been identified as predictors of hopelessness in a multivariate fashion. With this, research would be able to model the interactions between predictor variables in a way that aids in

the development of theory and guides its practical application. Secondly, this approach needs to be complemented by relinquishing the assumption that these predictor variables operate uniformly across different contexts and subcultures. This would involve a focus on the contextual and subcultural factors that can potentially affect the processes involved in hopelessness in similar ways as they have been shown to affect the other forms of psychological distress. At the operational level, this would require the design of studies to directly compare these processes in samples drawn from a range of contextual groups.

3.1 Rationale for the Current Studies

3.1.1 Issues Informing Study 1 Rationale

With these issues in mind, the first study was designed to integrate the various streams of literature on hopelessness in young people with wider issues of social context. By simultaneously investigating the relationships between hopelessness in young people and a number of the variables that have been identified in the research literature as related to hopelessness, Study 1 was designed to allow for the statistical modelling of the relative contributions of these predictor variables and the relationships between them. Participants were Year 9 and 10 high school students (age range 14-16 years, mean age 15.5) drawn from four single-sex non-government high schools in New South Wales, Australia. Two of the high schools selected were located in metropolitan areas, while the other two were from non-metropolitan (rural) areas. A quantitative, questionnaire-based methodology was employed to ensure that the findings would be easily comparable to findings in the extant literature. Analyses were conducted

separately for each of the samples to enable clear comparisons of the trends in data between groups. In this way Study 1 was able to directly investigate differences in the models that emerged in each of these regional contexts.

3.1.2 Issues Informing Study 2 Rationale

Study 2 aimed to further investigate this apparent difference in the ways that hopelessness is understood and experienced between groups. Study 2 utilised a qualitative, interview-based approach to data collection in order to explore the nature of the experience of hopelessness and the meanings that hopelessness has for individuals. A qualitative approach was selected to allow for finer grained exploration of the individuals' experience than would be possible using quantitative methodologies. The ability of qualitative methodologies for elaborating the meanings that concepts hold for individuals and exploring the individuals' understanding of how related concepts link together, is well recognised in psychology (e.g., Fiexas, Geldschläger & Neimeyer, 2002) and other social science disciplines (e.g., Quester et al., 2009).

In order to explore the influence of social context on the experience of hopelessness, Study 2 used a sample of university undergraduate students from metropolitan and non-metropolitan backgrounds. An additional comparison group was also recruited from young people attending a youth-specific residential drug & alcohol rehabilitation facility.

This additional comparison group was selected for two reasons. Firstly, if there are systematic differences in young people's experience and understandings of hopelessness related to the regional subculture they live in, it is unlikely that 'region' would be the

only demographic variable to differentiate subcultural groups that differed in their understanding of hopelessness. While the list of groups is potentially endless, the inclusion of one additional group to this study was seen as important to allow for stronger inferences to be made from the data.

Secondly, the literature has identified hopelessness in young people as a specific risk factor for problems with drug abuse and delinquency (Krampen & von Eye, 1984). As such, young people with histories of drug abuse and delinquency represent a group whose experience of hopelessness has potentially influenced their behaviour in significant ways. Understanding what aspects of these individuals' experiences of hopelessness are associated with later drug abuse and delinquency has the potential to offer valuable insights into the effects that different experiences of hopelessness may have.

Two independent raters were used to identify themes in the transcripts of semi-structured interviews with 39 participants. Perceived causes of hopelessness and aspects of the emotional, psychological and behavioural components of the participants' experience of hopelessness were compared between the groups.

CHAPTER 4. Study 1

4.1 Aims and Rationale of Study 1

The current study aims to begin the integration of the various streams of research into hopelessness in adolescence with wider issues of social context. Firstly, the current study aims to investigate the relative strength of the association of hopelessness with the variables that have been associated with it in the literature. These variables and the current relative lack of integration of their associated research streams were reviewed in Chapter 2. Those variables of relevance to the current study include affective and emotional factors, cognitive and attributional style, personality factors, and social support. By simultaneously investigating the associations of a range of factors from the different classes of variables outlined in Chapter 2, the current study aims to provide an insight into the relative contributions of each of these variables to hopelessness and, in this way, begin the process of integration of the literature. Furthermore, by investigating these effects in adolescents drawn from both rural and metropolitan areas, the current study is in a position to offer conclusions regarding how adolescents' regional contexts may influence the relative associations of these disparate variables on adolescent hopelessness. In this way, the current study will be able to offer a greater understanding than can be garnered from the existing literature, of the different factors associated with the experience of hopelessness for young people from different social contexts.

4.2 Method

Following consultation with their respective regional Diocese, Catholic high schools from both metropolitan and rural areas of New South Wales, Australia were approached to participate in the study. Of the four schools that consented to participate in the study, all were single-sex schools. Two of the schools (1 male and 1 female school) were from a regional centre in an inland rural area. The remaining two schools (1 male and 1 female) were from larger cities on the eastern seaboard and can therefore be thought to represent a more metropolitan population.

Participants for this study were recruited from the Year 9 and 10 students at these schools (representing an age range of approximately 14-16 years). Student participation was voluntary and contingent upon receiving written consent from both the students and their parents or legal guardians.

Participants were asked to complete a 10-page anonymous questionnaire survey booklet. The booklet contained the following scales:

The Hopelessness Scale For Children (CHS; Kazdin et al., 1983; 1986). A 17-item scale developed from Beck et al's (1974) adult Hopelessness Scale suitable for use with children and adolescents. This scale uses a counterbalanced true/false format to assess degree of negativity of expectations for the future and negativity of current attitudes to self and world. Sample items include "I never get what I want, so it's dumb to want anything" (with a 'true' response indicating higher levels of hopelessness) and "When things are going badly I know that they won't be bad all

of the time" (with a 'true' response indicating lower levels of hopelessness). This scale has been shown to have good concurrent validity, high split-half reliability and moderate 6-week test-retest reliability (Kazdin, Rodgers & Colbus, 1986). On the present occasion, examination of inter-item correlation revealed low internal consistency. After removal of four items with particularly low inter-item correlations, the resulting abbreviated 13-item scale had an acceptable internal consistency, with coefficient alpha of .85. For the current study, responses were scored such that higher scores indicated higher levels of hopelessness.

Depression, Anxiety, Stress Scales (DASS; Lovibond & Lovibond, 1995). This measure was designed in and for the Australian context and is considered by its authors as appropriate for use with age ranges down to mid-adolescence. It comprises three 7-item scales assessing the factors of Depression, Anxiety and Stress. Previous studies have found the DASS to have good psychometric properties, including good divergent validity between its scales (Lovibond & Lovibond, 1995a). Respondents rate items on a 4-point anchored Likert scale according to the extent to which they feel they have applied to them over the past week, from "did not apply to me at all" to "applied to me very much or most of the time". Sample items include "I couldn't seem to experience any positive feelings at all" (Depression); "I felt scared without any good reason" (Anxiety); "I found myself getting upset by quite trivial things" (Stress). For this study, the alpha coefficients for the three scales revealed good levels of internal consistency within the scales. Coefficient alphas for the three subscales were Anxiety = .83, Stress = .88, and Depression (after exclusion of one item) = .91. The scale yields

3 subscale scores (for Depression, Anxiety and Stress). In the current study, higher scores represent greater presence of the variable.

Children's Attributional Style Questionnaire – Revised (CASQ-R; Thompson et al, 1998). This widely used 24-item forced choice scale assesses habitual explanatory style for a range of positive and negative events on the stable/unstable, internal/external and global specific dimensions. For each of the items, respondents are presented with an occurrence or situation and two possible causes for the event. Respondents are instructed to select the event they believe is the most likely cause of the event (reason A or reason B). The questionnaire is constructed such that different items assess different aspects of attributional style (ie., internal vs. external, stable vs. unstable, global vs. specific). It yields a number of subscale scores indexing particular aspects of attributional style, although the "Overall Composite" measure of attributional style has been found to have the best psychometric properties of any of its sub-measures (Nolen-Hoeksema, Girgus, & Seligman, 1991) and was the measure employed in the analysis on this occasion. Sample items include "You get an A on a test" with attributional response options of "A. I am a good student" (global attribution), and "B. I am good in the subject the test was about" (specific attribution).

Neuroticism Scale for Children (Corulla, 1990). This revision of the Neuroticism scale from the Junior Eysenck Personality Questionnaire (Eysenck & Eysenck, 1975) overcomes many of the psychometric faults noted in that instrument. It is composed of 12 Yes/No items designed to assess a range of different aspects of the Neuroticism construct including emotional instability and poor affect

regulation. Sample items include " Are you easily hurt when people find things wrong with you or the work you do?" and "Do you worry for a long while if you feel you have made a fool of yourself?" It has been reported to have adequate internal consistency (Corulla, 1990), and has been used extensively in the literature on personality in children and adolescents (e.g., Mak, Heaven, & Rummery, 2003). The present research found internal consistency as described by Cronbach's alpha to be acceptable at .81. For the present research, responses were scored such that higher scores reflected greater levels of Neuroticism.

Meaninglessness and Perceived Loss of Control Scales (Newcomb & Harlow, 1986). These two 3-item scales assess feelings of meaninglessness and perceived loss of control over life. Although these constructs have not been extensively investigated in the literature, they do have close theoretical association with the concept of hopelessness. Items consist of statements that are rated by respondents on a 4-point anchored Likert scale to indicate the extent to which they feel that statement describes them, from 0 ("Not al all") to 3 ("Very much"). Items include "I feel I am not in control of my life" (Perceived Loss of Control Scale) and "I have a hard time finding a meaningful direction for my life" (Meaninglessness Scale). The scales themselves have been found to have good concurrent validity and adequate internal consistency (Newcomb & Harlow, 1986). On the present occasion, internal consistency was acceptable, with Meaninglessness returning a coefficient alpha of .70, and Perceived Loss of Control (after deletion of one item that demonstrated low inter-item correlation) .70. In the current study the scales were scored such that higher scores reflected higher levels of Meaningless and Perceived Loss of Control.

Social Support Questionnaire - Revised (SSQ-R; Sarason et al, 1987). This 6-item revision of the original 27-item version (Sarason et al, 1983) is designed to yield separate scores for total number and type of available sources of support for the subject and the subject's satisfaction with that support. In each item a stressful situation is posed and respondents asked to list the initials of the people who would be sources of support and their relationship to them, as well as their overall satisfaction with the support received on an anchored 6-point Likert-type scale (from "very dissatisfied" to "very satisfied"). The scale has been shown to have good psychometric properties (e.g, Sarason, et al, 1987), however previous research with this scale with Australian adolescents has reported low response rates to the 'availability' part of each item possibly resulting from failure to understand the requirements of that part of the question (Innes, 2000). In order to simplify administration of the measure in the current sample, participants were asked only to think of all of the sources of support and rate their overall satisfaction with the support that they received from these sources. Sample items for this modified procedure include:

> *"Think of the people who you can really count on to help you feel better when you are feeling generally down-in-the-dumps. Please circle how satisfied you are with the overall support you have in this circumstance"*.

This simplified procedure yielded one overall satisfaction score that in the present sample had acceptable internal consistency with an alpha coefficient of .88. Items were scored such that higher scores indicate greater satisfaction with social support.

Satisfaction with Friends and Family Scales (Scott & Scott, 1998). These 3- and 5-item scales assess overall satisfaction with peer relationships and family climate. A range of response scales are used in each of the measures and the z-scores for each item summed to obtain total scores for each of the measures. Both scales were scored such that higher scores indicated higher levels of satisfaction. It has been shown to have good external validity and adequate reliability with samples of Australian adolescents (Scott & Scott, 1998) and on the present occasion Cronbach's alpha for each of the scales were adequate; Satisfaction with Friends = .66, and Satisfaction with Family = .82.

Demographic and Identity items. Participants from all schools were asked to indicate their sex, age, current year in school, length of time they had lived in Australia, their family structure and usual living arrangements as well as their parents' level of schooling and occupational status. In addition, students from three of the four schools were also asked to indicate the degree to which they identified as a "City person" or a "Country person" (as a measure of personally-felt rurality) on a 9-point scale.

As it was not the focus of the current study, and in response to concerns raised by the schools, no measure of suicidal ideation or self-harm behaviour was included in the current study. Secondary to the current research, schools involved administered a brief screen for suicidal ideation and self-harming behaviour. This was voluntary, non-anonymous and overseen by the school counsellors from the schools involved. It was intended to identify students 'at-risk' of suicidal and/or self-harming behaviour to allow

for intervention by the school counsellors. This screening procedure does not form part of the current research and will not be reported on here.

Participation took around 40-45 minutes and occurred during class time, under supervision of their class teachers. Questionnaires and data collection methodology for this study were approved by the University of Wollongong Human Research Ethics Committee and the regional Catholic Diocese.

4.2.1 The Sample

The total sample consisted of 450 students (120 females, 330 males) with a mean age of 15.5 years. 224 of these attended a metropolitan school and 226 attended school in a rural area. The sample characteristics, including response rates for the various groupings are presented in Table 1. Chi-square analyses on the data in Table 1 revealed no significant difference in the absolute sizes of the rural and metropolitan samples ($\chi^2 = .002$, $df = 1$, $p = .963$), however the male sample was significantly larger than the female sample ($\chi^2 = 94.589$, $df = 1$, $p = .000$).

Table 1

Sample Sizes and Response Rates Given as Percentage of Sample Pool by Region and Gender.

Sample	Year 9			Year 10			Years 9 & 10 combined		
	Sample size	Total pool	(%)	Sample size	Total pool	(%)	Sample size	Total pool	(%)
Rural	118	228	51.75	109	241	45.23	227	469	48.40
Boys	86	98	87.86	81	103	78.64	167	201	83.08
Girls	32	130	24.62	28	138	20.29	60	268	22.39
Metropolitan	104	217	47.93	115	196	58.67	219	413	53.03
Boys	80	139	57.55	77	121	63.64	157	250	62.69
Girls	24	78	30.77	38	75	50.67	62	163	40.52
Both Regions									
Boys	166	237	70.04	158	224	70.54	324	461	70.28
Girls	56	208	26.92	66	213	30.99	122	421	28.98
Total	222	445	49.89	224	437	51.26	446	882	50.57

The sample represented an overall response rate of approximately 50% of the students from the schools surveyed. This response rate was largely consistent across rural (48.4%) and metropolitan (53.03%) regions. However there was considerable variability across genders, with students from the boys' schools participating at a much higher rate (70.28%) than students from the girls' schools (28.98%).

While the overall response rate seen in Table 1 is not especially high, most non-participants were students whose parental consent forms were not returned to the

schools. This low rate of return was therefore to be expected given the well-known problems with obtaining high response rates from mail-outs (Van Horn, Green & Martinussen, 2009) and the inherent problems involved in having school students return parental consent forms to the school. The overall rate is consistent with rates found in other school-based studies requiring parental consent (Nolen-Hoeksema, Girgus & Seligman, 1991). However the large difference in response rates between the male and female samples is difficult to interpret. Given that there is also some variability in gender response rate by region, and that region rather than gender was the primary focus of the current study, a decision was made to focus analyses on regional rather than gender differences.

4.3 Results

4.3.1 Descriptive Statistics and Inter-Region Comparisons

Preliminary data screening was conducted to identify outliers. No individuals were identified as lying so far outside the distribution on any of the variables to justify their exclusion from further analysis. As this study was primarily concerned with examining differences in the variables by region, initial comparisons were conducted on the variables with regionality as the between-subjects variable. Overall mean scores on the variables by region are given in Table 2.

Inter-group comparison of participants' responses to the item asking how they viewed themselves on a 9-point continuum from "a rural person" to "a city person" revealed the expected significant difference in self-identity ($F[1,364] = 67.239, p<.05$). This result serves as an important validity check and confirms that the samples as defined are not purely arbitrary, but are composed of participants who view themselves as being part of their respective regional populations. There were no significant differences between regional groups in the other demographic variables assessed.

Surprisingly, there was no statistically significant difference in overall level of hopelessness between the two groups ($F[1,434] = 1.410, p>.05$). This is a particularly important finding given the differences in suicide rate that have been identified between these two groups in previous research (e.g., Dudley et al., 1998). If hopelessness was a single construct directly related to suicide risk, one would expect that populations with

differing rates of suicide would also evidence differences in their levels of hopelessness, but this, clearly, is not the case in this sample.

Despite this lack of difference in overall level of hopelessness by region, a number of other univariate differences between the groups emerged from the inter-group comparisons. Focussing firstly on the affective distress variables assessed, rural participants scored significantly higher on measures of depression ($F[1,449] = 6.41$, $p<.05$), anxiety ($F[1,439] = 10.78$, $p<.05$), feelings of meaninglessness ($F[1,449] = 4.53$, $p<.05$), and feelings of loss of control over life ($F[1,449] = 10.74$, $p<.05$). The inter-group difference in the Stress subscale of the DASS, while approaching significance, did not reach statistical significance ($F[1,448] = 3.56$, $p>.05$). Taken together however, these differences point to a rural sample with significantly higher levels of affective distress than the metropolitan sample.

