

Assessment of Impact of a Hope-Building Intervention on Flourishing among Undergraduate
University Students in Karen W, Lang’ata Constituency, Nairobi County.

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DECLARATION

I, the undersigned do hereby declare that this thesis is my original work achieved through personal readings, professional conversations, research and guidance from my supervisors.

This work is submitted for assessment to partially fulfil the requirements of the Degree of Master of Arts in Counselling Psychology. It has never been submitted in any other University or College for similar or any purpose. Sources use in in the work have been acknowledged.

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This thesis proposal has been submitted for examination with my permission as a university supervisor.

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DEDICATION

For Shuru, Shege, and Shiru, the young Ébalés and your age mates in Africa. You give me reason and courage for every effort.

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This work has been completed with support of many, some of whom it will not be possible to thank by name. Special mention though, goes to Fr. Sahaya G. Selvam who introduced me to Positive Psychology as a line of serious scientific pursuit. He and Dr. Carolyn Chakua as my supervisors have encouraged me and made good suggestions and corrections to improve this work. Grace Gathigia Muchugia, Dr. Jeketule Soko and Rev. Dr. Henryk Tucholski, SDB each gave a hand in the statistical and editorial aspects of the work. I acknowledge the Ébalés—Samuel, Shuru, Shege and Shiru who have been part of the inspiration and multi-faceted support for the work, and with whom, together with Professors Philomena Njeri Mwaura and Mary N. Getui, I share a continuing search for answers to the moral challenges facing our society and manifesting in the confusion of the young. I hope that you each find in this product something that can be a meaningful addition to the answers and questions for our on-going quest.

ABSTRACT

There is increasing recognition of the need for sustainable character formation of youth in Kenya, towards promoting better mental health outcomes. This study aims at contributing in character formation and improved mental health—by assessing the impact of an intervention of the character strength of hope among the participants towards ameliorating their level of flourishing. The study is carried out among young university students in Karen Ward of Lang’ata Constituency, Nairobi County. Pre- and post-intervention tests using the Adult Hope Scale (AHS) of Snyder and the Mental Health Continuum-Short Form (MHC-SF) of Corey Keyes were administered to a group of students in each of two Universities (N= 190)—one became the control and the other the intervention. Between the pre-test and post-test, the intervention group was administered a six-session hope-building intervention in the context of group counselling. Through a Pearson coefficient (r) analysis carried out on the combined pre-test data of the two groups, a significant positive correlation (.569) between levels of hope and of flourishing was established. A Repeated Measures Analysis of Variance (R-MANOVA) carried out on the pre-test and post test data on hope and flourishing showed improvement for both variables in both groups. The difference in the extent of change is considerable with the control group positive difference at a mean of 0.63 and 5.28, compared to the intervention group mean difference of 7.28 and 12.43 for hope and flourishing respectively. Simple linear regression analysis a small but statistically significant influence of the intervention on flourishing levels ($F = 10.9$, $p < .05$), and gives a significant .314 or 31% influence of the raised level of hope on the raised level of flourishing. This impact of the intervention implies that character development can fruitfully be mainstreamed in the accompaniment of university students towards optimum flourishing outcomes.

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ABBREVIATIONS AND ACRONYMS

AHS	Adult Hope Scale
ANOVA	Analysis of Variance
ASCS	Application of Signature Character Strengths
HHS	Herth Hope Index
HHI-K	Herth Hope Index - Kinyarwanda
JKUAT	Jomo Kenyatta University of Agriculture and Technology
MIUC	Marist International University College
MHC-SF	Mental Health Continuum - Short Form
PPI	Positive Psychology Interventions
PWB	Psychological Well-being
RMANOVA	Repeated Measures Analysis of Variance
SD	Standard Deviation
SPSS	Statistical Package for the Social Sciences
SWB	Subjective Well-being
VIA	Values in Action
VIA-IS	Values in Action Inventory of Strengths
WHO	World Health Organisation

OPERATIONALIZATION OF CONCEPTUAL VARIABLES

Emerging Adults: the term is used interchangeably with ‘young adults’. It refers to people aged 18 to 25 years, all of whom are legally adults, but still carry many of the characteristics of adolescents. They are in a stage when the neo-cortex part of their brain is still in development, making them very excited about new insights and concepts of the world. They are also in the stage where they experience great physical wellbeing giving them an impression of invincibility. Socially, they suffer from peer pressure, almost as much as adolescents do. Because of these pressures, they often experience a lot of psychological stress and associated mental disorders. The confusion born of perceived (and real) much strength in certain areas of their lives do not always match experience and often has to be reconciled with unexpected vulnerability.

Flourishing or wellbeing: The two terms are used interchangeably to mean having a sense of successful psychosocial functioning, inclusive of positive self-appreciation, functional relationships, a sense of thriving in areas of engagement and finding meaning in life. In the research, Flourishing or Well-being is demonstrated through scores on the Mental Health Continuum (MHC-SF) of Corey Keyes, (2002), which recognises and measures wellbeing along three facets, namely psychological, the social and the emotional.

Hope: This character strength is operationalised in this study using the definition and measurements proposed by Charles Snyder, which takes a very practical perspective. Hope is vis-à-vis goals to be achieved, the ability to conceptualise and operationalise pathways towards achievement of one’s goals, and to believe in one’s capability to follow these pathways to the achievement of the goals; this later facet is called ‘agency (Snyder, 2000; Yalçın & Malkoç, 2015)’. Accordingly, hope has three faces, namely goals, pathways and agency.

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This chapter presents the background to the study, contextualising it within positive psychology and the character strengths discourse. It elaborates the problem statement, gives the objectives, the hypotheses and significance of the study, as well as delineating its scope and limitations. The assumptions of the study are also laid out.

1.2 Background to the Problem

Positive psychology has brought a fundamental shift of orientation in the counselling and psychological studies fields from focusing on dysfunction to shining the torch as seriously on what works well in people's lives. Understanding of what works has been recognised as resource for increasing well-being (Park, 2004; Peterson & Park, 2011; Seligman, & Csikszentmihalyi, 2000). The path into the science of well-being forged by Positive Psychology has gained considerable following with scholars conducting research into the science of well-being in various parts of the world (Diener & Tay, 2015; Dodge et al., 2012; Kaczmarek et al., 2014; Newman, et al., 2018; Pfeiffer, 2016). From its earliest days Positive Psychology research concerned itself with proactive improvement. In an effort to articulate the scientific components of happiness and effectiveness, the lead champions of Positive Psychology came up with the concern about virtues (Peterson & Seligman, 2004) which are held dear across cultures and espoused by religions and philosophy (Selvam & Collicutt, 2013). They recognised that in all these, a happy life is associated with virtues, grouping them into six large categories, namely, Wisdom and knowledge, Courage, Humanity, Justice, Temperance and Transcendence. The particular contribution of positive psychology is to introduce into these age-old virtues scientific processes by which they can be measured (Selvam & Poulson, 2012).

Having distinguished six virtues, the Values in Action (VIA) Project elaborated them into 24 character strengths which together contribute distinctive and measurable elements in the virtues. In the discourse on well-being, prevention of mental disorder and increase of wellness, character strengths have been identified and classified to provide a system for scientific understanding of wellness in quantifiable terms. With quantification, intervention can be accompanied with measurement of impact (Seligman, 2001). Thus the conversation on well-being and moral virtuousness has been enlarged from the plane of philosophical discussion to include scientific interventions and measurement (Peterson & Seligman, 2004).

The VIA project and its scholars hold that character strengths cannot only be measured but also cultivated and leveraged in curative and preventive approaches to mental illness. Cultivating character strengths can lead to a happier and more fulfilled life, a life where the subject is flourishing rather than languishing. Choudhury and Borooah, 2017; Duan et al., 2014; Leontopoulou, 2015; Littman-Ovadia & Lavy, 2015; Park, 2004; Proyer et al., 2017; Proyer et al., 2015; Quinlan et al., 2012; Walker-Williams & Fouché, 2017; and Zhang & Chen, 2018 are among various studies that show that character strengths can be increased through training or other kinds of interventions such as a strengths-based counselling. Flourishing is seen as important in evaluating and recognizing value in life (Diener et al., 1999). It means that being in a state of flourishing or otherwise, is instrumental in the deliberate choices that a person makes.

In Sub-Saharan African, studies and research in Positive Psychology have been spearheaded by South Africa and Ghana, but as pertains to the whole continent, it has had a slow start (Chireshe et al., 2008). Various studies and conferences, some of which fall in the broader history of positive psychology and wellness studies had already taken place within the first decade

of the foundation of Positive Psychology (Coetzee & Viviers, 2007). Significant work however had already been engaged, including validation of some scales used for measures of wellbeing for the South African context (Khumalo et al., 2010; Vosloo et al., 2013) and Ghana (Appiah et al., 2020) among others.

Warren et al. (2015), reviewing the development of Positive Psychology, observe that while the emergent works are predominantly empirical leaving a gap in conceptual works, the drivers of positive psychology research in the region are spirituality, religion, family and social support, clearly distinct from what has been criticised as the individualistic focus of Positive Psychology in Western countries (Wong, 2019). The authors purport that this may be a result of the cultural adaptation of the discipline in the region. Interestingly, when Eloff et al. (2008) carried out a review on the state of Positive Psychology studies in six African countries, they found that while there was not a great deal going on, the prospects look great, especially as there was a close association between Positive Psychology and indigenous Africa knowledge systems. Selvam and Collicutt give substance to this notion in their analysis of the 24 character strengths of the Values in Action (VIA) project along the domains of the African ideal of the individual life cycle. Their findings lead them to the suggestion that the ideal of African maturity, the African elder, is “a cultural paragon of character strengths” (Selvam & Collicutt, 2013, p. 83). Ugwuanyi (2014), in investigating the African notion of happiness from a psycho-moral perspective, discovers that while it is difficult to articulate or define, the African worldview situates happiness in a relationship with meaningful life which in turn is achieved through moral dispositions and actions; it is what, in my view, the VIA Project has called ‘virtue’.

Since 2019, the robust rise of the Positive Association of Kenya has contributed fresh impetus to Positive Psychology interventions and integration into other disciplines, notably education and human resource management. Novel research in Positive Psychology in Kenya, such as that by Baranov et al. (2020) on the impact of positive psychology interventions on the ability of economically constrained persons to change behaviour and alter their financial situations, demonstrates innovative interaction of positive psychology with other disciplinary fields, hopefully mainstreaming its contribution to better lives in all areas. Selvam (2015) already began the tracing of this innovative interdisciplinary path in his study of a combination of character strengths and spirituality intervention that led to marked self-mastery in persons previously held captive by habitual alcohol misuse.

Character strengths interventions from a positive psychology perspective in particular, on the African continent, are not much reported on in literature. Most character interventions are from religious perspectives. A study done of Kenyan university students' awareness of own character strengths and their interest in engaging these strengths to maximise well-being showed a low level on both variables (Churu & Selvam, 2018). During that study, as the students became aware of their strengths through the VIA on-line test, they interpreted these as trophies of victory, but a second question that sought to have them elaborate how they may use these strengths in future elicited much less in response. The researchers postulate that perhaps due to upbringing that focuses on overcoming weakness rather than capitalising on strengths, the young people do not immediately recognise strengths as an opportunity for self-development. This is precisely the gap this research contributes to filling.

There are many aspects of mental health and well-being including but not limited to emotional, psychological and social competency (Herrman et al., 2005). This study focuses on these three facets as measured through the MHC-SF scale of Keyes, namely, emotional, psychological, and social well-being (Keyes, 2018). It is our contention that these WHO-recognised facets of mental health are relevant for indicating well-being for young people in Kenya today. This study delves into the influence of a hope-building intervention with undergraduate university students aged 18 to 25. Research on the characteristics of this age-group shows a pattern of challenges, including, among others, instability, feeling in-between, and experiencing a range of possibilities that leads to excessive risk-taking behaviour (Arnett, 2000, 2010; Luyckx et al., 2013; Negru, 2012; Norona et al., 2017; Schwartz, 2016; Schwartz et al., 2013; Sussman & Arnett, 2014; Swanson, 2016). In focusing on this age-group it was hoped that the advantages of their stage can be fortified and the liabilities minimised by increase of character strengths as they begin to apprehend personalised life-choices.

1.3 Statement of the Problem

The population of Africa is predominantly young with demographic surveys showing that 70% is aged 30 years and younger (United Nation Department of Economic and Social Affairs Population Division, 2015). It is therefore safe to say that the dominant psychosocial realities of the continent are a description of the situation of many young people. A simple look through the daily newspapers on any day of the week in Kenya shows a multiplicity of hope-deprived human situations, with atrocities such as suicides, murder and family breakdowns of various kinds. The current Mental Health Policy of the Kenya (Ministry of Health, 2015) puts the prevalence of mental disorders at 25% of all outpatients and 40% of all inpatients in health units in Kenya. We can

consider this to be a conservative estimate given that data is admittedly scarce, and many Kenyans may not avail of formal health services when they undergo various ailments. Without doubt, social and psychological ills are a matter of concern. In particular, the report underscores depression and anxiety disorders as being prevalent. With a youth bulge, the characteristics of the population of the continent are particularly the characteristics of youth thereon. Therefore, it is imperative that society in Kenya looks into various ways of supporting youth towards more meaningful lives.

