HOPE, HUMOR, AND QUALITY OF LIFE IN A LOW INCOME SAMPLE

BY

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Abstract

The following study investigated relationships between: (1) hope and quality of life in a low income sample, and (2) humor and hope in a low income sample. Additionally, the following study examined a predictive relationship with humor and hope as the predictor variables and Quality of Life scores as the criterion. Hope Scale scores and Quality of Life scores significantly, positively correlated r= .49, $p<.01$, indicating a moderate correlation. The Hope subscales also demonstrated significant relationships: the Agency subscale scores and Quality of life scores significantly, positively correlated r=.60, $p<.01$, indicating a large correlation. The Pathways subscale significantly, positively correlated with Quality of Life scores r=.26, $p<.05$, indicating a small correlation. Additionally, the relationship between humor and hope scores yielded a moderate, significant, positive relationship r=.36, p<.01. Finally, the relationship between humor and hope accounted for 24.9% of the variance in Quality of Life Scores.

Table of Contents

List of Tables & Figures

Table or Figure # Page #

Introduction

The field of counseling psychology is dedicated to improving the quality of life among clients and the general population. At this time in history, the United States sits in the midst of an economic crisis and despair is obvious as the unemployment rate recently rose to 8.1% (U.S. Department of Labor, 2009). As counselors and psychologists, our duty is to attempt to alleviate the burden of joblessness, homelessness, and poverty by improving the quality of life in our clients' and in society.

Previous research on hope provides strong evidence for a relationship between hope and quality of life (Affleck & Tennen, 1996; Chang, 1998; Huprich & Frisch, 2004; Irving et al., 2004; Sigmon & Snyder, 1990; Sigstad, Stray- Pedersen, & Foland, 2005; Snyder et al., 1991; Snyder, Shorey, Cheavans, Pulvers, & Adams et al., 2002; Stanton-Dunath-burg, & Huggins, 2002). Additional research reveals a relationship between humor and hope (Kuiper, Martine & Olinger, 1993; Vilaythong, Arnau, Rosen, & Mascaro, 2003). Further research providing evidence for tools such as, hope and humor, which may increase the quality of life among the low income population, is of paramount importance. The economic solution to the current crisis is extremely complicated, but the following study hopes to explore the role that hope and humor play in the quality of life among low income populations.

The relationship between hope and quality of life has been studied in college students (Chang, 1998; Sigmon & Snyder, 1990; Snyder, et al., 2002), chronically ill

patients (Affleck & Tennen 1996; Sigstad, et al., 2005; Stanton-Dunath-burg, & Huggins, 2002), and mental health disorders (Huprich & Frisch, 2004; Irving et al., 2004). However, very little research has exclusively studied hope and its relationship to quality of life among the homeless and low income populations. Life is difficult for the individuals that comprise America's low- income population. Obvious stressors exist including: few luxuries, constant worry about money, and a daily struggle to find food and shelter. Additionally, research suggests that low income populations suffer from a variety of mental disorders at greater rates than higher income populations (Bassuck, Buckner, Perloff, & Bassuck, 1998; Everson, Maty, Lynch, & Kaplan, 2002; Weich & Lewis, 1998).

Research indicates that hope is an important factor in preventing mental illness and thus, it is important to establish hope among low income populations (Huprich et al., 2004; Snyder et al., 1991). Hope theory posits that individuals with high hope are able to construct new pathways to their desired goals when roadblocks exist (Lopez, Snyder, & Pedrotti, 2006). The low income populations at community agencies are in the midst of substantial road blocks. The abundance of mental illness among low –income populations suggests that hope either: (a) does not offer the same protective benefits for quality of life, or (b) exists in lower levels among low income populations. The purpose of the present study is to discern whether hope among low income populations correlate with quality of life. A relationship between hope and quality of life will make promoting hope of paramount importance for the community agencies that the low income individuals visit, in order to decrease mental illness among this population. Finding a significant,

positive, relationship between hope and quality of life will open a forum of research for interventions that might increase hope. The present study will also investigate the relationship between humor and hope. Previous research has revealed that as humor increases hope increases college students (Vilaythong, et al., 2003). In order to expand upon this research, the relationship between humor and hope will be tested in a low income population at a community agency.

Studying hope among a low income population will be beneficial for our communities, mental health counselors, and the affected population. The low income population has not been utilized as an area of hope theory research, yet experiences profound mental illness, and subsequent low quality of life. If hope is high, and quality of life is low, it can be assumed that hope does not offer the same protective benefits in the low income population. Thus, further research should focus on other constructs that may protect against mental illness. A thorough investigation of hope among the low income population will provide the psychological community with evidence regarding the population's proneness to mental illness. Recognition of low hope among the low income population, the subsequent low quality of life, and the usefulness of humor is important for prompting the government and psychological community to provide appropriate and effective treatments for the population in need.

The present study is of significant importance because of the substantial evidence that low income populations experience higher levels of mental illness than higher income populations (Bassuk, et al., 1998; Everson et al., 2002; Weich & Lewis, 1998). A

recent study of 436 low income women with children compared the rates of PTSD, major depression, and substance abuse among the low income women to a sample of 8,098 l women in the National Comorbidity Survey (Bassuk, et al., 1998). The results showed low income women had a rate of PTSD three times the rate of other women in the National Comorbidity Survey. Additionally, the rate of major depression among low income women was twice the rate of women 15- 40 years in the National Comorbidity Survey. Finally, lifetime prevalence of alcohol and substance abuse disorders had rates twice as high as the other women respondents of the National Comorbidity Survey (Bassuk, et al., 1998).

The prevalence of mental health disorders among the low income population does not stop with mothers. Recent research discusses the consistency with which low income populations across genders are repeatedly found to have higher levels of mental health problems, specifically depression (Everson et al., 2002: Weich & Lewis, 1998). Everson et al. (2002) combined the results of four different studies; each study surveyed different populations, and represented a variety of ethnicities. Everson et al. (2002) used income and education level to define "low income," and they found similar patterns with each independent variable. A distinct relationship existed between income or grade level achieved and major depressive symptoms. Respondents for the studies that achieved at least twelve years of education had fewer depressive symptoms than the respondents that achieved nine to eleven years of education. Correspondingly, respondents with a higher level of income reported fewer depressive symptoms (Everson et al.).

Weich and Lewis (1998) contributed to the existing body of evidence regarding income and mental health problems with their longitudinal study including 7726 respondents, ages 16-75, across Wales, Scotland, and England. Weich and Lewis used depression and anxiety in their study as common mental health disorders and found that "poverty and unemployment increased the prevalence of common mental disorders" (p.118). Interestingly, Weich and Lewis found that *financial strain,* as determined by asking the self report question, "How well would you say you are managing financially these days?" predicted onset and duration of mental health disorders (p. 117). Weich and Lewis found that the relationship between low income and mental health problems exists across countries and cultures.

The aforementioned studies provide helpful information regarding the need for preventative/protective mental health measures among the low income population. An abundance of research exists to support the notion that higher levels of hope will result in fewer mental illnesses. Consequently, it is important for hope to exist among the low income population. The present study will examine the relationship between hope and quality of life. If hope is related to quality of life in the low income population this will serve as evidence that hope may be used as a protective factor against mental illness in this population. Establishing the hope and quality of life relationship will signify the importance of increasing research to find interventions related to increasing hope. Additionally, the present study seeks to determine if a relationship between hope and humor exists.

Hope is important for the mental health of all people and could be very beneficial for the low income population. The population of interest for this study is men and women, 18 and older, seeking services at an agency in the Midwest. The non-profit charity exists to serve the homeless and provide services to individuals in need. The populations at the social service agencies are distinct from other low income populations because the clientele falls well below low income and into the poverty threshold, and are actually seeking assistance. The following study will investigate hope among the low income population and its relationship to quality of life. Furthermore, the study will discern if humor is related to hope in a low income population. Finally, humor and hope will be combined to explore the possibility that their relationship can predict an amount of variance in Quality of Life scores.

Chapter II

Literature Review

Hope Theory

A variety of conceptualizations exist to explain the construct of hope. The major debate among conceptualizations of the hope construct surrounds defining hope as either, an emotion or cognition. Very few conceptualizations exist to explain hope purely as an emotion. Averill, Catlin, and Chon (1990) describe hope as an emotion, however they also go on to explain that the emotions are "governed by cognitions" (as cited in Snyder, Rand and Sigmon, 2002). Thus, a closer look at the conceptualization proposed by Averill et al. suggests that cognitions are equally as important as emotions in defining hope. Snyder, Rand, et al. (2002b, p.259) conceptualize hope as a cognitive feature, "a goal thought sequence." Snyder, Rand et al. go on to address the emotional component of hope as a consequence: cognitions cause emotions. Positive emotions are the result of goal accomplishment and negative emotions are the consequence of goals that remain unmet (Snyder, Rand, et al., 2002). Therefore, according to the assertion proposed by Snyder and Rand et al. (2002), an individual that consistently fails to meet goals will consequently be plagued by negative emotions or vice versa. The following study will assess hope as defined by hope theory: hope is a thought process that results in emotions.

