

# Better Late than Never: An Interplay of Hope and Child Schema Modes among Young Adults

Meh Para Siddique\*, Rubina Hanif,  
National Institute of Psychology, Quaid-i-Azam University, Islamabad, Pakistan  
[\\*mehpara1612@gmail.com](mailto:mehpara1612@gmail.com)

This article presents the interplay of Child Schema Modes and Hope among young adults. Schema modes are intense, active, emotional, cognitive, and behavioural states, which occur when underlying personality schemas are activated by emotional events. Thus, at first, the author translated and validated the Adult Hope Scale (AHS) on the sample of 313 Pakistani young adults. Afterwards, this Urdu translated version of AHS was used to assess the hope, and Schema Mode Inventory was utilised to estimate the child schema modes on the sample of 300 young adults. The results depicted that the adequate reliability and construct validity was attained for AHS. Confirmatory factor analyses (CFA) supported both unidimensional and bidimensional structure (agency and pathways) of the AHS. Considerable gender differences on vulnerable child, enraged child, and happy child modes were obtained. Meanwhile a significant negative relationship was present between hope and vulnerable child, and impulsive child modes; whereas hope was positively correlated with happy child mode. Afterwards, the moderating role of gender was significant for happy child mode where relationship was eventually stronger in males. In conclusion, it is evident that AHS is a valid instrument to measure hope, and there is an association between hope and child schema modes.

**Keywords:** *Child Schema Modes, Hope, Young Adults*

## Introduction

The theory and measures of the hope construct were developed by Snyder and his colleagues (Snyder, 1991). Scientific interest in this construct was motivated by the development of positive psychology (Seligman & Csikszentmihalyi, 2000) since hope is considered as a psychological resource. As stated by Snyder (2002), hope is “the perceived capability to derive pathways to desired goals and motivate oneself via agency thinking to use those pathways” (Snyder, 2002).

Three interrelated cognitive components are involved in Snyder's theory of hope: goals, agency, and pathways. Goals are the essence of the process of establishing hope, and there are no positive thoughts without desired goals. However, goals need to be highly important to trigger the incentive to achieve them. Pathways are cognitive routes for achieving objectives (Snyder, 1994). When they devise ways to achieve their ultimate goals, people participate in path thought. The motivational aspect of hope is the agency thinking. Accordingly, the theory of Snyder (1991) is a cognitive model of hope, explaining the hope as a stable trait based on goal achievement and founded on two components: pathways and agency. The component of pathways describes the capacity to create a strategy to achieve a goal, while the component of the agency describes the belief of a person that they can achieve their goals (Snyder, 2002). Hope has been found in research to associate positively with optimism, positive effects, self-esteem, and faith in problem solving. It has negative associations with adverse effects, anxiety, and psychopathology (Snyder, 1991).

Accordingly, Hope is a construct that has attained the increased attention in the recent decades along with rising interest in the relationship between health and psychological well-being. It was used in studies investigating academic outcomes, psychopathology, pain, symptoms of lung cancer, visual impairment, marital status, and suicidal ideation (Bailey & Snyder, 2007; Snyder, 2002; Wroblewski & Snyder, 2005). The correlation of hope with variables like patient-endorsed symptoms, health and functional outcomes, and well-being was investigated in several of these studies. However, among young adults, no studies to date have investigated hope. Hope is one of the fundamental constructs that psychotherapy relies on when dealing with an individual's cognitive, emotional, and behavioural issues. Accordingly, within the schema theory model, the shifting of emotional, cognitive, and behavioural states that individuals' experiences are recognised as schema modes (Behary & Dieckmann, 2013; Young, Klosko, & Weishaar, 2003). The identification of such modes is important for the conceptualisation of cases and the creation of interventions plan (Edwards, 2017).