On the other hand, studies show a positive correlation between character strengths and resilience in the onslaught of mental health hazards (Vertilo & Gibson, 2018). Therefore, while depression, suicide and other mental health challenges are on the increase on the continent (“Africa battles”, 2019; Sankoh et al., 2018), it makes sense to explore the possibilities of increasing mental health using character strengths development. Increase in hope is positively correlated with greater psychological strength even in children who are susceptible to coping difficulties due to childhood exposure to domestic violence (Hellman et al., 2017). Yet even in educational settings—formal and non-formal—there may be little if any encouragement for use of strengths towards greater self-efficacy. Focus seems to be on overcoming personal deficiency, what Seligman calls ‘the deficit approach’, rather than on building on personal strengths. The main challenge here seems to lie in a socialization that focuses on overcoming what is not good rather than on using what is good as potential to gain greater ground, to increase flourishing. The study therefore embarked on an intervention, specifically by working on one that focuses on pathways and agency towards achievement of goals, in the hope of galvanising the youth to the resources inherent in their strengths. The impact of the said process of cultivation of hope on both their level of hope and

their flourishing has been assessed using designed and well-tested tools and produced positive feedback for increase of hope and of flourishing for the participant youth.

1.4 Purpose of the Study

The purpose of this study was to establish whether it is viable to increase hope in young people through an intervention, and to further establish whether such an increase in hope also influences the general well-being of the subjects.

1.5 Objectives of the Study

This study was guided by a general objective and three specific objectives.

1.5.1 General Objective

The main objective of the study was to establish if hope-building interventions can impact the levels of hope and the levels of flourishing in a group of young adults.

1.5.2 Specific Objectives

The study was guided by the following objectives:

1. To establish if there is a correlation between the levels of the character strength of hope and of flourishing of university students in the Karen area of Nairobi.
2. To assess the impact of a hope-building intervention programme on the levels of hope among the university students in the Karen area of Nairobi.
3. To estimate the impact of the hope-building intervention programme on flourishing among university students in the Karen area of Nairobi.

1.6 Hypotheses

The study sought to confirm or disconfirm the following null hypotheses:

H01: There is no relationship between the level of hope and that of flourishing in university students in the Karen area of Nairobi.

H02: There is no impact of a hope-building intervention on the students' level of hope as measured by the AHS in university students in the Karen area of Nairobi.

H03: There is no impact of a hope-building intervention on the students' flourishing as measured on the MHC-SF in university students in the Karen area of Nairobi.

1.7 Significance of the Study

The topic of study is important for a number of stakeholders in the higher education milieu and for those interested in the educative process in general.

For undergraduate university students who are young adults as they tentatively begin to test the freedoms. For them as for other emerging adulthood, this freedom comes with the challenges imposed and precautions advised by the limitations in their developmental stage. AS they take greater charge of their lives, the study demonstrates resources available to them to help them make choices that lead to greater efficacy. A strengths-based approach to both problem-solving and personal enhancement has the advantage of enabling the protagonist to bring on board, rather than alienate, their strengths. It is therefore integrative and wholesome. One's own history becomes a resource for self-healing and self-promotion.

Parents, counselling psychologists and other educators of emerging adults in university settings and elsewhere: These can find in this study an example of possibilities for a resource-focused accompaniment you young adults towards more responsible adulthood. They can use the

knowledge and reflection generated here to inform and enrich their practice. It is hoped that exploration of the potential of positive approaches will increasingly become a ready alternative. The study provides additional evidence that this widely accepted method of increasing self-efficacy by reinforcing the strengths of the individual within their concrete reality can fruitfully be mainstreamed in rearing practices. Kenyan society is plagued by violence on young adults and even self-inflicted harm. It behoves members of helping professions, who are in various ways charged with walking along and supporting these young adults as they transition to adulthood, to offer them all possibilities of making this a resourceful experience for them.

University educators and policy makers: the success of the intervention demonstrates that while contributing to social and economic transformation through knowledge creation and innovation, universities can restore greater focus on the subject of education who is the student. Scientifically tested programmes that develop the student in a holistic manner can be inbuilt in university curricular, and so increase the sustainability of university education outcomes. In an age of run-away pluralism, it is helpful to find scientifically tested ways of developing young people's character and thus giving them ample resources for making intelligent and suitable choices in their lives. In particular, the potential for character development to make a difference to the wellbeing of people at the emerging adult stage has been made evident by the impact of the character enhancing intervention that was carried out in this study.

1.8 Scope and Delimitations

The scope and delimitations of the study are determined by the great breadth of interest for a topic such as the one for this study alongside the limitation of resources for carrying out a meaningful study (Akanle, et al. 2020). It helps to give the study manageable focus and direction.

The delimitations are those things that are deliberately left out of the study in order to make it manageable (Simon & Goes, 2013).

The study set out to assess the impact of a character development intervention aimed at hope enhancement among sampled groups of under-graduate students in two university campuses in the Karen Ward of Lang'ata Constituency, Nairobi County, namely Jomo Kenyatta University of Agriculture and Technology (JKUAT) and those of Marist International University College (MIUC). The students in the sampled groups had to be aged 18 to 25 to fit the requirement of the study. The control group was required to answer the questionnaires of the two research tools employed for the study at the start and the end of the three-week period of the field study. The intervention group while answering to the tow questionnaire in the same intervals was also required to engage in the hope-enhancing exercises explained and taught in face-to-face sessions over the three intervening weeks.

Such a study might have been enriched by a comparison of rural-based and urban-based university students especially given that their developmental stage is strongly influenced by the modernism that is seen to be more characteristic of urban than rural youth. However, the resources available did not allow us to stretch the study to that extent. In addition, the group counselling sessions availed to the intervention group, enabled them to elaborate on their experience and challenges, to the benefit of the study. These were not offered to the control group this is because the effort to keep their experience free of intervention for the clarity of the study was considered critically important. Their narratives for the period are therefore not part of the data available to the discussions of the study.

1.9 Assumptions

Since it was not possible to control all the elements of the study, the researcher assumed a number of elements, after the preliminary explanations to the participants:

1. that the respondents would self-report with honesty regarding their experiences in the two tests carried out at the start and the end of the intervention.
2. that the student participants are interested enough in their well-being to engage in the intervention exercises proposed. While this was one of the mainstays of the study, the researcher had no way of enforcing it. The young people became persuaded and encouraged to make the exercises from a point of personal commitment.

Since the measurement of impact depended on the results of the self-reported test. Given the findings and the reliability reports on the data, there is adequate reason to believe that this assumption was correct.

1.10 Summary

The study sought to build on the fund of studies in positive psychology which show the benefits of character strength development for human life in all its stages. However, it also recognised that very little study has been done in positive psychology interventions in the African continent, and more specifically in Kenya. It sought to use scientifically tested methods to explore and intervene in a situation that is a high potential area given that there is an increasing number of university students and other tertiary level education learners. The researcher wanted to recognise the potential and the pitfalls for wholesome personal development that can be expected for participants and their age-mates. Though mainly foreign, there is ample literature that elaborates

on the characteristics of emerging adults and on the potential of their character strengths to be augmented to their benefit of wellbeing. Some of these are sampled and discussed in the next chapter, as spring-board for contextualisation of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The chapter begins with a theoretical literature review giving a deeper conceptualization of the constructs of the study, including emerging adults, character strengths in general, hope in particular, and finally flourishing. The chapter then proceeds to review the empirical literature available on the specific objectives of the study.

2.2 Theoretical Literature Review

In this section the concepts of emerging or young adults as used in this study is explored, and their characteristics elaborated. The section also discusses character strengths in general and hope in particular. The concept of flourishing is also elaborated according to different traditions in positive psychology.

2.2.1 Developmental characteristics of Emerging adults.

Though Arnett (2000), who proposed the theory of emerging adulthood, applied this stage to people ranging from 18 to mid or late 20s in industrial societies, subsequent studies have debated the very theory of emerging adulthood and some of the characteristics that Arnett ascribed to this age-group. In spite and in the midst of these divergent discussions, there has been enough scholarship over the two decades since the proposal of the theory to justify the observation that this stage of lifespan development is worth paying particular attention to. This study focused on university students who are aged 18 to 25, making them fit squarely in the emerging adults developmental stage. It is fitting that the developmental characteristics of people in this stage of life that scholars have observed are discussed here in brief.

According to Arnett (2000), emerging adulthood is a developmental stage which lies loosely between adolescence and adulthood, between age 18 and 25. Together with other scholars, Arnett proposes the reasons for the rise of this new age-stage as being the delay in the obligation to assume adult roles for most people of these ages in industrial societies (Arnett, 2014; McAdams, 2013b; Sussman & Arnett, 2014; Swanson, 2016). They distinguish emerging adults by their lack of enough of the qualities of adults to be recognised as such. In this view, non-industrial cultures tend to impose adult roles on young people much earlier than industrial cultures and therefore the characteristics that so-called ‘emerging adults’ carry in Western societies are not experienced by young people in non-Western cultures. This observation has its merit, especially considering that transition to adulthood is influenced by family, social, cultural and even historical factors.

Some scholars further propose that the characteristics of emerging adults and indeed the very developmental stage of emerging adulthood is a consequence of cultural and social-economic development of the societies as the transition from industrial to technological ages, wherein a separation between the transition to psychological adulthood and that to practical adulthood has been effected (Shulman et al., 2009). Indeed some consider the developmental stage ‘emerging adulthood’ as purely a cultural construct (Nelson et al., 2004; Syed & Mitchell, 2013). (Schwartz, Donnellan, Ravert & Luyckx, 2012). Arnett himself proffers the view that cultural-historical developments in Western societies have made this transition stage significantly longer and thus created its distinction (Arnett, 2000). This developmental stage is a social-cultural construct produced by lifestyles that post-pone the obligation to take on adult roles.

As a developmental experience, emerging adulthood is, nevertheless, a crucial transitional stage that can impact the rest of the life of the young person in significant ways. Studies show that

young people at this neither-child-nor-adult stage can be quite vulnerable because the various forces that keep them in this age compromise the development of adult mastery (Lieb & Auld, 2015). Lieb and Auld vouch for the critical importance of efforts to support the development of such mastery. For example, persons undergoing depression during emerging adulthood have been found to face a higher possibility of longer-term dissatisfaction with careers and even with other own life choices, even though other factors, including gender and intervention are also to be considered (Howard et al., 2010). By contrast, young people who are confident of their own capability to surpass such challenges may be in a better position to confront these in their later lives (Duan et al., 2014; Martínez-Martí & Ruch, 2014; Zhang & Chen, 2018).

In the African setting, studies on emerging adults have been done in Ghana, Nigeria and South Africa. Obidoo et al. (2019) attempted a study on the markers of adulthood in Ghanaian and Nigerian youth. Their findings were that the markers are eclectic—constituting the traditional indicators of adulthood such as physical and socio-spiritual characteristics as well as being influenced by the same international market and global cultural influences that delay adulthood in Western societies. A South African study by Ferguson and Adams (2016), focuses on the Americanisation of emerging adults through acculturation. Scholars acknowledge that there are cultural influences to the characteristics of this age group, but the influence of global forces offers cannot ignored.

An interesting study in relation to the current one is that by Frimpong-Manso (2020) which explores the preparation for adulthood that is availed to young people in alternative care in Ghana. The study found that personal qualities, social support, preparation for adulthood and positive relationships were the four factors that facilitated successful transition to adult roles for these

resilient young people. Among the personal qualities were especially self-belief, perseverance, and the determination to achieve their goals, as well as being optimistic. These clearly hope-related qualities are instrumental to resilience in difficult circumstances. Given the importance of hope for resilience and success, this study that shows that the possibility to raise hope levels, and through it raising also flourishing levels among emerging adults. It can encourage stakeholders—be they parents or educators in other forums—to inculcate hope in youth as a measure of preparedness for adult roles.

Given that the emerging adults who are subject of this study are in a non-industrial society, they may already attain the adult characteristics; yet the fact of being set in the city and being products of a highly Westernised education system may be the experience that bears more strongly on them. Schwartz, et al. 2012 observed that increasingly in non-western societies, there is delay in embracing of adult roles due to longer education trajectories and the search for stable employment; both of these are largely regarded as norms to be achieved ahead of taking on adult responsibilities. Many Kenyan youth, in particular those who are able to reach third cycle level of education, do not embrace adult roles, such as marriage and income-generation activities, until they are 25 years of age or older. At the same time, these young people of the ages between 18 and 25 no longer fit in the characteristics of adolescents.

Arnett (2000) presents emerging adulthood as marked by five developmental characteristics—identity exploration, instability, self-focus, feeling in-between, and experiencing a range of possibilities. Studies around these characteristics show that they can be liabilities and/or opportunities (Baggio, Studer, Iglesias, Daepfen, & Gmel, 2017; Schwartz, Côté, & Arnett, 2005;

Seiter et al., 2013). Studies also show that these characteristics can be moderated by character strengths in important ways in an individual (Seligman, 2001).

Given that the emerging adults in the study are likely candidates for all the perils characteristic of their age, understanding if and how the leveraging of strengths can bolster their well-being can have important implications for therapeutic and educational programmes of mentorship and accompaniment. In the next section, literature regarding character strengths according to the VIA project and inventory is surveyed, with particular emphasis on the strength of hope.

2.1.3 VIA Character Strengths

In discussing character strengths, this study, unless otherwise stated, refers to the 24 strengths identified by the VIA project (Seligman & Csikszentmihalyi, 2000). Special attention is given to literature on the focal strength of the study, namely hope. Character strengths are about the good in a person—a point of interest for all cultures in all time. Philosophy, religions, cultures and societies all have a considerable component of their teachings or norms elaborating the indicative way to be good, according to their perspective. Thus, the concern for good character is universal.

Scientific psychology departs from prescribing the good character and focuses on describing, measuring and distinguishing the characteristics of these desired ‘good character’. Positive psychology, and in particular the Values in Action (VIA) project, has contributed much in this line in the two decades since when in 1999, a group of scholars gathered together under the leadership of Martin Seligman in an attempt to create a list of human strengths (Peterson & Park, 2011). These virtues were identified through review of literature in various cultures dating back to

antiquity, including religious (e.g. the Bible and the Quran) and philosophical (e.g. Greek and the Analects of Confucianism) as well as empirical studies in native cultures (Biswas–Diener, 2006).