Hope theory portends that hopeful individuals are problem solvers. Hope is the belief that an individual is capable of establishing goals and achieving those goals. Hope

theory establishes the need for two crucial elements: pathways and agency (Snyder et al., 1991). Pathways are workable routes that individuals devise as ways to their goals. Agency is the motivating force (Snyder, Rand, et al., 2002). Hope theory asserts that it is important for an individual to have both pathways and agency, not just one. An individual with pathways but no agency will not be able to meet his\her goals in the event of a road block. For instance, an individual wants to lose fifteen pounds and devises a plan. The individual loses ten, and then gains one pound back; if the individual has no motivation (agency) to push past the setback, it does not matter that he/she knows how (pathways) to lose the weight. In contrast, an individual with lots of agency and no pathways will have a ton of motivation to achieve a goal, but will not be able to develop routes to his\her goal. A hopeful individual needs agency and pathways because: (a) agency is what keeps an individual working toward a goal, and (b) the ability to develop pathways will enable individuals to veer from road blocks, and create new pathways to his\her goal. Additionally, pathways thinking and agency thinking, build upon each other, and thus, the importance of both.

Even if an individual has agency and pathways, hope theory explains that goal-directed behavior (agency and pathways) can be changed by surprise events. Surprise events enter the cognitive set through emotion. There can be positive (a gymnast lands her first back flip on the balance beam) or negative surprise events (a dog darts in front of you as you are speeding down the street). The surprise events cause arousal that elicits emotions. The emotions create motivation, which becomes a part of the agency and thus,

the final goal. For instance, when the dog darts in front of your car, the goal becomes to slam on the breaks and not hit the dog. The fear of hitting the dog is the emotion that was aroused by the event and resulted in the motivation to slam on the breaks, and reach the new goal, not to hit the dog (Lopez et al., 2006).

Finally, Hope theory does not propose that once a goal is established, it must always be met. Continued evaluation of goals is possible. Agency and pathways may continue to flow through the event sequence to reassess if the goal is a goal worth pursuing (Snyder, Rand, et al., 2002). The hope that is formulated through the agency, pathways, and re-evaluation process is a cognitive set regarding the future (Mageletta & Oliver, 1999). High hope represents the use of pathways and agency, and an individual that will be able to meet his\her goals. Hope will enable a person to persist in the face of obstacles until he\she reaches his\her goal.

The present study considers hope to be a general cognitive set reflecting general outcomes (Snyder et al., 1991). Additionally, hope is considered to be stable across time (Snyder et al., 1991). Hope scores reflect a stable level of hope in an individual and can be considered to be a valid indicator of continuous levels of hope. The Adult Dispositional Hope Scale measures hope as a stable construct, and will be used for the purpose of the present study. An Adult State Hope Scale exists to address levels of hope at specific periods of time, but will not serve the purpose of the present study (Lopez et al., 2006). However, it should be noted that effective measures do exist to increase or decrease hope levels considered to be stable (Snyder, Hardi, et al., 2000). Snyder, Hardi,

et al., (2000) have found of cognitive behavioral therapy (CBT) effective in increasing hope among clients. CBT is useful in increasing hope among clients because the treatment places a strong emphasis on, "goal setting, strategy generation, and modification of negativistic beliefs regarding goal attainment" (Snyder, Hardi, et al., 2000, p. 759). Using CBT can help a patient establish and meet goals. Ideally, in relation to hope, once the client meets a goal the result will be higher levels of pathways and agency, which will serve to help an individual in the event of a new problem.

Measuring Hope

A variety of models exist to measure hope (Lopez et al., 2006; Herth, 1992). The hope models do not all warrant attention in this literature review because they tap different constructs of hope. Erickson, Post, and Paige developed a hope scale in 1975 to measure Stotland's view of hope. Stotland's view of hope simply included the expectation of goal attainment (Lopez et al., 2006; Herth, 1992). Since then, Snyder developed three additional hope scales measuring hope as defined by pathways and agency (Lopez et al., 2006). Affectivity as a facet of hope is difficult to measure with self –report measures, thus the hope scales measure hope as a cognitive set. Hope can be measured as young as age seven by the Children's Hope Scale (Snyder et al., 1997). The Adult State Hope Scale (Snyder et al., 1996) measures goal directed thinking at specific points in time. The Adult State Hope Scale will not be used for the purpose of this study because it does not measure hope as a construct stable across time. The Adult Dispositional Hope Scale (Appendix A; Snyder et al., 1991) taps hope as a stable construct for individuals ages fifteen and older. The Adult Dispositional Hope Scale will

be used in the current study because the Adult Dispositional Hope Scale (Snyder et al., 1991) measures hope as a stable construct. The mean score taken from the sample population will provide useful information regarding levels of hope across the low income population. Hope scale scores range from a low of 8 to a high of 32 (Lopez et al., 2006). Hope has been explained how it will be measured in the present study. The following section will discuss literature relevant to the relationship between hopeful thinking and positive outcomes.

Hopeful Thinking

Hopeful thinking bears a relationship with a variety of positive outcomes. High hope thinking results in positive outcomes because higher in relation to lower hope individuals have heightened "facility and motivation in dealing with the goals in their lives" (Snyder, et al., 1991, p. 571). Higher hope individuals are more likely to "undertake a larger number of goals across life arenas, and select tasks that are more difficult" (Snyder et al., 1991, p. 571). Additionally, when higher hope people face a goal, they are likely to perceive the goal as a challenge and potential for success, as opposed to an opportunity for failure. The higher hope individual will embrace goals. Conversely, lower hope individuals view goals as threatening. Consequently, higher hope is associated with superior performance in goal attainment (Snyder et al., 1991). High levels of hope and the subsequent superior goal attainment leads to a variety of beneficial outcomes.

Hopeful thinking is related to superior psychological adjustment, higher academic achievement, increased athletic performance, and better physical health. Superior

psychological adjustment offers obvious benefits for high hope individuals. Snyder, Rand et al., (2002) discuss the importance of the positive versus negative emotions that can be the result of successful pathways and agency, and unsuccessful pathways and agency. When an individual meets a goal, the resulting positive affect will then be present and will increase his\her motivation for his\her next goal. Unfortunately, the reverse is also true. An individual that repeatedly does not meet goals will have negative emotions (Snyder, Rand et al., 2002). The resulting psychological consequences affect an individual's ability to deal with stressors. A person with a plethora of positive emotions will be able to handle stressors effectively, whereas a person with an abundance of negative emotions will approach stressors with negative thoughts. Understanding the importance of superior psychological adjustment helps explain why high hope individuals excel in a variety of other arenas.

Research suggests that levels of hope in children and adolescents have a significant positive correlation with results on standardized tests (Snyder et al., 1997.) Furthermore, Snyder and colleagues endeavored on a six year longitudinal study to investigate levels of hope as predictors for college success. The results showed that higher hope scale scores predicted higher cumulative GPA, and a higher likelihood of graduating from college (Snyder, Shorey et al., 2002). The literature suggests that high hope students perform better in school because they are more in-tune with their goals and are able to stay motivated due to the certainty that accompanies their goals. However, students with lower levels of hope are not as motivated by ambiguous goals (Snyder, 1994 as cited in Snyder, et al., 1997). The fallout is that students with high levels of hope

reach academic goals and have a better chance of making higher levels of income. The low income population may then be predisposed to low levels of hope and mental illness because they were the same individuals that did not establish or meet goals as children, which would result in decreased levels of hope from an early age.

Extending the significance of hope beyond the classroom and subsequent results, reveals that hope bears a positive relationship with athletic performance. A landmark study of 106 female, NCAA Division 1, track and field athletes revealed that dispositional hope predicted the outcome of sport performance beyond the variance accounted for by athletic abilities and affectivity (Curry, Snyder, Cook, Ruby & Rehm, 1997). The additional increase in variance accounted for approximately 3% of final athletic performance (Curry, Snyder, Cook, Ruby & Rehm, 1997).

Combining the aforementioned research results suggests that high hope individuals may excel mentally, academically and athletically beyond lower hope individuals. The final positive outcome that will be discussed in relationship to hopeful thinking for the purpose of the present study is superior health outcomes. Higher hope individuals have better physical outcomes in relation to individuals with lower levels of hope. Irving, Snyder and Crowson (1998) investigated the relationship between hope and cancer related activities in 115 college women. Irving et al. found that students high in hope were able to "produce more cancer-specific hopeful coping responses in the risk, detection, course, and impact stages of cancer" (p.211). The high levels of hope translate into high levels of goal directed thinking. The results demonstrated that women with

higher levels of hope do not smoke because they recognize the cancer effects of smoking and avoided the behavior (Irving et al.). Consequently, women who avoid smoking will be healthier than women with lower levels of hope that may choose to smoke.

The results of the abovementioned research shows that individuals with high levels of hope compared to low levels of hope have superior psychological adjustment, higher levels of academic achievement, enhanced athletic performance, and greater physical outcomes (Curry et al., 1997; Irving et al., 1998; Snyder, et al., 1997: Snyder, Shorey et al., 2002). The research indicates a variety of positive outcomes due to high levels of hope, and this evidence supports the premise that high levels of hope can serve as a protective factor. Hope theory supports the assertion that hope can serve as a preventative measure because individuals with high levels of hope are more proactive in their life than individuals with lower levels of hope (Snyder, Feldman, Taylor, Schroeder, Adams & 2000). Hence, hope is a preventative measure: "Prevention is at its core, an act of hope- a positive, empowered view of one's ability to act so as to attain better tomorrows" (Snyder, Feldman et al., 2000, p. 256).