Young (2003) described 14 recognised modes, clustered into four mode macro-categories as child modes, dysfunctional coping modes, dysfunctional parent modes and healthy adult modes. Child modes are basic and primary modes which are established when some basic emotional needs during childhood have not been adequately met. These are characterised by specific dysregulated emotions (i.e., anger, shame, sadness, etc.). When in childhood the emotional, stability, belonging and nurturing needs are not adequately met, and expressed as the extreme feelings of helplessness, violence, rage and fear, it is also said that innate modes evolve (Farrel, Reiss, & Shaw, 2014).

These child modes are further grouped into six types that include (i) Vulnerable Child (VC) which refers to feelings of isolation, hopelessness, being frightened, feeling victimised or anxious; (ii) Angry Child (AC) shows extreme irritation, frustration and infuriation; (iii) Enraged Child (EC)

expresses a strong sense of anger and resentment that causes people or objects to be harmed or damaged; (iv) Impulsive Child (IC) tends to be spoiled on wishes and automatically follows natural inclinations without considering consequences; and (v) Undisciplined Child (UC) frequently performs impulsive, aggressive, frustrated and having difficulty to complete repetitive and monotonous duties. Contrary to this, if in an individual the core emotional needs are adequately fulfilled then the (vi) Happy Child mode flourishes, which involves playful or enjoyable experiences and a sense of satisfaction.

Activating the particular child mode thus demonstrates the individual's current emotional and behavioural state (Siddique & Hanif, 2020; Young, 2003). When working with modes in therapy, happy child mode can be enhanced to flourish the hope among the individuals. To measure hope, Snyder and his colleagues established three scales: The Adult Hope Scale (AHS; Snyder, 1991), the Children's Hope Scale (CHS; Snyder, 1997), and the State Hope Scale (SHS; Snyder, 1996).

The AHS is an 8-item scale (plus four filler items) developed to test the thoughts of agencies (four items) as well as pathways (four items; table 1). The AHS has been used in many languages such as French (Gana, Daigre, & Ledrich, 2013), Chinese (Chen, Shen, & Li, 2009), Dutch (Brouwer, Meijer, Weekers, & Baneke, 2008), and Japanese (Kato & Snyder, 2005). However, there is no measure of hope in Urdu, while AHS was used to test the relationship within the optimism, hope and life satisfaction in the adolescent population (Hassan, Sadaf, Saeed, & Idrees, 2018). Therefore, there is a significant need of an Urdu translated version of AHS, which is held in the first section of the present study. Thus, the aim of this study was twofold firstly, to translate and validate the AHS. Secondly to see the interplay of Child Schema modes with hope.

## **Method**

### ***Procedure***

No data identifying the participants was included in the analysis. The study obtained approval from the ethical review board of the researcher's university prior to the administration of the tools. The proposal for the research was reviewed by the board using American Psychological Association ethical standards. Informed consent was therefore, also obtained from each participant.

### ***Participants***

The sample was collected from 300 (178 women, 122 men) young adults. The average age was 19.55 years (range = 18-25 years,  $SD = 1.88$ ). The sample was a convenience sample attained from

a public sector university of twin cities i.e., Rawalpindi and Islamabad. They were told that their participation was voluntary in the study.

## ***Measures***

### ***Schema Mode Inventory (SMI)***

The oblique Urdu translated version of Schema Mode Inventory (Riaz, Khalily & Iqbal, 2013; Lobbestael, Van Vreeswijk, Spinhoven, Schouten, & Arntz, 2010) was used to assess schema modes. Primarily only child schema modes (which are the focus of objectives) to be rated on six-point Likert scale ranging from 'never or almost never' to 'always' were selected. An overall score is calculated from the scale sum score divided by the number of items in that scale (Riaz et al., 2013).

### ***Adult Hope Scale (AHS)***

The Adult Hope Scale (Snyder, 1991) is a 12-item measure of a respondent's level of hope. The scale is divided into two subscales that comprises of Snyder's cognitive model of hope: (1) Agency (i.e., goal-directed energy) and (2) Pathways (i.e., planning to accomplish goals). Researchers can either examine results at the subscale level or combine the two subscales to create a total hope score (Snyder, 2002). Of the 12 items, 4 make up the Agency subscale and 4 make up the Pathways subscale. The remaining 4 items are fillers. Each item is answered using an 8-point Likert-type scale ranging from Definitely False (1) to Definitely True (8).