The VIA project produced a generally agreed list of six virtues which all societies exalt. The six virtues include Wisdom and knowledge, Courage, Humanity, Justice, Temperance and Transcendence. The project then went on to elaborate how these virtues expressed and recognised in a variety of character strengths in an individual. Every virtue has a variety of ways of being expressed accommodating differences in persons and cultures as well as enlarging the scope for growth. The VIA inventory of strengths (VIA-IS) has become a very popular way of measuring as well as encouraging growth in virtue through the character strengths framework. By attempting to be scientific, it has acquired the advantage of being unlimited to religion or culture while remaining acceptable across these otherwise exclusive domains. The classification of strengths according to virtues is further elaborated below.

According to Peterson & Park (2011), wisdom is a virtue that denotes cognitive characteristics related to acquisition and use of knowledge. It enshrines the characters of creativity—thinking in new and productive ways; curiosity—taking interest in new ideas and experiences; open-mindedness—allowing oneself look at things from different perspectives; love for learning—willingness to learn new skills and interest in new horizons and ideas, and finally perspective—the ability to give guidance to others.

Courage is expressed through authenticity—also called honesty—which is the ability to speak one’s truth and to present oneself in truth; bravery which expresses courage through the ability to face challenge, threats and even difficulties and pain; perseverance—which is the staying

power to complete what one begins, and finally zest—which captures the ability to approach life with energy and enthusiasm (Peterson & Park, 2011).

Humanity expresses itself in kindness—doing good in favour of others; love—being caring towards one’s close relatives and family, as well as social intelligence which is the sensitivity to or awareness of own and other people’s motives and feelings. Justice on the other hand, includes three character strengths, namely, fairness—in the way one treats others; leadership, which gets group activities moving and propels the group to complete its assignments; and teamwork, which enables one to work well in a group (Peterson & Park, 2011).

Temperance shows itself in forgiveness which can let go of wrongs done to self by others. It is also demonstrated in modesty which lets one be humble about own accomplishments letting these speak for themselves. It is manifest in prudence which is an aspect of self-control in speech and action. Finally temperance is evident in self-regulation which is about control of one’s feelings and actions (Peterson & Park, 2011).

Transcendence envelops five character strengths, namely:

- i. appreciation of beauty and excellence, which both notices and recognises beauty, excellence and skill in diverse settings;
- ii. gratitude, which is an awareness and thankfulness for the good things in one’s own life and in the situations around them;
- iii. hope, which is the disposition of expecting good and working to achieve it;
- iv. humour, which denotes enjoying laughter and joy and bringing such amusement to others; and finally

- v. spirituality, which is having a sense of connection to a higher being and/or purpose (Peterson & Park, 2011).

Following wide experimentation and varieties of tests the VIA project has arrived at a questionnaire for the measurement of personal strengths which is widely used and highly appreciated (Biswas-Diener, 2006; Park & Peterson, 2006). The on-line questionnaire has high internal consistency and test-retest stability following extensive use by people in the USA and around the world (Peterson, C. & Park, 2011). This internet-based questionnaire has allowed the measurement of character strengths across cultures and in multidimensional terms since it attempts to cover the spectrum of the virtues and their character strengths in one test (Biswas-Diener, 2014). According to Ruch & Proyer (2015), there are slight disputes about the classification of some of the strengths under particular virtues. These, however, do not amount to adequate disrepute for the VIA-IS, whose reliability and validity is highly upheld across cultures (Niemiec, 2012). The test also shows convergence on the top strengths in all cultures being kindness, fairness, authenticity, gratitude and open-mindedness among adults while among young people, the top strengths are gratitude, humour and love (Peterson, C. & Park, 2011).

Of particular interest to our study is that character strengths have peculiar benefits, namely, they contribute to personal fulfilment, are morally valued, and manifest in thoughts, feelings, and actions (Mcgrath, 2015). They have the potential to make great difference to the quality of life of the individual and the community or group, an important value for African emerging adults and their well-being. Further, hope is a particular predictor of satisfaction with life when it comes to emerging adults (Lounsbury et al., 2009).

A particularly significant development in the character strengths discourse is the use of the strengths interventions to improve education of young people, a movement strongly championed by Martin Seligman and other positive psychologists (Park, 2004; Proyer et al., 2015; Quinlan et al., 2012). Much as character is highly valued in all cultures, education in the 20th century largely ignored education to character. In most educational establishments in Kenya, this ignorance continues. Yet education to character has been proved to make major contribution to success in educational and life goals, including efficacy and satisfaction with life (Park & Peterson, 2009). In the next section, we discuss literature specifically elaborating on what the character strength of hope is and how it expresses itself.

2.1.4 *Hope*

Hope is one of the five strengths in the VIA-IS that constitute the virtue of Transcendence, along with appreciation of beauty, gratitude, humour and spirituality. Prior to being named and studied as a character strength in the VIA project and configuration, it was recognised as an inherent human trait which expresses itself as an emotion and as the impulse to act and change a reality—goal, pathways and agency (Leontopoulou, 2020). Like its companion strengths in the virtue of transcendence, hope has mainly been much emphasised through the forum of religions across civilizations and cultures (Selvam, 2010; Selvam & Poulson, 2012). Transcendence is the virtue to connect to and respond to something greater or higher than the immediate or the self. The protagonists of the VIA project define hope as optimism, future-mindedness and future-orientation (Peterson & Seligman, 2004b). In other words, hope expects the best from the future and works to achieve it. A hope-filled person believes that they have the power to impact the future as agents. According to the VIA Institute on Character, hope-filled persons as optimists interpret negative

events as being outside of themselves, unstable and specific. They do not tie up their destiny with the event or generalise bad experiences. Rather, their explanatory system is external, ready to contain negative events or experiences in such a way that these do not invade every aspect of their life. Such events then assume less power over them and can be changed.

The late Charles Snyder is one of the leading scholars in the study and research on Hope. He and his companions conceptualized hope as a two dimensional strength, entailing the thinking about one's goals in terms of being able to be the agent and seeking as well as finding pathways to achieve the goal (Snyder, et al., 1991). In other words, hope includes the perceived capacity to achieve one's goals or goal-directed energy (agency), and the ability to conceive ways and means towards such achievement (pathways). It is clearly in the realm of cognition. Hope, for Snyder, is a very active strength. In pathway thinking, the individual sustains the confidence to achieve the set goals, and therefore plans how to get it done (Snyder, 2000; Yalçın & Malkoç, 2015). In agency thinking, the individual is motivated to achieve defined goals or to accomplish desired outcomes. The person experiences and views themselves as able to both set goals and sustain the strife till accomplished. In his later work Snyder acknowledges that the hope theory is in fact constitutive of a trilogy comprising goals, pathways and agency (Snyder, 2002). While Snyder considers goals to be the cognitive element in hope, Rand and Cheavens (2009) underscore that all three components of hope are cognitive abilities that can be learned. Their position is an encouragement to the intervention for this study. Studies summarised by Leontopoulou (2020), among others to be discussed below in the empirical literature review section show that hope can be measured and learned. The recommendation of Leontopoulou, 2020, is that there should be more application studies and interventions towards understanding how hope influences young people in educational

settings as it is perceived to influence them is other settings. This study endeavours to do this in the African cultural setting and to weigh in the experience of African young adults who participate in the intervention in the conversation on applied positive psychology. In the next section we discuss literature about the other key variable of our study, namely, flourishing. The focus is mainly the discourse on flourishing from studies in positive psychology.

2.1.5 *Flourishing*

Studies of flourishing or well-being over the years have yielded a multiplicity of elements to be taken into account in measurement and assessment—psychological and sociological, physical and mental health, hedonic as well as eudaimonic considerations (Keyes, 2006). In his 2011 book, *Flourish. A New Understanding of Happiness and Well-Being—and How to Achieve Them*, Martin Seligman breaks down Flourishing into the five concepts of PERMA—an acronym of the key words for each of the five components of flourishing, namely, Positive (and negative) emotions, Engagement, Relationships, Meaning, and Accomplishment. PERMA denotes having a positive sense of one's own self and of one's development towards desired goals; it denotes a positive sense of one's health and relationships as well as being happy with the events in one's life (Hill et al., 2016; Kern & Butler, 2016; Diener, Suh, Lucas, & Smith, 1999; Diener et al., 2017; Diener & Tay, 2015).

Flourishing then, is characterised by a sense of success in psycho-social and functional elements of the person (Joseph Sirgy & Wu, 2009). An individual who is flourishing experiences good relationships with self and with important others, receiving support from them as well as reciprocating much needed and important support to others. The person is, at least frequently, satisfied with their daily activities, finding them interesting and engaging, having the experience

of ‘flow’, so well-studied by Csikszentmihalyi (2014). Such a person believes that they are competent in the activities that are important to them, and is generally living a good life, in their own terms. Current measures of well-being or flourishing include the elements of psychological well-being as described in the Psychological Well-being scale developed by Carroll Ryff in 1989, namely the emotional and the psychological, but also build in the social and functional components (Keyes, 2002; Ryff & Singer, 2008; Westerhof & Keyes, 2010). It is the view of the researcher that all these elements of flourishing are well taken care of in the very rigorously tested scale Mental Health Continuum- Short Version (MHC-SF) of Corey Keyes, and so the choice is made to utilise the latter as the preferred tool for assessment of well-being of the participants.

The continuum scales from languishing to flourishing levels of mental health. Flourishing describes a situation where reasonably high levels of subjective well-being combine with high levels of psychological and social well-being, while languishing is the opposite, namely, low levels of subjective well-being together with low levels of psychological and social well-being (Westerhof & Keyes, 2010). More precisely, Keyes advises that from the computation of the MHC-SF scores, an individual can be diagnosed to be flourishing if they have scored high (every day or almost every day) on seven items of the scale, where at least one of the seven is from the three assessing emotional wellbeing (Keyes et al., 2008). The authors clarify that one can also be in moderate mental health. The continuum is in the realm of mental health, not mental illness which, in the view of Westerhof and Keyes, is a different phenomenon though closely related. Indeed, persons can be found to be mentally ill without being in a languishing state of well-being (Keyes, 2002).

2.3 Empirical Literature Review

This section is a review of the literature that reports on concerns of this study, namely, the correlation between strengths and flourishing, the influence of strengths interventions on levels of strength in the individual and on the flourishing of the individual. Special focus is given to studies on hope.

2.3.1 *Correlation between the character strength of hope and flourishing*

Many studies have taken interest in the correlation between character strengths and well-being (e.g. Hausler et al., 2017b; Huber, Webb, & Höfer, 2017; Leontopoulou, 2015; Park et al., 2004; Park, Peterson, & Seligman, 2004; Quinlan, Swain, & Vella-Brodrick, 2012; Zhang & Chen, 2018 among others). Positive correlation is reported in all these cases. However, the levels of correlation differ, with some strengths, namely love, curiosity, gratitude, zest and, of great interest to our study, hope, being rated as highly correlated with well-being (Park, Peterson, & Seligman, 2004). There are no studies, to our knowledge which show strengths that are negatively correlated with well-being.

Of interest to our study is the finding by Gustems and Calderon (2014), which lists honesty, love, humour, fairness, curiosity and self-regulation as the strengths most associated with well-being of student teachers in a university in Barcelona. On the whole they document a strong positive correlation between character strengths and university students' well-being. Hope, however, is not named among these strengths with a strong correlation with psychological well-being, raising the question whether the configuration of the strengths or the understanding thereof may differ from culture to culture. This question is in view of the work of Park, Peterson and Seligman (2004) which focuses on hope as one of the strongest in correlation to well-being, along

with zest. This finding is further confirmed by Hausler et al. (2017) who found in their study that hope is particularly positively correlated with psychological well-being.

Hausler et al. (2017) have a review of the correlations between each of the 24 character strengths and find that all are positively correlated with both psychological well-being (PWB) and subjective well-being (SWB), with significantly higher correlation to the former than the latter. In a study carried out with Medical students in the University of Innsbruck, with a two-time test carried out in January 2015 and February 2016, differences of extent of correlation between the various strengths and these two expressions of well-being are documented, with hope being reported to be at least moderately correlated to psychological well-being. The study classes hope among “the happiness related strengths”, along with zest, gratitude, love and curiosity. In a different study, the same authors carried out a review of the impact on the subjects’ well-being, mental and physical health, of the application of signature character strengths (ASCS) at work by medical students and resident physicians (Hausler et al., 2017b). Their findings indicate positive correlation except on physical health, confirming similar findings with Leontopoulou (2015) in her study with university students in Greece.

The late Snyder (2002) summarised a decade long body of research that showed links between high levels of hope to many positive elements in the life of university students, including in academics, athletics, psychological adjustment, and psychotherapy. Young adults with higher hope levels consistently made decisions that amounted to substantial positive differences in their lives. In many of these studies hope is seen to impact self-esteem—a central pillar of well-being—as well as many other well-being indicators. Snyder (2004) qualifies hope as one of the strong predictors of well-being, placing it above other strengths in its influence thereon. In his sustained

scholarship, he shows that hope influences academic performance, sporting achievement, physical and psychological well-being (Snyder, 2002). In a study carried out on over 4,000 Swiss emerging adults, Baggio et al. (2017) agree with Snyder's findings, as they observed that optimism—a close associate of hope—was among the qualities that predicted psychological well-being in emerging adults. It can therefore be deduced that studies show hope as one of the character strengths, along with zest, curiosity, humour and gratitude, that correlate positively with life satisfaction (Proyer et al., 2015). It was interesting to confirm this generally agreed notion with African young adults in Kenyan universities through this study.

Bailey et al. (2007) in a two-part study, one with Baylor University students of emerging adults age, and another with non-university students averaging a decade older, discovered that it is the agency facet of hope that was most influential in predicting well-being. Their study is about the relation of facets of hope to Subjective Well-being (SWB). In this study a comparison of the influence of agency variable of hope and the pathways one on the three facets of well-being has been made, with interesting findings.

