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CITATION

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Resilience is routinely described as important to coping with adversity. Hope is an alternative construct also referenced as important to coping with adversity. C.R. Snyder, a pioneer in hope theory, contended that although hope shares similarities with resilience, hope is both distinct and easier to understand and apply. To test Snyder's theory, we conducted a study involving two independent samples of adult childhood trauma survivors from the United States (Sample 1: $N' = 273$; Sample 2: $N' = 219$). Using structural equation modeling, we modeled hope and resilience as distinct predictors of psychological flourishing. In the calibration sample, the results indicated the proposed model fit the data well ($\chi^2 = 254.02$, $p > .001$; $df = 204$, root mean square error of approximation $= .06$; 90% confidence interval [.049, .072]; standardized root mean square residual $= .055$; comparative fit index $= .927$), serving as a robust predictor of psychological flourishing ($R^2 = .65$). Standardized beta values also indicated hope ($\beta = .62$) was a stronger predictor of psychological flourishing than resilience ($\beta = .24$). In the validation sample, the model again produced good fit ($\chi^2 = 322.49$; $df = 204$; $p < .001$; root mean square error of approximation $= .052$; 90% confidence interval [.041, .062]; comparative fit index $= .943$; standardized root mean square residual $= .052$) and accounted for robust variance in flourishing ($R^2 = .62$). A hopeful mindset again significantly predicted flourishing, whereas resilience proved a nonsignificant predictor. The article concludes with a discussion of the study's implications, which includes the suggestion that hope is an important targeted outcome variable for interventions designed to assist survivors of childhood trauma.

*Keywords:* childhood trauma, hope, resilience, flourishing

Although the prevalence of childhood trauma has been established in various ways, there is consensus that the problem is large enough to be considered a public health crisis (Dube, 2018). In fact, child abuse at the hands of alleged caregivers has been linked to severe neurobiological and mental health concerns that can plague a person throughout his/her life (Chapman et al., 2004; Felitti et al., 1998; Schofield, Lee, & Merrick, 2013). However, not all individuals who suffer childhood trauma also suffer psychological distress later in life (Bellis et al., 2018; Shah et al., 2018). Thus, research into identifying what variables might contribute to psychological well-being despite the experience of childhood trauma has value to informing practitioners on how best to help child abuse survivors cope.

Two constructs that have been linked to well-being after childhood trauma are resilience and hope. Resilience is often used to describe a factor(s) thought to play an important role in coping with childhood trauma (Beutel et al., 2017; Nugent, Sumner, & Amstadter, 2014). Likewise, hopefulness is also spoken as an important psychological strength to coping with childhood trauma (Hellman & Gwinn, 2017; Snyder, 1994). Yet, despite similarities in theoretical descriptions of resilience and hope (Snyder, 2000), little research exists that tests the empirical relationship between the two variables (Morote, Hjemdal, Krysinska, Martinez Uribe, & Corveleyn, 2017). Moreover, we are aware of no research that tests the difference between hope and resilience in driving psychological well-being among childhood trauma survivors. Therefore, the current study was designed to add to the literature by testing a model of hope and resilience as unique predictors of psychological flourishing among childhood trauma survivors.

## Resilience Theory

Resilience has long been described as an important quality for coping with adversity (Rutter, 1987). However, the variability offered by researchers when defining resilience has generated considerable controversy (Luthar, Cicchetti, & Becker, 2000; van Breda, 2018). Resilience has been described as a trait, a process, an outcome, or an all-encompassing combination of all three (Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014). Resilience has also been said to include not only external protective factors, but also internal psychological characteristics and/or specific coping behaviors (Ahern, Kiehl, Sole, & Byers, 2006). The internal psychological characteristics of resilience have been described as involving various other established psychological variables, including self-efficacy, humor, patience, optimism, and faith (Connor & Davidson, 2003). The external factors of resilience

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have also been described in multiple ways, including the presence of social support networks that include friends, families, and communities (Zimmerman, 2013). For some, the amorphous nature by which resilience is discussed in the literature has led to the conclusion that resilience has ". . .become an empty word that can be filled with almost any meaning" (van Breda, 2018, p. 15).