The previous discussion highlighted a variety of potential benefits related to hopeful thinking, and established hope as potential protective factor. The following section aims to establish the relationship between hope and quality of life. Given the evidence of the potential benefits attributed to high levels of hope, it would naturally follow that individuals with high levels of hope should also enjoy a higher quality of life.

Hope and Quality of Life

Quality of life is a general construct designed to measure an individual's life satisfaction or general well being. Quality of life was originally developed to measure health and functional status (Lopez et al., 2006). The World Health Organization has characterized quality of life as, "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity" (Lopez et al., 2006, p.28). A long standing debate exists surrounding the facets of quality of life. Should quality of life measure mental health, physical health, or both? In order to answer this question, a variety of test instruments have been developed. For the purpose of the present study, quality of life will include physical and mental health and be measured by one general question, "How would you rate your quality of life?" The question is selected from the brief version of the World Health Organization's Quality of Life survey (WHOQOL-BREF, 1998). The WHOQOL- BREF taps the following domains: physical health, psychological health, social relationships, and environment (Lopez et al., 2006). Interestingly, the literature surrounding hope and quality of life measures general well being, but sometimes the literature names the construct quality of life and at other times, the literature names the construct life satisfaction. For the purpose of reviewing the literature, both terms will be used to describe Quality of Life.

High hope correlates with better psychological adjustment, higher grades, improved athletic performance and better physical health as previously mentioned (Curry et al., 1997; Irving et al., 1998; Snyder et al., 1997: Snyder, Shorey et al., 2002). The considerable impact of hope among a variety of life situations encourages the idea that

high hope will correlate with the ultimate outcome measure, quality of life. Additionally, the goal-directed nature of hope, which presumably accounts for success in a variety of arenas, suggests that high hope individuals pursue their goals throughout life and are able to effectively cope with stressors (Sigstad et al., 2005.) Ultimately, high hope should promote and predict high quality of life among the general population.

The relationship between hope and quality of life has not been examined among a low income/assistance seeking population. However, college undergraduates have been utilized as a population of interest concerning the relationship between hope and quality of life. Snyder et al. (1991) discovered that the higher hope college students sustained agency and pathways when confronted with obstacles, whereas the lower hope group evidenced both decreased agency and pathways for their goal. Sigmon and Snyder (1990) further studied the effect of the decreased pathways and agency, with general well being as an outcome measure. Sigmon and Snyder collected data from 210 University of Kansas psychology students to test the relationship between hope, affectivity (positive or negative) and overall well being (assumed to be likened to quality of life). Sigmon and Snyder found that hope along with positive affect and negative affect each accounted for a significant amount of variance in the subject's reported well being (Snyder et al., 1991). The literature surrounding hope and quality of life extends beyond using quality of life as one general construct.

Chang (1998) reported on the results for a relationship between hope and quality of life with a sample of 210 students from a large Northeastern university. However, Chang sought to further differentiate among general well being measures, with

interpersonal and academic satisfaction being measured separately. Chang found that high hope students reported significantly greater interpersonal satisfaction along with greater academic life satisfaction than lower hope students. Chang attributed the relationship between higher hope and greater life satisfaction to coping strategies used among hopeful students to deal with stressful situations. He clearly noted that even when the coping strategies are taken out of the prediction equation, a relationship between hope and life satisfaction still exists. Chang's study further defined the hope- life satisfaction relationship by elaborating on the significance of the relationships between agency and pathways, and life satisfaction. Chang found that agency, not pathways, had a significant relationship with life satisfaction. The results of Chang's study are of particular importance to teachers, social workers, and counselors. Encouraging hope and motivation (instead of creating pathways) can promote life satisfaction or quality of life (Snyder, 1995).

The aforementioned studies describe the relationship between hope and quality of life in generally healthy college students. However, an important purpose of hope is to pursue a goal despite obstacles. The agency component of hope keeps an individual motivated in the event of a road block; a motivated/ hopeful individual will persist despite the barrier and find new pathways. Thus, researchers have established the importance of the relationship between hope and quality of life in the presence of a barrier, and the following section discusses the results of these significant studies.

Living with chronic diseases and other health problems present substantial barriers to a number of goals, and can have serious consequences for quality of life

among these patients. Research demonstrates in adults with primary antibody deficiencies that hope is highly correlated with high quality of life scores (Sigstad et al., 2005). Additionally, Affleck and Tennen (1996) discuss preliminary results from their hope study with patients diagnosed with Fibromyalgia. The results show that patients with the highest levels of hope cite the most benefits from living with chronic pain. Higher levels of hope account for better adjustment to chronic pain, hence a better quality of life. Stanton et al. (2002) continued the study of hope and subsequent life adjustment in a longitudinal study on women recently diagnosed with Stage I or Stage II breast cancer. The seventy recently diagnosed women had their hope levels assessed using Snyder's Dispositional Hope Scale at time 1 (T1), prior to breast cancer surgery, time 2 (T2), 3 months after diagnosis, and time 3 (T3), 12 months after diagnosis (Snyder et al., 1991). Coping abilities and hope reported at T1 were able to predict change in adjustment throughout the first year of diagnosis. Women who actively accepted their diagnosis (high hope) showed lower levels of distress one year after diagnosis. Stanton et al. would assert that a higher level of hope allows women to express their emotions and results in effective coping and the subsequent better adjustment than patients with lower levels of hope. Stanton et al. focused their outcome on the patient's mental health status, which is included in the quality of life construct.

The previously mentioned research demonstrates strong support for a relationship between hope and quality of life in college students and patients recently diagnosed with chronic illness. Additionally, research by Huprich et al. (2004) supports a strong

relationship between hope and mental health patients. Mental health is an important domain integral to the quality of life construct. The Depressive Personality Disorder Inventory (DPDI; Huprich Margrett, Barthelemy, & Fine, 1996) Quality of Life Inventory (QOLI; Frisch, 1994) and Snyder's Hope Scale (Snyder et al., 1991) were administered to a population of college undergraduate students (Huprich et al., 2004). The Quality of Life domains have been empirically associated with overall life satisfaction. Hope was a significant predictor of scores on the DPDI. Therefore, higher hope was associated with fewer depressive symptoms (Huprich et al., 2004). The results of Huprich et al's study reveal that hope pathways were a predictor of DPDI, but hope agency was not. Huprich et al. assert that the absence of hope agency as a significant predictor of DPDI may have been due to hope agency assessed variance was shared with another predictor variable in the equation.

The mental health research between hope and quality of life extends into the practice of psychotherapy. Participants at a mental health center were given the Adult Dispositional Hope Scale (Snyder et al., 1991) at baseline and at four additional points throughout the course of their psychotherapy (Irving et al., 2004). The study found that "Higher baseline hope was associated with greater client well being, functioning, coping, regulation of emotional distress and fewer symptoms after 12 weeks of individual psychotherapy" (Irving et al., 2004, p. 438). The mental health patients in the Irving et al. study are similar to the population of interest in the present study because a good portion of the mental health participants fell below the poverty line. However, the present study examines hope and quality of life among a low income population, using a community

sample. The aforementioned research demonstrated a relationship between higher hope and lower psychological distress with subsequent better quality of life (Irving et al., 2004).

The research consistently points to hope as a reliable predictor of quality of life and psychological health responses (Snyder et al., 1991). However, the populations utilized by previous researchers did not establish a relationship between hope and quality of life among a population of low-income assistance seeking individuals. The presence of high hope that does not correlate with high quality of life scores will be evidence that hope does not serve the same protective factor in the low income/assistance seeking population, whereas evidence of low hope scores and correlation with a low quality of life should prompt government and community programs to increase hope among the low income population.

The literature agrees that hope contributes to superior psychological adjustment, higher academic achievement, enhanced athletic performance, greater physical outcomes, and an increased quality of life (Irving et al., 1998; Curry et al., 1997; Snyder, et al., 1997: Snyder, Shorey et al., 2002; Chang, 1998; Irving et al, 2004; Huprich et al., 2004). However, the literature does not specifically address the benefits of hope in a low income/assistance seeking population. The following study aims to investigate the levels of hope and the relationship between hope and quality of life in a low income population seeking services at a social service agency. The researcher also intends to expand the

study of hope to include humor. Since hope is so important, it is beneficial to examine constructs that may add to or detract from hope.

Humor

Research suggests that humor is associated with higher levels of hopefulness among individuals. However, the research is inconsistent in regards to the full benefits of humor among populations. Therefore, the psychological community could benefit from additional exploration of the relationship between humor and hope. Furthermore, if humor bears a relationship with hopefulness, laughter could one day be considered as a tool for therapists to increase humor and consequently hope.

Humor is a complex construct. Theorists characterize humor as "multidimensional: involving cognitive, emotional, behavioral, physiological and social aspects" (Martin, 2000 as cited in Martin, 2004, p. 2). For the purpose of the present study, humor is defined as the number of times respondents smile and laugh throughout their days, given a variety of situations. The construct of humor includes the idea that laughter and smiles are indicative of the emotional and cognitive response of humor. Additionally, humor is viewed by psychologists as an emotion focused coping strategy (Snyder, Rand, et al., 2002). Despite the complexity of humor, humor is an important construct to study because of the potential benefits that exist.