### ***Translation Procedure for the Adult Hope Scale***

The first step of the study was to translate the scale from English to Urdu. After taking permission from the authors, the scale was translated into Urdu by following the Beaton translation method (Beaton, Bombardier, Guillemin, & Ferraz, 2000). Five bilingual postgraduate students independently translated the scale into Urdu. Then the five independent translations were evaluated and amended by a committee composed of the authors of this study and one another senior psychologist. The resulting Urdu version was then submitted to five other bilingual people for back-translation into English. Another essential phase in translation of the scale was to certify that potential respondents could understand statements of the translated items. With this aim, the final translated scale was administered on 20 volunteer young adults. Respondents of this pilot-testing confirmed that translated items were suitable and simple to comprehend, and participants did not report any problems in answering the items. Afterwards, the factor structure of translated instrument was confirmed through confirmatory factor analysis.

The data was analysed through AMOS 24 (IBM, 2016a) and the Statistical Package for Social Sciences 25.0 (IBM, 2016b) for Windows.

---

## Results

The findings present reliability analysis, confirmatory factor analysis, gender differences on study variable followed by correlations and moderating role of gender in association between the hope and happy child mode.

First of all, AHS reliability and dimensionality were tested. The coefficient alpha values were therefore .88 for the subscale of the pathway, .85 for the subscale of the agency, and .86 for the overall score. To test the dimensionality of the AHS, CFA was performed. For the AHS results, two competing measurement models were tested: (a) a single-factor model that assumes that hope is unidimensional and (b) a two-correlated factor model. Table 1 provides details of results for these measurement models. The two-factor model fits better than the one-factor model for the sample data. In Table 1, standardised factor loadings indicate that all the items loaded significantly on their respective factors and yielded .40 or higher coefficients. Results showed that the scale can be used without any further modifications.

Afterwards, means values and alpha reliability coefficients for child schema modes are organised in Table 2. For the present study sample the alpha ranges are adequate i.e., from .63 to .84. Meanwhile, significant positive association was found between hope and happy child mode. Following the same pattern, a significant negative relationship exists between hope and vulnerable child. Impulsive child mode is also negatively associated with hope among the young adults. Taken together, significant gender differences were for the vulnerable and enraged child mode, as women are scoring high on vulnerable child while men have high level of enraged child mode. At the same time, men in present study had the higher level of happy child mode.

Subsequently, the moderating role of gender for the relationship between happy child mode and Hope was assessed (Table 4). Birth order of respondents were controlled as covariates. Predictor i.e., hope, outcome i.e., happy child mode, covariates, and moderator (Gender) were entered in the process macro model (Hayes, 2017). Serving as a moderating factor, gender has buffered the effect of hope on happy child mode explaining an additional 11% variance in happy child modes. The moderating effect of Gender for the relationship between hope and happy child mode is further explained with Figure 1. Mod graph also explains this pattern of relationship by indicating that the association between hope and happy child mode is moderated by gender for young adults where relationship is eventually stronger in males.

**Table 1.** Confirmatory Factor Analysis of Adult Hope Scale Measurement Models

Item no.	One Factor Model, General Hope	Two - Factor Model	
		Pathways	Agency
1	.55	.53	
2	.47		.52
4	.39	.41	
6	.52	.53	
8	.56	.54	
9	.56		.60
10	.42		.46
12	.61		.65
$\chi^2(df)$	27.24 (15)	17.07 (15)	
CFI	.97	.99	
NFI	.94	.96	
TLI	.93	.99	
RMESA	.05	.02	

*Note.* CFI=Comparative Fit Index, NFI= Normed fit index, RMSEA=Root Mean Square Error of approximation, TLI =Tucker-Lewis Index