## Resilience, Childhood Trauma, and Child Development

Despite the panoply of definitions of resilience found in the literature, studies exist that have linked different conceptualizations of resilience to greater well-being in the face of childhood trauma and during childhood development. For instance, for childhood trauma survivors, greater internal psychological resilience, as measured by the Brief Resilience Scale (BRS), was linked with fewer difficulties in caring for children after a hospital discharge (Shah et al., 2018). Additional research defining resilience as an array of external protective factors, such as being treated fairly, the presence of supportive childhood friends, being given opportunities to use one's abilities, and access to a trusted adult were linked to well-being after the experience of childhood trauma (Bellis et al., 2018). Defining resilience as a self-report variable of "children whose parents reported that their child usually/always was engaged in school or usually/always demonstrated elements of resilience" (Kasehagen et al., 2018, p. 301), a third study supported that resilience buffered the impact of childhood trauma on education outcomes. Furthermore, a longitudinal study of child development (Masten & Tellegen, 2012) based on Garmezy's (1985) foundational work conceptualized resilience as including an individual's attachment system, mastery motivation system, cognitive systems associated with problem-solving and executive functions, and religious/spiritual systems. Using this broadly defined definition of resilience, the study found that children with more of such factors had significantly better well-being outcomes than those that did not (Masten & Tellegen, 2012).

Although the aforementioned studies have demonstrated links between various formulations of resilience and an array of variables associated with well-being, the wide variability in the descriptions of resilience used in such studies highlights why some authors have questioned the utility of resilience as a construct (Fletcher & Sarkar, 2013; Kolar, 2011). Research and practice for childhood trauma survivors may be advanced if a more parsimonious variable can be found that explains individual differences in the ability to cope with adversity. Unlike resilience, this alternative variable should be easy to understand and apply. One such variable may be the psychological trait of hope (Snyder, 1994).

## Hope Theory

Based on the assumption that all purposeful human action is goal directed, Snyder (1994) described hope as a two-dimensional cognitive set of goal directed expectations. Per Snyder (1994), hope consists of both agency and pathways thinking. Hope agency reflects a cognitive assessment of one's ability to initiate and sustain goal directed action, whereas hope pathways thinking involves the identification of viable routes to goals. Agency and pathways thinking are iterative, forming an individual's overall hope level (Snyder et al., 1991).

Sharing similarities with resilience, research using hope has shown that hope consistently correlates with well-being among populations facing adversity. For example, in the context of intimate partner violence, hope has positively correlated with a sense of empowerment (Munoz, Brady, & Brown, 2017) and life satisfaction (Munoz, Hellman, & Brunk, 2017). Among children exposed to domestic violence, hope has positively correlated with important character strengths such as self-control and optimism (Hellman & Gwinn, 2017). Among homeless individuals, hope correlates with a greater sense of physical health (Munoz et al., 2016).

## Hope and Childhood Trauma

In recent years, research into hope has expanded to include studying hope's operations in the aftermath of childhood trauma. Research has established the childhood trauma exposure is predictive of lower hope into adulthood (Baxter, Hemming, McIntosh, & Hellman, 2017) via the mechanism of posttraumatic stress disorder (Munoz et al., 2018) and rumination (Munoz & Hanks, 2019). Moreover, among childhood trauma survivors, hope has been linked to other variables of well-being such as self-control, grit, and curiosity (Hellman & Gwinn, 2017). Thus, much like research that uses resilience, a body of research suggests hope is an important psychological trait to coping with childhood trauma.

## Hope Versus Resilience

Because of the similarities in descriptions of hope and resilience, the constructs are often described as part of the same conceptual framework. For example, Saleebey (2000) noted, "Hope is also very much a part of the strengths perspective and the recovery and resilience movements" (pp. 132–133). In other cases, the terms hope and resilience are used interchangeably (Duggal, Sacks-Zimmerman, & Liberta, 2016; Ong, Edwards, & Bergeman, 2006).

In addressing the potential theoretical overlap between hope and resilience, Snyder acknowledged that both constructs describe an immunization-like characteristic in the face of adversity (Snyder, 2000). However, Snyder contended that hope has greater practical value because hope "offers a succinct two-component model" (Snyder, 2000, p. 30). In contrast, as noted earlier, because resilience has come to mean so many things, it is often difficult to know how to apply the concept (van Breda, 2018).