Measuring Humor

Due to the complexity of humor, humor is conceptualized in a variety of different manners (Lopez, et al., 2006). Consequently, measuring humor involves an assortment of measurement tools. The two most widely used scales will be described, but the nature of the present study does not lend itself to a full description of the humor construct. The Coping Humor Scale (Martin and Lefcourt, 1983) is a self report measure beneficial for assessing the use of humor as a coping mechanism. In contrast, the Situational Humor Response Questionnaire (Martin & Lefcourt, 1984) measures the amount of time a person laughs or smiles given certain life situations. For the purpose of the present study, the Situational Humor Response Questionnaire will be used, and humor is defined as the amount of time a person laughs or smiles, given a variety of life situations. Both measures are considered valid and reliable (Lopez et al., 2006). The presence of valid and reliable instruments to measure humor allows for important research to be done on the benefits of humor.

Benefits of Humor

The wide variety of conceptualizations and measurement tools for humor makes the research surrounding humor equally complex. Despite the complexity, research presents strong evidence that humor can moderate the effects of stress and in rare cases, improve physical health. Martin and Lefcourt (1983) introduced evidence for the buffering effects of humor in their landmark studies with college students. Martin and

Lefcourt conducted three studies investigating the relationship between negative life events, humor and resulting mood disturbances. Three different humor scales were used in the first study in order to tap into a variety of different constructs of humor. The results of the first study showed that individuals who tend to laugh and smile in a wide variety of situations, who place a high value on humor, and who make use of humor as a means of coping with stress, "experience less pronounced negative effects of stress" (Martin & Lefcourt, 1983, p. 1319). The second study tested the ability of participants to provide humor in impromptu situations. The participants that were able to produce more humor in impromptu situations showed lower mood disturbances as a result to life stressors (Martin & Lefcourt, 1983). The third study in the Martin and Lefcourt series tested the use of humor in "real life" situations. The results of the third study again showed that humor was a buffer for stress (Martin & Lefcourt, 1983). All three of the studies supported the premise that participants with low humor scores obtained higher correlations with negative life events and mood disturbances. Martin and Lefcourt provide substantial evidence for the stress buffering role of humor.

Kuiper, Martin, and Olinger (1993) enhanced the study investigating the effects of humor on stress by extending their research into cognitive functioning. Kuiper et al. gathered 44 participants to test the hypothesis that higher scores on the Coping Humor Scale (Martin & Lefcourt, 1983) will result in a more positive cognitive appraisal of the situation, which will lead to better testing outcomes. Kuiper et al. introduced a real life stressor, a test, in order to test the participants' cognitive appraisals. Students' cognitive

appraisals were assessed one week prior to the examination, immediately afterwards, and then one week later. The results showed that high humor individuals viewed the test as a more positive challenge. Additionally, high humor individuals employed confrontative coping after performance on their first test and did better on their second test. High humor participants that did not do as well on their tests as they expected distanced themselves from the test and did not let it bother them. This supports the premise that humor involves a cognitive shift, which allows high humor individuals to shift their thinking during stressful situations (Kuiper et al., 1993).

The two previously mentioned humor studies provide substantial evidence for the positive effects of humor on students. However, the aging population presents with slightly different cognitions and stressors. Mathieu (2008) sought to distinguish the role humor plays in an aging population living in a senior center. Mathieu developed a happiness and humor group for participants to attend once a week for ten weeks. The humor and happiness group included a variety of interventions including laughter. Mathieu tested life satisfaction at pre-test and post-test, and the scores improved significantly by the end of the happiness program. A qualitative analysis included a report that the seniors developed a bond through the humor. Mathieu's study resolves that laughter has a positive effect on aging, satisfaction, and quality of life.

In addition to the benefits of humor on stress and life satisfaction, scant research suggests that humor may have beneficial effects on physical health. Norman Cousins (1979) produced a groundbreaking study following the onset of a chronic illness. Norman

prescribed himself Vitamin C and heavy doses of laughter during his ailment (Martin, 2004). Cousins found that after his daily ten minutes of laughter he was able to enjoy pain free sleep. Cousins asserted that laughter had an anesthetic effect (Martin & Lefcourt, 1983). Sparked by Cousins' attempt to utilize humor as a pain reliever, a flurry of researchers set out to test the anesthetic effects of humor. Weisenberg, Raz, and Hener (1998) conducted a study of 200 males and females in order to test the anesthetic role of humor. The participants were shown one of four options: a humorous film, a negative film, a neutral film, or no film. Pain tolerance was measured before and after the films. The results showed that the participants that watched the humorous video, showed a greater increase in pain thresholds thirty minutes after the video. Weisenberg et al., believe that the study they conducted showed that watching humorous videos produces a physiological change that increased the participants' pain threshold (as cited in Martin, 2001). It should be noted that the research surrounding the anesthetic effect of humor is inconsistent; however, the aforementioned study agrees with similar studies and yields the assertion that, overall, exposure to comedy results in an increase in pain threshold (Martin, 2001).

Recognizing the potential benefits of humor, McCllelland and Cheriff (1997) ran a series of three studies to test immune system response to humor. The researchers used a sample of saliva to test for an increase in immune system response when humor increases. The participants of McClelland and Cheriff's studies were shown either a comedy video or a documentary. The saliva was tested before and after the participants viewed their respective videos. The results showed an increase in immune system for the

group of individuals that watched the comedy videos. However, it should be noted that increase in immune system response was only significant in one of the three studies (McCllelland and Cheriff, 1997). Martin (2001) expresses his concern regarding the above mentioned study and four additional studies testing for the potential benefits of humor on the immune system, stating"Of more than 40 immunological and endocrinologic variables assessed in blood samples in five experimental studies, significant effects were found for 18 variables. However, some of these were in the opposite direction to predictions, and the results were inconsistent across the studies, with significant effects found in one study often not replicated with the same variable in another study" (Martin, 2001, p. 509). The results regarding the benefits of humor and immunity are inconclusive.

Martin (2001) examined 41 studies linking humor to a variety of health benefits. He concludes that although there is some evidence to support that humor can result in potential health benefits, the research is inconsistent. However, he does make a careful note to mention that individuals that enjoy the stress buffering role of humor will also enjoy the lessening of potential harmful effects of stress on the body (Martin, 2001).

Humor acts as a stress buffer, results in an increase in academic performance, greater life satisfaction, and promotes health benefits. Humor seems to promote a sense of well being among the participants of the aforementioned studies, which should lead to a relationship with hope.

Humor and Hope

The research reveals similarities between humor and hope. Both constructs lead to an increase in academic performance, greater life satisfaction, and promote health benefits. The following discussion expands on the role humor may play with hope. Kuiper et al. (1993) presented research of considerable interest; humor involves a cognitive shift that results in positive appraisals and subsequent positive results. The cognitive shift that follows humor is integral to understanding the relationship between humor and hope. The role of cognitions and their relationship between humor and hope is further defined by Vilaythong et al. (2003): positive emotions, such as humor, lead to an expansion of the action repertoire in our brains. The increased action repertoire leads to greater self efficacy in dealing with life's problems. Consequently, humor may "increase a person's ability to initiate and sustain action towards a particular problem (agency) and/or increase the individual's perceived ability to work around obstacles to problem resolution (pathways)" (Vilaythong et al., 2003, p. 81). Therefore, humor, as a positive emotion, may increase hope as defined by Snyder's hope theory (Snyder et al., 1991).

The theory proposed by Vilaythong et al. (2003) suggests that humor may increase hope, or at the very least a relationship exists between the two constructs. However, the literature surrounding humor and its relationship with hope is inconsistent. Nonetheless, research exists to suggest that the relationship explained above does exist between humor and hope. A relevant study used a 15-minute comedy video to test

whether humor can raise a person's hopefulness (Vilaythong et al., 2003). Humor was conceptualized as the number of times an individual laughs or smiles. The results showed that participants that watched the comedy video had a significant increase in their State Hope scores compared to the control group that did not view a comedic video (Vilaythong et al., 2003). While the aforementioned study used state hope scores to test hope as a trait, the present study is testing dispositional hope in order to expand the research in this area.

Westburg's (1999) study did not confirm the results of the Vilaythong et al. (2003) study. Westburg (1999) used Hope Scale pre and posttest scores to test if a 15-minute exposure to the Far Side comics would increase hope among an undergraduate population. The results did not show a change in Hope Scale pre-and post-test scores. The literature contends that the students may not have found the Far Side comics funny, therefore humor may not have been introduced in the eyes of the participants between pre-test and post-test. Further analysis of humor in members of an assisted living center again revealed a relationship between hope and humor (Westburg, 2003). The analysis of the data obtained from the members show that the individuals with higher hope used laughter as coping strategy (Westburg, 2003). Indeed, humor and coping are specifically related to an optimistic outlook (Martin & Lefcourt, 1983).

Literature supports the premise that humor provides many beneficial effects. Humor can moderate the effects of stress (Kuiper et al., 1993; Martin & Lefcourt, 1983). Additionally, laughter can promote overall well being and increase hopefulness (Lefcourt

& Martin, 1986). Due to the slight inconsistency of research concerning the relationship between hope and humor, the present study is of significant importance. The possible benefits associated with humor deserve the attention of the research community.