**Table 2.** Bivariate correlation between study variables

	<i>M</i>	<i>SD</i>	<i>A</i>	1	2	3	4	5	6	7
1 Hope	49.68	8.38	.86		-.23**	-.06	-.10	-.17*	-.08	.26**
2 Vulnerable Child	18.43	7.07	.76			.49**	.30**	.28**	.07	-.32**
3 Angry Child	24.26	8.04	.71				.54**	.48**	-.01	-.19**
4 Enraged Child	20.34	9.06	.84					.55**	-.03	-.22**
5 Impulsive Child	11.63	4.15	.80						.09	-.14*
6 Undisciplined Child	18.16	4.45	.63							.08
7 Happy Child mode	24.68	8.38	.76							

*Note.* \*\* $p < .01$ , \* $p < .05$

**Table 3. Gender differences on hope and child schema modes**

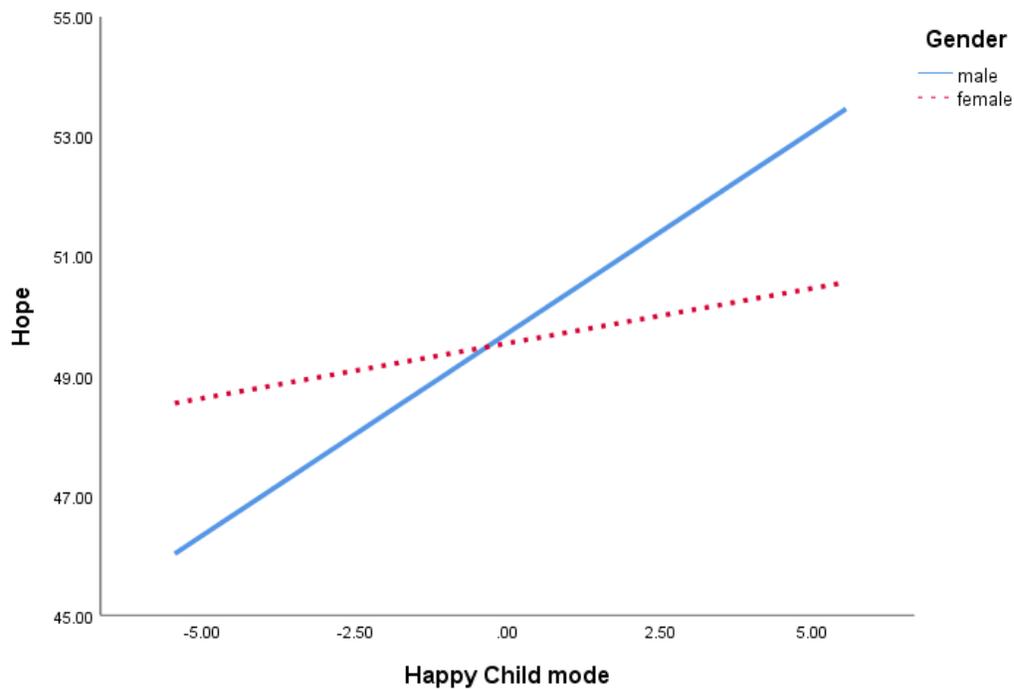
	Men (n = 122)		Women (n = 178)		<i>t</i>	<i>p</i>	<i>LL</i>	<i>UL</i>	<i>Cohen's d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>					
Hope	50.10	8.27	49.39	8.47	.71	.47	-1.24	2.64	-
Vulnerable Child	17.30	6.62	19.20	7.29	-2.3	.02	-3.53	-.28	.27
Angry Child	24.32	7.91	24.22	8.09	.10	.92	-1.76	1.95	-
Enraged Child	22.00	9.55	19.20	8.54	2.66	.01	.73	4.88	.31
Impulsive Child	11.98	4.10	11.38	4.17	1.24	.22	-.35	1.56	-
Undisciplined Child	17.62	4.59	18.52	4.33	-1.74	.08	-1.93	.12	-
Happy Child mode	25.19	5.07	23.83	5.13	.71	.04	1.24	2.64	.27