Table 2

Mean Scores on Variables for Metropolitan and Rural Participants.

Measure		Metropolitan	Rural	Total
Hopelessness	N	217	219	436
	Mean	14.84	15.15	15.00
	SD	2.66	2.78	2.72
DASS-D	N	225	226	451
(depression)	Mean	2.62	3.68	3.15
	SD	4.05	4.75	4.44
DASS-A	N	219	222	441
(anxiety)	Mean	3.18	4.49	3.84
	SD	3.65	4.67	4.24
DASS-S	N	224	226	450
(stress)	Mean	4.58	5.42	5.00
	SD	4.53	4.98	4.77
Satisfaction with	N	221	225	446
Family	Mean	24.50	25.35	24.93
	SD	7.36	6.73	7.05
Satisfaction with	N	207	210	417
Friends	Mean	14.79	15.10	14.95
	SD	4.77	4.44	4.60
SSQ	N	208	220	428
	Mean	30.13	28.51	29.30
	SD	5.29	5.09	5.24

Measure		Metropolitan	Rural	Total
CASQ	N	202	194	396
	Mean	4.34	3.64	4.00
	SD	4.30	3.84	4.09
CASQ	N	206	206	412
Composite score	Mean	19.72	19.22	19.47
For Positive events	SD	2.48	2.39	2.44
CASQ	N	211	204	415
Composite score	Mean	15.40	15.61	15.50
For Negative events	SD	2.30	2.08	2.19
Meaninglessness	N	225	226	451
	Mean	3.06	3.50	3.28
	SD	2.13	2.19	2.17
Loss of Control	N	226	225	451
	Mean	1.22	1.73	1.47
	SD	1.52	1.79	1.68
Neuroticism	N	226	222	448
	Mean	17.11	17.90	17.50
	SD	3.06	3.36	3.23
Self-Esteem	N	221	218	439
	Mean	31.64	30.36	31.01
	SD	5.49	5.09	5.33

Notes: sample sizes differ between variables due to participants with missing data

Turning to the personality variables, the rural group scored significantly higher on Neuroticism ($F[1,426] = 10.35, p<.05$) than the metropolitan group, and significantly lower on Self-Esteem ($F[1,437] = 6.411, p<.05$). Thus, the rural group appears significantly less well adjusted than their metropolitan peers.

With respect to attributional style, there was no significant difference in overall composite score between the groups ($F[1,394] = 2.889, p>.05$), but one difference did emerge when the scale was broken down into its component measures. Although there was no significant difference in scores on the Negative Composite (i.e., attributions for negative events, $F[1, 413] = 0.906, p>.05$), a significant difference did emerge in the Positive Composite ($F[1, 410] = 4.429, p<.05$). This suggests that, although participants in the rural and metropolitan areas were making attributions for negative events that were essentially the same, the metropolitan group was significantly more likely to make internal, global, stable attributions for positive events than the rural group. This may reflect a general orientation among the rural sample to see the generation of positive events as being outside their own control and more the result of chance or other external factors. The metropolitan sample evidenced a different pattern being significantly more likely to see themselves as the generators of positive events.

The final dimension of predictors identified was that of social support. There were no differences between the groups on satisfaction with family or friends (Family, $F[1,444] = 1.627, p>.05$; Friends, $F[1,415] = 0.472, p>.05$). However, a difference did emerge in levels of satisfaction with overall social support as indexed by the SSQ ($F[1,427] = 10.349, p<.05$). Participants in the metropolitan group tended to report higher satisfaction with the social support they received than did their rural peers.

To minimise the risk of Type I errors, the between groups comparisons were conducted with a Bonferroni Correction to the alpha value required for significance. Under these more strict conditions, three of the identified variables remained significantly different between groups; Anxiety (*F[1,439] = 10.78, p =.001*), Feelings of Loss of Control Over Life (*F[1,449] = 10.74, p =.001*), and the Social Support Questionnaire (SSQ; *F[1,427] = 10.349, p =.001*). These differences between groups under the more strict statistical criteria demonstrate that there are clear differences in the psychological and emotional experience of young people from these two regional contexts, despite no significant difference in their levels of hopelessness as measured using the CHS.

4.3.2 Regression Analysis

Overall, the pattern of differing scores on the affective distress, personality, cognitive attribution and social support dimensions indicate that the rural and metropolitan groups did differ in a number of important respects. Together with the finding that the two groups did not differ significantly in level of hopelessness, these results suggest that the various predictor variables may predict level of hopelessness differently in each of the groups. With this in mind, correlational analyses were conducted separately for each of the groups. Initial computation of the intercorrelation for each of the samples was performed and are presented in Tables 3a and 3b. Examination of these matrices revealed a similar pattern in each of the groups. In both the rural and metropolitan groups, most of the variables were significantly correlated with each other, yielding complex matrices of intercorrelations that do not lend themselves to clear interpretation

of any intergroup differences. In order to investigate intergroup differences further, stepwise regressions were conducted for each group using a significance level of .05 as the cutoff for inclusion and retention in the final equation. The results of these regression analyses are summarised in Table 4.

In the metropolitan sample, the stepwise procedure returned three variables that significantly predicted hopelessness at the $p = .05$ level: Depression ($\beta = 0.445, p<.05$), Anxiety ($\beta = 0.213, p<.05$) and Satisfaction with Family ($\beta = -0.282, p<.05$). This overall model was significant at the $p = .05$ level and together these variables explained 64.5% of the variance in hopelessness in the metropolitan sample. In the rural sample, however, hopelessness was significantly predicted by Depression ($\beta = 0.512, p<.05$), Loss of Control ($\beta = 0.061, p<.05$) and Attributional Style ($\beta = 0.016, p<.05$). Again, this overall regression model was significant at the $p = .05$ level, and explained 64.4% of the variance in hopelessness in the rural sample.

These differences appear to represent important differences in the predictors of hopelessness between the rural and metropolitan groups. As in previous research (e.g., Garber, Weiss & Shanley, 1993; Hammond & Romney, 1995) there was a strong influence of depression on hopelessness in both groups (explaining 53% and 51.2% of the variance in hopelessness in the metropolitan and rural groups, respectively). Of note, however, is that the other variables that contributed significantly to the explanation of variance in the model differed between groups (Anxiety and Satisfaction with Family for the metropolitan group, and Loss of Control and Attributional Style for the rural group). Although the other variables in each of the models did not contribute as much to the explanation of variance in hopelessness as depression did, the fact that they differed

between the groups suggests that the effects of different variables needs to be examined in the prediction of hopelessness for adolescents from these differing areas.

Table 3a

Intercorrelation Matrix for the Metropolitan Sample.

		1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	CHS	-													
2	DASS-D	.741*	-												
3	DASS-A	.628*	.648*	-											
4	DASS-S	.572*	.660*	.700*	-										
5	Meaning	.563*	.496*	.590*	.549*	-									
6	Control	.613*	.617*	.546*	.555*	.514*	-								
7	CASQ	-.630*	-.582*	-.539*	-.472*	-.433*	-.481*	-							
8	negcomp	.597*	.578*	.495*	.469*	.364*	.488*	-.887*	-						
9	poscomp	-.536*	-.470*	-.469*	-.376*	-.407*	-.381*	.906*	-.608*	-					
10	S.E.	-.669*	-.680*	-.557*	-.612*	-.568*	-.561*	.583*	-.515*	.542*	-				
11	Neurotic	.451*	.529*	.514*	.629*	.525*	.484*	-.434*	.410*	-.360*	-.623*	-			
12	SSQ	-.571*	-.560*	-.477*	-.456*	-.447*	-.509*	.561*	-.480*	.519*	.535*	-.361*	-		
13	Family	.636*	.565*	.469*	.466*	.513*	.579*	-.576*	.496*	-.544*	-.619*	.455*	-.605*	-	
14	Friends	.554*	.519*	.489*	.468*	.431*	.441*	-.503*	.443*	-.467*	-.520*	.441*	-.620*	.582*	-

1. Children's Hopelessness Scale (Kazdin et al, 1983), 2. DASS-Depression (Lovibond & Lovibond, 1995), 3. DASS-Anxiety (Lovibond & Lovibond, 1995), 4. DASS-Stress (Lovibond & Lovibond, 1995), 5. Feelings of Meaninglessness Scale (Newcomb & Harlow, 1986), 6. Feelings of Loss of Control Scale (Newcomb & Harlow, 1986), 7. CASQ-R overall composite score (Thompson et al., 1998), 8. CASQ-R composite score for negative events, 9. CASQ-R composite score for positive events, 10. Rosenberg (1965) Self-Esteem Scale, 11. Corulla's (1990) revised Neuroticism Scale for Children, 12. Social Support Questionnaire – Revised (Sarason et al., 1987), 13. Satisfaction with Family Scale (Scott & Scott, 1998), 14. Satisfaction with Friends Scale (Scott & Scott, 1998).

'*' – $p < .01$

Table 3b

Intercorrelation Matrix for the Rural Sample.

		1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	CHS	-													
2	DASS-D	.747*	-												
3	DASS-A	.564*	.712*	-											
4	DASS-S	.620*	.822*	.753*	-										
5	Meaning	.551*	.544*	.493*	.623*	-									
6	Control	.672*	.688*	.592*	.618*	.563*	-								
7	CASQ	-.579*	-.483*	-.434*	-.481*	-.434*	-.478*	-							
8	negcomp	.506*	.446*	.435*	.481*	.370*	.406*	-.843*	-						
9	poscomp	-.527*	-.428*	-.354*	-.388*	-.406*	-.441*	.891*	-.507*	-					
10	S.E.	-.634*	-.648*	-.480*	-.653*	-.593*	-.522*	.577*	-.459*	.544*	-				
11	Neurotic	.482*	.528*	.444*	.618*	.557*	.423*	-.512*	.359*	-.354*	-.613*	-			
12	SSQ	-.338*	-.348*	-.336*	-.294*	-.151‡	-.358*	.394*	-.350*	.311*	.325*	-.196*	-		
13	Family	.545*	.534*	.417*	.479*	.459*	.475*	-.457*	.349*	-.456*	-.520*	.446*	-.317*	-	
14	Friends	.375*	.408*	.342*	.355*	.258*	.339*	-.394*	.364*	-.361*	-.491*	.350*	-.366*	.392*	-

1. Children's Hopelessness Scale (Kazdin et al, 1983), 2. DASS-Depression (Lovibond & Lovibond, 1995), 3. DASS-Anxiety (Lovibond & Lovibond, 1995), 4. DASS-Stress (Lovibond & Lovibond, 1995), 5. Feelings of Meaninglessness Scale (Newcomb & Harlow, 1986), 6. Feelings of Loss of Control Scale (Newcomb & Harlow, 1986), 7. CASQ-R overall composite score (Thompson et al., 1998), 8. CASQ-R composite score for negative events, 9. CASQ-R composite score for positive events, 10. Rosenberg (1965) Self-Esteem Scale, 11. Corulla's (1990) revised Neuroticism Scale for Children, 12. Social Support Questionnaire – Revised (Sarason et al., 1987), 13. Satisfaction with Family Scale (Scott & Scott, 1998), 14. Satisfaction with Friends Scale (Scott & Scott, 1998).

'‡' – $p < .05$
'*' – $p < .01$

Table 4

Model Summaries for Stepwise Regressions on Metropolitan and Rural Samples.

Metropolitan Sample		
Significant Predictors *	**R^2 change**	**Beta**
Depression	0.530	0.445
Anxiety	0.090	0.213
Satisfaction with family	0.026	-0.282
Model		
F **=** 122.206, ***p*** 0.000		
Total Variance Explained = 64.5%		

Rural Sample		
Significant Predictors *	**R^2 change**	**Beta**
Depression	0.512	0.496
Loss of control	0.061	0.188
Attributional style	0.016	-0.259
Model		
F **=** 109.124, ***p*** 0.000		
Total Variance Explained = 64.4%		

Stepwise Regression
Dependent Variable: Hopelessness
'*' – variables significant at p = 0.05

Examination of the variables returned as significant predictors revealed that, for both groups, two of the variables fell into the 'affective distress' grouping described earlier (metropolitan sample – Depression and Anxiety; rural sample – Depression and Loss of Control), while the third significant variable was from another grouping: social support in the metropolitan sample, and cognitive vulnerability in the rural sample. In order to present this visually, a structural equation model was tested for each of the samples including variables in the clusters from which they were drawn. It needs to be noted that these structural equation models, being composed entirely of variables already identified as statistically significant predictors, are over-fitted and hence do not contribute anything to the actual analysis over and above that garnered from the regression analyses. However, analysis of the data in this manner does lead to presentation of the data in a visual way that facilitates interpretation and highlights the differences between the factors at play in each of the groups. These structural equation models are presented in figures 1 and 2.

figure 1

Structural Equation Model for Metropolitan Group Showing Standardised Regression Weights.

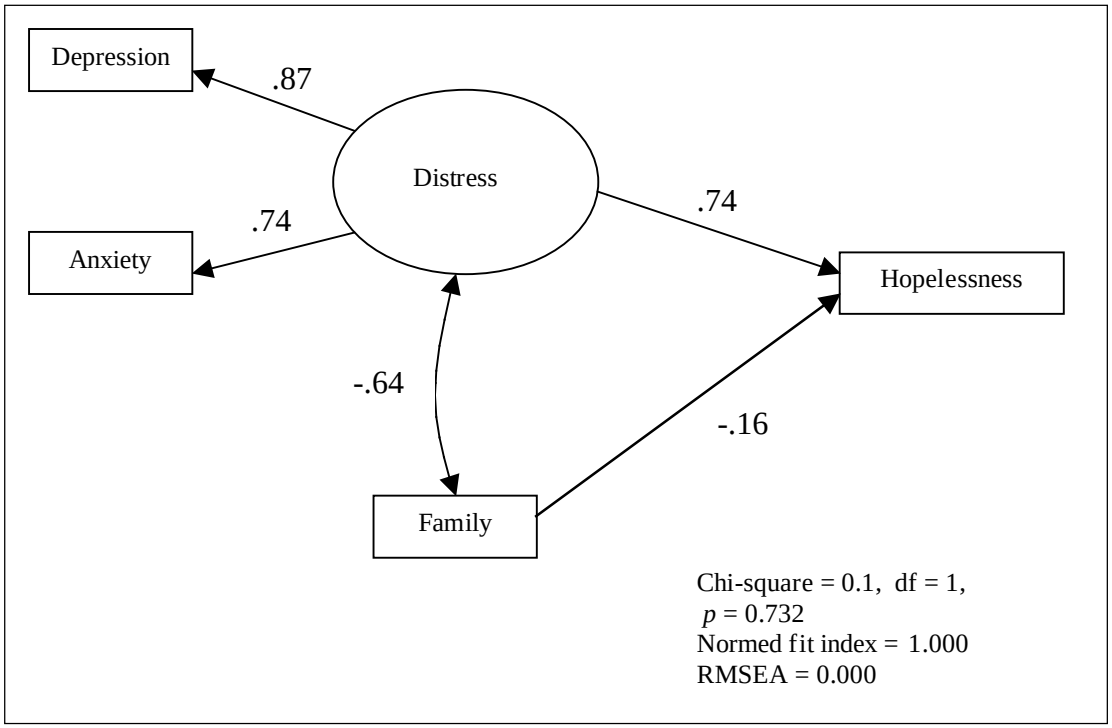
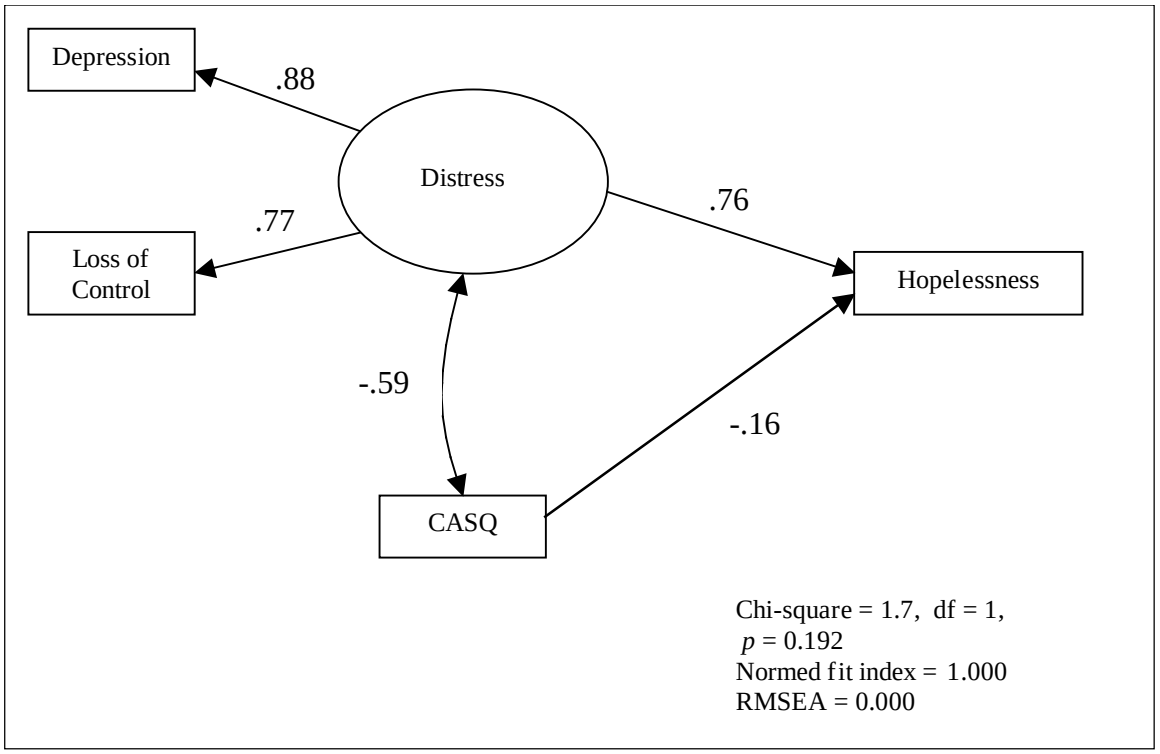


figure 2

Structural Equation Model for the Rural Sample Showing Standardised Regression Weights.