Others have noted the similarities between hope and resilience in terms of describing characteristics important to well-being in the face of adversity. For instance Ong, Standiford, and Deshpande (2018) conducted a systematic review of 99 hope studies that examined the relationship between hope and resilience. The researchers found that hope exhibited characteristics associated with resilience, such as robust positive relationships with physical health, mental health, interpersonal functioning, and behavioral outcomes for both clinical and nonclinical samples. Ong et al. (2018) concluded, however, that more theoretical driven research is needed to better understand the relationship of hope to resilience, an aim we sought to accomplish with the current study.

## The Current Study

Despite the theoretical similarities between hope and resilience, little research exists testing the empirical distinctiveness between the two constructs (Morote et al., 2017). Furthermore, no other research, of which we are aware, involves testing the relationship between hope and resilience using latent variables. Nor has any research examined the distinctiveness between hope and resilience within an at-risk population such as childhood trauma survivors.

Consequently, the current study involved testing a structural equation model, using two independent samples, of hope and resilience as distinct contributors to psychological flourishing among a sample of adult childhood trauma survivors. Psychological flourishing was selected as the dependent variable for the study because flourishing is considered a construct that describes optimal human functioning (Fredrickson & Losada, 2005). Based on Snyder's theoretical formulation of hope as a distinct psychological state apart from resilience, we hypothesized that among a sample of childhood trauma survivors (a) hope and resilience would operate as distinct psychological states, and (b) each would make unique contributions to psychological flourishing. Should the data support that hope and resilience are unique contributors to flourishing, such results would have implications for further research and practice for survivors of childhood trauma.

## Method

### Procedure

The study involved a cross sectional survey of two distinct samples of adult childhood trauma survivors residing in the United States. The inclusion criteria for the study was individuals between the ages of 18 and 64 who reported at least one experience of childhood trauma as captured by the Revised Adverse Childhood Experiences Scale described in the measures section (R-ACE; Finkelhor, Shattuck, Turner, & Hamby, 2015).

Participants were enrolled in the study via an online survey created with the Qualtrics software (2005). Participants' e-mail addresses were obtained from a roster of social service professionals registered for an annual childhood trauma conference. Using identical inclusion criteria and data collection procedures, two independent samples were drawn 1 year apart.

Two samples were utilized for the study per best practices of covariance based structural equation modeling (CB-SEM) modeling (Bowen & Guo, 2012). The first sample was used as calibration sample to test a model of both hope and resilience as distinct psychological states and to examine their relative contributions to the outcome variable of flourishing. The second sample was used to test the validity of the model developed in sample one (Bowen & Guo, 2012). By validating the model with a second sample, it strengthened the evidence for the generalizability of the results to the population.

Before completing the survey, each participant was presented with a consent information screen that contained the purpose of the study and notified participants the survey was voluntary. For those that agreed to participate, an incentive was provided that consisted of entrance into a drawing for a voucher for a subsequent conference registration. The institutional review board of the institution with which the researchers were affiliated approved of the study.

### Participants

The demographics of each respective sample are described in the following text:

**Calibration sample.**   The mean age of the first sample ($N' = 273$) was 43 years ($SD = 11.9$). The sex identification consisted of 83% female and 17% male. The ethnicity was 70% White and 30% minority. In all, 48% of respondents reported one to three experiences of childhood trauma, whereas 52% reported four or more experiences.

**Validation sample.**   The mean age of the second sample ($N' = 219$) was 42.1 years ($SD = 11.9$), with 86% identifying as female, 14% as male, and 1% as other. The ethnicity was 71% White and 29% minority. In all, 46% of the respondents reported one to three experiences of childhood trauma, whereas 54% reported four or more experiences.

### Measures

**Revised Adverse Childhood Experiences Scale.**   To identify participants who experienced childhood trauma, we used the 14-item R-ACE Scale (Finkelhor et al., 2015). The R-ACE contains all the items of the Adverse Childhood Experiences Scale (ACE) Scale (Felitti et al., 1998), well-established as a tool to measure variance in child abuse experiences. As with the ACE scale, the R-ACE scale uses a yes/no response format to capture individual differences in the experiences of childhood trauma. The R-ACE contains the original 10 categories of childhood trauma, including whether a respondent experienced emotional, physical, or sexual abuse; emotional or physical neglect from a caregiver; witnessed domestic violence; grew up with a mentally ill or substance-abusing caregiver or household member; or had a caregiver or household member incarcerated (Finkelhor et al., 2015). However, the R-ACE expands on the original 10-item ACE scale to 14 items by including additional items that measure adverse environmental factors and/or abuse or rejection from peers/siblings (Finkelhor et al., 2015).