*Note.* \*\* $p < .01$ , \* $p < .05$

**Table 4. Moderating role of gender in association between hope and happy child mode**

<i>Interaction Effects</i>	<i>B</i>	<i>SEB</i>	<i>t</i>	<i>P</i>	<i>LL</i>	<i>UL</i>
Constant	52.75	1.39	37.89	.00	50.01	55.49
Birth order	-1.76	.67	-2.62	.01	-3.09	-.44
Gender	-.05	.96	-.05	.95	-1.95	1.84
Happy Child Mode	.39	.12	3.23	.00	.15	.63
Gender x HC mode	-.51	.24	-2.08	.04	-.99	-.03
R <sup>2</sup>	.11					
F	4.43				.00	

*Note.*  $p > .05$  = Non-significant, \*\*\* $p < .001$ , \*\* $p < .01$ , \* $p < .05$



**Figure 1.** *Modgraph for moderating effect of Gender on the relationship between Happy Child Mode and Hope.*

## Discussion

The first objective of this research was to translate and validate the Adult Hope Scale for the Pakistani community in the Urdu language. Afterwards, the scale's reliability and validity among young adults was tested. Accordingly, it was found that among the young adult sample, the internal consistencies of the full scale as well as the pathways and agency subscales were high, implying its excellent reliability (Snyder, 1991). The current research is the first to test the psychometric characteristics of the AHS - Urdu edition. Overall, the findings affirm the psychometric properties of this scale in a study from Pakistan. Our results add more support to the body of existing literature supporting both the unidimensional and bifactorial structure of the AHS with respect to structural validity. This result is in line with the current literature, as the presence of these two distinct and linked factors in an Australian sample was verified by Venning, Elliott, Kettler, and Wilson (2009). In addition, the two-factor structure was supported by Abdel-Khalek and Snyder (2007) in an Arabic-speaking sample, and Chen et al. (2009) in a Chinese sample. After that, the second objective of the present study is assessing the interplay of child schema modes and hope among the young adults. Accordingly, findings reflect that hope is negatively associated with the vulnerable child mode as the feelings of being isolated and victimised declines the level of hope among the young adults. Following the same pattern, a negative relationship



exists between hope and the enraged child mode. Contrary to this, hope is significantly positively associated with the happy child mode which specifies that when a person is hopeful, he entails more playful or enjoyable activities and has more feelings of contentment as his core emotional needs are met enough (Siddique, Khalily, & Arouj, 2018; Young, 2003). The association between hope and happy child mode is moderated by gender for young adults where relationship is eventually stronger in males.

In conclusion, the present findings argue that the AHS offer accurate and reliable scores for the assessment of hope. Furthermore, in the current analysis, the psychometric properties of the AHS tend to be close to that of the original English version of Snyder used in the United States. We are therefore optimistic that this version will foster cross-cultural research on this construct. In addition, there is an association between the hope and child schema modes.