4.4 Discussion of Study 1

This study is the first attempt to look at adolescent hopelessness in a way that uses variables from a number of research streams in a design that also allows the examination of contextual (i.e., regional) influences. This research therefore represents an important addition to the literature in initiating the integration of disparate findings in a way that has the potential to offer a more holistic understanding of the processes involved in adolescent hopelessness. However, as the current research forms an initial exploratory investigation of the relative roles of the variables identified in the literature in the prediction of hopelessness in rural and metropolitan adolescents, conclusions

drawn from the data are necessarily tentative and must await further investigation and verification before firm conclusions can be drawn. Nevertheless, the current data suggest a number of important lines for further investigation which will be expanded on here.

Interestingly, there were no significant differences between levels of hopelessness in the rural and metropolitan groups. Given the clear data from previous research of the differences in suicide rates between these two populations and the well-researched link between hopelessness and suicide, this finding is somewhat difficult to explain and can be interpreted in two different ways.

Firstly it could be suggested that, although hopelessness is related to suicidal ideation and behaviour, other factors not studied here (such as access to firearms, cultural norms around suicide, etc) probably account for the differences in observed suicide rates between the groups. Certainly, this research is not able to categorically rule out this suggestion, but the results of this study suggest an alternative explanation which may also go some way to accounting for differences in suicide rates. To date, the literature seems, on the whole, to have considered hopelessness as a unitary and monolithic construct that has similar meanings for people independent of individual and cultural differences. It has been conceptualised and measured as a variable that differs between people and groups only with respect to quantity, not quality. The findings of the regression analyses in the present study, however, suggest that the hopelessness felt by adolescents is associated with different variables depending upon the context (regional group) from which they are drawn.

Furthermore, as this study was cross-sectional in design, these differences in the psychological variables that (statistically) predict hopelessness in adolescence are actually representing differences in the types of variables that are associated with and cluster around hopelessness in each of the groups, rather than differences in the variables that predict or cause hopelessness as such. This introduces the possibility of hopelessness in adolescence as being a more complex variable than it has been conceptualised in the literature, existing not as some unitary, monolithic construct, but rather as a component of a "hopelessness cluster" that will be experienced differently by the adolescent depending upon the other variables that co-occur with hopelessness. Hopelessness may therefore be a variable that varies not only in quantity between individuals, but also in quality. Put another way, there may actually be a number of different types of 'hopelessness*es*', depending upon the other variables that the adolescent experiences together with it. These different types of hopelessness clusters may, in turn, lead to different outcomes such as differences in suicidality.

Examining the patterns of association that emerged in the current research, it is clear that different variables appear to cluster together with hopelessness in each of the groups. For the metropolitan adolescents, higher levels of the affective-distress variables of Depression and Anxiety together with lower Satisfaction with Family were associated with Hopelessness. This contrasts with those from the rural sample where the affective-distress variables of Depression and Feelings of Loss of Control, together with an external, stable, global Atttributional Style for positive events were most closely associated with hopelessness.

Turning first to the metropolitan sample, it is clear from the literature on social support that satisfactory and satisfying social support from both family and friends acts as an important stress buffer for adolescents (e.g., Herman-Stahl & Petersen, 1999; McFarlane, Bellisimo, Norman & Lange, 1994). When seen in this way, the three variables that are most highly associated with hopelessness in adolescence can be framed as two indices of internal distress (depression and anxiety) and one factor previously shown to buffer against the same. In essence, it seems that for the metropolitan adolescent, hopelessness is experienced in a grouping of variables that are concerned with internal feelings.

The pattern of variables associated with hopelessness in the rural sample, by contrast, is more 'external' in nature. Although this grouping of variables does contain depression, its other affective-distress variable (loss of control over life) and the third variable of Attributional Style are both concerned with the adolescent's perception of how the world is impinging on them in negative ways. These latter two variables can both be interpreted as expressing feelings of an inability to positively affect the external world. In short, whereas the hopeless metropolitan adolescent is one who experiences themself in negative ways, it seems that the hopeless rural adolescent is one who is experiencing the way the world acts on them in negative ways.

That there may be more than one dimension to hopelessness is not entirely surprising. Such a distinction has some similarities to Snyder's definition of Hope (Snyder et al, 2000) which he conceptualises as comprised of pathway and agency beliefs in varying degrees. In Snyder's work, pathway beliefs are those beliefs concerned with whether or not there are options that people can follow to affect their situation, whereas agency

beliefs are those concerned with whether the person has the ability to pursue these options. If one or both of these is lacking, then hope decreases. While (despite its name) it is not entirely clear that hopelessness is the polar opposite of hope (involving, as it does, a general retreat into despair and apathy, - see also Chang, Maydeu-Olivares, & D'Zurilla, 1997; Peterson, 2000), it appears that hopelessness may have analogous dimensions to those involved in hope. The patterns observed in the current results do not correspond directly to the pathways and agencies beliefs outlined by Snyder et al (2000), however the possibility that there is more than one dimension to hopelessness is not inconsistent with his general thesis.

These findings also make sense when taken in context of the environments from which each of the samples is drawn. Rural adolescents live in an environment that does not have many of the opportunities that are available to adolescents in metropolitan areas. Unemployment tends to be higher in rural areas and adolescents are faced with declining economic opportunity locally and the prospect of having to relocate long distances to enter the adult workforce (Bush, 1990). In purely financial/ economic terms, rural adolescents live in an environment where their ability to effect their situation is more difficult. Indeed, it could be argued that a rural adolescent who perceived their external environment as putting obstacles in their way may be perceiving their situation accurately, and the hopeless rural adolescent's beliefs may simply reflect an exaggerated version of this perception. The metropolitan adolescent however, in a situation with a wider range of opportunities open to them, might have different pathways to hopelessness that are more related to other aspects of psychological distress and perceptions of lack of support.

The overall results of this study support the contention that there are different types of hopelessness clusters that can be experienced by adolescents. It can also be seen to have provided support for the notion that these qualitatively different ways of experiencing hopelessness are related to contextual variables such as regional environment.

The findings of this study are therefore of considerable theoretical significance. If there are a number of qualitatively different forms of hopelessness related to contextual factors and subcultural variation, this would mean that hopelessness is not a unitary construct as it has generally been operationalised. As such the effects of hopelessness and its relationship to other variables could no longer be assumed to hold constant across cultural and contextual lines. This would make it all the more important that researchers broaden their focus to look at the interrelationships between hopelessness and multiple related variables in the context of the particular cultural milieu that they are studying. If it is the case that hopelessness can take a range of different contextually influenced forms, then it is only through attending to contextual factors that we will be able to reach a holistic understanding of the ways in which hopelessness functions.

These findings have practical as well as theoretical importance. Turning again to the elevated rates of suicide among young rural males in Australia, it is notable that the rural group in this study did not exhibit significantly higher levels of hopelessness than their metropolitan peers. However, the nature of the variables associated with hopelessness in the rural sample of this study was different, reflecting differences in the way that hopelessness is understood and experienced in this group. Hopelessness in the rural group was characterised by a greater perception that there are few opportunities available to them, whereas the hopelessness of the metropolitan group appeared to be

more related to internal distress factors. One possibility that these findings therefore raise is that different ways of experiencing hopelessness may carry with them different levels of relative risk for suicide and other negative outcomes. More 'external' forms of hopelessness (such as those seen in the rural group of this study) may indeed present a higher risk for suicide than do more 'internal' forms (such as in the metropolitan sample). Understanding the exact nature of any of these relative risks and the processes by which they operate is beyond the scope of the current data, however, and would require further research to ascertain.

Furthermore, if 'hopelessness' is experienced differently by groups depending on social context, then it follows that prevention and treatment efforts would need to address the dimensions of hopelessness that are of relevance to the particular target group. For example, based on the findings of this study, it would seem that programmes directed at rural youth that aim to reduce hopelessness by focussing on addressing general emotional distress may well be misguided. For these rural young people, hopelessness is less about emotional distress than it is about difficulty finding opportunities in their environment and a lack of faith in their own capacity to take advantage of them.

On the basis of these results then, programmes for rural youth may be most profitably targeted at developing skills and working to increase feelings of control and mastery. It is also likely that including scope for exploring opportunities realistically and creating them where there are none would also be of benefit. Conversely, the current results suggest that for metropolitan youth, more effective programmes may be those that directly target distress management skills and address deficiencies in their social support networks. While it would be premature to prescribe treatment approaches based

solely on the results of the current study, the results do highlight the need for knowledge of the specific meanings that hopelessness has for that group as a necessary step in designing efficacious prevention and treatment efforts.

The current study has suggested some interesting directions for future research. These findings await further investigation to determine their robustness. Given the implications that have been discussed regarding the effect of context on the qualitative experience of hopelessness, the findings of the current study also suggest the need for the use of qualitative methodology to help further illuminate and clarify the impact of situational and environmental context on hopelessness in adolescents from diverse populations. Qualitative methodologies would allow for a more fine-grain exploration of the meanings that hopelessness has for people and the ways that it relates to other concepts. Such further investigation will bring us closer to a more integrated understanding of the construct of hopelessness in adolescence and how we might best prevent or treat it in ways that better fit the specific environmental contexts in which it occurs.

CHAPTER 5. Study 2

5.1 Aims and Rationale of Study 2

Examination of the quantitative data obtained from Study 1 suggest a number of differences in the factors associated with hopelessness between the rural and metropolitan schools. As detailed in the preceding sections, one of the more likely conclusions from these data appear to involve differences in the way that a number of other variables tend to co-occur with hopelessness depending on a young person's social context. While there are some consistencies across groups in Study 1, and some variables (e.g., depression) appear to be associated with hopelessness in both rural and metropolitan youth, there was a significant tendency for feelings of hopelessness to be associated with different variables in the rural and metropolitan populations. While hopelessness was associated with anxiety and perceptions of family support in the metropolitan sample, hopelessness in the rural group was more closely linked to perceived loss of control and attributional style.

Given the pattern of results from Study 1, it appears possible that hopelessness may not be a unitary construct but may actually be experienced differently by young people from different backgrounds. As hopelessness is experienced together with particular sets of variables depending on their social context, the quality of the *felt experience* of hopelessness and the meaning that hopelessness has for young people, is likely to be influenced by those other variables. Feelings of hopelessness, therefore, may not be the same experience for young people from different social contextual backgrounds.

This has a number of implications for the study of hopelessness. If (1) the felt experience of hopelessness for people is coloured by the variables that accompany it, and (2) those accompanying variables differ in systematic ways depending upon the background of the person, then it follows that (3) the predictors, nature and consequences of those feelings of hopelessness may also differ systematically between groups. Also, while Study 1 focussed primarily on differences between youth from rural and metropolitan areas, it is possible that there may be differences across a number of social contextual groups. Indeed, given that there are a number of different aspects of sociodemography that could be argued to have a greater impact on personal psychology of young people than rurality, it is likely that differences in the felt-experience of hopelessness between groups from other social contexts may even be greater than that observed between the rural and metropolitan samples of Study 1. These potential differences, if not more fully explored and understood, have the potential to affect the generalisability of research findings into youth hopelessness and lead to the potentially erroneous application of results to populations for whom "hopelessness" is a differently experienced construct than the "hopelessness" actually studied in a different group. A greater understanding of these differences however, would allow for more sensible application and practical implementation of research findings across groups. The nature of any of these apparently systematic differences, therefore, requires investigation.

In order to begin investigation of the nature of these differences in the experience of hopelessness, Study 2 was designed as a qualitative, interview-based study. A qualitative methodology was selected so as to tease out differences in participants' experience, free from the limitations that specific quantitative measures can potentially

impose upon the data by forcing participant responses to fit a limited number of response options (Aaker et al., 2007). Indeed, if (as suggested by the results of Study 1) hopelessness is experienced differently across different groups, it is difficult to conceive of how a set of quantitative measures could be designed to accommodate these differences in experience without first understanding those differences more fully. Study 2 aims to move closer to such an understanding that will allow more informed research in the future.

The use of interview-based data also serves to reduce the impact of common method variance on the relationships between variables. The effects of common method variance in obscuring the actual nature of relationships between variables when related variables are assessed with self-report questionnaires have been noted in the literature (e.g., Baumeister, Campbell, Krueger, & Vohs, 2003). Although the use of qualitative data collection methodology does not eliminate problems with common method variance entirely, it does remove those aspects that are due to response bias on pencil and paper questionnaires.

Through the use of an interview-based qualitative methodology, Study 2 was designed to elicit participants' own experience of hopelessness in their lives. This would include both those factors that they experienced in concert with hopelessness (that is, their own particular "hopelessness cluster"), the situations in which they experienced it and also the factors that they perceived as the causes of their hopelessness in those situations. By examining any differences in interview data across people from different sociodemographic backgrounds, this study will be able to more specifically describe the differences in the quality of the experience of hopelessness across groups. In this way,

Study 2 will be able to test and elaborate on the results of Study 1 and inform the psychological knowledge base around youth hopelessness.

In addition to a comparison between people from rural and urban backgrounds as in Study 1, the design of Study 2 also includes a second comparison group of young people currently in a youth-specific residential drug and alcohol rehabilitation facility. The decision to include this additional comparison group was made for two reasons. Firstly, if the felt experience of hopelessness does vary along social contextual lines, then it is likely that a number of sociodemographic dimensions may have effects on that felt experience at least as large as that observed in relation to 'region'. It was decided therefore to include an additional comparison group so as to allow for stronger inferences about the effects of contextual / subcultural factors to be drawn. Secondly, hopelessness has been identified in the literature as a specific risk factor for problems with drug abuse and delinquency (Krampen & von Eye, 1984). As such, including this group would allow Study 2 to compare the experience and understanding of hopelessness within that group to those of young people whose histories have not included problems with drug abuse or delinquency. In this way, Study 2 has the potential to offer insights into the ways that differences in an individual's felt experience and understanding of hopelessness might be related to drug abuse and other negative outcomes.

The results of Study 2 will therefore allow for examination of differences between young people from a number of different backgrounds. While the rural / metropolitan comparison groups will allow for clarification and expansion of the results from Study 1, the residential rehabilitation group will allow for the comparison of the non-clinical

groups with a group of young people who have already experienced clinically significant problems with functioning related to their drug and alcohol use. In this way, Study 2 will be able to explore the felt experience associated with hopelessness in two non-clinical populations of young people, as well as the felt experience of hopelessness in a population of young people with clinically significant problems in functioning.

It is also possible that the young people from the residential rehabilitation sample may have a history involving a greater experience of hopelessness that will allow them to provide insights into their experience of hopelessness that would not be possible to obtain from a university sample. This possibility is secondary to the main focus of Study 2 however, as the aim is not to determine which description of hopelessness is more correct, insightful or valuable, but rather to explore the differences that arise in the descriptions of hopelessness given by people as a function of their social context and background. This will allow for more clear interpretation of the existing literature and the design of future research that takes account of the sociodemographic differences in the felt-experience of hopelessness in the populations studied.

Study 2 was guided by two overarching research questions. Firstly, what are the differences (if any) in the quality of the felt experience of hopelessness between groups? That is, when people think about hopelessness, what are the emotional concomitants that the concept of hopelessness brings to mind and do these differ systematically between young people from different social contextual groups. Secondly, what factors do the young people in each of the groups identify as the underlying causes or predisposing factors for hopelessness and do these differ between groups? While answers to this second question are based in the participants' own beliefs and do not

necessarily reflect actual causes of hopelessness, their beliefs around this will help to further elaborate their own particular conceptions of hopelessness. Through these questions, Study 2 was designed to explore the experience and understanding of hopelessness in the groups studied.

5.2 Method

Study 2 utilised a qualitative interview methodology with a thematic analysis of the content of participants' interview transcripts to identify aspects of the participants' experiences and understandings of hopelessness.