**The Adult Hope Scale.**   Hope was measured using the Adult Hope Scale (AHS; Snyder et al., 1991). The AHS has been used in hundreds of studies, and is well-established as an adequate measure of Snyder's hope construct (Hellman, Pittman, & Munoz, 2013).

The AHS has 12 items scored with an 8-point Likert response format (1 = *definitely false*; 8 = *definitely true*). The AHS consists of four pathways items, four agency items, and four filler items. An example of an AHS agency item is "I energetically pursue mu goals." whereas an AHS pathways item is "I can think of many ways to get the things in life that are important to me." (Snyder et al., 1991). Total hope scores are obtained by summing the four pathways and four agency items, with higher scores reflecting more hope.

A reliability generalization study indicated the AHS has produced good internal consistency across samples (Hellman et al., 2013). The AHS has also shown good validity, with AHS scores negatively correlating with dysphoria and positively correlating with an array of other variables associated with well-being (Feldman & Snyder, 2005; O'Sullivan, 2011; Snyder et al., 1991).

**Brief Resilience Scale.**   Given the amorphous nature of the construct of resilience (van Breda, 2018), selecting a single scale to capture resilience is daunting. However, to compare resilience

to the internal psychological state of hope, we selected a measure of resilience that purported to measure the internal psychological state of resilience. Based on a systematic review of resilience measures (Windle, Bennett, & Noyes, 2011), we elected to measure resilience using the BRS (Smith et al., 2008). The BRS was chosen because the systemic review of resilience measures suggested the BRS produced the best psychometric results (Windle et al., 2011).

Based on the theoretical conceptualization of resilience as an internal psychological ability to bounce back or recover from stress (Smith et al., 2008), the BRS assesses individual differences in resilience with six items that use a 5-point Likert response format (1 = *strongly disagree*; 5 = *strongly agree*). Three items of the BRS are positively worded, whereas three are negatively worded. An example of positively worded BRS items is "I tend to bounce back quickly after hard times." whereas a negatively worded item is "It is hard for me to bounce back when something bad happens." (Smith et al., 2008). BRS items are summed such that higher scores represent higher subjective perceptions in the ability to bounce back and recover from stress. Scores in the BRS have demonstrated good internal reliability, and correlated in the expected directions with optimism, purpose in life, social interactions, and various other variables linked to global well-being (Smith et al., 2008).

**Flourishing Scale.** Global psychological well-being was measured using the Flourishing Scale (FS). The FS, developed by Diener and colleagues (2010), consists of eight items that capture individual differences on perceptions of the quality of relationships, self-esteem, purpose in life, and optimism (Diener et al., 2010). An example of an FS item is "I am engaged and interested in my daily activities" and "My social relationships are supportive and rewarding." (Diener et al., 2010).

Responses for each FS item are measured on a 7-point Likert scale (1 = *strongly disagree*; 7 = *strongly agree*) that is totaled, with higher scores reflecting greater flourishing (Diener et al., 2010). The FS has exhibited good internal consistency and good validity, correlating positively with life satisfaction and positive emotions (Diener et al., 2010).

## Data Analysis

CB-SEM was chosen as a data analysis approach because it allowed us to examine the distinctiveness of hope and resilience using latent variable modeling. CB-SEM also enabled us to subsequently examine the relative strength of the respective contributions of hope and resilience to the psychological state of flourishing.

Per standard CB-SEM practice, the model's latent variables were estimated using the reference variable approach. The reference variable approach involves setting an unstandardized coefficient on each latent variable to one, thereby giving each variable a unit of measurement (Bollen, 1989).