## REFERENCES

- Abdel-Khalek, A., & Snyder, C. R. (2007). Correlates and predictors of an Arabic translation of the Snyder Hope Scale. *Journal of Positive Psychology, 2*, 228-235.
- Bailey, T. C., Eng, W., Frisch, M. B., & Snyder, C. R. (2007). Hope and optimism as related to life satisfaction. *The Journal of Positive Psychology, 2*(3), 168–175. doi:10.1080/17439760701409546
- Beaton, D. E., Bombardier, C., Guillemin, F., & Ferraz, M. B. (2000). Guidelines for the process of cross-cultural adaptation of self-report measures. *Spine, 25*(24), 3186-3191.
- Behary, W. T., & Dieckmann, E. (2013). Schema therapy for pathological narcissism: The art of adaptive reparenting. In J. S. Ogradniczuk (Ed.), *Understanding and treating pathological narcissism* (pp. 285-300). Washington, DC, US: American Psychological Association.
- Brouwer, D., Meijer, R. R., Weekers, A. M., & Baneke, J. J. (2008). On the dimensionality of the Dispositional Hope Scale. *Psychological Assessment, 20*, 310-315.
- Chen, C., Shen, H., & Li, X. (2009). Reliability and validity of Adult Dispositional Hope Scale. *Chinese Journal of Clinical Psychology, 17*, 24-26.
- Edwards, D. J. (2017). An interpretative phenomenological analysis of schema modes in a single case of anorexia nervosa: Part 2. Coping modes, healthy adult mode, superordinate themes, and implications for research and practice. *Indo-Pacific Journal of Phenomenology, 17*(1).
- Farrell, J. M., & Shaw, I. A. (2017). *Experiencing schema therapy from the inside out: A self-practice/self-reflection workbook for therapists*. Guilford Publications.
- Gana, K., Daigre, S., & Ledrich, J. (2013). Psychometric properties of the French version of the adult dispositional hope scale. *Assessment, 20*(1), 114-118.
- Hassan, K., Sadaf, S., Saeed, A., & Idrees, A. (2018). Relationship between hope, optimism and life satisfaction among adolescents. *International Journal of Scientific & Engineering Research, 9*(10), 1452-1457.
- Hayes, A. F. (2017). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. Guilford publications.
- IBM (2016a). *IBM SPSS Amos statistics for windows* (24 editions.). Armonk, NY: IBM.



- IBM (2016b). *IBM SPSS statistics for windows* (24 editions.). Armonk, NY: IBM.
- Kato, T., & Snyder, C. R. (2005). The relationship between hope and subjective well-being: Reliability and validity of the Dispositional Hope Scale, Japanese version. *Japanese Journal of Psychology*, 76, 227-234.
- Lobbestael, J., Van Vreeswijk, M. F., Spinhoven, P., Schouten, E., & Arntz, A. (2010). Reliability and validity of the short Schema Mode Inventory (SMI). *Behavioural and Cognitive Psychotherapy*, 38(4), 437-458.
- Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55, 5-14.
- Siddique, M. P., & Hanif, R. (2020). Comparison of Schema Modes in Clinical and Non-Clinical Individuals: A Preliminary Finding. *Global Social Sciences Review*, V(II), 304-311.
- Siddique, M.P., Khalily, M.T., & Arouj, K. (2018). Exploration of Currently Activated Schema Modes among Individuals with Above Average Intellectual Ability. *Journal of Applied Environmental and Biological Sciences*, 8 (4), 57-66.
- Snyder, C. R. (1994). *The psychology of hope: You can get there from here*. New York, NY: Free Press.
- Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry*, 13, 249-275.
- Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., & Harney, P. (1991). The will and the ways: Development and validation of an individual differences measure of hope. *Journal of Personality and Social Psychology*, 60, 570-585.
- Snyder, C. R., Hoza, B., Pelham, W. E., Rapoff, M., Ware, L., Danovsky, M., & Stahl, K. (1997). The development and validation of the Children's Hope Scale. *Journal of Pediatric Psychology*, 22, 399-421.
- Snyder, C. R., Lehman, K. A., Kluck, B., & Monsson, Y. (2006). Hope for rehabilitation and vice versa. *Rehabilitation Psychology*, 51(2), 89. doi:10.1037/0090-5550.51.2.89
- Snyder, C. R., Sympson, S. C., Ybasco, F. C., Borders, T. F., Babyak, M. A., & Higgins, R. L. (1996). Development and validation of the State Hope Scale. *Journal of Personality and Social Psychology*, 70, 321-335.



- 
- Venning, A. J., Elliott, J., Kettler, L., & Wilson, A. (2009). Normative data for the Hope Scale using Australian adolescents. *Australian Journal of Psychology*, *61*, 100-106.
- Wroblewski, K. K., & Snyder, C. R. (2005). Hopeful thinking in older adults: Back to the future. *Experimental Aging Research*, *31*(2), 217–233. doi:10.1080/03610730590915452
- Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). *Schema therapy: A practitioner's guide*. New York, NY: Guilford Press.