Tong et al. (2010) go even further in distinguishing that for most subjects of their research, hope expresses itself only as agency ways of thinking and not much as pathways thinking. Their publication is based on four different studies, and with different agency and pathways variables, different Hope variables, different methods, and different cultures. Their studies were carried out with university students in Michigan and in Singapore, availing opportunity for a cross-cultural comparison. They raise the question why some people remain hopeful even when they have not found the ways of achieving their goals, thus disputing the necessity of pathways as a composite of hope. They further purport that based on other scholars studies, notably Bruininks and Malle

(2005), Snyder's description of hope as requiring the presence of both the sense of agency and the ideas of pathways, is different from most common people's notion of hope. The layperson's notion of hope is not necessarily related to either agency or pathways. In our study, the differentiation of agency and pathways inherent in Snyder's test that we employed helped us see that the two distinctly correlate with wellbeing. The study did not delve into the particular ways in which the participants understand hope; this is noted as one of its limitations.

A study by Varahrami, et al. (2010) shows a direct relationship between hope and meaning in life. In their study, Varahrami et al. use the Herth Hope Index (HHI) and observe that this scale is better suited than Snyder's AHS for drawing a correlation with meaning in life, which essentially is a spiritual value or aspect of life. The HHI has recently been adapted for a Kinyarwanda (HHI-K) setting with admirable psychometric properties of internal consistency ($\alpha = 0.85$) and test-retest reliability ($r = 0.85$) (Ishimwe et al., 2020). The current study uses Snyder's AHS which may well need cultural adaptation to the African setting, but it is used in its current state. Another study that takes on board well-being as well as spirituality is that by Marques, Lopez, and Mitchell (2013) which found a strong positive correlation between hope and well-being of adolescents sustained over a one year period. In this latter study, spirituality was an additional not determinant benefit for well-being. Several other studies (e.g. Gillham et al., 2011; Kern et al., 2015; Valle et al., 2006) corroborate the view that hope is a predictor of subjective well-being in adolescents. Suldo et al. (2014) also exposed protective potential of the strength of hope against the stress and other adversity that adolescents undergo. Their study confirms that by Park and Peterson (2009) which found that hope is one of the character strengths that buffer a person against the negative consequences of stress and trauma. Accordingly, hope is a factor in favour of wellbeing through

its protective capacity. In addition, this longitudinal study showed the sustainability of hope levels in adolescents over a one-year period. The particular life stage of emerging adolescents and the circumstance of university students who are subject of this study is one laden with stress creating potential. To have a raise in hope can therefore be very useful for the emerging adults as they battle the stressors of their age, alongside the demands of their studies. Though the study does not extend to a point of testing the durability of hope levels, it is of interest that the strength of hope and the state of wellbeing, once elevated, might last longer than the intervention period. The scope of the study did not, unfortunately, allow us to bring this assumption to test.

In a study carried out with 297 adolescents of various racial backgrounds in a state in the USA, Dixon, Worrell, and Mello (2017) found that hope can be a specifically important variable for academic success and life-satisfaction. In addition, their study differentiated between agency high and pathways high adolescents recognising the former to have greater adaptability to life situations. In this research carried on using self-reported questionnaires, it was found that when students combined strength in both hope variables, they were even more effective in their academic and life satisfaction.

Another important contribution of hope to flourishing in college students was established in a studies in the University of Barcelona (Gustems & Calderon 2014). Their studies establish positive relationships between 16 of the character strengths of the VIA spectrum, including hope, and the effective coping mechanisms of colleges students. Besides being with students of the same age as the interest of this study, it is interesting that the study points out the importance of hope as a facilitator of learning from own mistakes, a key factor in wellbeing and moving forward. (Seirup et al., 2011) demonstrated the impact of hope on the academic proficiency of University beginner

students in a private university college in the USA, by testing the hope levels of students at the start of a course that was to train their academic and non-academic university skills. Those that tested high in hope at the start of the course also demonstrated greater academic proficiency by the end of the course. Though the impact of high level of hope is demonstrated using other measures than the MHC-SF, they are still valid demonstrations of aspects of flourishing. Specifically, academic performance and proficiency is an important indicator of the wellbeing for student since academic work is their primary occupation. This study demonstrates the correlation of hope and general wellbeing enabling firmer confirmation of the presence of direct relationship.

Literature shows a great deal of relation of character strengths to wellbeing. The correlation of hope specifically to wellbeing can hardly be considered to be unanimous. Almost as often as it is found on list of contributory strengths to wellbeing, it is also missing or considered to be ambivalent. The correlation of hope with academic success was confirmed through a literature review study of 23 peer-reviewed research articles published in the five years from 2014 to 2018 (Yotsidi et al., 2018). Unfortunately, in the knowledge of the researcher there are no other empirical studies on conducted on the relationship between the character strength of hope and flourishing in Africa. This is one of the gaps that the study contributes towards filling.

2.2.2 The Impact of Hope Interventions on Individuals' Hope Levels

This section highlights studies on interventions on strengths, with a particular focus on hope, focusing the question whether strengths interventions, especially hope-building interventions actually increase the strengths directly. This is in line with the objective of the study to assess the impact on level of hope of the intervention aimed at increasing hope. Zhang and Chen (2018) carried out a study that showed that the development and use of strengths has a positive

correlation with increase of strengths and ultimately of subjective well-being. Their study administered self-assessment questionnaires to 225 under-graduate university students in China, testing four variables, namely, character strengths, their use, future self-continuity and subjective well-being. Besides registering a correlation between some character strengths, including hope, with subjective well-being, they also found that strengths use is a mediating factor between character strengths and subjective well-being.

Some of the studies already reviewed above included interventions to increase hope in the participants. While hope is seen to be a fairly constant trait and strength in most individuals, recent studies have tended to favour the thinking that hope can be elevated in individuals through intervention (Yotsidi et al., 2018). Yotsidi et al. recommend that academic institutions should endeavour to build up students' hope levels as a measure of promoting their academic and life success. Besides the knowledge that this study is aimed to produce, the increase of hope in the participants is anticipated as a benefit to them. The view is well supported by prolific hope researcher Sophie Leontopoulou (2020) in her conceptual article that advocates for more targeted hope research with specific application settings. Given that there is very little ground research on hope as a strength in African settings, a preliminary study is what this current study offers with a specific population. In addition, the benefit of hope intervention for wellbeing is documented by Snyder (2006) wherein the additional benefits of wellbeing to specific outputs is recognised. Of interest to this study though not directly related to the character strength hope is a study done in Ghana where a group intervention was undertaken (Appiah et al., 2021). The cohort approach that the Ghana study took brought out the benefit of group intervention. This the participants in the

intervention for the current study benefitted greatly from walking together as was evident in the minimum oral feedback procured in the intervention sessions.

There is not a great deal of studies in the available literature reporting specific hope-building interventions on emerging adults as a distinct developmental stage. Most strength building interventions have tended to target a number of strengths together. Leontopoulou (2015) carried out one such intervention with 40 men and women aged 18 to 30. Having put these university students and working youth through a number of positive psychology interventions in the area of character strengths, she tested the impact of these on the levels of gratitude, hope and social relations registering very positive impact on hope and on social relations as well as on general well-being. The intervention was not only on hope, but a battery of positive psychology interventions was given and resulted in an increase in a variety of strengths, including hope. Our study attempted to work specifically on hope and use interventions that have been prescribed specifically as hope-building interventions, namely, goal articulation, pathways identification and agency cultivation (Rand & Cheavens 2009).

As the understanding of specific character strengths as distinct from others has developed, literature specifically dealing with hope, and discussing if it can be cultivated is steadily increasing. Most of this literature affirms the possibility to increase hope through intervention (Csikszentmihalyi, 2014). Another great advocate of the cultivation of hope is the late Shane Lopez, a leading positive psychology scholar and trainer. Lopez trained young people for hope and underscored that it is very different from ‘wishful thinking’. Accordingly he believed in a clear plan of work to grow and sustain hope (Levitt, 2013). In a 2015 book chapter co-authored with J. L. Magyar-Moe, Lopez proposes very concrete strategies for growing hope (Magyar-Moe &

Lopez, 2015). In this publication, Magyar-Moe and Lopez distinguish between goals, pathways and agency, underscoring that each of these is important and all are mutually reinforcing, but they are not synonymous. Accordingly, interventions for building hope must consider all three components. Our study intervention took this into account and proposed a three-week process during which all three aspects of hope were taken on board.

Magyar-Moe & Lopez, (2015) go further to underscore that hope is not only itself malleable, but it also impacts other changes in the life of the person, enabling change. When that change is positive, encouraged by a boost in hope, the change in turn builds up hope even further, becoming infectious. Because, in their view—widely shared by other scholars—hope is innate to humanity, naming and nurturing this strength in the context of positive and supportive relationships can be very productive. A hope-filled therapist, creating a hope-filled therapeutic relationship can already be the support needed to lead a client to a break-through, finding their own hope.

In the perspective on character strengths interventions that favours single character strengths intervention, argument is proposed that interventions on different strengths at the same time do not have the same kind of potential. Hope is held among the high potential single-strengths intervention (Proyer et al., 2013).

2.2.3 The Impact of Hope Interventions on Individuals' Flourishing

This section discusses literature on hope-building interventions and the impact they have been reported to have on the flourishing of individuals. The forgoing literature reviewed points to the possibility of an increase in hope being capable of creating positive increase in flourishing and a reduction in languishing in emerging adults. Intervention on character strengths to improve

flourishing or its correlates have been a line of interest for many scholars in positive psychology (Gander, et al., 2013; Killen & Macaskill, 2015; Niemiec, 2013; Proyer et al., 2013a; Shankland & Rosset, 2017 among many others). Upadhyay & Arya, (2015) have reviewed plenty of literature that reports high efficacy of positive psychology interventions on children's mental health and general well-being.

Of particular interest for this study are those interventions where hope is part of the investigation. Quinlan, Swain and Vella-Brodrick (2012) carried out a review of literature on such interventions covering eight studies that met the criteria of being pre and post intervention studies with a control group. The review was about interventions on a number of strengths, including hope. Their review while summarising small to medium impact of character strengths interventions, indicates a need for many more studies that can make clearer the impact of differences such as whether some strengths are more possible to intervene into than others, whether use of strengths impacts on their improvement, how intervening circumstances can influence results, among others. The authors recommend a broader range of activities in the intervention measures, as well as studies of the mediating variables that can influence the intervention experience and therefore, impact.

The preliminary study by Proyer et al. (2013) shows considerable difference in impact on life-satisfaction of intervention on the strengths that have typically been positively associated with life-satisfaction – namely hope, love, gratitude, and zest, among others - compared to that on others, such as modesty, fairness or honesty. This study which involved 178 adults in three groups, one receiving intervention on high potential strengths, another one low potential character strengths such as appreciation of beauty, creativity, kindness, and love of learning, and a third

group which was made up of people on a waiting list that acted as the control group. The authors propose as a conclusion that strengths-based interventions are best employed on some strengths and not on others. As mentioned, Proyer et al. name hope among those strengths for which intervention yields much gain in life-satisfaction, a key element of well-being.

Proctor et al. (2011) report positive results from a strengths training for 319 adolescents aged 12 to 14 years old. Of these adolescents, 218 participated in strengths training exercises in a school programme while the other 101 did not. The results showed a marked improvement in well-being for the former group over the latter.

Though not including an intervention, the study carried out by Churu & Selvam (2018) in a university in Nairobi, showed that there was relatively little interest in use of own strengths among the 20 emerging adults. The authors hypothesise that the reason may be due to lack of exposure to the value of these strengths in the education systems in which the young people have been brought up. Yet it may also be that, as Zhang and Chen (2018) report, strengths and their use are automatically correlated, hence the tendency to take them for granted. The inconclusive nature of these findings justifies further studies specifically endeavouring to help cultivate strengths in emerging adults in an African university setting where such studies have not been carried out. In other settings and with other groups as reported above, character strengths interventions have been seen to have positive impact. Similar results were hoped for and attained in this study which is in a new cultural setting.

2.4 Research Gap

Studies of character strengths as elaborated in the VIA spectrum have been many around the world, but remain rather scanty in Africa. Intervention studies aimed at promoting specific

strengths are very few, in Africa, and none, to the knowledge of this researcher, have been done specifically on hope. In view of this, it becomes interesting to contribute an African component to the growing body of research about hope and the possibility to increase it in African emerging adults. There is, therefore, a knowledge gap regarding:

1. if and to what extent the level of hope in young adults studying in African universities is correlated to their level of flourishing. As the literature above has shown, there is no unanimity about this correlation. The differences could be culture or situation or age-based. This study can contribute to give a perspective from the emerging adults in African university settings.
2. the potential of hope-enhancement among emerging adults. This is under-investigated, and hardly done at all in the African milieu. With so many studies done on hope among emerging adults in other cultural settings, an African input to the same is desirable.
3. whether a single-strength intervention, and specifically hope—can make a difference to levels of flourishing among emerging adults who are university students in Kenya and by extension in Africa.

Many such studies are needed given the varieties of peoples and situations that characterise emerging adults on the continent. This study contributes to fill this gap on the investigation of character strengths in Africa and specifically underscoring the influence of a hope intervention on wellbeing.