The quality of the proposed model was judged according to multiple fit criteria. All the selected fit indices were calculated using maximum likelihood estimations and the SPSS software add on Amos 19 (Arbuckle, 2010). Regarding the specific fit indices, we used the confirmatory fit index (CFI) with a cut-off of $\geq .90$ indicating acceptable fit and scores approaching .95 considered superior fit (Bentler, 1992; Hu & Bentler, 2009). The root mean

square error of approximation (RMSEA) was also used with a threshold of $\leq .10$ as a cut-off for reasonable fit, with scores approaching .06 indicating superior fit (Browne & Cudeck, 1993; Hu & Bentler, 2009). Next, the standardized root mean square residual (SRMR) was used with a score of $\leq .08$ indicating acceptable fit, with a score approaching .05 indicating superior fit (Hu & Bentler, 2009). Finally, a $\chi^2$ analysis was used with a threshold of $p > .05$ indicating acceptable fit. However, it is well-known that the $\chi^2$ is sensitive to sample size and frequently exhibits a $p < .05$ for models even when such models produce good fit according to other indices (Kline, 2016).

**Missing data.** For Sample 1, all items from the R-ACE scale, the AHS, and the BRS were completed were again completed, whereas the FS had 1.8% missing data. For Sample 2, all items for the R-ACE scale and the AHS were completed, whereas 1% of the data were missing for both the FS and the BRS. Thus, no variable had more than 5% missing data, the threshold under which missing data is thought to be inconsequential (Schafer, 1999).

Nevertheless, although the missing data rate was small, to increase the power of the study, we elected to estimate missing values with full information maximum-likelihood analysis. Research has consistently established that full information maximum-likelihood analysis is an effective means to minimize any bias that may be introduced by missing data (Enders & Bandalos, 2001; Graham, 2009).

**Power.** To determine the power of the proposed model to detect population effects, we used the estimation tables of Mac-Callum, Browne, and Sugawara (1996). For the first sample, the power of a model with a degrees of freedom (*df*) of 204 and a sample size of $N' = 273$ well exceeded the standard threshold ($>.80$) for adequacy (Cohen, 1988). For the second sample, with a sample size of $N' = 219$, and a degrees of freedom (*df*) of 204, the model again exceeded the .80 threshold for adequate power (Cohen, 1988).

**Nested models.** In Sample 1, the quality of the theorized model in explaining the covariance structure of the data was evaluated by comparing "nested" models. A nested model in the CB-SEM context is a model that freely estimates parameters that are a subset of another model (Bollen, 1989). To evaluate the quality of a given nested model, as an additional path is added, the resulting $\Delta\chi^2$ is examined to determine its statistical significance. If the $\Delta\chi^2$ from the additional path is statistically significant, the path is retained (Kline, 2016). If the $\Delta\chi^2$ is not, the path is excluded based on the principle of parsimony (Kline, 2016). The model determined to be of best fit in sample 1 was validated using sample 2.

## Results

### Calibration Sample

For the calibration sample, the internal reliability of all the measures was adequate, with alpha coefficients for the AHS (.832), the BRS (.832) and the FS (.888) all exceeding acceptable thresholds. The normality assumptions necessary for ML estimations were also tested and met. Table 1 reflects the correlation matrix from sample 1, containing all zero order correlations at the item level. Reporting the correlation matrix at the item level is

Table 1
*Zero Order Correlations Among Manifest Variables in Calibration Sample (N' = 273)*