5.2.1 The Sample

Participants of Study 2 were 39 individuals from 2 different samples. Sample 1 consisted of 33 (24 female, 9 male) first year undergraduate university students from the University of Wollongong in New South Wales Australia. The University of Wollongong is a large regional university located approximately 85 kilometres from the Sydney CBD. It attracts students from both metropolitan areas and rural areas. Sample 2 consisted of 6 young people (age-range 16-23 years; average age 17.4 years) from a youth-specific residential drug and alcohol rehabilitation facility. This rehabilitation facility is located in the southern highlands of New South Wales approximately 130 kilometres from Sydney. It accepts referrals from both metropolitan and rural areas.

Both samples were asked to describe the area that they lived in for most of the time during their childhood and adolescence. On the basis of these responses, their upbringing was categorised on a case-by-case basis as being either primarily metropolitan or primarily rural. The participant was then asked whether they believed they had been categorised accurately. Although there was a plan in place to negotiate this classification with the participants in the event of their disagreeing with their categorisation, no participant disagreed with their initial classification.

All participants were volunteers who gave informed consent for the interview procedure beforehand and were informed that they could terminate the interview at any time without penalty.

All procedures were approved by the University of Wollongong Human Research Ethics Committee.

5.2.2 Measures & Procedure

Individual semi-structured interviews were conducted with each of the participants. All interviews were conducted by the same interviewer who had previous training in interviewing and counselling skills (the author). Participants were informed that they could terminate the interview at any stage and that they would be referred to appropriate counselling and / or support services if the interview brought up any issues that they found difficult to deal with. An effort was made to debrief each participant at the conclusion of the interview and assess the need for referral for follow-up support or counselling. Only one participant (from the undergraduate sample) asked to be referred for support and that participant was referred to the university counselling service. Interviews were audiotaped for transcription and the interviewer took notes during the interview to allow for review of topics covered as the interview progressed. Interviews lasted for between 60 and 90 minutes. Participants from the university sample were interviewed in a research room on campus and interviews with the residential rehabilitation sample were conducted in a meeting room on the grounds of the rehabilitation facility.

An effort was made to ensure that rapport was developed and maintained with the interviewee throughout the duration of the interview. Once the interviewee was comfortable, the conversation was guided around a series of predetermined questions designed to tap their beliefs around hopelessness in the abstract, and their own experiences of hopelessness. A more complete outline of the interview questions is given in Appendix A, however the basic questions covered in each of the interviews are presented here:

1. *Hopelessness as an abstract concept*
    a. Participants were asked to briefly "describe what (they) think it means when people use the word "hopeless". As well as tapping some of their beliefs around hopelessness, this question was also used to help clarify any confusion the participant might have had around meanings of the term "hopeless" that were irrelevant to the current research (eg., "hopeless" used in a colloquial sense as a pejorative adjective).
    b. Participants were asked to nominate what other things they thought went along with hopelessness, ie., "what are some of the other things that people might also feel, think or do?"
    c. Participants were asked to describe the sorts of things that they thought predisposed people to experiencing hopelessness, and the sorts of events that they thought might trigger it.
2. *Participants' own experience of hopelessness*
    a. Participants were asked to nominate 1-2 examples of times that they had experienced hopelessness personally and to describe their experience of this

in whatever emotional, cognitive, relational or behavioural terms came to mind.

5.2.2.1 Laddering

In addressing the questions, participants were encouraged to talk freely and elaborate on their descriptions. In the event that participants found themselves unable to elaborate further on their experience, a 'laddering' technique was used to assist them in continuing their description. Laddering is a technique derived from Personal Construct Psychology (PCP; Kelly, 1955; 1970), and the technique itself was initially utilised in 1965 by Dennis Hinkle and given the name *laddering* by Bannister and Mair (1968). Although it is sometimes also referred to as *pyramiding* (Landfield, 1971), this actually refers to only one particular variant of the method. The technique has since been further refined by others (e.g., Landfield, 1971; Neimeyer, 1993) and is recognised as a powerful tool for eliciting an individual's beliefs regarding an object or event and how those beliefs link into their overall system of beliefs and values (Fransella, Bell & Bannister, 2003). The laddering technique is therefore a useful tool for exploring peoples' understanding of concepts. Although it is used primarily as a clinical assessment tool, it has been applied in empirical research on subjects as diverse as a person's understanding of their professional role (Costigan, Closs & Eustace, 2000; Porter, 2003) to the processes involved in national identity and a person's decision to engage in war (Stojnov, Knezevic & Gojic, 1997). Laddering techniques have been used in studies in the field of management (Brophy, Fransella & Reed, 2003) and marketing studies designed to explore the values that people attach to consumer products.

Although laddering has no set of formal instructions, the technique basically consists of a form of recursive questioning which helps to draw out the assumptions the person holds about an identified thing or event (Butler, 2006). As laddering was born in a PCP framework (Kelly, 1955; 1970) the first step of the process is to ask the interviewee what they perceive as the subjective opposite of the thing or event identified. In a PCP framework, this allows for the identification of the opposite pole of the construct being probed (constructs being defined in PCP as bipolar in nature; Kelly, 1955; 1970). With both poles now identified the interviewee is then posed the question of which pole they prefer (the subjectively positive one) and further, *why* they prefer that pole. This then yields one pole of another construct that is structurally superordinate to the initial one identified. The interviewee can then be asked for the other pole of this new construct (i.e., its subjective opposite) and the "which do you prefer?" and "why?" questions to identify further superordinate constructs. This process continues until the interviewee is either unable to answer the "why?" question (ie., is unable to generate any further superordinate constructs) or they reach a construct which to them is self-evidently true. Through this process, the technique allows for the exploration of the subjective meanings of particular concepts and how the individual experiences these as being associated with other concepts (Fransella, Bell & Bannister, 2003; Neimeyer, 1993).

Although the laddering technique does come from a PCP framework, a thorough discussion of the PCP model is beyond the scope of this thesis. Laddering is similar in nature to techniques derived from other frameworks, such as Beck et al.'s (1979) "downward arrow" technique. It represents a fairly generic tool for exploring, from the individual's experience, the meanings associated with a concept. In the current study,

the laddering technique was selected due to the simplicity with which it can be applied to a wide range of emotional, cognitive and behavioural concepts and the ease with which it can be adapted for use with younger people (Butler & Green, 1998).

Two assumptions do underlie the use of the laddering technique in this study, however. Firstly, it was assumed that, by the systematic use of laddering to explore the aspects of their understanding and experience of hopelessness elicited by the initial questions, participants would be able to generate a fuller description than they would have been able to generate spontaneously. Secondly, it was assumed that the technique did not introduce undue artefact or experimenter bias into the descriptions. The first of these assumptions appears to have been borne out by the volume of information that the technique generated over and above the participants' initial responses. The second assumption is more difficult to quantitatively demonstrate. However, given that the laddering was begun from the participants' own initial responses (using the words that the participants generated themselves), it appears reasonable that this assumption is also justified.

5.2.2.2 Demographic Items

At the conclusion of the interview, participants were asked to complete a one-page demographics questionnaire. This questionnaire contained items asking the participant's age (in years and months), gender, regional background, family structure and self-categorised socioeconomic status. The complete demographic questionnaire is provided in Appendix B. The question referring to regional background included options for: "inner city"; "in the suburbs of a metropolitan area"; "in a large town or

city in a rural area"; "in a small town in a rural area" and; "in a rural area away from town". For the purposes of this study the first two options were defined as "metropolitan" and the last two were defined as "rural". Given the distribution of population within Australia, with the majority of the population clustered around the major capital cities, it was also decided to classify the third option ("in a large town or city in a rural area") as "rural". As this third option represents an unclear area however, participants who placed themselves in this were asked whether they thought of where they grew up as "rural". All participants who selected the third option agreed with the description of where they grew up as being rural.

The demographics questionnaire also asked participants to rate their level of hopelessness over the past two weeks on a 9 point Likert scale with lower scores indicating higher levels of hopelessness.

5.2.3 Planned Analysis

All interviews were audiotaped and later transcribed. A thematic analysis was planned for the transcript data. Transcripts were reviewed by the author and participant statements were broken down in accordance with the research questions around the participants' understanding and experience of hopelessness. Thus each participant's statements were classified as referring to either (1) the causes that they perceived as underlying hopelessness, or (2) components of the experience of hopelessness (ie., the emotional, cognitive, behavioural or relational concomitants of the felt experience of hopelessness). Data for each participant were therefore comprised of two separate lists,

one comprising statements regarding their perceived causes of hopelessness and the other comprising statements describing the felt experience of hopelessness.

It should be noted at this point that it was observed during the interviewing process that participants had considerable difficulty in answering questions about hopelessness as an abstract concept without reference to their own experience of hopelessness. Similarly, when asked questions about their own experience of hopelessness it was common for participants to include descriptions of hopelessness in depersonalised, abstract terms. As it was not possible to clearly separate these two levels of description without one intruding into the other, it was decided to combine these two levels of description in the analysis. Thus, statements were classified based on their content as a statement about either the 'perceived causes' or 'felt experience' of hopelessness regardless of what point in the interview they had been made. This procedure was considered to be justified based on the (reasonable) assumption that the statements one makes describing hopelessness as an abstract concept will necessarily be informed by, and thereby reflect, ones' own personal experience and understanding of hopelessness.

5.2.3.1 Coding of the Data

The statements regarding perceived causes and the felt experience of hopelessness were analysed separately. Rating scales were used to categorise statements by theme in preparation for further categorical qualitative analysis. In the application of the ratings scales, two independent raters were used to score the data to minimise rater bias and increase reliability.

5.2.3.2 Felt Experience Data

Statements describing participants' felt experience of hopelessness were classified according to the Classification System for Personal Constructs (CSPC) devised by Fiexas, Geldschlager and Neimeyer (2002). The CSPC is a rating system devised within a Personal Construct Psychology (PCP) framework to categorise the personal constructs elicited in qualitative research. Although the current research is not based in a PCP framework, the CSPC nevertheless represents a useful tool for categorisation (data reduction) of the 'felt experience' data generated in the current study. Partly, this is due to the nature of the interview data elicited through the use of laddering, which lends itself easily to the application of the CSPC. Significantly however, as the CSPC was designed specifically to allow for the rating of data concerned with a person's own experience and the beliefs that they hold that give personal meaning to that experience (Fiexas, Geldschlager & Neimeyer, 2002), it does provide an appropriate tool for classification of the current data.

The CSPC consists of a system of 45 non-overlapping content categories that are organised hierarchically into 6 primary areas and 2 supplemental areas. The 6 primary areas reflect (in order from superordinate to subordinate): Moral; Emotional; Relational; Personal; Intellectual / Operational; Values and Interests. The 2 supplemental areas deal with existential issues and concrete descriptors of observable characteristics or behaviour. These 6 primary areas and 2 supplemental areas will now be briefly described here but for a more comprehensive discussion of the scales see Fiexas, Geldschlager and Neimeyer (2002).

1. Moral

This category refers to value judgements that a person makes. These judgements may refer to themselves or to another. Responses in this category typically involve an assessment of the person's kindness, generosity, fairness or moral character.

2. Emotional

This category concerns statements that refer to the degree of emotionality displayed or experienced by the self or other. It includes specific emotional experiences such as happiness or sadness, but also general dispositions towards emotional warmth, and emotional reactivity. Importantly for the current study, it also includes tendencies towards optimism / pessimism.

3. Relational

The Relational category includes statements that describe how a person relates socially to others. It therefore includes statements that refer to level of extraversion, pleasantness, aggression, dominance, dependence, paranoia or interpersonal empathy. Descriptions of either the self or others in any of these terms (or their opposites) would be categorised here.

4. Personal

This area refers to descriptions of perceived personality characteristics of the self or other. References to personal strength, confidence, maturity, flexibility or other personal traits would fall into this category.

5. Intellectual / Operational

This category includes references to skills, abilities and knowledge. Statements regarding intelligence, educational attainment, skilfulness, creativity and the ability to act effectively on the world are included in this category.

6. Values and Interests

The last of the main categories is concerned with ideological, political, religious or social values, as well as specific interests such as music or sport. This category would include most statements that referred to the ideas, activities or things that people liked. Again, this category is applicable to statements about both the self and other.

Supplemental Categories

O. Existential

The first of the supplemental categories, this refers to statements about one's own or another's sense of self, meaning, purpose and direction in life.

7. Concrete Descriptors

This second supplemental category includes statements describing the self or other in concrete terms of appearance, role, place in society or specific behaviours they engage in (Fiexas, Geldschlager & Neimeyer, 2002).

The CSPC system is organised so that if a statement is able to be classified in two or more categories it is scored against only the most superordinate category in the hierarchy. Thus, for example, if a statement could potentially be classified into both the emotional and the relational category, it is classified into the higher category which in this example would be the Emotional category. This system increases the reliability of the system and ensures that the categories do not overlap. The 6 basic CSPC categories have been shown to have adequate reliability when used to classify the themes arising out of transcripts (Fiexas, Geldschlager & Neimeyer, 2002).

Each of the 8 categories are in turn broken down into subcategories describing more specific aspects of that area. In the rating tool, the subcategories are clarified by the

inclusion of exemplar responses for each of the categories. These are given as bipolar constructs which enable raters to have the meaning of the category informed by the opposing ends of the constructs (Fiexas, Geldschlager & Neimeyer, 2002).

In the interest of reliability, the CSPC was applied to the felt experience data by two independent raters who were trained in the use of the CSPC by the author. Initial concordance rates were 85%, which after negotiation between the raters and re-rating of the data was raised to 90%. These concordance rates are similar to that presented by Fiexas, Geldschlager and Neimeyer (2002).

5.2.3.3 Perceived Causes Data

Given the nature of the data regarding participants' perceptions of the causes of hopelessness, there was no pre-existing rating system available for these data. Consequently a rating system was developed by the author to allow for codification of these data. Firstly, the perceived causes data from all participants were combined to yield an overall de-identified list of all the statements regarding the perceived causes of hopelessness. A thematic analysis was then conducted on this de-identified list in which the statements were sorted in categories (distinct from the CSPC categories used in the rating of felt-experience data) according to themes. To verify the reliability of the categories obtained, a second rater then independently rated the perceived causes data according to these categories. In this instance, concordance between the raters was 83%, which was improved to 92% after negotiation and revision of some of the categories. A third independent rater using this revised version of the system achieved

90% concordance with the initial raters. This rate of concordance is within that considered acceptable for inter-rater reliability with this type of scale.

The complete set of categories for the perceived causes data is given in Appendix C, but will be briefly discussed here.

1. *Societal Issues*

This category included those perceived causes that involved sociopolitical or cultural factors. Among the sociopolitical factors identified by participants were socioeconomic status, gender, aboriginality, lack of opportunity, the experience of injustice and exposure to war. Cultural factors included statements referring to exclusion from the dominant culture, cultural pressures around role and achievement, feeling stuck in a community, and living in an area with few resources or services. Coming from a rural background was also identified as a perceived cause of hopelessness by a number of participants and was included here with the cultural items.

2. *Relationship / Support Factors*

This was the largest category of perceived causes identified by participants and was further broken down into three subcategories referring to Family, Friends / Peers, and General Relationship / Support Factors.

The *Family* subcategory included those statements that referred to the experience of family violence, neglect and abuse; family breakdown; negative family climate; strictness of parenting; dismissive, unsupportive or uncommunicative parenting styles; family pressure for achievement, and; parental hopelessness and mental illness.

The *Friends / Peers* subcategory comprised those statements concerned with having few friends or difficulty making friends, having shallow relationships with friends and the experience of bullying.

The *General Relationship / Support* subcategory included those statements that referred to social support without directly referencing either family or friends. Into this category fell perceptions of a lack of instrumental support, general statements about poor social support, or feelings of "not fitting in".

3. Events / Occurrences

This category included the events both proximal and historical that participants perceived as causing or predisposing one to hopelessness. These included repeated failure or poor life choices, as well as the experiences of loss, illness, death of people they were close to or other stressful events.

4. Individual Factors

This category included those aspects of the individual that were perceived as predisposing one to developing feelings of hopelessness. These were those perceived causes that referred to personality or personal coping skills.

5. Other

This final category included those perceived causes that did not fall within the other categories. These were concerned mostly with hereditary, biological / biochemical explanations, mental illness and drug abuse.

Each of these categories was further broken down into subcategories describing the various aspects of the categories described. All categories contain a subcategory "other" for categorising statements that appear to fit into the overall category but do not line up with any of the subcategories within it. In the current study, statements that

could not be coded into any of the CSPC categories were grouped together under a separate “unclassifiable” category.