2.5 Theoretical Framework

The study was informed by two theories, namely the Mental Health theory of Corey Keyes (2002) and the Hope Theory elaborated by Snyder (2002) and further developed by Rand and Cheavens (2009). The Mental Health theory is the foundation of the Mental Health continuum of Corey Keyes (2002). It acknowledges that there are levels of mental health from languishing, at its lowest level, to flourishing at the highest, and variations of each all along the continuum. This theory posits that mental health is determined by a combination of emotional, psychological and social well-being. The fact of weighing in on the three fronts is an advantage for our study because it goes beyond subjective well-being which can be perceived to be mainly hedonic, to include a more eudamonic perspective of mental well-being or of flourishing. This may perhaps fit better with the African perspective of well-being which builds in the personal as well as the social aspects. It is, in the view of the researcher, a more fitting measure of well-being for an African audience. In doing this, the scale also takes into account the research of many other scholars, notably taking on board the findings of Carol Ryff whose psychological wellbeing scale has been in use over three decades now in many different settings cross the world (Ryff & Singer, 2008). Corey Keyes theory is expansive ad accommodating,

The Hope Theory of Snyder posits that hope expresses itself on three fronts, namely the having of goals, the imagination of pathways and the confidence of agency. On these three fronts, hope is built or increased. The absence or weakness of any of the three constitutes compromise on the power of hope in an individual. Studies by Snyder and his companions in a variety of settings show that the average college and non-college adults average a Mean of 24 out of the maximum

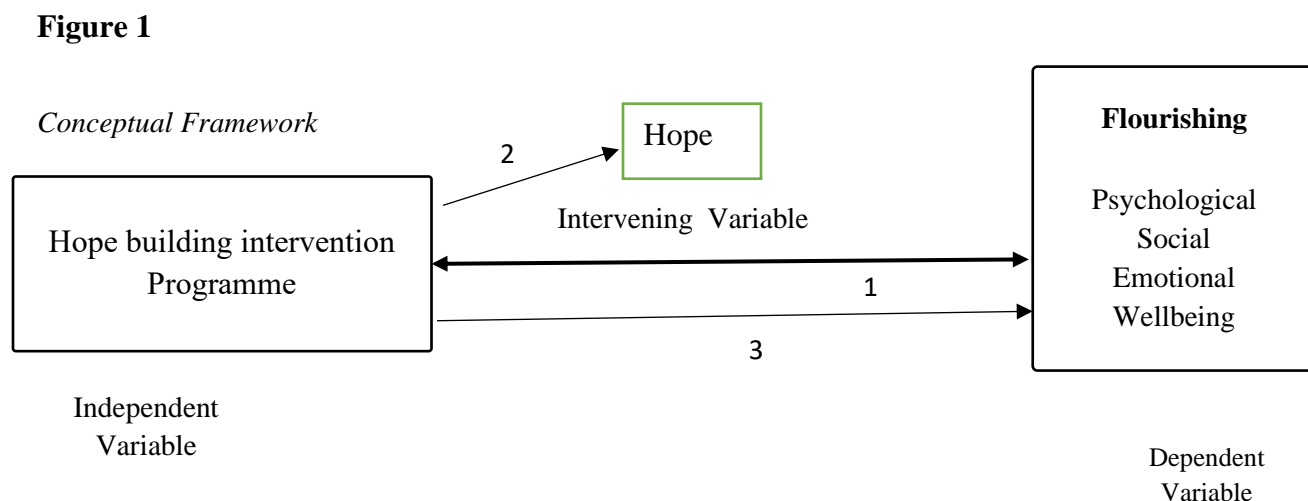
32 points on the Likert scale. The study has been able to establish a comparison of scores of the University students of in the Karen area with these basic scores as reported in Chapter Five.

The Hope Theory of Snyder was considered to be well suited for working with emerging adults who, being at the threshold of personal independence, tend to bank a great deal of their self-perception on their individual ability to adapt to reality or to change it. For this reason, the Hope Theory together with the accompanying Hope Scale is deemed good for the task of this research.

The interaction between the elements of these two theories is the frame of the construct of our conceptual framework whereby the Mental Health theory provides the tool for measure of levels of flourishing while the Hope Theory provides both instruments of measuring hope and the three elements that must characterise our intervention in the effort to cultivate hope and flourishing. Thus, the study operationalised the theoretical framework in the following conceptual framework.

2.6 Conceptual Framework

Figure 1 below is the diagrammatic representation of the relationships between the variables investigated in this study.



Flourishing is the dependent variable, which was impacted by the independent variable, namely the intervention. Hope is the intervening variable, whose increase was expected to be experienced in the intervention and to thus influence the level of flourishing, the dependent variable. The first objective is to find out if the levels of hope and of flourishing are correlated. The second objective is to find out if the independent variable, namely the intervention has an impact on the level of hope and the third to find out if it has an impact on the level of flourishing.

A number of possible mediating/moderating or effect modifiers including the level of commitment of the participants in the intervention to participate in the individualised exercises may have had an influence on the product as indeed could be expected of the general seriousness of respondents in their work with the self-assessment tools. However, it must be reported that the participants portrayed a demeanour of seriousness and appreciation.

Other effect modifiers or confounders may have been international, national, regional or even university events during the interventions period (Price et al., 2015). These could abnormally decrease or increase the perceived levels of hope or of wellbeing of the participants. The prevailing COVID-19 uncertainties, and the possibility of national or regional lockdowns may have had an influence on hope and wellbeing levels of the participants in ways that did not become discernible during the study. Given that they are in the university setting, academic events in the university, such as examinations, may have contributed modifiers. For this reason, the data collection and intervention were secured to the early part of the semester when students were still in a less-stressed section of their academic period.

2.7 Summary

Not much research has been carried out on emerging adulthood as a stage of growth in Africa or on strengths-based intervention for wellbeing. The foregoing sections of this chapter establish that young adults, of whom the continent of Africa has many, are an interesting age-group whose high potential can be either harnessed or put at risk by the experiences characteristic of their age in a multi-cultural world. The literature also shows that the character strength of hope is considered to be of great importance to human flourishing at every stage. In addition, both the age and the characteristics of emerging adults make the potential of hope-filled disposition to life more promising for the flourishing of the individual, given the energy and scope of life possibilities characteristic of this age-group. These characteristics of emerging adulthood also make the risks associated with a hope-depleted disposition for emerging adults even greater. The larger area of this study—the influence of strengths-based training for the well-being—can contribute to bridging gap in knowledge and to increasing the body of solutions to the challenge of building on the high potential presented by a huge young population on the continent.

While the study leaned on two well-established theories – namely, the Hope Theory of Charles Snyder and the Mental Health Theory of Corey Keyes, the conceptual framework delineates the focal aspects of this specific study. In the following chapter, methodological aspects including the tests, the hope-enhancing intervention and the methods of data analysis used in the study are discussed in detail.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter discusses the research design used for the study, the population and sampling techniques, the methods and instruments of data collection, the methods and instruments of the intervention, the process of data analysis and measures to be taken to ensure ethical adroitness of the study.

3.2 Research Design

The study used a quasi-experimental research design, involving a pre-test and a post-test with a hope-enhancing intervention administered to the intervention group in the period between the two tests. This design imitates the experimental design in that two groups, a interventional group and a control group, are tested at the start and the end of the intervention. However, being a study on human subjects, it was not possible to control the intervention as completely as one might in a true experimental design. Some participants may have a better uptake of the intervention than others, even though every effort was be made to support the participants and enable them a best uptake. Other circumstances in their lives can intervene and impact the results of the study. In addition, in likeness to an experimental design intervention, it attempts to find out a causal relationship between variables, but an absolute causal relationship cannot be established in the psychological intervention to be attempted here since humans are complex, and in their social settings, any number of other factor s are likely to influence the results.

This design was chosen, nevertheless, because, with the help of the pre-test and the control group, the impact of the intervention could still be estimated along pre-determined parameters.

The quasi-experimental methods are increasingly appreciated in human interventions as they are perceived to give more authentic results than experimental designs since they interfere less with the context of the subject (Bärnighausen et al., 2017). In this study, the student participants continued with their ordinary lives, social interactions and study in the course of the intervention.

3.3 Location of the Study

The research was carried out in the Karen Ward of Nairobi County. This is a part of Nairobi Country lying to the West of the city and which has traditionally been associated with affluent-style residencies. However, the area is increasingly becoming a typical Nairobi neighbourhood mixing different social classes and a variety of amenities. The Ward boasts of a number of University and Higher Education Institutions, including the Catholic University of Eastern Africa and its constituent Colleges—Marist International University College (MIUC) and Tangaza University College, Jomo Kenyatta University of Agriculture and Technology—Karen Campus (JKUAT), Cooperative University of Kenya, and African International University. Two of these, namely MIUC and JKUAT were randomly selected for the study by picking names out of a box in which all the names of the institutions in the region had been placed. The students who participated in the study while studying in these institutions may not necessarily be domicile in the Ward, but may commute daily from other parts of the city or even from the neighbouring Kajiado and Kiambu counties. They are therefore typical university students in Nairobi and in Kenya at large.

3.4 Target Population

The population targeted was the Bachelor of Commerce and Bachelor of Business management students in two university campuses in the Karen Ward, namely the Jomo Kenyatta University of Agriculture and Technology (JKUAT) and Marist International University College

(MIUC) respectively. The idea was to get as similar as possible groups from across the two institutions, thus the focus on similar disciplines. As it turned out the discipline area was not easy to police, but the students who availed of the study were all under-graduate Bachelor's students in the two institutions. This age group within the university settings was chosen because it gives a window for comparison with similar studies carried out on hope and hope interventions in other parts of the world. Given that no such studies have been carried out in Africa, it made good sense to start with a population about whose findings there were other similar studies to compare and contrast with.

The researcher's interest in emerging adults is due to the fact that these young people are at the door of personal independence. Even though they depend financially on their parents or other sponsors, they have the use of their time, besides formal class-time, under their own charge for the first time in their lives. Studies show that emerging adulthood is a stage during which the construction of personal identity and purpose takes ample psychological space in a young person's life as they reconstruct the past and imagine the future into a purposeful project (McAdams, 2013). They therefore have an opportunity to propel their lives towards the choices they would like to characterise their futures. It is interesting then to see if and how they can be influenced by their choices for well-being even in a short season.

Cox and McAdams (2012) however, point out the limits on interventions during this stage in terms of long-term impact. After a service-learning trip to Nicaragua, a group of American emerging adults reported transformative experiences one week after the trip but not three months after. The Cox and McAdams study seems to reveal that prior life experience still bears a longer-lasting impact than a brief intervention during young adulthood. As adulthood emerges within the

young people, the researcher hopes that the choices for well-being become more personalised and herein then lies the value of the brief investment in the intervention. It introduces them to the way in which choices for well-being can be implemented in practical ways.

3.5 Sampling Design

This section discusses the sampling frame and the sampling techniques.

3.5.1 Sampling Frame

The Bachelor of Commerce students in JKUAT, Karen Campus and the Bachelor of Business Management students in the MIUC constituted the sampling frame. The total number of these students is 102 and 120 for the JKUAT-Karen Campus and in MIUC, respectively.

3.5.2 Sampling Techniques

Purposive sampling was used in the choice to work with university students as a representative group of emerging adults in Kenya. This method of sampling mainly focuses on specific characteristics of the population that are of interest to the researcher and that would best help to answer the researcher's questions. Emerging adults were chosen in this study for their high potential in self-development and their great interest in self-determination. This comes perhaps naturally due to the growing independence which legal adulthood confers and their entering an age at the threshold of financial and other independence, but not yet.

Convenience sampling has been employed in the choice of the institutions from which the students are drawn. They need to be groups within the same general neighbourhood for increased similarity. Purposive and convenient sampling is used in the choice of the institutions to ensure access to the intervention group by the researcher for the purpose of the intervention sessions, while enlisting a similar group in age and social setting, for the control group. The

students were drawn from the total number of students undertaking Bachelor of Commerce degree in JKUAT, Karen Campus and those taking Bachelor of Business Management in MIUC. The choice of this group was to have a fairly homogenous group within the same University culture, following the same programme at the same time, while keeping the control and intervention groups quite separate through the help of distance. The determination of the campus in which the intervention was randomised by tossing a coin where one was assigned ‘heads’ and the other ‘tails’; the tails attaining one was pre-assigned as the intervention group while the heads attaining one became the control group.

Maximum variation sampling, is a form of purposive sampling, in which the researcher selects a sample that maximizes the diversity pertinent to the research study. The method ensures that the study covers a wide range of participants. In line with the desire to increase this variation, all the 18 - 25-year-old students who participated in the pre-test in the tails-attaining institution were invited to participate in the intervention irrespective of their levels of hope during the pre-test. This allowed also an assessment of the impact of the training on emerging adults with different levels of hope at the pre-test. An extra invitation was made to the participants in the study in the institution chosen for the intervention to participate in the intervention. In the invitation, it was explained to them that by giving their telephone contact, they indicated interest to be involved in the intervention.

3.5.3 Sample Size Determination

Krejcie and Morgan (1970) advocate that it is important to have a procedure for determining a sample size that would effectively represent the population under study. The computation of an appropriate sample size relies on four main factors: the size of the research

population, the level of accuracy of the estimates, the level of confidence that the results obtained from the sample are representative of the entire population and variation in the population (Martyn, 2017). Following the formula Krejcie and Morgan (1970) developed the sample size table in Appendix I, the sample size for this study is derived as 86 for JKUAT-Karen Campus and 92 for the MIUC since the population size is 102 and 120 respectively.

3.6 Research Instruments

The two instruments of measure employed in this study are standardised tests, namely the Adult Hope Scale (AHS) and the Mental Health Continuum Short Form (MHC-SF).

3.6.1 *The Adult Hope Scale (AHS)*

The AHS (which constitutes Part II of the Questionnaire in Appendix II) created by Snyder and his companions (Snyder, et al., 1991) is a well-tested 12 item self-reporting scale. The scale gives the respondents an eight level Likert scale to respond to on each item, ranging from 1 – signifying ‘Definitely False’ to 8 – signifying ‘Definitely True’, all put in the positive, making the higher scores the higher levels of hope. The items are statements of the two pillars of hope in Snyder’s Hope theory—agency and pathways—which comprise four statements each. Yet the scale has sometimes been named the Goals Scale because the particular approach to hope taken by Snyder and his co-authors is an achievement focus on hope, which takes goals for granted in its measurement (Scioli et al., 2011). The remaining four statements are fillers. Fillers are used to disguise the purpose of a test and so mediate greater frankness from respondents who can remain relatively less influenced by a sense of the purpose of the test. They are therefore not scored in the findings of the test; only the other eight items of the AHS are scored.