| Items | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. BRS-1 | 3.20 (.592) | | | | | | | | | | | | | | | | | | | | | |
| 2. BRS-2 | .318** | 3.0 (.664) | | | | | | | | | | | | | | | | | | | | |
| 3. BRS-3 | .541** | .335** | 2.92 (.611) | | | | | | | | | | | | | | | | | | | |
| 4. BRS-4 | .415** | .473** | .422** | 2.99 (.667) | | | | | | | | | | | | | | | | | | |
| 5. BRS-5 | .469** | .329** | .603** | .410** | 2.85 (.572) | | | | | | | | | | | | | | | | | |
| 6. BRS-6 | .471** | .490** | .517** | .530** | .545** | 3.12 (.576) | | | | | | | | | | | | | | | | |
| 7. AHS-1 | .235** | .114 | .255** | .187* | .233** | .177* | 5.14 (.778) | | | | | | | | | | | | | | | |
| 8. AHS-2 | .316** | .131* | .255** | .257** | .233** | .244** | .212** | 5.15 (.761) | | | | | | | | | | | | | | |
| 9. AHS-3 | .233** | .092 | .244** | .178* | .282** | .206** | .433** | .256** | 5.08 (.784) | | | | | | | | | | | | | |
| 10. AHS-4 | .273** | .152* | .318** | .266** | .226** | .330** | .319** | .463** | .491** | 5.07 (.729) | | | | | | | | | | | | |
| 11. AHS-5 | .367** | .259** | .415** | .280** | .274** | .348** | .378** | .381** | .411** | .536** | 4.98 (.747) | | | | | | | | | | | |
| 12. AHS-6 | .375** | .208* | .295** | .293** | .397** | .345** | .360** | .385** | .320** | .357** | .357** | 5.32 (.771) | | | | | | | | | | |
| 13. AHS-7 | .294** | .114 | .226** | .246** | .345** | .280** | .279** | .454** | .279** | .338** | .331** | .440** | 5.16 (.728) | | | | | | | | | |
| 14. AHS-8 | .307** | .146* | .268** | .302** | .278** | .288** | .217** | .587** | .305** | .471** | .378** | .421** | .587** | 4.90 (.760) | | | | | | | | |
| 15. FS-1 | .383** | .248** | .261** | .255** | .313** | .352** | .267** | .467** | .252** | .292** | .289** | .365** | .478** | .395** | 5.33 (.714) | | | | | | | |
| 16. FS-2 | .317** | .141* | .254** | .157* | .205** | .263** | .127* | .350** | .143* | .205** | .267** | .236** | .273** | .291** | .433** | 5.13 (.824) | | | | | | |
| 17. FS-3 | .410** | .239** | .372** | .312** | .343** | .394** | .220** | .411** | .198* | .273** | .338** | .316** | .396** | .318** | .541** | .579** | 5.17 (.786) | | | | | |
| 18. FS-4 | .310** | .117 | .179** | .108 | .213** | .249** | .272** | .312** | .203** | .226** | .333** | .326** | .308** | .312** | .446** | .492** | .512** | 5.31 (.661) | | | | |
| 19. FS-5 | .384** | .230** | .321** | .294** | .341** | .368** | .270** | .344** | .415** | .376** | .522** | .389** | .415** | .376** | .522** | .389** | .538** | .544** | 5.38 (.602) | | | |
| 20. FS-6 | .370** | .204** | .233** | .262** | .247** | .349** | .141* | .365** | .303** | .286** | .299** | .264** | .374** | .423** | .523** | .457** | .488** | .467** | .557** | 5.40 (.612) | | |
| 21. FS-7 | .433** | .245** | .333** | .323** | .388** | .463** | .202** | .446** | .232** | .343** | .421** | .361** | .413** | .428** | .581** | .452** | .610** | .409** | .528** | .657** | 5.32 (.700) | |
| 22. FS-8 | .480** | .316** | .338** | .400** | .456** | .403** | .247** | .402** | .233** | .328** | .374** | .338** | .358** | .467** | .443** | .415** | .471** | .441** | .575** | .507** | .604** | 5.20 (.752) |

*Note.* BRS = Brief Resilience Scale; AHS = Adult Hope Scale; FS = Flourishing Scale. Means and standard deviation are displayed across the diagonal.
* *p* < .05.   ** *p* < .001.

considered a best practice in CB-SEM modeling because it allows for the reproduction of the full model (McDonald & Ho, 2002).

Having established the internal reliability of the data, we then moved to test a CB-SEM model of (a) hope and (b) resilience as independent predictors of psychological flourishing. The model evaluation process is described in the following text.

## Nested Models

The first model tested included the latent variables of hope and resilience as correlated variables, with a direct path from resilience to the latent variable of flourishing. This first model produced adequate fit, ($\chi^2$ = 454.04; *df* = 205; *p* < .001; RMSEA = .067; 90% confidence interval [CI] [.059, .075]; CFI = .902; SRMR = .08). Next, to determine if hope was a unique contributor to flourishing, an additional direct path from hope to flourishing was added. The addition of the direct path from hope to flourishing significantly improved model fit, $\Delta\chi^2$ (1) = 50.22; *p* < .001. Moreover, all factor loadings for the respective latent variables were >.50 and statistically significant.