The Present Study

Hope consistently contributes to a variety of positive life outcomes including superior psychological adjustment, higher academic achievement, enhanced athletic performance, greater physical outcomes, and an increased quality of life (Chang, 1998; Curry et al., 1997; Huprich et al., 2004; Irving et al., 1998; Irving et al, 2004; Snyder et al., 1997: Snyder, Shorey et al., 2002). The abundance of research signifies the importance of hope among college students, cancer patients, individuals with chronic illness, and patients in psychotherapy. However, the literature does not specifically address the benefits of hope in a low income/assistance seeking population. The present study aims to investigate hope and the relationship between hope and quality of life in a low income population seeking services at a social service agency.

The present study also intends to expand the study of hope to include humor. Because hope is of significant importance, it is beneficial to examine constructs that may add to or detract from hope. Previous research reveals that individuals that laugh and smile more, experience fewer of the negative effects of stress (Martin & Lefcourt, 1983). Additional research reveals that individuals higher in humor may have better physical health, increased overall well being and higher hope (Cousins, 1979; Martin & Lefcourt, 1986; Vilaythong et al., 2003).

In support of the literature, it is hypothesized that hope will positively correlate with quality of life, and that high levels of humor will correlate with high levels of hope in a sample of low income adults. Additionally, because of the strong evidence in the literature establishing a relationship between hope and quality of life, and relevant research supporting a relationship between humor and hope, it is hypothesized that hope and humor will be significant predictors of quality of life in a sample of low income adults.

Although, it is not the primary purpose of the present study, Hope Scale scores, and Humor scores, will be assessed for gender differences. The research shows that no gender differences have emerged to suggest that women and men report different levels of hope (Snyder, et al., 1991). Snyder et al., (1991) propose that gender differences may only emerge when different goals are explored. Additionally, there is no evidence to suggest that men and women report different levels of humor (Martin & Lefcourt, 1984). However, gender differences for the scales has not been studied in a low income sample

Chapter III

Methods

Participants

Participants for the present study were recruited from a social service agency in Olathe, Ks. The participants volunteered to participate in the study while seeking financial, food, or educational (GED, parenting) assistance through the agency. The participants were all above the age of 18. The participants were given an information statement that described the questionnaires as strictly voluntary, and the participants gave verbal consent. Since the participants were volunteers, they are considered a convenience sample.

A total of 81 assistance seeking individuals volunteered to take part in the study. However, 11 respondents did not complete the questionnaire packets and their results were not included. The final sample used for the study included 70 respondents (57 females, 19 males). The ages of respondents ranged from 18-70, the mean age for the sample was 36 (SD= 12.26). Respondents identified their race as the following: 39 Caucasian (55.71%), 7 African American (10%), 3 American Indian/Alaskan Native (4.28%), 5 Asian (7.14%), 14 Hispanic (20%), and 2 Other (2.85%). The sample was acquired over a two week period.

Instruments

Adult Dispositional Hope Scale. The Hope Scale (Snyder et al., 1991) is a 12 item inventory used to measure dispositional hope in adults 15 and older (see Appendix A). Respondents answer on a 4-point continuum: 1= (definitely false), to, 4= (definitely true). The 12 item inventory includes two subscales: agency and pathways. The agency subscale includes 4 items aimed to tap goal directed motivation. An example of an agency item is "I energetically pursue my goals." The pathways subscale aims to tap ability to set routes to goals. An example of a pathways item is "I can think of many ways to get out of a jam." The agency and pathways subscales are added together to compute a Total Hope Scale score. The four remaining questions are used as distracters and are not utilized for the purpose of the computing a Total Hope Scale score. Scores on the Hope Scale range from a low of 8 to a high of 32.

The Hope Scale seems to be a valid and reliable measure of hope. Internal consistency for the Hope scale scores has been demonstrated, with Cronbach alphas ranging from .74 to .84 for six samples of undergraduate college students and two samples of individuals in psychological treatment (Lopez et al., 2006). Cronbach alphas for the Agency subscale ranged from .71 to .76. Additionally, Cronbach alphas for the pathways subscale ranged from .63 to .80 (Snyder et al., 1991). Test-retest stability coefficients were .85 over a 3- week test-retest interval and .76-.82 over a 10-week test-retest interval (Snyder, et al., 1991). Therefore, the Hope Scale seems to be a reliable.

In addition to being reliable, evidence supports the validity of the Hope Scale scores. In order to examine the validity of the scores, researchers used existing scales used to tap similar processes. Scheier and Carver's (1985) Life Orientation Test (LOT), a measure of dispositional optimism, correlated .50 and .60 with the Hope scale scores (Gibb, 1990; Holleran, & Snyder,1990; as cited in Snyder et al., 1991). Additionally, Fibel and Hales (1978) Generalized Expectancy for Success Scales, which measures cross-situational expectancies for attaining goals, correlated .54 and .55 with the Hope Scale scores (GESS; Fibel & Hale, 1978; as cited in Snyder et al., 1991). The Hope Scale scores also correlated with the Rosenberg's (1965) Self-Esteem Scale scores. Finally, and of significant importance, the Hope Scale scores correlated negatively (-.51) with the Hopelessness Scale. The Hopelessness Scale should correlate negatively with the Hope Scale scores. The Hopelessness Scale scores should correlated negatively with the Hope Scale scores, because the Hopelessness Scale scores measure a generally dark future, and the Hope Scale scores aim to measure a generally positive future (Beck, Weissman, Lester, & Trexler, 1974 as cited in Snyder, et al. 1991). The Dispositional Hope Scale Scores demonstrate strong statistical evidence for reliability and validity. The Hope scale was accompanied by the Situational Humor Response Questionnaire in order to test a relationship with humor and hope.

Situational Humor Response Questionnaire. The Situational Humor Response Questionnaire (SHRQ: Martin & Lefcourt, 1984) asses an individual's humor in terms of the frequency with which an individual laughs or smiles in various life situations (see

Appendix B). The scale includes 18 items that describe a possible life situation, for example, "If you were awakened from a deep sleep in the middle of the night by the ringing of the telephone, and it was an old friend who was just passing through town and had decided to call and say hello...." Respondents are asked to rate the degree to which they might laugh or smile in the given situation ranging from 1 (I wouldn't have been particularly amused) to, 5 (I would have laughed heartily with my friend). For the purposes of the present study, the respondent's answers were scored on a scale from 1 to 5. The lowest humor responses were assigned a 1, and the highest humor responses were assigned a 5 (Martin & Lefcourt, 1984; Martin 2006). The SHRQ includes a number of items that are potentially stressful situations, therefore the SHRQ also asses the tendency to keep a humorous perspective in stressful situations.

The Situational Humor Response Questionnaire is a reliable measure with cronbach alphas ranging from .70 to .85. Additionally, test re-test correlations were reported at the .70 level over 1 month interval (Lefcourt & Martin, 1986; Martin & Lefcourt, 1984). A variety of research exists to support the validity of the SHRQ scores. Scores on the SHRQ have correlated significantly with the frequency and duration of laughter during unstructured interviews, and with peer ratings of participant's frequency of laughter and tendency to use humor in coping with stress (Lefcourt & Martin, 1986). The correlations between the SHRQ and other measures of, "personality and well –being are comparable to those found with other self report humor measures such as the CHS" (Martin, 2006, p.318). Scores on the SHRQ correlated with the frequency and duration of

laughter witnessed during unstructured interviews. Additionally, scores on the "SHRQ correlated significantly with peer ratings of participants' laughter, and tendency to use humor in stressful situations" (Martin, 2006, 317).

Quality of Life Question. Quality of life is a general construct designed to measure an individual's life satisfaction or general well being. The Quality of Life question for the purpose of the present study was taken from the World Health Organization Quality of Life Questionnaire- Brief version (see Appendix C; WHOQOL-BREF; World Health Organization, 1998). The initial questionnaire was too long for the purposes of the present study. Consequently, the following question was selected as a measure for Quality of Life, "How would you rate your quality of life?" Respondents were then asked to respond using a five-point Likert scale. The lowest response on the scale is 1 (I am extremely dissatisfied with my life, and the highest response on the scale is 5 (I am extremely happy with my life). Participants' answers were then assigned a corresponding scale value from 1 to 5.

The reliability and validity of the WHOQOL-BREF Questionnaire (World Health Organization, 1998) has been established. Cronbach alpha values for the WHOQOL-BREF range from .66 to .84. Additionally, the WHOQOL-BREF correlates highly with the original World Health Organization Quality of Life Questionnaire 100. The correlations range from .89, to .95. (Power, 2006). However, a single question was taken from the WHOQOL- BREF Questionnaire for the purpose of the present study. Thus, the reliability and validity may differ, but the question is considered an accurate

representation of the construct, and was taken from a valid and reliable source. Only a single question was a selected to represent the Quality of Life Construct, because the two other instruments for the study yielded 30 items, and it would be very difficult for the sample population to manage longer questionnaires.

Procedure

Participants were recruited on site at a social service agency in Olathe, KS. The researcher asked clients to fill out a survey when they filled out their intake paperwork for the agency. Additionally, participants in a GED class and parenting class were asked if they would volunteer to participate. The agency clients that agreed to participate were given a packet which included: a demographic questionnaire (Appendix D), an information statement (Appendix E), the Hope Scale (Snyder et al., 1991; Appendix A), and the Situational Humor Response Questionnaire (Martin & Lefcourt, 1984; Appendix B). The questionnaires were stapled together in the order listed above.