3.6.2 *The Mental Health Continuum Short Form (MHC-SF)*

The MHC-SF, created by Corey Keyes in 2002 (which constitutes Part III of the Questionnaire in Appendix II) is derived from the long format of the same tool which had 40 items, now effectively reduced to 14 yet bearing the same or even improved impact due to its convenient length. Both the long and short versions of the scale received high internal consistency ($>.80$) and reliability scores (Keyes et al., 2008; Keyes, 2009).

The items—signs of positive functioning—in the short version were chosen as the most prototypical of the facets of the test, comprising three signs for emotional well-being, six for psychological well-being and five for social well-being. Each of the signs/items is scored on a Likert scale of 0 to 5. In the event where all respondents indicate a score on all 14 items, the highest possible score, representing absolute state of flourishing, would be 70, and the lowest score, representing the lowest level of mental health would be zero (0).

According to Keyes (2009), to be diagnosed with *flourishing* mental health, a respondent must experience ‘every day’ or ‘almost every day’ at least one of the three signs of hedonic or emotional well-being, and at least six of the other eleven signs of positive functioning (items 4 to 14) during the past month. These other eleven signs are the eudaimonic elements, which constitute psychological and social well-being. If a respondent reports low levels (‘never’ or ‘once or twice’ during the past month) on at least one measure of emotional/hedonic well-being (items 1, 2, and 3) and low levels on at least six measures of the other eleven signs of positive functioning they are diagnosed with *languishing* mental health. Persons whose scores lie in neither extreme are diagnosed to be in *moderate* mental health (Keyes 2009).

In assessing ‘flourishing’ using any tool, one has to be mindful of the possible cultural influences on the understanding of elements of flourishing (Diener & Ryan, 2009). The current study is cognizant of this challenge; yet it has also noted that the MHC-SF has been validated in various cultural contexts including Serbia (Joshanloo & Jovanović, 2017), South Korea (Lim, 2014) and Iran (Rafiey et al., 2017) as well as multiple settings in the United States of America and Europe. Though there are scanty reports of assessment of flourishing in the global South (Castro Solano et al., 2017) in general, there is at least one from Africa (Keyes et al., 2008) which gives positive report of psychometric properties.

The researcher noted in particular, that following the scoring and interpretation of scores given by Keyes, a respondent can conceivably be diagnosed to be in good mental health while having all low scores in social well-being but high scores in psychological well-being and at least one aspect of emotional well-being. Given the strength and importance of social and communal aspects of life in African settings, this can highlight a point of concern for the reliability of the scale. However, the reliability of the tests was confirmed ahead of any other form of data analysis. This and concurrent studies add to the fund of research reports on the tool use and appropriateness on the continent.

3.7 Pre-testing of Instruments

As stated the two instruments in use in the study had already high psychometric scores in their use in other settings. Their reliability and validity records are discussed next.

3.7.1 Validity

Validity defines the extent to which an instrument measures what it portends to measure. The researcher chose two standardised tests, namely the AHS of Snyder and the MCH-SF of Keyes

as instruments of the study. The validity of the two instruments was discussed with the research supervisors and found to be fitted. That these same instruments have been in use for similar studies in different cultural settings was also considered to be affirmative for validity.

3.7.2 Reliability

The psychometric properties of the AHS are well established through multiple studies, sustaining an internal reliability of alpha .74 - .88 and a test retest validity of .83 over three weeks and .86 over ten weeks (Snyder, 2002). The MHC-SF is a well validated self-reporting scale on well-being on the three WHO-defined measures of mental health, namely emotional, psychological and social fronts (Guo et al., 2015; Rafiey et al., 2017). The adult version of the MHC-SF has been used and tested in many countries, including the USA, the Netherlands, and South Africa. Its test-retest reliability over four weeks and over three months were above 0.5 on all three factors of mental health (Keyes, 2009). In a study made among emerging adults in Canada, it attained internal consistency coefficient $>.70$ even with factorial analysis of the three different clusters of its items, namely the emotional, the social and the psychological (Doré et al., 2017). The scale was considered by the researcher and supervisors to be fitting in reliability for the current study.

Question six in the MHC-SF instrument is phrased in two different ways, thus Q6 reads, ‘that our society is a good place, or is becoming a better place, for all people like you’; while Q6a reads, ‘that our society is a good place, or is becoming a better place, for all people’. In line with the recommendation of the author (Keyes, 2002), both versions were administered to the respondents at the pre-test and the data obtained using each version was subjected to a comparative reliability test to determine which one works best for the study context. The version 6a was found

to have a slightly stronger reliability and was therefore used for the post-test and is the one in use for all the analysis, both pre-test and post-test.

3.8 Data Collection Procedures

The procedure of the field research process used was the following. The participants in both the control and the intervention groups were required to answer a questionnaire which consists of the Informed Consent Form, Biographical data, the MHC-SF and the AHS at the start of the three-week period. In a series of six group-counselling sessions over a period of three weeks, the intervention group was invited to participate in mindfulness-based hope-building exercises. The participants were placed in groups of 20 or less each, allowing for the participants to have some sharing when they wished. Each small group met twice a week, in a classroom of the university at lunch hour. During the sessions, the intervention group was treated to exercises that are specifically chosen to increase or cultivate the elements of hope – goals, pathways and agency - in their daily lives. During the meeting a facet of hope—such as agency expressed through knowing one’s strengths, goal definition by having an image of future self, as defined below in the Table 1—was explained and explored by the researcher and participants invited to give their reflections on a voluntary basis. A mindfulness exercise with an aspect of hope was conducted by the research/counsellor. Thereafter, participants were invited to share their experience if they so wished.

When the six-session intervention sessions completed, over a period of three weeks, the intervention group and the control group were again requested to answer the same questionnaire as in no. 1. above. Steps nos. 1 and 4 constitute the two data collections points while no. 3 elaborates the intervention part of the process.

3.9 The Intervention

A mindfulness approach was engaged for the intervention of this study. Mindfulness provides greater exposure to the internal environment (Niemic & Lissing, 2016). Mindfulness was expected to promote the awareness of hope-state and the ability to dispose self to growth. Synergy between mindfulness and a strengths-based intervention was hoped to produce positive effects since both are protagonists in raising awareness of the positive in a person and also in using the positive to overcome the challenging (Niemic & Lissing, 2016). Throughout the intervention, the context of the hope-building intervention exercises in a mindfulness set up was assessed orally as being helpful for accentuating the experiences of the intervention. In fact, Ivztan (2016) offers the view that mindfulness might be the ultimate tool that would consistently increase individual well-being and all the values of positive psychology.

Mindfulness has the components of intention, attention and attitude (Shapiro, Carlson, Astin & Freedman, 2006). Intention is bound up with one's goals, vision and purpose in life. Because intention has to do with both aims and motivations, it was facilitated through education to the participants as a way of increasing articulation of aims—individual goals—and the motivation to achieve them. Intention has a significant impact on the benefits to be reaped from an exercise (Shapiro, 1992). Therefore, effort was put in to increase awareness and articulation of the participants' goals and the desire to increase their own hope.

Attention is the bringing of one's awareness and focus to the intention and observing one's interior and external experience here and how. Attitude, on the other hand, is about the quality of the attention: being either friendly—kind, curious and gentle, or unfriendly—harsh and exacting (Shapiro, Carlson, Astin & Freedman, 2006). Attention and attitude are about the actual

implementation of the practice of mindfulness towards the intended object (intention). In our case the intention is cultivating various elements of hope; attention is paid to the interior moment by moment states vis-a-vis hope, and a positive attitude is encouraged towards durable habits of increasing one's hope. Mindfulness-based strengths practice (Niemiec, Rashid & Spinella, 2012) marries strengths to mindfulness, thus making it more likely that the practices become a lifestyle.

The intervention, besides being delivered in a mindfulness approach, was crafted to cover the three elements of hope, namely goals, pathway and agency (Rand & Cheavens 2009).

1. Desired goals: affirming and clarifying of intentions. This should lead to positive affection.
2. Pathways thinking: capacity to generate pathways to achieve the goals
3. Agency: perceived self-ability to sustain movement along pathways.

Table 1 is a scheme of the intervention programme organised on a semi-weekly basis (twice a week, 30-minute group sessions).

Table 1*Scheme of the Intervention*

Hope component	Theory input	Mindfulness exercise	Daily practice
Session 1 Agency	Self-awareness, self-agency as power	Reliving a major success in recent years.	List down achievements and cherish them, both past and on-going. Note how you feel.
Session 2 Goals	Goals are important. They should be specific and time-bound. They should be a clear. We can use imagination to visualise and ‘sensibilise’ them. Drawing and narrative construction are also useful.	Meditation on future self-vision, living one’s best possible legacy (Ivtzan, 2016, p.9). What are the values in this vision?	Write your own mission statement. Review what goals are in your mission statement Revise your mission statement to ensure you have your values in it Re-read your mission statement in a quiet session. How does it make you feel? Take note.
Session 3 Pathways	True hope inspires action, and meaningful action strengthens hope.	Begin to develop a personal development plan	Write a movie that features one of your goals. Picture yourself overcoming all the obstacles on the path to achieving this goal, developing pathways around and through challenges, and reaching your goal.
Session 4 Agency	Personal SWOT analysis: Focus on Strengths and Weaknesses	Stillness, personal memory of moments of strengths, moment of weakness.	Update a list of your strengths each day. Survey what strengths you are using on a day-to-day basis and celebrate them as you go to sleep

Note if they relate.

Review a time when you failed. Recognise what weakness may have been out of management. Notice that it was a failure in strategy.

Strategist me: How might you have approached it?

Session 5 Pathways	Personal SWOT analysis – focus on Opportunities and Threats	Stillness Scanning our significant environment Noting opportunities and threats to own goal achievement	Stepping: Break down your goal achievement into small steps <hr/> Do something that reaches out to someone else in need and provide some help or support. Watch your own sense of pathways grow.
Session 6 Agency and Pathways	Character strengths – working from our signature strengths. VIA Test on line – doing the test (given as homework the day before)	Share your signature strengths and how you might use them for your opportunities	Take note of your signature strengths and how you use them every day – document how you use one of them each day Make a daily habit of studying how you are using your signature strengths. Consciously employ your signature strength to overcome your threats and weaknesses. Note how you feel

3.10 Data Analysis

Data was collated using the Statistical Package for the Social Sciences (SPSS) software. Thereafter, various methods have been employed to analyse the data in service of the research objectives. Ten sets of data were collected by the end of the research process, as follows:

- i. The biodata of all participants in the intervention group
- ii. The biodata of all participants in the control group
- iii. the level of hope of the intervention group at the pre-test
- iv. the level of flourishing of the intervention group at the pre-test
- v. the level of hope of the control group at the pre-test
- vi. the level of flourishing of the control group at the pre-test
- vii. the level of hope of the intervention group at the post-test
- viii. the level of flourishing of the intervention group at the post-test
- ix. the level of hope of the control group at the post-test
- x. the level of flourishing of the control group at the post-test

The data obtained, being quantitative in kind, was analysed by use of descriptive statistics, correlation coefficient (Pearson's r) and Repeated Measure Analysis of Variance (RMANOVA) and linear regression analysis. The results of the analysis are presented in Tables and Figures alongside a narrative of the outcomes in the following chapter.

3.10.1 *Pearson Coefficient (r) test*

Correlation is a measure of association between variables in such a way that changes in the one variable effects similar or opposite change in the other (Schober & Schwarte, 2018). Thus, we can speak of positive or negative correlation or no correlation at all. The

researcher performed a Pearson Coefficient (r) test on the combined data of the control and intervention groups at the pre-test testing correlation between levels of hope and of flourishing.

3.10.2 Repeated Measures Analysis of Variance

Repeated Measures Analysis of Variance (RMANOVA) is used to compare the mean scores of variables with each other upon observation on different times/conditions, thus repeated. This ANOVA was used to compare the change in hope and in flourishing from pre-test to post-test between the control and intervention groups and within each of the groups.

3.10.3 Regression Analysis

Regression analysis is used to assess the strength of the influence relationship between an independent variable and the dependent variable. It enables the researcher to use the findings of the data to predict the probability of similar influence of the independent variable on the dependent variable being sustained in larger populations.

3.11 Ethical Considerations

This study was subjected to Institutional ethical review through the research office of the university. A Kenyan National Council for Science and Technology in (NACOSTI) permit to carry out the research was procured (Appendix 4). The target population was contacted through the institutions whose authority to carry out the research was also procured. Once access to the students was gained, the researcher explained the value of answering the self-assessment questionnaire, explaining that it is also part of a research. For the intervention group, the potential value of the intervention was also explained to them, to solicit their willingness to participate in freedom without coercion. An explanation of the purpose of the tests was availed to each of the participants as a first page of the test. Accordingly, the informed consent section of the form was explained to all the participants, and a request that as many as possible participate. This was

accompanied by oral explanation by the researcher. The written consent of the participants was expressed on the same page. It was necessary to be able to identify the participants in order to administer the post-test to the same persons and yet not be able to identify them individually. However, it was not necessary to have names as mode of identification. The participants were invited to use a number and stay with the number through the two stages of the test. In this way, it was possible to retrace results to an individual. In any case, data obtained from the participants has been treated with utmost confidentiality and only used for study purposes.

CHAPTER FOUR

RESULTS

4.1 Introduction

This chapter is a presentation of the research findings of the study. It begins by reporting on the reliability of the scales used for the tests and describing the demographic data of the participants. The chapter then proceeds to report on the data obtained with regard to each of the three objectives of the study, and concludes by outlining the limitations experienced during the data collection and intervention experience.