Thus, the model of resilience and hope as distinct predictors of flourishing best explained the data ($\chi^2$ = 403.82; *df* = 204; *p* < .001; RMSEA = .06; 90% CI [.051, .069]; CFI = .922; SRMR = .055). The model also accounted for robust variance in flourishing ($R^2$ = .645).

Finally, an examination of the model's standardized beta values indicated that according to the heuristics of Cohen (1988), hope was a *strong* predictor of flourishing (β = .62), whereas perceptions of resilience were a *small* predictor (β = .24). See Figure 1 for all the empirical values of the model.

## Validation Sample

As was the case for Sample 1, before interpreting the data for the validation sample, we noted that alpha scores for the AHS (.862), the BRS (.817), and the FS (.884) were all adequate. Moreover, the normality assumptions of the respective variables were again tested and met. Moving to the CB-SEM results, a model of hope and resilience as distinct predictors of flourishing among childhood trauma survivors again produced good fit ($\chi^2$ = 322.49; *df* = 204; *p* < .001; RMSEA = .052; 90% CI [.041, .062]; CFI = .943; SRMR = .052). Furthermore, as was the case in Sample 1, the model was again a robust predictor of variance in flourishing ($R^2$ = .62). Finally, consistent with Sample 1, an examination of standardized beta values again revealed that hope (β = .73) was a substantially larger predictor of flourishing than resilience (β = .08). In fact, in the second sample, resilience scores were a not a statistically significant predictor of flourishing scores.

## Discussion

As noted earlier, resilience, despite lacking in a consensus definition, has emerged as a popular construct to describe the characteristics needed to overcome adversity such as childhood trauma (Beutel et al., 2017; Nugent et al., 2014). Hope is also used to describe a psychological state that assists in coping with adversity (Saleebey, 2000; Snyder, 1994). The results from the current study support the distinctiveness of hope and resilience as psychological states that independently contribute to flourishing among
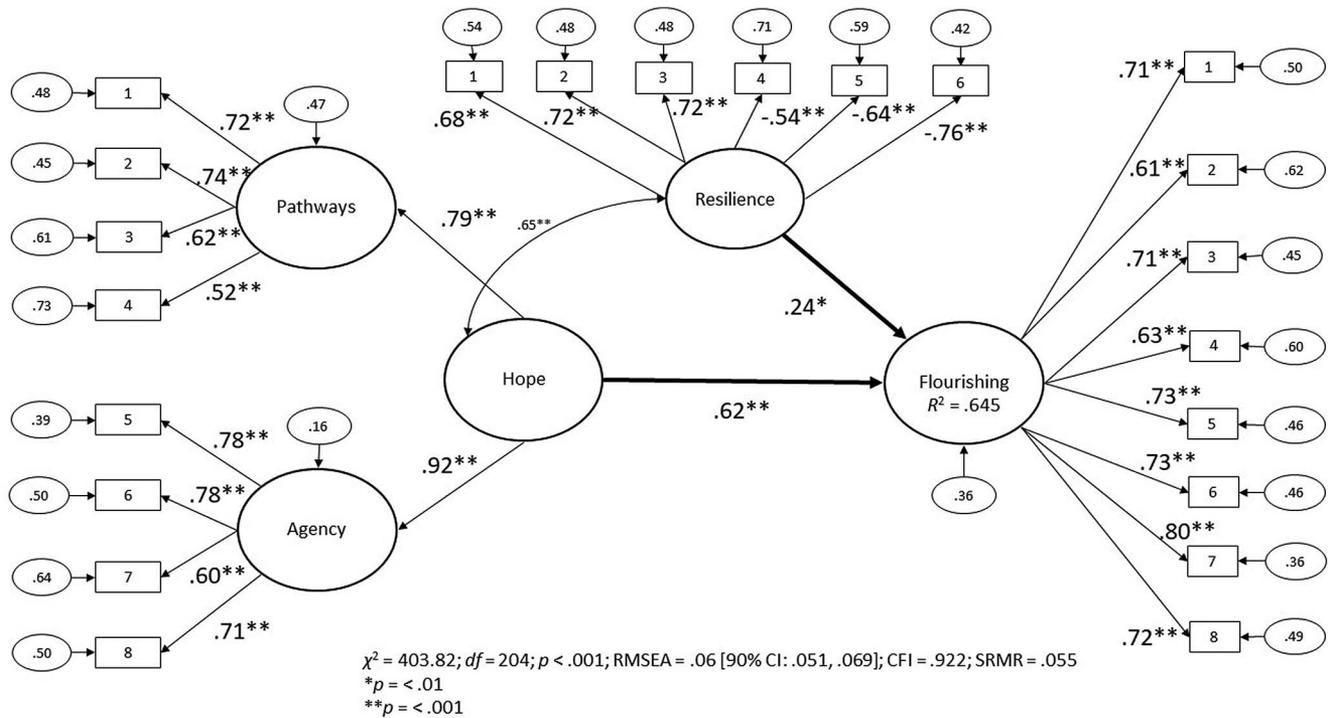
*Figure 1.*  Standardized values ($N' = 273$).