Before the participants began filling out the questionnaires, the researcher stressed the packet was strictly voluntary. The researcher explained that the surveys were for the purpose of school research and restated that their name was not required on any of the documents. Participants were handed a pen and given as much time as they needed in order to fill out the questionnaires; however, it did not take any participant longer than ten minutes. After the researcher collected 81 surveys, the surveys were checked for completion. Due to lack of completion, 11 surveys were thrown out. The remaining 70

surveys were then each assigned an ID number. Following data collection, the researcher performed statistical analyses on the data. The results of the study are reported in Chapter IV.

Chapter IV

Results

Descriptive statistics

The present study included 70 participants seeking assistance at Catholic Charities in Olathe, KS. The mean hope score for the sample was 23. 8 (SD=10). An independent – samples t test was conducted to evaluate the means among females and males (Table 1). The test was not significant, t (68) = -.42, p>.05. The results show that the mean hope score for women (M=23.68, SD= 4.24) is a little lower than the mean hope score for men (M= 24.15, SD= 4.15). The 95% confidence interval for the difference in means was not very wide, ranging from -2.70 to 1.81. The effect size as measured by Cohen's *d*= -.112. The results suggest that men and women have similar levels of hope in the sample of low income individuals (Table 1). An additional independent- samples t test was conducted to evaluate gender differences among the hope subscales. The test was not significant t (68) = -.382, p>.05. The effect size as measured by Cohen's *d*= -.104. The results revealed that females have similar pathways scores (M=11.9, SD= 2.46) to males (M=12.2, SD=2.34). An independent t test was also conducted to evaluate the means among men and women for the Agency subscale. Again, the test was not significant t (68) = -.346, p>.05. The effect size as measured by Cohen's *d*= -.096 The agency subscale scores for females (M=11.7, SD=2.45) were similar to males (M=11.9, SD=2.1).

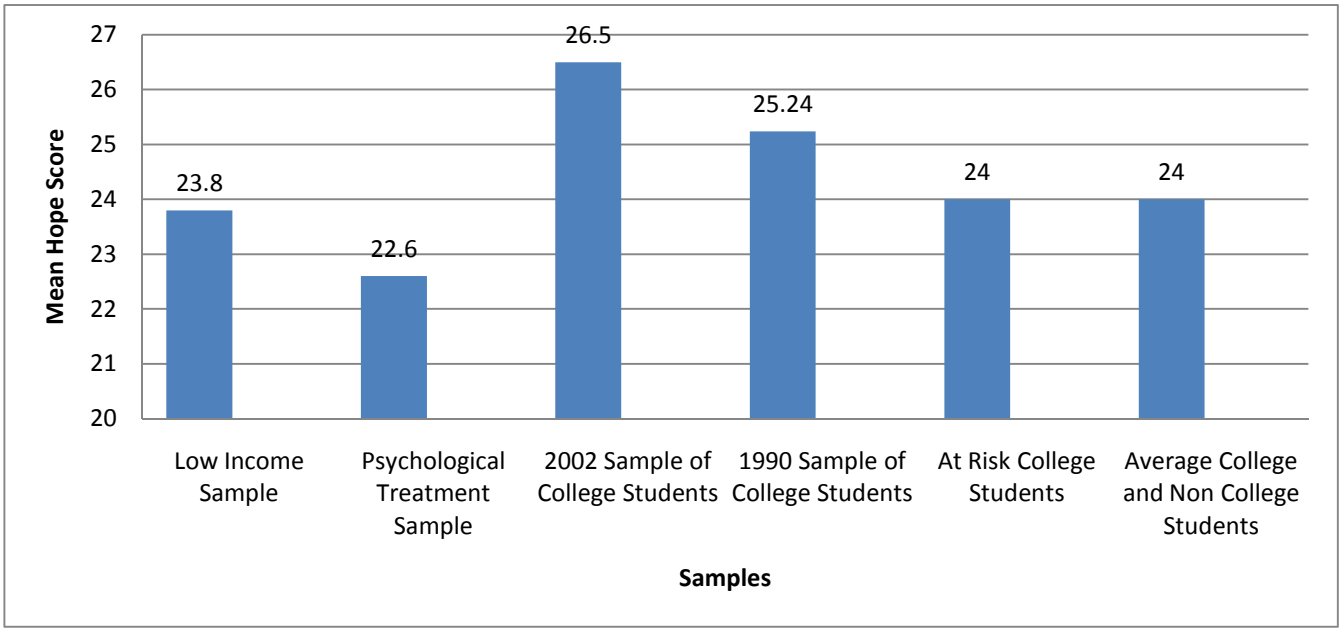
The mean humor score of the sample is 49.8 with a SD of 10. The results show that the mean humor score for women (M=48.76, SD= 8.3) is lower than the mean humor score for men (M= 52.89, SD= 13.6). (Table 1). The results suggest that men have higher levels of humor, however, the results of an independent samples t test are not significant t (68) = -1.539, p>.05. The effect size as measured by Cohen's *d* = -.366. Finally, the average quality of life score was a 3, "I am satisfied with my life," for both sexes.

The means and standard deviations on the Hope and Humor scales, as well as the Agency and Pathways subscales are listed in Table 1 for the sample population. Scores on the Hope Scale can range from a low of 8 to a high of 32. The average Hope Scale score for college and non college students is 24 (Snyder, 2000). The results of the present study suggest that the Hope Scale scores for the current sample are close to the accepted average. However it should also be noted the hope scores for the low income sample are higher than individuals seeking psychological treatment (see Figure 1). Finally, the scores on the Humor scale can range from a low of 18 to a high of 90.

Table 1. Means and Standard Deviations by Gender for Hope, Agency, Pathways, and Humor Scales

	Hope		Agency		Pathways		Humor	
Sex	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Female **N=51**	23.68	4.24	11.7	2.45	11.9	2.46	48.76	8.3
Male **N=19**	24.15	4.15	11.9	2.10	12.2	2.34	52.89	13.6

Figure 1. Mean Hope Scores among Previously Researched Population Samples



Note. Data in the "Psychological Treatment Sample," and "1990 Sample of College Students" columns are from "The Will and the Ways: Development and Validation of an Individual-Differences Measure of Hope," by Snyder et al., 1991, Journal of Personality and Social Psychology, 60 (4), p.570. Data in the "2002 Sample of College Students," and "At Risk College Students" columns are from, " Construct validities and the Empirical Relationships between Optimism, Hope, Self-efficacy, and Locus of Control," by Carifio, J., and L. Rhodes, 2002, *Work*, *19*(2), 125-136.

Research Questions

The primary purpose of the present study was to determine if a relationship exists between hope and quality of life in a low income/assistance seeking population. Research supports the notion that a relationship exists between hope and quality of life in college students, individuals with primary antibody deficiency, recently diagnosed breast cancer patients, and individuals in psychotherapy (Affleck & Tennen, 1996; Chang, 1998; Iriving et al., 2004; Sigmon & Snyder, 1990; Sigstad et al., 2005; Stanton et al., 2002). However, the research is scant on low income individuals, specifically those individuals

seeking assistance from a social service agency for financial/food assistance/classes. Additionally, this study aims to investigate a predictive relationship with humor and hope as the predictor variables and quality of life scores as the criterion. Finally, the present study seeks to establish a relationship exists between humor and hope. The research surrounding the relationship between hope and humor is controversial, and the present study aims to clarify the relationship. Ideally, counselors will be able utilize the information from the present study with future clients and for the purpose of future research. In this section, the results of the statistical analysis obtained from careful data collection at a social service agency in Olathe, KS will be described.

Correlational Analyses

A simple bivariate correlation tested the relationship between hope and Quality of Life scores in the sample. Hope Scale scores and Quality of Life scores were significantly, positively correlated r= .494, $p<.01$, indicating a large effect size, as hope increases so does quality of life, or vice versa. Intrigued by the strength of the relationship, the researcher sought to clarify the relative importance of the agency and pathways subscales. Agency and Quality of Life scores significantly, positively correlated r=.604, $p<.01$, indicating a large effect size. The Pathways subscale scores significantly, positively correlated with Quality of Life scores r=.264, $p<.05$. The results of the subscale correlations indicate that Agency shares a greater relationship with Quality of Life, thus motivation is paramount to the relationship with Quality of Life.

The researcher tested the relationship between humor and hope with an additional correlational analysis. The relationship between humor and hope yielded a moderate, significant, positive relationship $r=.363$, $p<.01$, with a medium effect size, indicating that as humor increases so does hope, or vice versa.

The results support the initial hypothesis that hope and quality of life correlate. Additionally, the results support the hypothesis that humor and hope share a relationship. The results suggest that, in general, higher hope will result in a higher quality of life, or vice versa. Finally, humor reveals a moderate correlation with hope, clarifying the controversial literature surrounding the relationship.