4.2 Response Rate

A sample of 86 and 92 young adults was targeted for JKUAT and MIUC respectively. Ahead of the pre-test, by a toss of the coin, the JKUAT group was chosen as the control group and the MIUC the intervention group. The pre-test figures overshoot the expectations since the students were approached in cohorts. The effect was that the control group had 90 young adults while the intervention group had 110. Ten participants' data were cleaned out because they did not fit in the age bracket of 18 to 25, leaving the working numbers at 84 and 106. At the post-test the two groups had dropped to 64 for the control group and 66 for the intervention group, maintaining a 68% completion rate. This gives a completion group of 130 which is adequate to make conclusions from (Denscombe, 2017).

4.3 Reliability of Scales Used in the Study

Cronbach's Alpha (α) was used to measure internal consistency of the data obtained from each of two tests—the MHC-SF and the AHS—at pre-test for the combined control and interventions groups. The findings as reported in Table 2 show acceptable levels of reliability, above 0.7.

Table 2*Reliability of Data on Cronbach's Alpha*

Scale	No of items	Reliability
Adult Hope Scale	8	.788
MHC-SF	14	.823

The internal consistency results for the MHC-SF reported 0.823 while the Hope Scale reported 0.788 as shown in Table 2.

4.4 Demographic Details of Participants

The combined number of participants in the control and intervention groups was 190. Table 3 shows the demographic details of the participants, which reflect great homogeneity.

Table 3*Socio-Demographic Data of Participants*

Demographics	Number	Percentage	Missing
Age in years	18	4	2.1%
	19	16	8.4%
	20	22	11.6%
	21	28	14.7%
	22	49	25.8%
	23	32	16.8%
	24	26	13.7%
	25	13	6.8%
Gender	Male	102	53.7%
	Female	88	46.3%
Marital Status	Single	161	84.7%
	Married	29	15.3%
Year of Study	1 st	46	24.3%
	2 nd	49	25.9%
	3 rd	51	27.0%
	4 th	43	22.8%
Religion	Christian	181	95.3%
	Muslim	7	3.7%
	Other	2	1.1%
Nationality	Kenyan	168	88.4%
	Other African	17	8.9%
	Non-African	0	0.0%
	Missing	5	2.6%

As required of the study, the participants had to be between the ages of 18 and 25. The main cluster of participants was between the ages of 19 and 24, but a significant number—13—are at the top end of our sample range at 25, while only four (4) are 18 years of age. This age range is typical of the undergraduate students in Kenyan universities. There was close to gender parity in the sample, with 54.7% male and 46.3 % female representation. The participants were spread across the four years of under-graduate degree programmes. In terms of religion, a predominance

of Christians at 95.3% with only a few Muslim students, and two (2) who reported to be from other religious traditions.

4.5 The Correlation between levels of Hope and of Flourishing

The first objective of the study was to establish if there is any correlation between the levels of hope and those of flourishing in the young adult university students in the Karen area of Nairobi County. The indicated test for the correlation between levels of hope and of flourishing in this study, the Pearson's coefficient (r) test was carried out on the data procured of the combined two groups at the pre-test. The data of all 190 young adults was considered. The results of the Pearson's coefficient analysis are presented in Table 4.

Table 4

Correlations between hope and flourishing for all participants at Pre-test

	Emotional Wellbeing	Social Wellbeing	Psychological Wellbeing	Flourishing Totals	Pathways Agency	Hope Totals
Emotional wellbeing						
Social Wellbeing	.447**					
Psychological Wellbeing	.202**	.358**				
Flourishing Totals	.579**	.802**	.807**			
Pathways	.194**	.276**	.589**	.525**		
Agency	.197**	.332**	.492**	.496**	.616**	
Hope Totals	.217**	.336**	.605**	.569**	.912**	.885**

** . Correlation is significant at the 0.01 level (2-tailed).

Table 4 presents the breakdown of the data for the MHC-SF according to the Means of the three elements it is designed to measure, namely Emotional Wellbeing—MHC-1, MHC 2, and MHC 3; Social Wellbeing—MHC 4, MHC 5, MHC 6a, MHC 7, and MHC 8 and Psychological Wellbeing—MHC 9, MHC10, MHC 11, MHC 12, MHC 13 and MHC 14. The Hope Scale findings are also broken down to the Means of the agency indicators (AHS 2, AHS 9, AHS 10 and

AHS 12) and those of the pathways indicators (AHS 1, AHS 4, AHS 6 and AHS 8). Among the distinct items of the variables there is significant correlation.

Psychological wellbeing emerges as being more strongly related to both agency and pathways qualities of hope at 49% and 59% respectively, than the emotional and social wellbeing. Table 4 shows that the correlation between levels of hope and those of flourishing among the students in the two groups at the pre-test stage is positive and significant on all elements of hope and of flourishing according to the AHS and the MHC-SF test results at the pre-test.

4.5.1 Character Strength of Hope among University Students

An analysis of the data on hope at pre-test from all the participants, gives the following summary in descriptive statistics as presented in Table 5:

Table 5

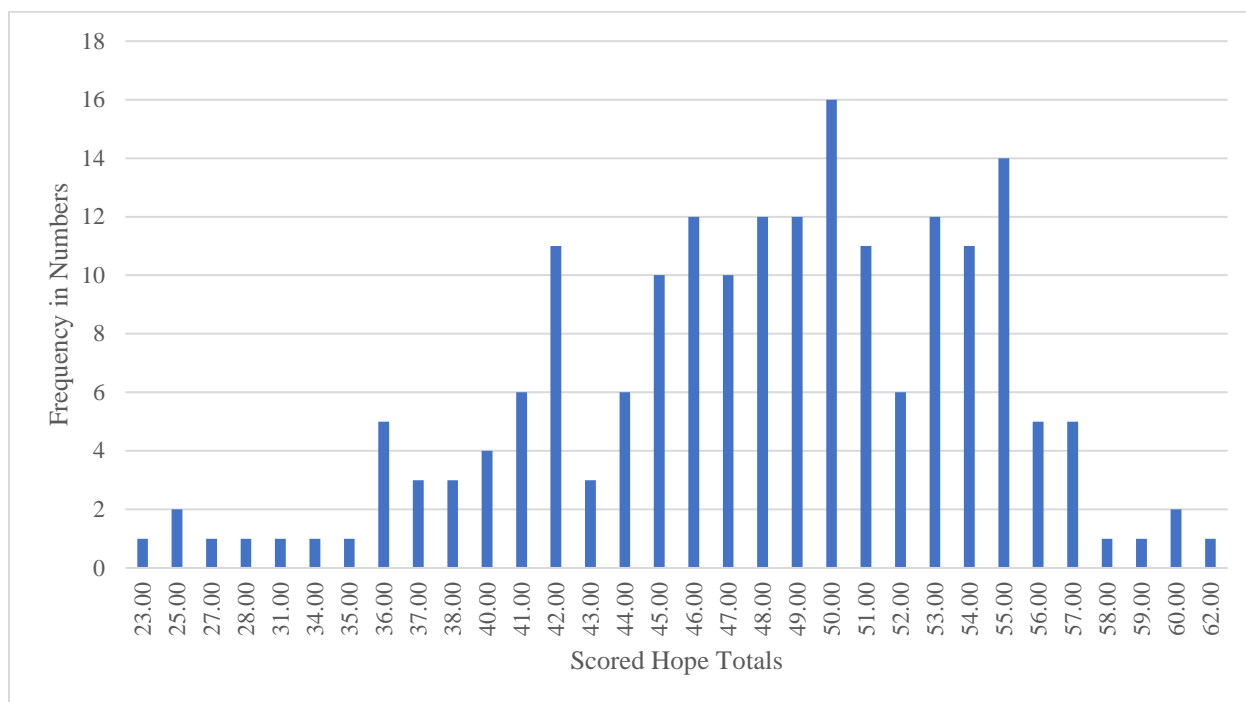
The levels of hope of all the participants at Pre-test)

Hope variables	Mean	Maximum	Minimum	SD
Pathways Totals	23.46	32.00	10.00	4.05
Agency Totals	24.26	32.00	9.00	3.58
Hope Totals	47.72	62.00	23.00	6.86

The lowest scores that one can achieve in the AHS is 8 while the highest is 64. From the summary in Table 5 above, hope levels of the total group were slightly below moderate at pre-test with a total mean of 47.72 out of the possible 64. There were a few of outliers as indicated by the 6.86 standard deviation of the combined hope totals and as illustrated by the Figure 2. The outliers were on the side of very low levels of hope.

Figure 2

Distribution of Hope Totals for all Participants at the Pre-test



Regarding the relation of levels of hope to the demographic data, Table 6 demonstrates that there were hardly any discernible patterns between the ages of the fairly homogeneous group of young adults, though within each age a fairly large spread of levels of hope is evident as shown by the big standard deviations. Women had a slightly higher average in both pathways and agency.

Table 6*Hope variables with the Demographic Data at Pre-test (N=190)*

		Pathways Totals		Agency Totals		Hope Totals	
		Mean	SD	Mean	SD	Mean	SD
Age	18	23.50	2.65	23.25	1.50	46.75	3.95
	19	23.69	4.50	22.81	3.95	46.50	7.62
	20	23.32	3.59	24.27	2.86	47.59	5.85
	21	24.50	4.21	24.86	3.97	49.36	7.71
	22	22.92	4.39	24.20	3.72	47.12	7.20
	23	23.00	4.59	24.22	4.35	47.22	8.04
	24	23.92	3.29	24.04	2.42	47.96	5.11
	25	23.46	3.26	25.77	2.89	49.23	5.37
Gender	Male	22.61	4.11	24.13	3.79	46.74	7.07
	Female	24.20	3.87	24.37	3.39	48.57	6.59
Marital Status	Single	23.19	4.14	23.99	3.63	47.18	6.95
	Married	24.97	3.21	25.76	2.84	50.72	5.57
Year	1st Year	23.83	4.09	24.17	3.71	48.00	6.93
	2nd Year	23.69	4.27	24.04	3.51	47.73	7.35
	3rd Year	24.20	3.45	24.67	3.45	48.86	5.99
	4th Year	22.00	4.23	24.02	3.73	46.02	7.16
Religion	Christian	23.43	4.03	24.23	3.50	47.66	6.75
	Muslim	24.00	4.97	24.29	5.71	48.29	10.39
	Other	24.50	4.95	26.50	.71	51.00	5.66
Nationality	Kenya	23.82	3.92	24.46	3.55	48.28	6.72
	Other	20.21	3.88	22.47	3.37	42.68	6.19
	African						

Table 6 shows that hope among the young people, while similar across the age-range of emerging adults is quite varied between individual members. Females have a slightly higher level of pathways and of hope in general than males, but the differences are negligible, with all lying on the ‘below moderate’ level. Of interest is that, though they are considerably in the minority at 17 out of 190, the married members of the young adults have a moderate level of hope at 50.7; this is

the only demographic group that can be rated at the moderate level, scoring higher than all the other demographic categories. The only other group with a high average is the two students from other than Christian or Muslim religious traditions; being only two (2) in number out of the total of 190, this statistic is not significant.

4.5.2 Level of Flourishing among University Students in Karen

Table 7 shows the data on flourishing of all the participants at the pre-test. It reports the data on emotional wellbeing, social wellbeing and psychological wellbeing separately, and then on the cumulative flourishing.

Table 7

Demographic details with Flourishing for all Participants at Pre-test (N=190)

Demographic Data		Emotional Wellbeing		Social Wellbeing		Psychological Wellbeing		Flourishing Totals	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD
Age	18	11.75	.96	17.50	1.29	23.75	.96	53.00	2.16
	19	10.88	1.71	15.38	4.98	22.44	5.43	48.69	10.69
	20	11.43	2.56	15.00	5.15	22.57	3.17	49.00	9.33
	21	11.00	2.78	16.95	5.12	23.14	6.19	51.09	12.52
	22	11.14	3.33	16.79	4.39	23.32	5.05	51.25	9.92
	23	11.16	2.09	16.89	3.09	24.63	3.86	52.68	7.45
	24	12.07	1.49	15.71	7.03	23.00	4.45	50.79	10.69
	25	11.33	3.72	17.00	4.52	23.33	5.35	51.67	13.41
Gender	Male	11.26	3.09	16.44	4.65	22.78	5.08	50.48	11.01
	Female	11.26	2.15	16.19	4.93	23.51	4.48	50.96	9.48
Marital Status	Unmarried	11.15	2.56	16.12	4.86	23.00	4.80	50.26	10.20
	Married	11.90	2.38	17.20	4.50	24.50	4.07	53.60	8.93
Year	1st Year	11.55	1.95	16.70	3.95	23.50	4.39	51.75	8.77
	2nd Year	10.75	2.76	15.59	5.51	22.09	5.55	48.43	12.03
	3rd Year	11.48	2.27	17.70	3.51	24.35	3.74	53.52	7.47
	4th Year	11.53	3.41	15.21	5.94	23.89	4.15	50.63	10.08
Religion	Christian	11.25	2.56	16.14	4.81	23.14	4.73	50.54	10.11
	Muslim	11.67	2.31	18.33	3.51	24.67	4.16	54.67	4.51
	Other	11.50	2.12	22.00	2.83	26.50	4.95	60.00	9.90
Nationality	Kenya	11.31	2.55	16.44	4.74	23.35	4.52	51.10	9.72
	Other	10.17	2.14	13.00	5.51	20.83	8.04	44.00	14.97
	African								

The highest total an individual can garner in emotional wellbeing is 15 while the lowest is zero (0). Some individuals were able to score the highest, while some scored close to the lowest point. The mean however, being 11.28 reflects that the emotional wellbeing of most university students in Karen is quite good. Regarding social wellbeing, the highest an individual can score is 25. A mean of 17.08 is well above the midpoint. It nevertheless reflects a level of social wellbeing that is not as high as the emotional wellbeing.