survivors of childhood trauma. However, when comparing the relative strength of hope as a contributor to flourishing, hope was again a substantially larger predictor over resilience. Such results align with Snyder's (1994) contention that hope offers a simple two-component model that explains, perhaps more readily than resilience, an important psychological characteristic needed to maintain well-being in the face of adversity.

## Implications

Research has long established that exposure to childhood trauma can compromise lifelong health and wellness (Chapman et al., 2004; Felitti et al., 1998; Schofield et al., 2013). To better combat the deleterious effects of childhood trauma, researchers and practitioners would benefit from a theoretical framework that provides greater guidance for the development of more effective interventions. Although theorists have spoken of resilience as a protective factor in the face of childhood trauma (Bellis et al., 2018; Shah et al., 2018), resilience theory has come under scrutiny as a practical tool because of the variability within definitions of resilience (van Breda, 2018).

The current data suggest that the simplicity of Snyder's (2000) hope construct, along with a research base that supports hope as a consistent predictor of well-being, makes hope theory a prime candidate to guide future efforts to assist survivors of childhood trauma. The simplicity of hope theory lends itself to the development of hope informed interventions to assist survivors of childhood trauma. In fact, hope informed interventions have already been developed that have been linked to positive outcomes among various samples, including survivors of childhood trauma (Cheavens, Feldman, Gum, Michael, & Snyder, 2006; Feldman & Dreher,

2012; Hellman & Gwinn, 2017; Thornton et al., 2014). The current results suggest a need for further research into Snyder's (2000) hope theory as an intervention tool to assist survivors of childhood trauma. It may ultimately be that hope need not displace resilience in the discussion of what is needed for positive adaptation in the face of adversity. Rather, it may be that hope can be integrated into a resilience framework that advances a practitioner's ability to improve the psychological well-being of childhood trauma survivors.

## Limitations

Although the current study holds promise for advancing our understanding of the relationship between hope and resilience, potential limitations exist. First, the model was tested on two distinct samples of adult survivors of childhood trauma living in the United States. As a result, uncertainty remains as to the true parent population from which the two samples were drawn. Although theory does not suggest that variables such as national origin would moderate the relationships identified in the study, further research from more samples is needed to test this assumption. Second, given the amorphous nature of how resilience is theoretically described, alternative ways of conceptualizing resilience may produce different results. However, one might argue that if future research did produce discrepancies from the current results, such a finding only highlights the lack of uniformity found within definitions of resilience (van Breda, 2018). Nevertheless, regardless of potential limitations, the current study furthers the discussion on the nature of resilience by empirically testing its distinctiveness in relation to the construct of hope in accounting

for variance in psychological flourishing among survivors of childhood trauma.

## Conclusion

Despite potential limitations, the results of the current study are consistent with Snyder's (2000) theory that hope and resilience are distinct psychological constructs. In fact, not only does the current study support the distinctiveness of hope and resilience, the results also indicate that hope was a more robust predictor of psychological flourishing compared to resilience among a sample of adult survivors of childhood trauma. Although resilience theory is not without positive attributes (Masten, 2014), the practical value of resilience theory remains limited due to the varied definitions of the construct (Luthar et al., 2000; van Breda, 2018). Based on the current results, we believe that hope theory offers the field of childhood trauma studies an important alternative to resilience for use when explaining a characteristic that is helpful to the maintenance of well-being in the face of adversity.

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