5.2.3.4 Data Conversion

As there was no way to control for the number of different responses that were given by each participant, it was decided to transform the frequency data obtained through the coding system into a ratio of each participant’s overall number of responses. The scores for each individual in each category were converted to a ratio of their total responses. The reasons for this were twofold. Firstly, by analysing the ratio data, I was able to prevent the data from being skewed to disproportionately reflect the responses of more talkative participants. More verbose participants may have higher numbers of responses in a category not because it is a more important part of their experience, but simply because they talked more and hence had more responses in *every* category than did the less verbal participants. Secondly, it allows for a focus on those factors which dominate the participant’s characterisation of their experience. It is important that the data are able to reflect those aspects of the participants’ experience which are most important and meaningful to them; the use of ratio data gives a better indication of this.

5.2.3.5 Intergroup Comparisons

In order to test for differences between the groups in the relative importance of the various aspects of their experience and understanding of hopelessness, a series of between-group comparisons was planned for the data. A series of non-parametric comparisons were planned between the metropolitan and rural groups, and between the

university and rehabilitation groups to test for differences in both the felt experience and perceived causes data.

5.2.3.6 Regression Analyses

To supplement the between group comparisons outlined above, a series of regression analyses was also planned. Given the nature of the data, it was planned to regress the felt experience and perceived causes data against group membership (rural vs. metropolitan and university vs. rehabilitation) in order to test whether group membership could be predicted from the data. A backwards removal procedure was selected for the regression analyses in order to identify which aspects of the data significantly separated the groups.

5.3 Results

5.3.1 Sample Characteristics

Interviews were conducted with 39 participants, but 3 were excluded from the analysis due to having spent most of their childhood and adolescence growing up in countries outside Australia. The final sample therefore comprised 36 participants (27 female, 9 male). Average age of participants was 19.39 years (age range 16 years, 5 months – 23 years, 1 month). 30 participants were drawn from the university sample (22 female, 8 male), while 6 were from the residential rehabilitation sample (3 female, 3 male). The university sample was therefore predominantly female while the gender balance of the residential rehabilitation sample was even.

Of the overall sample, 12 participants described being from a rural background while 24 reported a metropolitan upbringing. Gender was distributed unevenly across regional background, with 11 (91.67%) of the rural group being female and 10 (41.67%) of the metropolitan group being female. This difference in gender distribution across groups renders comparisons of responses across gender difficult with this data set.

Average ages of the groups were largely consistent across samples. Average ages for the various samples are given in Table 5. There was little variation in average age across groups and t-tests with an alpha cutoff of 0.05 revealed no significant differences between the comparison groups. Average score on the single-item assessment of hopelessness across the overall sample was 7.10. This indicates that the sample was not reporting significant levels of current hopelessness. A breakdown of hopelessness scores by group is provided in Table 5. T-tests on this data revealed no significant between-groups differences at alpha level of 0.05.

Table 5

Mean Age and Hopelessness Scores by Group.

Age					Significance
	Metropolitan	19.30	Rural	19.56	$p > 0.05$
	University	19.20	Rehabilitation	20.31	$p > 0.05$
	Female	19.39	Male	19.46	$p > 0.05$
Hopelessness					
	Metropolitan	7.35	Rural	6.58	$p > 0.05$
	University	7.17	Rehabilitation	6.75	$p > 0.05$
	Female	7.54	Male	6.81	$p > 0.05$

Note: No significant between-groups differences were found

Regarding the other demographic items, all participants reported that they had grown up in a family structure that involved living with one or both parents, with the vast majority (88.89%) describing an intact nuclear family unit. 30 participants (83.33%) described their family as being either middle or lower class, with the remainder describing a working class background. Given the small numbers of participants endorsing the minority responses for these items, and as these factors were not the focus of the current research, no further analyses were conducted with these variables.

5.3.2 Perceived Causes Data

5.3.2.1 Intergroup Comparisons

A series of between-groups comparisons were conducted to test for differences in the perceived causes of hopelessness in the various groups. In order to control for differences in the relative verbosity of different participants, frequency scores for each category for each participant were converted to a ratio of the overall number of responses given by that participant. By using a ratio score rather than the raw frequency score a clearer picture is created regarding the relevant contribution of each of the categories in the individual's overall understanding of hopelessness.

Given the non-parametric nature of the data, the Kruskal-Wallis test was used for initial investigation of inter-group and gender differences in each of the categories of perceived causes. For clarity these analyses will be reported for each of the inter-group comparisons separately.

5.3.2.1 (i) Perceived Causes by Region

Turning first to the comparison of perceived causes identified by the metropolitan and rural groups: Analysis was conducted on each of the categories of perceived causes defined by the rating scale developed for the current study. The Kruskal-Wallis tests revealed no significant differences in the extent to which participants in the metropolitan or rural groups identified any of the categories of perceived causes. Both the metropolitan and rural groups were equivalent in the extent to which they identified the perceived causes of hopelessness in the Societal ($\chi^2 = .278$, df = 1, $p > 0.05$),

Relationship / Support ($\chi^2 = 3.068$, df = 1, $p > 0.05$), Events / Occurrences ($\chi^2 = 2.644$, df = 1, $p > 0.05$), Individual Factors ($\chi^2 = .275$, df = 1, $p > 0.05$), and Other ($\chi^2 = .053$, df = 1, $p > 0.05$) categories.

5.3.2.1 (ii) Perceived Causes by Sample (University vs. Residential Rehabilitation)

Application of the Kruskal-Wallis test to the comparison of the perceived causes data from the university and residential rehabilitation samples revealed no significant differences between the samples. Responses from these groups were not significantly different in any of the Societal Issues ($\chi^2 = 3.402$, df = 1, $p > 0.05$), Family / Support ($\chi^2 = 2.914$, df = 1, $p > 0.05$), Events / Occurrences ($\chi^2 = 2.481$, df = 1, $p > 0.05$), Individual Factors ($\chi^2 = 2.070$, df = 1, $p > 0.05$), or Other ($\chi^2 = 1.475$, df = 1, $p > 0.05$) categories.

5.3.2.1 (iii) Perceived Causes by Gender

A similar lack of inter-group difference was obtained for comparisons by gender. Kruskal-Wallis tests revealed no significant differences between male and female participants in their identification of perceived causes in the Societal ($\chi^2 = .078$, df = 1, $p > 0.05$), Family / Support ($\chi^2 = .187$, df = 1, $p > 0.05$), Events / Occurrences ($\chi^2 = 2.802$, df = 1, $p > 0.05$), Individual Factors ($\chi^2 = 1.361$, df = 1, $p > 0.05$), or Other ($\chi^2 = 1.681$, df = 1, $p > 0.05$) categories.

5.3.2.1 (iv) Summary of Intergroup Comparisons of Perceived Causes Data

The Kruskal-Wallis tests used for these inter-group comparisons revealed no significant differences in the data from each of the groups. No differences were found between groups in the degree to which participants identified perceived causes of hopelessness in

any of the categories defined by the rating scale developed for this study. The differences between rural and metropolitan participants found in Study 1 were not mirrored by this analysis. Furthermore, there were also no apparent differences by gender or between the university and residential rehabilitation samples in the explanations they gave for what causes hopelessness in young people. No difference was found in the patterns by which participants identified causes of hopelessness in the Societal, Family / Support, Events / Occurrences, Individual Factors or Other categories regardless of whether they were male or female, from an urban or metropolitan situation, or drawn from a university or residential rehabilitation sample.

Importantly however, several of the analyses did produce chi-square statistics of sufficient size that they approached significance. This suggests that, while this analysis did not reveal differences between means of the groups, further analysis of these data are warranted. Given the nature of the data, it is possible that the Kruskal-Wallis tests utilised were not sufficiently sensitive to detect inter-group differences. The data itself, being ratio data of frequencies, does not lend itself to easy statistical analysis. Also, the nature of the groups themselves, being of such unequal size, may have masked inter-group differences. In order to rule out statistical artefact from these results, further analyses were conducted to detect differences between the groups that direct comparison of mean levels may not have detected.

5.3.2.2 Regression Analyses

In order to further investigate the possibility of inter-group differences that were not apparent from the comparison of means, a series of regression analyses was planned. In

these analyses ratio data from each of the categories were regressed against group membership to determine whether group membership could be predicted from subtle between-group differences in the perceived causes data. A backwards elimination procedure (with a removal criterion of $F \geq .100$) was utilised for the regressions to identify those components of people's explanations of hopelessness that differentiated the groups. These analyses will now be reported for each of the groups in turn.

5.3.2.2 (i) Regression Analysis by Region

A backwards regression was conducted, regressing group membership against the data from each of the perceived causes categories. The regression returned a number of significant models for the prediction of group membership from the perceived category data, with the model that explained the most variance including the category of Family / Support Factors (*F = 3.957, df = 1, 37 p = .028*). This model accounted for 13.5% of the variance in group membership (metropolitan vs. rural) which, although not a large percentage of the variation, nevertheless demonstrates that participants' identification of perceived cause in the Family / Support category did significantly differentiate the metropolitan and rural groups.

To determine which aspects of the Family / Support category were contributing to these results a further backwards regression was then performed using the totals of the subcategories within the overall Family / Support category. When the Family / Support category was broken down, none of the models returned were able to significantly predict metropolitan vs. rural group membership. What this suggests is that, while neither support of family, friends or other sources were in themselves predictive of group membership, there were composite differences between groups. Analysis of the

means of the overall Family / Support category for each of these groups revealed that the metropolitan group was identifying lack of family and support factors as causes of hopelessness at a higher rate than the rural group (mean frequencies, metropolitan = 3.67, rural = 2.83). Comparison of response rates to the total number of responses for each of the groups revealed that 39.5% of the responses in the metropolitan group identified causes in the Family / Support category whereas 29.0% of the responses from the rural group fell into this category.

5.3.2.2 (ii) Regression Analysis by Sample (University vs. Residential Rehabilitation)

A backwards regression procedure was also performed in relation to the university and residential rehabilitation samples. In this case, the category scores from the perceived causes data were regressed against sample membership to determine whether sample membership could be predicted from the data. This regression procedure returned a significant model (*F = 4.545, df = 1, 37 p = .040*) including the Family / Support category as the only predictor variable. This model accounted for 8.5% of the overall variance in sample membership. Again, the percent of variance explained was small, but statistically significant and suggests that the university and residential rehabilitation samples can be differentiated by their responses in the Family / Support category.

To explore this relationship in greater detail, a further regression analysis was conducted regressing the subcategory totals within the Family / Support category against sample membership. Of the three subcategories (Family, Friends / Peer Relationships, and General Relationship / Support) only the Family subcategory was included in the final model. This model was significant (*F = 5.309, df = 1, 37 p = .027*) and accounted for 10.2% of the variance in sample membership. That family support

factors alone should account for 10.2% of the variance between groups is considerable. It was therefore decided to regress the components of the family subcategory against sample membership to investigate whether any particular elements of family support differentiated the samples.

This regression analysis returned a significant model (*F = 1.271, df = 2, 36 p = .001*) containing two of the components of the family subcategory that accounted for 32.8% of the variance in sample membership. The components that contributed to this model were 'lack of safety' (which includes responses identifying the experience of abuse or violence in the family) and 'parental conflict / family breakdown'. Examination of the mean frequency of identification of these components by the groups indicated that the residential rehabilitation group identified these components as being causes of hopelessness more frequently than did the university group. Average frequencies for the rehabilitation group were 1.2 (9.52% of their overall responses) for the 'lack of safety' components and .40 (3.17%) for the 'parental conflict /family breakdown' category. Participants in the university sample on the other hand, identified these components an average of .15 (1.71%) and .24 (2.74%) respectively.

5.3.2.2 (iii) Regression Analysis by Gender

Backwards regressions were also conducted on the perceived causes data by gender to determine whether gender could be predicted from participants' responses. Responses in each of the perceived causes categories were regressed against gender using a backwards regression procedure. Although a model containing only the Events / Occurrences category approached significance (*F = 3.422, df = 1, 37 p = .072*), none of the models returned by this procedure achieved significance at an alpha level of 0.05.

Regression analyses were therefore unable to predict gender from the perceived causes identified by the participants.

5.3.2.2 (iv) Summary of Regression Analyses of Perceived Causes

Using backwards regression analyses, models were found that were able to significantly predict membership of some groups from the causes of hopelessness that they identified during their interviews. It was found that aspects of participants' perceived causes data were able to predict regional background (rural vs. metropolitan), and the sample they were drawn from (university vs. residential rehabilitation), although they were not able to predict gender.

Regional background was significantly predicted by the Family / Support category as a whole but not by any of its individual components. In this regard, family and support factors were more likely to be identified as causes of hopelessness by participants from metropolitan backgrounds than by rural participants. Although the percentage of variance in regional background accounted for by this model was slight (13.5%) the finding that regional groups could be distinguished based on their perceptions of what causes hopelessness is significant.

Participants from the university sample and the residential rehabilitation sample were also distinguishable based on their perceived causes of hopelessness. Statements identifying family factors, especially those concerning histories of abuse, violence, family conflict or separation were more likely to be reported by the residential rehabilitation sample than by the university sample. Together, perceived causes involving unsafe family environments and family conflict and separation accounted for

32.8% of the variance in sample membership. These findings appear to reflect the manner in which the differing life experiences of the two samples have coloured their understandings of hopelessness and psychological distress.

5.3.3 Felt Experience Data

Data on participants' felt experience of hopelessness were analysed using the same procedures as with the perceived causes data. The categorical data on the felt experience of hopelessness generated from the interview transcripts by application of the Classification System for Personal Constructs (CSPC; Fiexas, Geldschlager & Neimeyer, 2002) were converted to ratios of each participant's overall number of total responses. These ratio data were then compared across groups using the Kruskal-Wallis test.

5.3.3.1 Intergroup Comparisons

5.3.3.1 (i) Intergroup Comparison by Regional Background

Initial Kruskal-Wallis tests comparing the felt experience data between the rural and metropolitan groups revealed a significant difference between groups on the Intellectual / Operational category ($\chi^2 = 6.353$, df = 1, p = .012). Inspection of the mean frequencies of the groups on this category revealed that none of the metropolitan group had identified this category as reflecting their experience of hopelessness while rural respondents reported an average of .33 times per participant. In all however,

Intellectual / Operational responses constituted only 5.2% of the rural participants' total responses so the significance of this finding is difficult to interpret.

There was a significant difference in the frequency of "unclassifiable" responses (those responses that did not fit into any of the primary or supplemental categories) by group ($\chi^2 = 6.349$, df = 1, p = 0.012). No participants in the metropolitan group provided unclassifiable statements regarding their experience of hopelessness, while the rural group provided an average of .25 unclassifiable responses per participant (representing 11% of their total responses). Given the broad range of statements that were deemed unclassifiable by the raters the meaningfulness of this finding is questionable.

No significant differences between groups were found on any of the other CSPC categories. None of the categories of Moral ($\chi^2 = .866$, df = 1, p > 0.05), Emotional ($\chi^2 = .013$, df = 1, p > 0.05), Relational ($\chi^2 = 3.411$, df = 1, p > 0.05), Personal ($\chi^2 = 1.644$, df = 1, p > 0.05), or Values and Interests ($\chi^2 = 1.029$, df = 1, p > 0.05) showed significant differences between groups. There were also no significant differences between groups on the two supplemental categories of Existential ($\chi^2 = .916$, df = 1, p > 0.05) or Concrete descriptors ($\chi^2 = .078$, df = 1, p > 0.05).

Intergroup comparisons by sample (university vs. residential rehabilitation)

Kruskal-Wallis comparisons of the university and residential rehabilitation samples revealed no significant differences between the samples on any category of their experience of hopelessness. There were no significant differences between any of the primary categories; Moral ($\chi^2 = 3.374$, df = 1, p > 0.05), Emotional ($\chi^2 = .177$, df = 1, p > 0.05), Relational ($\chi^2 = 1.282$, df = 1, p > 0.05), Personal ($\chi^2 = 1.700$, df = 1, p > 0.05),

Intellectual Operational (χ^2 = .480, df = 1, p > 0.05), or Values and Interests (χ^2 = .480, df = 1, p > 0.05). There were also no significant differences evident in the supplemental categories of Existential (χ^2 = 1.042, df = 1, p > 0.05), or Concrete Descriptors (χ^2 = .844, df = 1, p > 0.05), and no differences in rates of unclassifiable responses (χ^2 = .311, df = 1, p > 0.05).

Although the differences between samples in the Moral category approached significance (p = .066), on the basis of this analysis there was no significant difference between the nature of the experience of hopelessness described by the university and the residential rehabilitation samples.

5.3.3.1 (ii) Intergroup Comparisons by Gender

A comparison of gender differences revealed no significant differences between CSPC profiles of males and females experience of hopelessness. Kruskal-Wallis tests did not detect significant differences in any of the primary CSPC categories; Moral (χ^2 = .021, df = 1, p > 0.05), Emotional (χ^2 = .1.891, df = 1, p > 0.05), Relational (χ^2 = 3.796, df = 1, p > 0.05), Personal (χ^2 = .468, df = 1, p > 0.05), Intellectual Operational (χ^2 = 1.405, df = 1, p > 0.05), or Values and Interests (χ^2 = .010, df = 1, p > 0.05). Additionally, no significant differences were found between genders in the supplemental categories of Existential (χ^2 = .529, df = 1, p > 0.05), or Concrete Descriptors (χ^2 = 2.469, df = 1, p > 0.05), and there were no differences in rates of unclassifiable responses (χ^2 = 1.405, df = 1, p > 0.05).