Regression Analysis

Upon realization of significant findings, the researcher ran a multiple regression analysis to evaluate how well humor and hope predicted quality of life (Table 2). The predictors were humor and hope scores, while the criterion variable was the quality of life scores. The linear combination of humor and hope scores was significantly related to the quality of life scores, $F(2, 67) = 11.02$, $p<.01$. The sample multiple correlation coefficient, R, was, .499. The, R^2, was .249, indicating that approximately 25% of the variance of the quality of life score in the sample can be accounted for by the linear combination of humor and hope. The adjusted R^2 was .226, still indicating a moderate amount of variance explained in an estimate of the population. All of the bivariate correlations were positive, and hope was a statistically significant predictor of quality of life. On the basis of these correlational analyses, it is tempting to conclude the only useful predictor is the hope scores for the quality of life scores. It alone accounted

for 18.8% of the variance of the quality of life scores, while humor contributed only an additional, .05%. However, judgments about the relative importance of these predictors are difficult because they are correlated. The correlations for the regression equation were: humor r=.245 (not significant) and hope, r= .494 (p<.01). Hope, is a significant predictor of quality of life, B=.123, indicating that as hope increases, there is a corresponding increase of approximately 18.8% in quality of life. Humor does not significantly contribute to the regression equation independently. The results indicate that humor and hope explain more variance together, then apart.

(Table 2).

Table 2. Summary of Regression Analysis for Variables Predicting Quality of Life in a Low Income Population (N=70).

Variable	*B*	*SE B*	β
Humor	.008	.012	.076
Hope	.123	.030	.466*

*p<.01

Summary

The hypotheses are supported. Significant positive correlations exist between hope and quality of life, and humor and hope. The correlations are of considerable size, and warrant the assertion that hope and quality of life do in fact share a relationship. The Agency subscale scores have a much stronger significant relationship with the quality life scores, than the Pathways subscale scores, indicating the importance of motivation in Quality of Life. Additionally, combined, humor and hope explain approximately one fourth of the variance in Quality of Life scores. The results of the present study suggest that hope is similar for low income individuals in relation to the accepted norm for Hope Scale scores. However, it is important to note that the current sample's hope score is lower than previously researched scores of groups of college students, but higher than groups of individuals seeking psychological treatment. Finally, the results of independent *t*- tests do not suggest significant differences between females and males in relation to hope, pathways, agency and humor.

Chapter V

Discussion

The purpose of the present study was to provide important research for counselors, professors, and social service workers in their efforts to increase the quality of life among the low income population. Further research providing evidence for tools such as hope and humor, which may increase the quality of life among the low income, is of paramount importance. Proof that tools such as hope may increase the quality of life, and protect against mental illness among specific populations will render counseling more effective. The present study found a significant relationship between hope and quality of life among the low income/assistance seeking population. Future research should be directed towards increasing hope among the low income/assistance seeking population. The present study only begins to touch on possible relationships for increasing hope by revealing a significant relationship between humor and hope.

The results of the present study support the literature, and as hypothesized hope and quality of life share a significant relationship in a sample of low income/assistance seeking individuals from a social service agency. The Agency subscale scores were found to share a more significant relationship with the Quality of Life scores than the Pathways subscale, scores, indicating the importance of motivation in quality of life. Additionally, results of a multiple regression analysis reveal hope as a significant predictor for quality of life, accounting for a large amount of variance in the quality of life scores. Humor only accounted for .05% of the variance in the quality of life scores. A significant relationship

was not found between humor scores and quality of life scores. The present study only added to the already inconsistent research surrounding the relationship between humor and quality of life, this is an important area for future research. A significant relationship may be found when humor is defined through measures other than the Situational Humor Response Questionnaire. Interestingly, the results show that Humor does significantly contribute to a relationship with hope.

The previously mentioned relationships did not differ based on gender. Independent *t*- tests were run to discern differences among gender groups, the *t* – tests did not find any significant differences based on gender for the Hope Scale, Agency subscale, Pathways subscale, or the Situational Humor Response Questionnaire scores. Therefore, men and women from a low income sample in the present study generally share the same levels of hope, humor, and quality of life.

The results of the present study support previous research that hope and quality of life share a significant relationship (Affleck & Tennen, 1996; Chang, 1998; Sigmon & Snyder; 1990; Sigstad et al., 2005; Snyder et al., 1991; Stanton et al., 2002). While this evidence is considerable due to the large correlation, the information does not infer causation in any manner. Individuals with high scores for quality of life may actually have a higher quality of life and therefore, their hope scores are higher. Conversely, individuals with higher levels of hope may have a higher quality of life because they have the pathways and agency to get through difficult situations. However, the present study does explain that an individual's hope score can predict 24.3% of the variance in quality

of life. Additionally, the relationship between humor and hope is moderate and considered important; however, the present study does not decipher whether laughing and smiling can increase hope or if individuals with high levels of hope tend to laugh and smile more.

Research Limitations

Results of the present study support previous research that hope accounts for a portion of subjects reported quality of life (Affleck & Tennen, 1996; Chang, 1998; Sigmon & Snyder; 1990; Sigstad et al., 2005; Snyder et al., 1991; Stanton et al., 2002). Additionally, the present study supports research that proposes a relationship between humor and hope (Kuiper et al., 1993; Vilaythong et al., 2003). Despite the similar findings, which support the reliability of the study, the present study investigated a sample that presented considerable challenges for research. Many of the clients at the social service agency did not speak any English. A Spanish version of the questionnaires was available for the clients; however, unless the translator was working with the researcher, the Spanish speaking clients were not able to be approached and explain the study. Due to this limitation, many Spanish speaking clients were not utilized for the present study. Additionally, it is suspected that even a few of the English speaking respondents may not have fully understood the questionnaires due to poor reading and comprehension skills.

Another sampling limitation exists. The sample utilized was a convenience sample. Limitations always exist when a sample of convenience is used; the sample may not represent all low income/assistance seeking individuals. When generalizing results of the present study, it is important not to generalize to all low income individuals because the sample used in the present study is unique beyond low income, they are also seeking assistance. Therefore, the respondents for the present study may yield higher hope scores because they have shown some level of pathways (ability to find routes to solve a problem), and agency (motivation) by the very fact that they are clients at the social service agency.

The present study utilized three questionnaires. The Hope Scale included 12 questions, the Situational Humor Response Questionnaire included 18 questions, and the Quality of Life Questionnaire included 1 question for a total of 31 questions. Respondents seemed to struggle with the length of the questionnaires. The Situational Humor Response Questionnaire, especially, seemed too wordy for the respondents. Additionally, the measures were all given to the respondents in the same order. Therefore, it is possible that an order effect occurred. Future research should control for the possibility that participants answered the measures in a particular way because of the order of the measures. When conducting future research with a sample similar to the present study, it is suggested that the researcher select a humor questionnaire shorter in length or with fewer response options in items, and switch up the order of the measures when administering the questionnaires to the respondents.

Finally, the sample consisted of 70 respondents, a sample large enough to show significant relationships. However, an increased sample size will always yield more valid and reliable results. The clients at the social service agency appeared somewhat apprehensive to fill out the questionnaires. It is suggested that future studies include an incentive for participating in the research in order to yield a higher number of participants.

Future Research and Implications

The following discussion on future research and implications are based on the review of related literature and the results of the present study. The results of the present study encourage the idea that hope plays a role in the quality of life experienced by the low income/assistance %seeking population. Since low income individuals experience profound mental illness and research shows that high levels of hope are related to fewer mental health symptoms, future research should investigate a causal relationship between hope and mental health in the low income/assistance seeking population (Curry et al., 1997; Irving et al., 1998; Snyder et al., 1997: Snyder Shorey et al., 2002). Furthermore, because hope predicted 18.8% of the variance in quality of life, and the low income population had lower levels of hope compared to other previously researched samples, the present study offers considerable evidence in favor of promoting hope in low income populations. Future research should be directed at investigating tools that may increase hope.

A significant relationship between humor and hope exists, but interestingly a relationship between humor and quality of life does not exist. Since the relationship between humor and hope is moderate in size, and subsequent relationship between hope and quality of life is large, a natural relationship between humor and quality of life should follow. However, the lack of significant relationship between humor and quality of life could be a result of limitations in the present sample. Future research should clarify the non-significant relationship surrounding humor and quality of life.

The present study found a slight difference in humor scores between women and men. Future research should closely examine the differences in humor scores among men and women, and the relationship this may have to hope and quality of life. A variety of humor scales exist and it might be beneficial to use a wide variety to examine the differences in genders in relation to humor.

The present study revealed the importance of promoting hope in a low income/ assisting seeking population. A significant, predictive relationship between hope and quality life suggests that hope serves the low income population in many of the positive manners hope serves previously researched populations. Evidence of a significant relationship between humor and hope begins to tap into tools that may increase hope. Due to the large size of the relationship between the Agency subscale, and the Quality of Life scores, it is suggested that communities should work on improving hope among the low income population by encouraging and motivating.

Given the results of the present study, professors, counselors, and students should investigate with further research, tools that may increase the quality of life and hope among clients.

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Appendix A

Adult Dispositional Hope Scale

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

1= definitely false 2=mostly false 3=mostly true 4= definitely true

_____1. I can think of many ways to get out of a jam.

_____2. I energetically pursue my goals.

_____3. I feel tired most of the time.

_____4. There are lots of ways around my problem

_____5. I am easily downed in an argument.

_____6. I can think of many ways to get things in life that are most important to me.

_____7. I worry about my health.

_____8. Even when others get discouraged, I know I can find a way to solve the problem.

_____9. My past experiences have prepared me well for my future.

_____10. I've been pretty successful in life.

_____11. I usually find myself worrying about something.

_____12. I meet the goals I set for myself.

Notes: When the scale was administered, it was called the "Goals Scale" rather than the "Hope scale" because Snyder et al. (1991) had found that people tend to be interested in the fact that hope can be measured and wanted to discuss this rather than take the scale. No such problems were encountered with the title "Goals scale". Items 3,5,7 and 11 are distracters are not used for scoring. The pathways subscale score is the sum of items 1,4,6, and 8; the agency subscale is the sum of items, 2,9,10, and 12. Hope is the sum of the four pathways and four agency items. Scores using the 4- point continuum can range from a low of 8 to a high of 32, with a higher score suggesting higher hope. Source: Taken from Snyder, Harris, Anderson, Holleran, Irving, et al. (1991). The scale can be used for research or clinical purposes without contacting the author.