Differences in rates of reporting Relational descriptors of hopelessness approached significance (p = 0.51). Review of the mean frequency of responses indicated that this

was due to males using significantly more Relational descriptors of their experience of hopelessness than females. Males used Relational descriptors on average 1.75 times per participant (representing an average of 42.9% of their total responses) whereas females used these types of descriptors an average of .85 (17.3%) times per participant.

5.3.3.1 (iii) Summary of Intergroup Comparisons of Felt Experience Data

Kruskal-Wallis tests were able to detect significant differences in the felt experience of hopelessness between the metropolitan and rural groups but not between the university and residential rehabilitation samples, or between genders. The metropolitan group differed from the rural group in the extent to which their experience of hopelessness featured Intellectual / Operational descriptors. While no one in the metropolitan group described their experience of hopelessness in these terms, these types of descriptors made up 5.2% of the rural groups' responses. What this finding suggests is that feelings of being incapable, incompetent or unintelligent are more a feature of the rural groups' experience of hopeless than they are for the metropolitan group.

Differences between the university and residential rehabilitation samples and between gender approached significance. Nevertheless, as with the perceived causes data presented earlier, it is possible that the nature of the sample sizes and the categorical data that the Kruskal-Wallis test was not sufficiently sensitive to detect subtle differences between the groups. A regression analysis similar to that used with the perceived causes data was planned to explore the data further.

5.3.3.2 Regression Analyses of Felt Experience Data

As with the perceived causes data, the felt experience data were subjected to regression analysis to test whether group membership could be predicted from the data. The ratio data of responses in each category to the CSPC was regressed against group membership using a backwards elimination procedure. Using this method, it is possible to identify which aspects of their experience of hopelessness differentiate participants from each of the groups.

It was decided to analyse the CSPC data at the category level (rather than sub-category level). While this prevents identification of specific elements in the categories that may have been differentially more powerful in predicting group membership, visual analysis of the data revealed that frequencies within cells for the various subcategories were not sufficient to allow for reliable and meaningful analysis to be conducted at the subcategory level. For this reason, the analyses that follow are concerned only with the category level data.

5.3.3.2 (i) Regression Analysis by Regional Background

The CSPC ratio data was regressed against regional group membership using a backwards elimination procedure. This analysis yielded a significant model ($F = 5.490$, $df = 4,34$, $p = .002$) that explained 32.1% of the variance in group membership. Four variables were retained in this model, three of the primary CSPC categories (Values and Interests, Intellectual / Operational, Personal) and the unclassifiable responses.

This finding is consistent with that found in the intergroup comparisons of CSPC data by regional background. Both the intergroup comparisons and the regression analyses identified the Intellectual / Operational category as a variable that differentiated the regional groups.

5.3.3.2 (ii) Regression Analysis by Sample (University vs. Residential Rehabilitation)

A regression was conducted regressing the CSPC ratio data against sample membership using a backwards elimination procedure. A significant regression model was obtained ($F = 13.697$, $df = 3,35$, $p = 0.00$) that retained 3 variables and explained 50.1% of the variance in sample membership. The variables retained in this model were the primary CSPC categories of Moral, Relational, and Personal and the unclassifiable responses. Inspection of mean values indicates that the descriptions of the experience of hopelessness offered by the residential rehabilitation sample tended to be more characterised by Moral, Relational and Personal descriptors than the descriptions given by the university sample.

While the direct inter-group comparisons revealed no between groups differences, this regression procedure was able to detect differences between the predictors of sample membership for the university and residential rehabilitation samples. The residential rehabilitation sample tended to describe their experience of hopelessness in more moralistic terms than the university sample. The residential rehabilitation sample also tended to focus more on the effects of hopelessness on their relationships and their perception of internal qualities than did the university sample.

5.3.3.2 (iii) Regression Analysis by Gender

The ratio data of the CSPC categories was regressed against gender utilising a backwards elimination procedure to derive a model that contained the variables with the greatest predictive power. A significant model was obtained ($F = 5.098$, $df = 2,36$, $p = .011$) that retained the CSPC categories of Emotional and Relational. This model was able to account for 17.7% of the variance in gender in this sample.

Mean values for use of descriptors classified into the Emotional and Relational categories were higher for the males than the females. This indicates that the males were more likely to describe their experience of hopelessness in relation to its effects on their relationships and emotional wellbeing. Given that this model was only able to account for a relatively small amount of the variance in gender, however, it is not clear how meaningful this finding is.

5.3.3.2 (iv) Summary of Regression Analyses of Felt Experience Data

This analysis detected differences in the ways that the various categories and subcategories of the CSPC related to group membership such that group membership could be predicted from scores on the CSPC. Firstly, regional background appeared to be most strongly related to the Personal, Intellectual / Operational, and Values and Interests categories of the CSPC. Specifically it was found that rural participants were more likely to describe hopelessness in terms of how it affected their perception of their own personal qualities and their confidence in their abilities, while metropolitan participants were more likely to describe it in terms of how it affected their values and withdrawal from valued activities. This finding is interesting as it is difficult to reconcile with the findings of study 1 and will be discussed further later.

A relationship was found between sample (university vs. residential rehabilitation) and the CSPC categories Moral, Relational, and Personal. Participants in the residential rehabilitation sample were more inclined than the university participants to describe the experience of hopelessness in moral terms, such as retreat into selfishness and deviation from the 'authentic self'. The residential rehabilitation participants were also more likely to describe hopelessness as reflecting withdrawal from others and loss of positive aspects of the personality. It is possible, given the differing nature of these samples, that these differences in the experience of hopelessness reflect their differing levels of experience with psychological distress and dysfunction. These issues will be explored further in the discussion section.

Gender was found to be predicted by the CSPC categories Emotional and Relational. Interestingly, the males in the current study were more likely to describe their experience of hopelessness in terms of its emotional qualities and its impact on social relationships than were the females. This appears to contradict much previous research that has found males to be less aware of emotions and less attentive to relationships than females (Katyal & Awasthi, 2005; Ciarrochi, Chan & Caputi, 2000). The predictive strength of the model obtained suggests that the findings related to gender, while significant, may not be especially meaningful. This finding will be discussed further in a later section.

Regression analyses revealed significant intergroup differences that were not detected by the intergroup comparisons conducted with the Kruskal-Wallis test. Interestingly it was found that groups could be distinguished on the basis of their CSPC scores.

Significant models were obtained that significantly predicted gender, regional background and sample. The nature of the between-group differences for each of the group comparisons was unique. Regional background was most strongly related to the CSPC categories of Personal, Intellectual / Operational, and Values and Interests. Sample membership was predicted by the categories Moral, and Personal and Gender was significantly (but weakly) associated with the categories Emotional and Relational.

5.3.4 Discussion of Study 2

Study 2 used an interview-based qualitative data collection strategy to explore and expand on the apparent differences in the experience of hopelessness in young people from rural and metropolitan backgrounds observed in Study 1. A sample of university undergraduates was used as well as an additional comparison group of young people in a residential rehabilitation facility. The young people in this additional comparison group had histories of drug abuse, delinquency and family breakdown. This additional group was included to allow for further investigation of the ways that social contextual factors may contribute to differences in the way that hopelessness is experienced and understood by young people.

Semi-structured interviews were conducted with 39 young people, 36 of whom were included in the data analysis. Interviews lasted around 60-90 minutes and were structured around four basic questions designed to elicit descriptions of their own experience of hopelessness and their perceptions of what factors caused hopelessness in young people. A laddering technique (Bannister & Mair, 1968; Neimeyer, 1993) was used to encourage the participants to elaborate on the details of the descriptions given.

Interviews were transcribed and statements that reflected participants understanding of hopelessness or their own experiences of hopelessness were extracted. The statements extracted were then rated using two ratings scales to explore their perceptions of the causes of hopelessness and their own experience of hopelessness separately.

The first of the ratings scales used was developed for this study and was derived from a thematic analysis of the perceived causes of (i.e., their understanding of) hopelessness identified by all of the participants. The second rating scale was the Classification System for Personal Constructs (CPSC; Feixas, Geldschlager & Neimeyer, 2002) which was used to rate statements describing the nature of the participants' own experience of hopelessness. Ratings for both scales were made by two independent raters and both scales achieved acceptable inter-rater reliability.

Turning first to the ways in which participants understand the concept of hopelessness, this study offers an insight into the different ways in which young people from different groups explain the occurrence of hopelessness. Analysis of the attributions that the participants made regarding the causes of hopelessness revealed significant differences between a number of the groups. Although these differences were not apparent from direct comparisons of group means, regression analyses of the ways that these perceived causes predicted group membership revealed different aspects predominating in a number of the groups. These aspects that regression analyses found to differentiate between groups are summarised in Table 6.

Table 6

Summary of Perceived Causes and Felt Experience Factors Identified as Significant Predictors of Group Membership in Regression Analyses.

Perceived Causes

Region (metropolitan vs. rural)	Sample (university vs. residential rehabilitation)	Gender (male vs. female)
Family / Support Factors	Family / Support Factors (Family)	–

Felt Experience (CSPC)

Region (metropolitan vs. rural)	Sample (university vs. residential rehabilitation)	Gender (male vs. female)
Values / Interests Intellectual / Operational Personal	Moral Relational Personal	Emotional Relational

notes: Presents the significant predictors of group membership derived from regression analyses of Perceived Causes and Felt Experience data.

The rural and metropolitan groups of the current study were differentiated by the relative prominence of explanations citing family and support factors by the metropolitan group. The regression analyses employed were unable to clarify what particular facets of family or support factors were more important in the metropolitan characterisation of hopelessness. Nevertheless, this finding is consistent with results obtained in Study 1 where satisfaction with family was a significant predictor of hopelessness in the metropolitan but not the rural group. That family support was again returned as a significant factor for the metropolitan group in this study attests to the importance of family for this group.

The university and residential rehabilitation samples also differed in their understandings of hopelessness. These groups were also differentiated by the relative

predominance of family factors in their explanations for hopelessness, and those aspects of family that were most important in this difference were identified. The residential rehabilitation sample was much more likely to invoke notions of abuse, family violence, family conflict and separation in their explanations of hopelessness than was the university sample.

As they were asked to draw on their own experience in the interviews, these explanations are likely coloured by the residential rehabilitation samples' own experiences of the causes of hopelessness in their lives. Indeed, descriptions of abuse, neglect and unstable family environments were prominent features of the backgrounds that the residential rehabilitation sample described during the interviews. This is perhaps to be expected, given that they represent a group that has experienced psychological distress and behavioural disorder to a degree that residential treatment is indicated, they do represent a more 'psychologically damaged' population than the university sample. It would follow, therefore, that their understandings of psychological concepts around distress would be influenced by their own experiences of distress.

Alternatively, the predominance of the themes of family trauma and discord in their explanations of hopelessness may also be, at least in part, an artefact of the treatment context that they are in. Residential rehabilitation typically involves an emphasis on encouraging enquiring into aspects of one's own psychological processes to develop alternate ways of behaving after discharge. People currently living in such an environmental context may well be more aware of the aspects of their history and how

they are linked to feelings like hopelessness than are the majority of people not currently in treatment, for whom those linkages are of less immediate importance.

Deciding between these alternative interpretations would require further research and possibly comparison with groups experiencing similar problems with drug abuse and delinquency not currently in treatment. Such a project is beyond the scope of the current thesis. In either case, the finding expands on the effects of region observed in Study 1. These results expand to other groups the finding that aspects of an individual's psychosocial context can have an effect on the nature of an individual's understanding of hopelessness. It is probable therefore, that differences in the conception of hopelessness differ between many other societal groups and investigating these and their implications more fully is a task for future research.

Interestingly, no differences were observed in the perceived causes of hopelessness between genders. At least two possible interpretations can be made for this lack of difference. The first is a methodological one that involves the nature of the samples involved. Given the difference in size between the male and female samples of this study it is possible that the analyses used may not have been sensitive enough to detect the gender differences between small samples of such uneven distribution. This explanation is unlikely, however, given that the analyses were able to detect differences between the similarly uneven groups in the regional background and sample (university / rehab) comparisons. An alternative interpretation is that gender simply does not exert an effect on understandings of hopelessness that is strong enough to eclipse the effects of other sociodemographic variables. In this interpretation, whatever the effect of

gender is, it is relatively minor in comparison to the other sociodemographic and contextual factors that are influential for both gender groups.

Together the findings around intergroup differences do support the contention that contextual and subcultural factors can have a significant effect on the individual's understandings of hopelessness. There were differences in the perceived causes of hopelessness for young people from different regional and subcultural contexts. In this regard, both young people from rural or delinquent backgrounds constitute populations that conceive of hopelessness differently than their respective metropolitan or non-delinquent peers.

Intergroup differences were also found in relation to the data on the actual felt experience of hopelessness for the groups in Study 2. As with the perceived causes data, direct between-groups comparisons of the Classification System for Personal Constructs (CPSC; Feixas, Geldschlager & Neimeyer, 2002) data were not as able to clearly detect intergroup differences as were the regression analyses.

Focussing firstly on the regional comparison, there were significant differences in the ways that the rural and metropolitan samples described their personal experience of hopelessness. The rural participants' descriptions of hopelessness were characterised by reference to how it affected their perceptions of their own personal attributes, talents and skills. What differentiated the rural descriptions was the extent to which they were concerned with the ways that hopelessness was accompanied by feelings of incompetence, lack of intelligence and inability to do things. Metropolitan descriptions of hopelessness on the other hand tended to focus more on the ways that hopelessness

was associated with their own personal values and neglect of activities that they previously valued. The experience of hopelessness for metropolitan participants was characterised by an accompanying withdrawal from the things that previously made life enjoyable. This appeared to work both ways; in a number of the interviews with the metropolitan sample, reduction in hopelessness had been brought about by a conscious return to the values (eg., religious values, family values) that had previously been important to them.

The results therefore seem to suggest that the rural experience of hopelessness is one of *hopeless incapability*, while the metropolitan experience of hopelessness is one of *hopeless withdrawal from their values*. Hopelessness for the metropolitan group therefore occurred in the context of their relationship with their own internal distress, whereas hopelessness for the rural group occurred in the context of their relationship with the outside world. These findings complement those of Study 1. Study 1 found that hopelessness in the metropolitan group was predicted by depression, anxiety and (dis)satisfaction with family, whereas depression, feelings of loss of control and attributional style predicted hopelessness in the rural group. The feelings of lack of intellectual and operational skill and loss of personal qualities that was described by the rural group in Study 2 mirrors the results around feelings of loss of control and attributional style from Study 1.

It should be noted here that the attributional style of the rural group in Study 1 was characterised by a relative lack of internal attributions for positive events. The rural group in Study 1 therefore represented a group whose confidence in their ability to bring about positive outcomes was poor. This and the feelings of loss of control

observed in Study 1 appear to be a reflection of loss of confidence in abilities and personal qualities (and the consequent feelings of incapability to affect change) seen in Study 2.

The metropolitan group from Study 2 also demonstrates parallels to the metropolitan group from Study 1. Hopelessness for the metropolitan group in Study 1 was associated with higher levels of affective distress and dissatisfaction with family support. In essence, this was a group that was experiencing higher levels of distress and were not satisfied with support from family in coping through this. One interpretation of the current findings is that the withdrawal from values and activities observed in the metropolitan group in Study 2 may be a response to overwhelming distress (seen in Study 1). This withdrawal may then in turn exacerbate the distress experienced by distancing them from valued supports (such as the family supports seen in Study 1). At this stage this interpretation is speculative, but does provide a potentially fuller picture of the unique aspects of hopelessness for metropolitan young people.

Regarding the comparison between the university and residential rehabilitation samples, differences were found in 3 CSPC categories (Moral, Relational and Personal). In describing their experience of hopelessness, the residential rehabilitation sample was more likely to use statements that invoked moral judgements about the individual than were those in the university sample. The experience of hopelessness for the residential rehabilitation sample was perceived as a retreat into selfish self-indulgence, 'bad' behaviour and an abandonment of one's 'authentic self'. The residential rehabilitation group's experience of hopelessness was also more characterised by withdrawal from other people and a loss of confidence in personal strengths and qualities.

These differences could be reflective of either the current or historical contexts of the two samples. The current context of the residential rehabilitation sample is one that encourages self-awareness and the fostering of reflection on past behaviours. It is possible, therefore, that these intergroup differences reflect the more immediate awareness that the residential rehabilitation sample has had in exploring their internal experience in the environment they are currently in. Alternatively, given that it is the experience of distress and dysfunction that brings an individual to residential treatment (rather than to university), the rehabilitation sample is likely to have had different experiences of distress in their background than the university sample. The rehabilitation samples' experience of hopelessness as associated with selfish and 'bad' behaviour, social withdrawal and loss of confidence in the self may therefore reflect that groups greater experience with hopelessness, personal distress and dysfunctional behaviour than the university sample.