Appendix B

Situational Humor Response Questionnaire

Humor and laughter mean different things to different people. Each of us has conceptions of what kinds of situations are funny, notions of the appropriateness of humor in various situations, and a sense of the importance of humor in our lives.

In this questionnaire you will find descriptions of a number of situations in which you may have found yourself from time to time. For each question, please take a moment to recall a time when you were actually in such a situation. If you cannot remember such an experience, try to imagine yourself in such a situation, filling in the details in ways that reflect your own experience. Then circle the letter (a,b,c,d, or e) beside the phrase that best describes the way you have responded or would respond in such a situation.

1. If you were shopping by yourself in a distant city and you unexpectedly saw an acquaintance from school (or work), how have you responded or how would you respond?

    (a.) I would probably not have bothered to speak to the person
    (b.) I would have talked to the person but wouldn't have shown much humor
    (c.) I would have found something to smile about in talking with him or her
    (d.) I would have found something to laugh about with this person
    (e.) I would have laughed heartily with the person

2. If you were awakened from a deep sleep in the middle of the night by the ringing of the telephone, and it was an old friend who was just passing through town and had decided to call and say hello…

    (a.) I wouldn't have been particularly amused
    (b.) I would have felt somewhat amused but would not have laughed
    (c.) I would have been able to laugh at something funny my friend said
    (d.) I would have been able to laugh and say something funny to my friend
    (e.) I would have laughed heartily with my friend

3. You had accidentally hurt yourself and had to spend a few days in bed. During that time in bed, how would you have responded?

    (a.) I would not have found anything particularly amusing
    (b.) I would have smiled occasionally
    (c.) I would have smiled a lot and laughed from time to time
    (d.) I would have found quite a lot to laugh about
    (e.) I would have laughed heartily much of the time.

4. When you have been engaged in some lengthy physical activity (e.g., swimming, hiking, skiing), and you and your friends found yourselves to be completely exhausted…

    (a.) I wouldn't have found it particularly amusing
    (b.) I would have been amused, but wouldn't have shown it outwardly
    (c.) I would have smiled
    (d.) I would have laughed
    (e.) I would have laughed heartily

5. If you arrived at a party and found that someone else was wearing a piece of clothing identical to yours…

    (a.) I wouldn't have found it particularly amusing
    (b.) I would have been amused, but wouldn't have shown it outwardly
    (c.) I would have smiled
    (d.) I would have laughed
    (e.) I would have laughed heartily

6. If a friend gave you a puzzle to solve and you found, much to your friend's surprise, that you were able to solve it very quickly,

    (a.) I wouldn't have found it particularly amusing
    (b.) I would have been amused, but wouldn't have shown it outwardly
    (c.) I would have smiled
    (d.) I would have laughed
    (e.) I would have laughed heartily

7. On days when you've had absolutely no responsibilities or engagements, and you've decided to do something you really enjoy with some friends, to what extent would you have responded with humor during that day?

   (a.) The activity we were engaged in would not have involved much smiling or laughter
   (b.) I would have been smiling from time to time, but wouldn't have had much occasion to laugh out loud
   (c.) I would have smiled frequently and laughed from time to time.
   (d.) I would have laughed out loud quite frequently
   (e.) I would have laughed heartily much of the time

8. You were travelling in a car in the winter and suddenly the car spun around on an ice patch and came to rest facing the wrong way on the opposite side of the highway. You were relieved to find that no one was hurt and no damage had been done to the car…

   (a). I wouldn't have found it particularly amusing
   (b). I would have been amused, but wouldn't have shown it outwardly
   (c). I would have smiled
   (d). I would have laughed
   (e). I would have laughed heartily

9. If you were watching a movie or TV program with some friends and you found one scene particularly funny, but no one else appeared to find it humorous, how would you have reacted most commonly?

   (a) I would have concluded that I must have misunderstood something or that it really wasn't funny
   (b) I would have "smiled to myself", but wouldn't have laughed aloud much
   (c) I would have smiled visibly
   (d) I would have laughed aloud
   (e) I would have laughed heartily

10. If you were having a romantic evening alone with someone you really liked (girlfriend, boyfriend, spouse, etc)…

   (a). I probably would have tended to be quite serious in my conversation
   (b). I'd have smiled occasionally, but probably wouldn't have laughed aloud much
   (c). I'd have smiled frequently and laughed aloud from time to time
   (d). I'd have laughed aloud quite frequently
   (e). I'd have laughed heartily much of the time

11. If you got an unexpectedly low mark on an exam and later that evening you were telling a friend about it…

    (a). I would have not been amused
    (b). I would have been amused, but wouldn't have shown it outwardly
    (c). I would have been able to smile
    (d). I would have been able to laugh
    (e). I would have laughed heartily

12. You thought you recognized a friend in a crowded room. You attracted the person's attention and hurried over to him or her, but when you got there you discovered you had made a mistake and the person was a total stranger…

    (a). I would not have been particularly amused
    (b). I would have been amused, but wouldn't have shown it outwardly
    (c). I would have smiled
    (d). I would have laughed
    (e). I would have laughed heartily

13. If you were eating in a restaurant with some friends and the waiter accidentally spilled a drink on you…

    (a). I would not have been particularly amused
    (b). I would have been amused, but wouldn't have shown it outwardly
    (c). I would have smiled
    (d). I would have laughed
    (e). I would have laughed heartily

14. If you were crossing a street at a crosswalk and an impatient driver, who had had to stop for you, honked the horn…

    (a). I would not have been amused
    (b). I would have been amused, but wouldn't have shown it outwardly
    (c). I would have smiled
    (d). I would have laughed
    (e). I would have laughed heartily

15. If there had been a computer error and you had spent all morning standing in line-ups at various offices trying to get the problem sorted out…

    (a). I wouldn't have found it particularly amusing
    (b). I would have been able to experience some amusement, but wouldn't have shown it
    (c). I would have smiled a lot
    (d). I would have laughed a lot
    (e). I would have laughed heartily

16. If the teacher announced that she or he would hand back the exams in order of grade, beginning with the highest mark in the class, and your name was one of the first to be called…

    (a). I wouldn't have found it particularly amusing
    (b). I would have been amused, but wouldn't have shown it outwardly
    (c). I would have smiled
    (d). I would have laughed
    (e). I would have laughed heartily

17. In the past, if your girlfriend (or boyfriend) decided to break up with you because she or he had found someone else, and a few days later you were telling a good friend about it…

    (a). I wouldn't have found any humor in the situation
    (b). I would have been able to experience some amusement, but wouldn't have shown it
    (c). I would have been able to smile
    (d). I would have been able to laugh
    (e). I would have laughed quite a lot

18. If you were eating in a restaurant with some friends and the waiter accidentally spilled some soup on one of your friends…

    (a). I would not have been particularly amused
    (b). I would have been amused, but wouldn't have shown it
    (c). I would have smiled
    (d). I would have laughed
    (e). I would have laughed heartily

Note: Taken from Martin, R. A. & Lefcourt, H. M. (1984). Situational humor response questionnaire: Quantitative measure of sense of humor. *Journal of Personality and Social Pyschology, 47*, 145-155.

Appendix C

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

_____1. How would you rate your quality of life?

1= I am extremely dissatisfied with my life

2= I am dissatisfied with my life

3= I am satisfied with my life

4= I am happy with my life

5= I am extremely happy with my life

Note: Adapted from the World Health Organization Quality of Life –Brief Survey (1998)

Appendix D

Demographic Questionnaire

I am conducting research. Your help would be GREATLY appreciated. Your name is not required on any of the documents. The questionnaires should take less than 10 minutes.

_____Male or Female

_____Age

Race:

___ Caucasian

___ African American

___American Indian/ Alaska Native

___ Asian

___ Hispanic

___ Other

Appendix E

Information Statement

The Department of Counseling Psychology at the University of Kansas supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time without penalty.

We are conducting this study to better understand the relationship between hope, humor and quality of life in a low income population. This will entail your completion of two questionnaires. The questionnaire packet is expected to take approximately 10 minutes to complete.

The content of the questionnaires should cause no more discomfort than you would experience in your everyday life. Although participation may not benefit you directly, we believe that the information obtained from this study will help us gain a better understanding of how best to assist low income populations in need of assistance. Your participation is solicited, although strictly voluntary. Your name will not be associated in any way with the research findings.

If you would like additional information concerning this study before or after it is completed, please feel free to contact us by phone or mail. Completion of the survey indicates your willingness to participate in this project and that you are at least age eighteen. If you have any questions about your rights as a research participant, you may call (785) 864-7429 or write the Human Subjects Committee Lawrence Campus (HSCL), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7563, email dhann@ku.edu.

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