Regardless of the interpretation, however, this finding has important implications. If it is the case that hopelessness is experienced differently by young people in residential rehabilitation than it is by university students, then it has implications for the interpretation and application of much of the research in the literature. If we are to consider psychological constructs as being defined in part by their felt experience and correlates (causes and sequelae), then the current results raise the possibility that results from research on hopelessness conducted with university student samples may actually be studying a different construct than research on hopelessness conducted with samples from clinical populations. Generalising results across contexts would therefore need to

be conducted with considerable care to ensure that the 'hopelessness' of the group it is applied to is equivalent to the 'hopelessness' of the group who generated the findings.

Study 2 also generated some limited findings in relation to the effect of gender on the experience of hopelessness. The males in Study 2 tended to describe their experience of hopelessness with reference to its emotional concomitants and the impact it had on social relationships than did the females. This finding is difficult to interpret for two reasons. Firstly, this finding seems to contradict the wealth of existing literature that has found males to be generally less aware of their emotions and less attentive to their social relationships than females (Ciarrochi, Chan & Caputi, 2000; Katyal & Awasthi, 2005). Secondly, the relationships observed were not particularly strong and much of the variance in the regression models was not accounted for by these variables. Given the limited strength of these associations and the possibility of confounds due to the gender distribution across relatively small sample sizes, it is unclear how meaningful these particular results are. If they do reflect actual differences between genders, it would appear that males experience a hopelessness that is more characterised by its effects on their emotional and social wellbeing than do females, but on these results alone it is not possible to speculate further.

CHAPTER 6. Overall Discussion of the Studies

6.1 Discussion of Studies 1 and 2

This thesis set out to explore the nature of hopelessness in young people. The initial impetus for this thesis came from two different problems identified with the existing literature. These were reviewed in the introduction and literature review but will be summarised briefly again here.

Firstly the current literature on youth hopelessness actually consists of a number of different literatures on hopelessness that are not particularly well integrated with each other. Although many variables have been identified as relating to hopelessness in young people, most of the research conducted to date has tended to study these variables in relative isolation from each other. Consequently there is a lack of multivariate research that can illuminate the relative roles of these variables in producing and maintaining hopelessness. Without this knowledge of the relative contributions of these variables it is not possible, at this stage, to generate a holistic model of the processes around hopelessness in young people.

Secondly, the literature tends not to consider contextual factors in the processes around hopelessness. Despite being strongly and consistently related to other variables that do show clear social contextual variation (such as suicide), the impact of contextual factors on hopelessness itself has been relatively under-studied.

The current thesis set out to address these problems in the literature by using a multivariate approach to studying hopelessness. In this way it was hoped that the relative roles of many of the identified predictors of hopelessness could be clarified. It was further hoped that by incorporating comparisons across relevant contextual variables, it might be possible to derive some understanding of how contextual, cultural and subcultural factors may influence hopelessness.

Study 1 used a quantitative design to investigate the multivariate effects of a number of variables in the prediction of hopelessness across two samples of high school students drawn from schools in both rural and metropolitan areas. The variables identified from the literature to be included in Study 1 were: Depression, Anxiety, Stress, Attributional Style, Neuroticism, Self-Esteem, Feelings of Meaninglessness, Feelings of Perceived Loss of Control, Social Support and Satisfaction with Friends and Family.

Although no differences were found in levels of hopelessness between the rural and metropolitan groups, multivariate analyses revealed that hopelessness was best predicted by different models in each of the groups. For the metropolitan sample, hopelessness was best predicted by a model including depression, anxiety, and satisfaction with family. Hopelessness in the rural sample was best predicted by a model including depression, feelings of loss of control, and attributional style (specifically the tendency to attribute positive events externally).

These results suggest that the factors associated with hopelessness differ by regional context. While metropolitan hopelessness is associated with internal distress and a lack of social support, rural hopelessness is associated with the perceived (or actual) inability

to positively affect the outside world. In short, metropolitan hopelessness occurs in the context of one's relationship with themself and their own distress, whereas rural hopelessness occurs in the context of one's relationship with the external world. It seems not just plausible, but inevitable, that differences of this nature would change the quality of the felt-experience of hopelessness across the groups.

That the quality of the felt experience of hopelessness may vary as a function of one's regional or historical context raises the possibility that hopelessness may not be a unitary construct as previously assumed in the literature. Rather, there may be a number of different 'hopelessness*es*' reflecting the different dimensions of the construct that are more or less prominent in one's felt-experience of hopelessness depending on contextual and sub-cultural factors.

Study 2 was designed to explore the possibility that the felt-experience of hopelessness can vary between groups. For this study a qualitative interview-based methodology was employed to explore the nature of participants' experience and understanding of hopelessness. In order to explore the variation in hopelessness beyond the regional groups of Study 1, an additional comparison group was included in Study 2. This group comprised young people in a residential drug and alcohol rehabilitation facility. The balance of the sample for Study 2 was an undergraduate university sample incorporating young people from rural and metropolitan backgrounds. The design of the study thus allowed for comparisons to be made between rural and metropolitan young people, and between a university sample and a residential rehabilitation sample.

Statements from the semi-structured interviews that referred to a person's understandings of the perceived causes for hopelessness were coded according to a rating scale developed for the current study. Data that described the nature of the person's own experience of hopelessness was coded according to the Classification System for Personal Constructs (CPSC; Feixas, Geldschlager & Neimeyer, 2002). All ratings were done by two independent raters and acceptable interrater reliability was achieved for both coding systems. Although there were few between-groups differences apparent from direct intergroup comparisons of the data using non-parametric methods, regression analyses performed on the data revealed a number of differences by group.

The rural and metropolitan groups differed both in their perceptions of the causes of hopelessness and in the nature of their actual experiences of hopelessness. The metropolitan group was more likely than the rural group to report perceived causes that involved family or support factors. This result is consistent with the findings of Study 1 in which hopelessness was predicted lack of satisfaction with family for metropolitan young people but not for their rural peers.

There were also parallels between the results of Study 1 and the findings of Study 2 in relation to differences in the felt-experience of hopelessness between the groups. The rural group in Study 2 generated descriptions of their experience of hopelessness that were characterised by feelings of incompetence, lack of intelligence and inability to have an effect on the world. In contrast, the metropolitan students' descriptions of their experience of hopelessness focussed more on the associated neglect of their personal values and withdrawal from activities that had given their life meaning. These findings

complement and support those obtained in Study 1. In both studies, the rural group members' experiences of hopelessness were associated with feelings of lack of competence and a lack of confidence in their ability to take control of their own life. On the other hand, the metropolitan groups' experience of hopelessness in both studies emphasised the internal factors of emotional distress, loss of values and meaning and, to a lesser extent, family support.

Taken together the findings of Studies 1 and 2 lend considerable support to the contention that young people from rural and metropolitan backgrounds differ in their experience of hopelessness in systematic ways. While the metropolitan experience of hopelessness is primarily *internal* and focussed around emotional distress, loss of meaning and lack of a supportive buffer, the rural experience of hopelessness is more *external* and associated with feelings of impotence and lack of confidence in the ability to exert control over one's life.

Turning to the comparisons of the university and residential rehabilitation samples, between-groups differences were observed in both their perceptions of the causes of hopelessness and their felt-experience of hopelessness. The residential rehabilitation sample was more likely than the university sample to identify a history of family violence, abuse or familial conflict as a causative factor underlying the development of hopelessness. That family violence, abuse and family conflict should be identified more frequently by the residential rehabilitation sample is not entirely surprising. It is likely that people's experiences through their life would inform their understandings of psychological concepts such as hopelessness. Given that the majority of the residential rehabilitation sample described a personal history including abuse, trauma, violence,

neglect or family breakdown, it stands to reason that they would draw on these experiences in their understanding of hopelessness.

In describing the nature of their own experience of hopelessness, the residential rehabilitation sample was more likely than the university sample to conceive it as social withdrawal and loss of confidence in their own abilities and strengths. The residential rehabilitation sample was also more likely to describe the experience of hopelessness in moral terms that characterised it as self-indulgent and a retreat from the 'authentic self'. The residential rehabilitation sample was both more able to articulate the social and personal consequences associated with their experience of hopelessness and more judgemental regarding the effect of hopelessness on their behaviour, than was the university sample.

It is likely that this finding is also reflective of differences in the histories of these two groups. As the residential rehabilitation group is one that by definition has experienced sufficient psychological distress and behavioural dysfunction to warrant residential treatment, it can be assumed that the members of this group are more practiced at experiencing psychological distress than the university sample. As such, the greater awareness of the residential rehabilitation group may simply be a reflection of their having lived through more experiences of distress and hopelessness than the university sample. Similarly, as the members of the residential rehabilitation sample had (by definition) experienced considerable behavioural dysfunction, their experience of their own behaviour is likely to provide them with greater scope for regret around their past behaviours than the university student sample. There is also the possibility that, given their marginalised position in society, the residential rehabilitation sample may have

experienced a greater level of disapproval from others through their lives. The possibility that the internalisation of judgements from others may be underlying the relatively more moralistic descriptions given by the residential rehabilitation sample is intriguing, but beyond the scope of the findings from these studies.

Regardless of the underlying reasons for the differences, however, the finding of differences in the understandings and experiences of hopelessness between the residential rehabilitation and university samples extend those of the regional comparisons. The implications of these differences are significant. If it is the case, as seems to be supported by the findings of the current studies, that hopelessness is understood and experienced differently as a function of contextual variables, this poses a number of significant challenges to the literature. Firstly, if hopelessness is experienced differently by different groups, it follows that the construct can actually differ between groups. Thus, what is studied as 'hopelessness' in one particular group may in fact be a different concept than what gets labelled as 'hopelessness' in other groups. Generalising findings on hopelessness would therefore need to be done only with some considerable care to ensure that the 'hopelessness' is actually comparable in each of the groups. Until it is established that the concept of hopelessness is stable between a given set of contextual groups, comparisons of hopelessness between those groups would need to be made cautiously.

Secondly, if the nature of hopelessness can very between different contextual groups then it follows that it is also possible that the role of hopelessness can vary between groups. This has implications for interpretation of the literature and may explain some of the inconsistencies in results found within the literature. If the variable

‘hopelessness’ is actually referring to different psychological experiences in different groups, then it is likely that the associations that ‘hopelessness’ has with other variables will differ between those groups. Applying this to the current findings, if young people from rural areas are experiencing hopelessness as an inability to bring about change in the face of practical obstacles, while young people from metropolitan areas are experiencing hopelessness more as affective distress, loss of meaning and isolation from support, it follows that ‘hopelessness’ is likely to be associated with different variables in each of these groups.

While variables such as self-efficacy, for example may be associated with hopelessness in rural youth, it is less clear that this association would be as strong in metropolitan youth. Conversely, while variables such as perceptions of social connectedness and existential purpose in life would be hypothesised to have strong associations with hopelessness in metropolitan youth, it would be reasonable to expect weaker associations between these variables and hopelessness in youth from rural areas. Clarification of the meaning and experience of hopelessness in various groups may therefore aid interpretation of the existing literature and account for some of the inconsistencies in findings.

A greater understanding of the meaning and experience of hopelessness in different contextual groups would also allow for the generation and testing of hypotheses relevant to those contexts. If the nature of the concept of ‘hopelessness’ within different contexts is understood, then it becomes easier to design research that can investigate its role and consequences in those contexts.

Clarification of the nature and role of hopelessness in different contexts also has considerable practical application. If it is understood how hopelessness is experienced in different contexts, it allows for the design of prevention and treatment programmes that better target the needs of the young people in those contexts. On the basis of the current findings, it could be suggested that intervention programmes that address hopelessness by targeting the feelings of inability to overcome practical obstacles may be more suited to rural youth. Meanwhile, interventions that directly address issues of emotional distress and aim to increase involvement with social support may be more effective with metropolitan young people.

The differences observed between the university and residential rehabilitation samples are also of importance. As much of the research in the literature has been conducted with university student samples, the differences in the meaning and experience of hopelessness between our university and residential rehabilitation samples raises issues regarding the generalisability of much of the literature. If the subjective experience of hopelessness is not equivalent between university student and clinical populations, then findings from one are not necessarily directly generalisable to the other.

This emphasises the necessity for prudence in generalising results from student samples to the wider population and a greater emphasis on encouraging researchers to conduct research with populations from the actual context in which the results are to be applied. Along with this, designers of prevention or treatment interventions, need to be mindful of the context in which research that guides their design was conducted in. If intervention design has been guided by research conducted in a context in which the meaning and experience of hopelessness differ from the context in which the

intervention is implemented, clinicians risk failing to address the specific needs of the populations they are working with.

The current findings also have potential implications for social policy. Despite being drawn from populations with marked differences in suicide rate, the rural and metropolitan samples in Study 1 did not show any difference in overall level of questionnaire-assessed hopelessness. One possible explanation for this is that while both groups experience hopelessness to a similar degree, the differences in the nature of that experience of hopelessness produce different levels of suicide risk. If different experiences of hopelessness are found to be more 'dangerous' vis-à-vis suicide risk, then research into the nature of the experience of hopelessness could help in the more effective and efficient allocation of resources to appropriate social contexts.

The results of the current studies suggest a need for further investigation of the possible differences in meaning and experience of hopelessness across contexts. While the current findings illustrate that differences in the meaning and experience of hopelessness differs between social contexts, the nature of these differences requires further elaboration and clarification. There are also a number of limitations to the current research that future research needs to address. Firstly, the current research has been limited to the comparison of only four different contexts: rural / metropolitan; university / residential rehabilitation. The task remains to explore potential differences in other social groups that are subject to their own particular contextual pressures. The list of potential social contextual groups in which the nature of hopelessness may differ is impossibly large, but a smaller number of socially relevant high-risk groups would provide insight into the effects of context on hopelessness. This smaller list of

candidate groups would include socio-cultural groups whose experience is significantly impinged on by contextual societal, cultural and political factors, such as mental health consumers, prison and non-custodial offender populations and, migrant and refugee populations.

6.2 Limitations of the Current Research and Future Directions

While the current research has identified a number of possible differences in the ways that different contextual groups experience hopelessness, a number of features of the current studies mean that further investigation is required before any more definitive conclusions can be drawn. Firstly, the samples investigated were relatively small and distributed unevenly across groups.

While Study 1 utilised a sample of 450 school students with an even representation of participants from metropolitan and rural areas, gender distribution was not even across the sample. Males were significantly over-represented in the total sample (330 males, 120 females) and although this over-representation was consistent across the rural and metropolitan groups it nevertheless limits the ease with which interpretations can be made. Given the preponderance of males in the sample, it is not entirely clear that the differences seen between the regional groups are actually reflective of general differences between regional contexts rather than differences specific to males between those contexts. That is to say, there is the possibility that the overall differences seen between the regional groups in Study 1 may have been overly influenced by the differences between the males in each of the regional groups. Future research will be needed to determine whether these differences are truly generalisable across genders or, if the effects are different for each gender, what the nature of those different effects are.

There is also the possibility that self-selection bias may have affected the data. As the research procedure involved obtaining signed consent forms from participants' parents (which the participants had to take home to be signed and then return to school), Study 1 was subject to possible issues of sampling bias due to exclusion of those who failed to return parental consent. This problem with response rate is typical of mail-out type surveys and other school-based studies requiring parental consent (Nolen-Hoeksema, Girgus & Seligman, 1991; Van Horn, Green & Martinussen, 2009). Importantly however, it does raise the possibility that those who did not return their consent forms may differ in systematic ways from their peers who did.

In both the metropolitan and rural regions sampled in Study 1 response rates were significantly higher for males than females. The reasons for this lower response-rate among the female students are unclear, but the possibility of self-selection biases acting differentially across genders does limit the extent to which firm conclusions can be drawn. Based on the data collected for Study 1, it is not possible to determine whether the findings may have been altered by the inclusion of the non-responders.

Similar issues arise with the interpretation of results from Study 2. Firstly, the sample size used in Study 2 was relatively small (39 participants). While a small sample size is appropriate for qualitative research, it renders the findings illustrative and suggestive, rather than conclusive. Interpretation of the data from Study 2 is also affected by the uneven nature of the groups. There was considerable difference in size between the university and the residential rehabilitation samples, with the university sample being much bigger. The overall sample had a predominance of people from metropolitan

backgrounds, and females were disproportionately over-represented. These differences in the size of the comparison groups reduced the power of the statistical analyses used and, therefore, reduced the confidence with which conclusions can be drawn from the current findings.

Additionally, gender was unevenly distributed across the other comparison groups. While there was an equal number of males and females in the residential rehabilitation sample, the university sample was disproportionately female (73% female, 27% male). Similarly, while around 40% of the metropolitan comparison group were female, over 90% of those in the rural group were female. This uneven distribution of genders across the comparison groups introduces possible confounds into the data such that it is unclear to what extent the apparent differences between comparison groups may be due to gender effects.

Future research will need to address some of these sampling issues of the current research. While the current research did demonstrate that the meaning and experience of hopelessness can differ for people depending on their social contexts, future qualitative research will need to replicate the current findings with larger and more evenly distributed groups before stronger conclusions can be drawn regarding the nature of those differences.

A further direction for future research involves expanding upon the contextual groups used here. If the understanding and experience of hopelessness can differ between certain social-contextual groups, it would seem unlikely that these differences would be limited exclusively to the groups examined in the current research. Through

investigation of possible differences in the nature of hopelessness in other social-contextual groups, future research will be able to derive a clearer understanding of the ways in which contextual factors influence the nature of hopelessness experienced by the individuals in those groups. Other population groups such as criminal offender populations, mental health consumers and refugee populations may provide insights into the effects of contextual factors on the experience of hopelessness in particular social-contextual groups.

Adding to the complexity of the picture around the effects of social context is the complexity of the social contexts to which individuals are exposed. The samples sizes of the current studies meant that it was not possible to study how the contextual effects may interact with one another. In Study 2, the categories of metropolitan / rural on the one hand, and university / residential rehabilitation on the other were not independent of one another. That is to say, some of the participants in the residential rehabilitation sample were from rural backgrounds, while some were from metropolitan backgrounds. The same was true of the university sample. The current study did not have sufficient sample sizes to allow for reliable comparison of these sub-groups within the different sample. Therefore, another possible direction for future research would be to determine how these different social contexts interact, to examine possible mediation or moderation effects between these contexts.

Such an exploration would have the potential to illuminate the processes through which contextual effects operate on the individual's experience of hopelessness. If, for example, the processes involved with belonging to a drug-using population have a relatively greater effect on the experience of hopelessness than the regional background

from which an individual comes, then the processes by which these contextual factors influence the individual's psychological processes may become clearer.

Perhaps the most important direction for future research, however, would involve exploring the outcomes associated with the different experiences of hopelessness for young people. The current research is unable to offer clear suggestions as to what behavioural and emotional outcomes would be related to the different experiences of hopelessness identified. Questions as to whether certain types of hopelessness are related to particular outcomes, while beyond the scope of the current research, nevertheless merit attention. If future research were to find that particular types of hopeless experience are more strongly related, for example, to early school leaving, increased drug use, or greater risk of suicide, then the early identification of individuals experiencing that type of hopelessness could aid in the more efficient use of prevention resources.

The current research represents an initial step towards an understanding of the ways in which contextual factors influence an individual's understanding and experience of hopelessness. Despite the methodological limitations of the current studies, the current research has established that young people from different social contexts understand and experience hopelessness in distinct ways. The further clarification of the processes around the effects of context on youth hopelessness awaits further research.

6.3 Clinical Implications

As well as the theoretical and social implications outlined in a previous section, the results of the current research have a number of clinical implications. The results of the current research suggest that hopelessness is understood and experienced differently by young people depending on contextual factors. By comparing the understanding and experience of hopelessness in young people from a range of different contextual backgrounds the current findings suggest a number of broad generalisations regarding the nature of hopelessness in these contexts.

Turning first to the differences between regional groups; young people from metropolitan backgrounds were more likely to experience hopelessness as being characterised by distress, isolation from previously held values and estrangement from social support than were their rural peers. The rural experience of hopelessness, on the other hand, appears to consist more of loss of confidence in one's own ability to make changes in the face of external practical obstacles. This represents a distinct difference in the nature of hopelessness between these two groups. That hopelessness is experienced differently between these two groups has implications for the design of treatment and prevention programmes.

On the basis of these results, treatment programmes for rural youth would be most effective when targeted at developing skills and working to increase feelings of control and mastery. It is also likely that including scope for realistic exploration of opportunities and working to create opportunities where there are none would be of benefit. Conversely, these results suggest that for metropolitan youth, more effective

programmes would be those that directly target distress management skills and address deficiencies in their social support networks. As the nature of hopelessness can differ between groups, knowledge of the specific meanings that hopelessness has for the group at hand becomes a necessary step in designing treatment programmes that target their specific needs.

Turning now to the differences observed between the experience of hopelessness for the university and residential rehabilitation samples, the results of this study raise a number of issues of clinical relevance. Firstly, participants from the residential rehabilitation sample were more likely than their university sample peers to identify a history of family discord, violence and abuse as underlying feelings of hopelessness. This suggests a significant difference in the processes underlying hopelessness in these two groups. Furthermore, the experience of hopelessness for the residential rehabilitation sample was characterised by greater self-criticism, withdrawal from others, and loss of confidence in personal strengths than it was for those in the university sample.

That the residential rehabilitation sample experienced a form of hopelessness more characterised by shame, self-reproach, and withdrawal from possible supports most likely reflects the greater psychological damage that they have experienced through their history. It suggests that the needs of this group differ from those of the university sample in important ways. This finding suggests that treatment programmes targeting feelings of hopelessness in young people from residential rehabilitation populations will need to acknowledge and address feelings of shame and self-reproach in order to successfully meet their needs. Similarly, treatment programmes for young people in

residential rehabilitation populations will need to include a focus on restoring confidence in positive qualities of the self and re-integration with social supports.

For the clinician involved in individual treatment, these findings of the current research suggest that it is not enough for clinicians to simply assess for the presence or absence of hopelessness in young people. Interviews that enquire into whether people are feeling hopeless or measures that yield a single hopelessness score may be inadequate to assess the intricacies of the hopeless experience for the client. The onus is therefore on the clinician to explore with their client the nature of any feelings of hopelessness that they are experiencing and what they mean for the client. With the more thorough understanding that such as exploration would offer, the intervention may then be able to be tailored more directly to the client's needs.

Additionally, as the particular social contexts of individuals appear to play some role in influencing the nature of the experience of hopelessness, clinicians will also need to be mindful of the possible effects of these contexts. The current findings suggest that aspects of an individual's social context that could underlie or maintain the individual's experience of hopelessness are potentially important focuses of treatment. If nothing else, the current results provide a reminder to the clinician of the influence that social-contextual factors can have on psychopathology and distress, and the need for these factors to be considered in the course of individual psychological interventions. If, so to speak, the individual brings aspect of their social context into the treatment setting with them, then any effective intervention will necessarily involve acknowledgement of those contextual factors in its treatment of the individual.

CHAPTER 7. Summary and Conclusions

Using a combination of quantitative and qualitative methods, the current research found that the experience and meaning of hopelessness differs for young people from different social contexts. Differences were evident between young people from rural and metropolitan backgrounds, and between university students and young people in residential rehabilitation. From the results of the current research a number of tentative conclusions regarding the nature of those differences can be made.

Firstly, it appears that the hopelessness experienced by young people in rural areas is different in quality from the hopelessness experienced by young people from metropolitan backgrounds. The hopelessness experienced by rural young people is characterised by feelings of inability to overcome practical obstacles in their social context. The metropolitan experience of hopelessness on the other hand was comprised more of affective distress, loss of attachment to values and meaning, and estrangement from social support.

Secondly, the experience of hopelessness also appears to differ between young people from university as opposed to clinical settings. The experience of hopelessness in young people from clinical populations appears to involve more feelings of shame, more withdrawal from social supports, and greater loss of confidence in positive aspects of the self. This finding highlights the need for a greater emphasis on researching variables in the particular populations in which the findings are to be applied. If research is predominantly conducted using samples of university students, we may end

up actually studying a “hopelessness” that is different from the “hopelessness we are hoping to treat in clinical populations.

That the variable of ‘hopelessness’ might mean different things and be experienced differently by different populations provides a challenge to the literature. If social context affects the nature of hopelessness, then it follows that the literature on hopelessness can only be sensibly interpreted with reference to the social contexts in which the findings were derived. If the nature of the variable itself can differ in different social contexts, caution must be exercised when generalising findings beyond the particular social context in which the results were obtained. Until the particular effects of social context factors are more fully understood, it is difficult to see how the literature on hopelessness can generate general conclusions that we can confidently apply across contexts.

While the clarification and expansion of the current results awaits future research, the current studies have demonstrated the variability of hopelessness across a number of different contexts. These differences in the meaning of hopelessness have implications for interpretation of the literature on youth hopelessness, and for the application of that literature to primary prevention efforts and the clinical treatment setting. With further research that addresses the limitations of the current studies and expands upon them, a greater understanding of the role of social context in the experience of youth hopelessness will provide a more sound basis for the interpretation and application of the literature.

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Appendix A. Interview Questions used in Study 2

Interview Outline

Preamble:

a. Interviewer to introduce self
b. Statement of the purpose of the research
c. Reminder that their participation is voluntary and that they can withdraw at any time without penalty

Section 1 – Hopelessness in other people

1. What do you think people mean when say that they feel hopeless, or that they have feelings of hopelessness? How would you describe the term "hopeless" in your own words?
2. What sorts of things do you think go along with feelings of hopelessness?
    a. What other things would people be feeling if they were feeling hopeless?
    b. What things do you think you might notice about their behaviour?
3. What do you think causes feelings of hopelessness?
    a. What sorts of things might happen that might lead to a person having feelings of hopelessness?
    b. What is it about those things that lead to a person feeling hopeless rather than, say, angry or sad?
4. Are there any things that you think would make a person more likely to develop feelings of hopelessness?
    a. Aspects of their personality?
    b. Things in their past?
    c. Things in their environment?

Section 2a – Personal experience of hopelessness (General)

Instructions to the participant:

"I would like you to think back to times in your past when you had feelings of hopelessness. These might be quite recent or they might be a while ago. They may be times when you felt very hopeless, or perhaps just a little hopeless. I am going to ask you to tell me about those times. The aim of this is not to upset you so if you start to feel

that you are getting upset remember that you don't have to answer any of the questions and we can stop the interview at any time. Are you ready to begin?"

1. What was going on that made you feel hopeless at that time? Were there any specific things about the situation that made you feel hopeless, rather than, say, angry or sad?
2. Thinking back to that time when you felt hopeless in the past, what other feelings went along with that feeling of hopelessness? What else were you feeling at that time?
3. What did you notice about your behaviour when you were feeling hopelessness? Was there anything that you did or stopped doing when you felt hopeless?

Section 2b – Personal experience of hopelessness (Specific)

Instructions to the participant:
"We have talked about some times in the past when you have felt hopeless. I would now like you to pick one or two of those specific examples and talk in more detail about the feelings you had then. Again, if you find yourself becoming upset while we talk, remember that you do not have to answer all the questions and we can stop the interview at any time"

1. What examples would you prefer to talk about? Which would you prefer to talk about first (if the participant is able to nominate more than one)?
2. First Example:
    a. Describe the situation where you started to have these feelings of hopelessness.
    b. What other feelings, or thoughts, or behaviours were you feeling along with this feeling of hopelessness? (prompt; "are there any other things that went along with the feelings of hopelessness")
    c. Laddering exercise on each of the additional feelings, thoughts, behaviours identified by the participants
3. Second Example:
    a. Describe the situation where you started to have these feelings of hopelessness.

b. What other feelings, or thoughts, or behaviours were you feeling along with this feeling of hopelessness? (prompt; “are there any other things that went along with the feelings of hopelessness”)
c. Laddering exercise on each of the additional feelings, thoughts, behaviours identified by the participants

Section 3 – Debrief

a. Enquire into how they are feeling after discussing the issues raised during the interview, and assess need for further support.
b. Enquire as to whether the participant would like to be directed to support services to discuss any issues further and refer as appropriate.
c. ALL participants to be informed of processes for contacting further support if they feel they need it at a later date (university counselling services in the case of the university student sample, and rehabilitation staff for the residential rehabilitation sample)
d. Thank participants for their time and participation.

Appendix B. Demographics Questionnaire used for Study 2

Demographics Questions

Please answer the following questions to help us to better understand the information that you have provided us. No attempt will be made to identify you based on this information.

1. What is your age? _____ years and _____ months
2. What is your gender? ☐ Male ☐ Female
3. Which of these options best describes where you were living when you were growing up?
    a. Inner city
    b. In the suburbs of a metropolitan area
    c. In a large town or city in a rural area (eg., Wagga Wagga)
    d. In a small town in a rural area
    e. In a rural area away from town (eg., on a farm)
4. For most of the time when you were growing up, who did you live with?
    a. Parents
    b. Mother & Stepfather
    c. Father & Stepmother
    d. Mother only
    e. Father only
    f. Adoptive parents
    g. Foster parents
    h. Other
5. How would you classify yourself?
    a. Working class
    b. Middle class
    c. Upper class

Brief Hopelessness / Well-Being Rating

Please answer the following question to help us understand better the information that you have provided us with. There is no right or wrong answer. Just answer as honestly as possible.

1. How would you rate how you have been feeling over the last two weeks?

Hopeless Not Hopeless
1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 ------- 7 -------- 8 -------- 9
Hopeless Not Hopeless

– Thank you –

Appendix C. Categories for the Rating of Statements Concerning Perceived Causes of Hopelessness from Study 2

PERCEIVED CAUSES

1. SOCIETAL ISSUES
- **a. Sociopolitical**
- **b. Cultural**

2. RELATIONSHIP / SUPPORT FACTORS

a. Family
1. Lack of safety growing up
2. Parental conflict / family breakdown
3. Closeness with family / parents
4. Strict / restrictive / sheltered
5. Dismissive / unloved / unsupported / uncommunicative
6. Family pressure / expectation issues
7. Parental attitudinal / behavioural issues
8. Other

b. Friendships / peer relationships
1. Few friends
2. Difficulty making friends
3. Shallow relationships with friends
4. Other (eg., bullying)

c. General relationship / support issues
1. Perception of emotional support
2. Perception of practical support
3. Lack of acceptance
4. Isolation from supports

3. EVENTS / OCCURENCES
- **a. Experience of failure**
- **b. Experience of loss**
- **c. Stressful events (other)**

4. INDIVIDUAL FACTORS

5. OTHER

Note: examplar statements were included under the category headings to aid in the understanding of each category during application by the raters. The list of categories with those examples is included below.

1. SOCIETAL ISSUES

a. Sociopolitical

(Examples)
Lower SES / poor family
Financial hardship / deprivation
Wealthy family
Gender
Aboriginality
Low parental education
Lack of opportunity
Experience of injustice

b. Cultural

(Examples)
Cultural reasons
Cultural disapproval / devaluing
Country / rural background
Exposure to cultural pressures
Experience of war
Lack of access to services / supports
Insular in community
"trapped" in community
Areas with fewer resources

2. RELATIONSHIP / SUPPORT FACTORS

a. Family

1. Lack of safety growing up

(Examples)
History of abuse
History of trauma
Neglect by parents
Violence in family

2. Parental conflict / family breakdown

(Examples)
History of parental conflict
Family breakdown when young
Divorce when young
Breakups in history
Single parent family
Adoption
Foster care
Instability of carers
Stepparent issues

3. Closeness with family / parents

(Examples)
Negative family climate issues
Poor relationship with parents
Poor family relationships

4. ***Strict / restrictive / sheltered***
   (Examples)
   Strict family
   Lack of opportunity to explore / learn problem solving
5. ***Dismissive / unloved / unsupported / uncommunicative***
   (Examples)
   Abandonment by family
   Parents disregard feelings
   Parents don't understand
   Lack of value by family
   Family doesn't love you
   Family doesn't acknowledge you
   Ignored / no attention
   No experience of being told they are special / beautiful
   No encouragement to communicate
   Parental criticism
6. ***Family pressure / expectation issues***
   (Examples)
   Family pressure for achievement
   High expectations from family
7. ***Parental attitudinal / behavioural issues***
   (Examples)
   Parents with negative outlook
   Parents with lack of hope
   Parents with "world's against me" attitude
   Parents depressed
   Alcoholism / drug abuse in family
8. ***Other***

b. Friendships / peer relationships

1. ***Few friends***
   (Examples)
   Not many friends
   Lack of friends
2. ***Difficulty making friends***
   (Examples)
   History of difficulty making friends
3. ***Shallow relationships with friends***
   (Examples)
   Depth / quality of relationships with friends
4. ***Other (eg., bullying)***

c. General relationship / support issues

1. ***Perception of emotional support***
   (Examples)

Lack of support network
Lack of emotional support
Not being listened to / understood

2. ***Perception of practical support***
   (Examples)
   Lack of instrumental / practical support
   Lack of advice on strategy
3. ***Lack of acceptance***
   (Examples)
   Not fitting in
4. ***Isolation from supports***

3. EVENTS / OCCURENCES

a. Experience of failure
(Examples)
Repeated failure
Bad life choices
Bad outcomes despite choices and effort

b. Experience of loss
(Examples)
Experience of death of close people
Experience of illness (self)
Experience of illness (others)
Job loss
Breakup of significant relationship

c. Stressful events (other)

4. INDIVIDUAL FACTORS
(Examples)
Personality
Coping skills

5. OTHER
(Examples)
Hereditary
Biological
Chemical things in brain
Mental illness
Age / vulnerable time of life
Drug / Alcohol issues (own)