In psychological wellbeing, the highest possible score is 30. An average of 22.14 is quite high. It also means that there were very few individuals who scored the low psychological wellbeing scores that totalled up to two (2). With a cumulative mean of 50.49 out of a possible 70.00 the flourishing levels of the total group are high, but there is scope for improvement. It means that if indeed the hope intervention has possibility of improving wellbeing, there was scope to demonstrate this at the post-test.

4.6 The Impact of the Hope-building Intervention on the Level of Hope

The second objective of the study was to assess the impact of the hope-building intervention on the level of hope among the participants in the intervention group. This is done by comparing the change in the levels of hope in the intervention group to that in the control group from the pre-test to post-test. The data reported here is that pertaining to respondents who participated in both the pre-test and the post-test. In the intervention group these are 66 while those in the control group, there are 64.

4.6.1 *Demographic Data with Hope Indicators' Data.*

Table 8 shows the levels of hope elements—agency and pathways—in the intervention group at pre-test and post-test. Each of the facets of hope is presented vis-à-vis the demographic data of the participants in the intervention group.

Table 8*Hope Data for Interventional Group at Pre-test and at Post-test (N=66)*

Demographic Data		Intervention pre-test Pathways Totals		Intervention Post-test Pathways Totals		Intervention Pre-test Agency Totals		Intervention Post-test Agency Totals	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD
Age	18	23.00	3.00	26.33	1.53	22.67	1.15	25.67	.58
	19	23.50	5.02	26.33	2.23	22.00	4.22	26.00	1.54
	20	22.92	3.52	27.08	1.55	23.77	2.98	26.69	2.46
	21	25.38	3.34	27.13	2.47	24.00	4.00	26.88	2.17
	22	21.44	5.75	28.22	2.17	22.33	3.74	28.11	1.76
	23	24.00	4.15	26.82	2.09	24.36	2.94	27.27	1.27
	24	24.25	3.41	27.50	2.88	23.00	2.39	27.63	2.00
	25	22.50	6.36	27.00	1.41	25.00	4.24	26.00	2.83
Gender	Male	23.39	3.97	27.50	2.01	23.44	2.75	26.72	1.71
	Female	23.48	4.36	26.92	2.17	23.21	3.57	27.00	2.03
Marital status	Unmarried	23.40	4.23	27.06	2.14	23.20	3.32	26.89	1.94
	Married	27.00	.	28.00	.	28.00	.	29.00	.
Year	1st Year	23.49	4.18	27.03	2.37	23.20	3.53	27.09	1.88
	2nd Year	23.07	4.35	27.11	1.87	23.07	3.22	26.71	2.12
	3rd Year	23.00	.	25.00	.	26.00	.	27.00	.
	4th Year	28.50	.71	28.50	.71	26.00	1.41	27.00	.00
Religion	Christian	23.45	4.23	27.08	2.13	23.27	3.35	26.92	1.94
Nationality	Kenya	23.75	4.04	27.08	1.99	23.48	3.31	26.77	1.89
	Other African	20.50	5.32	27.00	3.46	21.17	3.25	28.50	1.87

Table 8 shows increase in the level of agency and of pathways for every category of the participants. In addition, it is observed that in most cases, the rise in the average for each of the aspects of hope in every demographic category is ≥ 3 points which is considerable.

The corresponding data regarding hope at pre-test and post-test for the control group is presented in Table 9. The data of the control group shows a different picture from the intervention group between pre-test and post-test as pertains to hope and its two constituents, as shown in Table 9.

Table 9*Hope Data for Control Group at Pre-test and at Post-test (N=64)*

		Pre-test Pathways Totals		Post-test Pathways Totals		Pre-test Agency Totals		Post-test Agency Totals	
		Mean	SD	Mean	SD.	Mean	SD	Mean	SD
Age	18	25.00	.	23.00	.	27.00	.	28.00	.
	19	25.75	2.63	22.50	5.00	27.25	2.50	23.25	4.11
	20	23.88	3.91	26.25	2.31	25.25	2.76	27.13	2.10
	21	26.07	5.84	26.21	4.14	26.43	4.11	24.86	4.52
	22	25.95	3.15	26.84	4.60	26.68	2.96	27.79	2.95
	23	26.88	1.89	27.50	4.50	28.25	2.12	28.13	3.52
	24	27.33	3.78	27.17	2.93	27.33	3.08	28.17	2.14
	25	26.50	4.80	28.00	2.16	28.00	3.37	29.00	.82
Gender	Male	24.94	4.43	25.19	4.42	26.75	3.16	25.91	3.53
	Female	27.00	3.08	27.78	3.12	26.91	3.10	27.97	3.26
Marital status	Single	26.18	3.98	26.29	4.50	27.20	2.93	26.98	3.68
	Married	25.47	3.84	26.95	2.57	25.95	3.42	26.84	3.24
Year	1st Year	26.22	4.06	25.00	6.26	27.89	2.71	27.44	2.74
	2nd Year	26.31	4.61	26.19	2.29	26.44	3.44	26.00	4.02
	3rd Year	26.23	3.37	27.50	3.61	26.45	3.33	27.77	3.42
	4th Year	25.18	4.08	26.24	4.35	27.12	2.76	26.47	3.54
Religion	Christian	25.78	4.03	26.47	4.07	26.61	3.10	27.02	3.44
	Muslim	28.33	.58	27.67	2.52	30.33	1.15	26.00	6.08
	Other	28.00	.00	25.00	5.66	28.00	2.83	26.00	4.24
Nationality	Kenyan	25.97	3.92	26.48	4.01	26.83	3.11	26.94	3.53

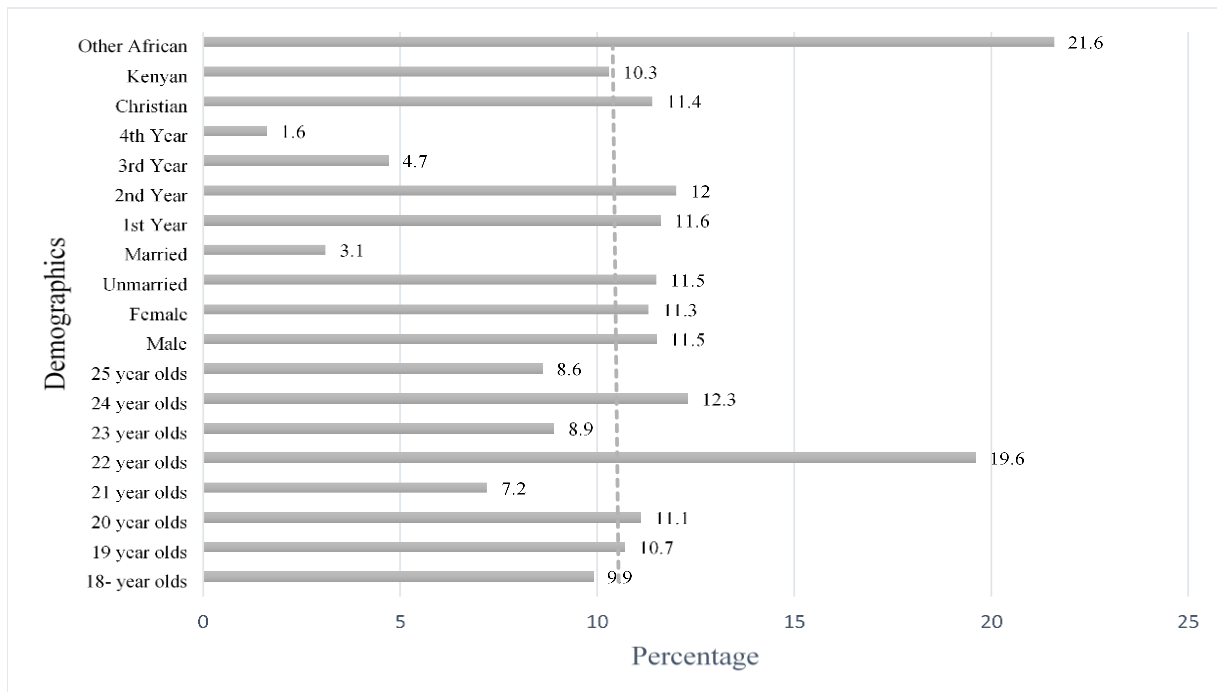
As can be observed, the hope means for the control group changed between pre-test and post-test in different measures, and quite considerably in some cases. Likewise, some pathways indicators increased and in others decreased. The same is observed of agency indicators. No definite pattern is observed. This is strikingly contrasted to the increase that is evident in every case in the intervention group. The Standard Deviation observed in the intervention group at post-test are generally much smaller than those found in the control group at POST-TEST or the intervention group at pre-test. This may suggest that the intervention impacted the way of thinking about hope and the ability to cultivate it for most of the participants.

4.6.2 Paired Means between Pathways and Agency for the Intervention Group

Through a paired means analysis, of the changes in the demographic groups of the intervention group became more evident. The percentage change within each demographic group is shown in Figure 3.

Figure 3

Percentage increase in Hope for Demographic Categories in the Quasi-experiment Group



The only outliers are one 22-year-old percentage by a very large positive shift at 21.6% and the two 4th Year women who had a very slight raise at 1.6%. The 22-year old's group has among them a member who also influences the other Africans' group scores. The one married participant who had a 3.1 % raise in hope was already starting from a high score of 55 total at the pre-test and moved to 57 by the post-test, a reasonable raise.

4.6.3 Repeated Measures Analysis of Variance on the Hope Data.

A Repeated Measures Analysis of Variance (RMANOVA) was carried out on the data on hope coming from the intervention group and the control group. Table 10 presents the descriptive statistics summary procured.

Table 10*Descriptive Statistics for Pre-test and Post-test Hope totals for both groups*

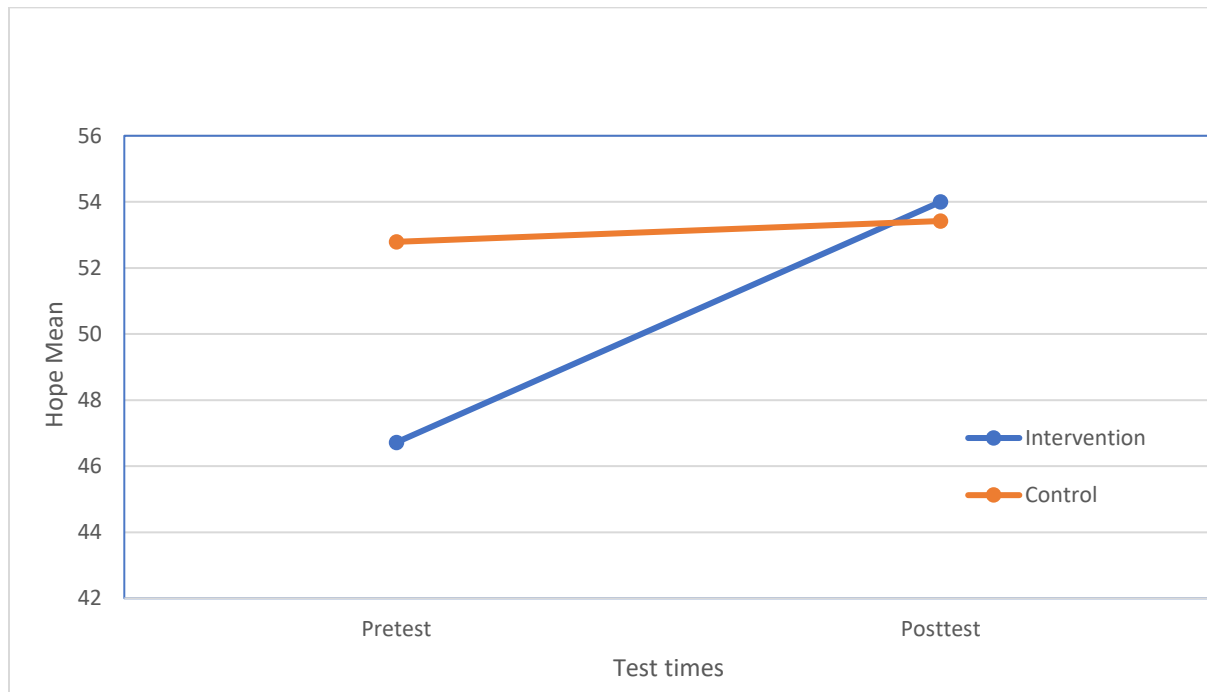
	Group	Mean	Std. Deviation	N
Pre-test Hope Totals	Intervention	46.7273	6.99350	66
	Control	52.7969	6.46401	64
Post-test Hope Totals	Intervention	54.0000	3.60768	66
	Control	53.4219	6.72547	64

Table 10 shows that while the intervention group had a hope average of 46.72 at the pre-test, it achieved a 54.00 average by the time of the post-test, a 7.28 Mean difference. The corresponding variance for the control group is much smaller, with a pre-test mean at 52.79 and a post-test one at 53.42, reflecting a 0.63 mean difference. This rise in level of hope in the control group though small, is a confirmation of studies that show that even appraisal is a kind of intervention; the very fact of participating in the test can alerts participants to the importance of these qualities and makes them begin to cultivate them even inadvertently (Churu & Selvam, 2018).

The considerably larger improvement of the level of hope for the intervention group over the control group affirms the positive impact of the hope-building intervention on the hope levels. Figure 4 shows the comparative rise of hope in the two groups.

Figure 3

Plot of Hope Means for Control and Intervention Group



It is noteworthy that the control group had already a higher hope level at pre-test than the intervention group. By the end of the intervention, the level of hope in the intervention group had bypassed that of the control group, as shown in Figure 4.

The RMANOVA test was carried out with the Groups (Intervention and Control) as the independent variable and hope at post test as the dependent variable. The results of the within subjects contrast are reported Table 11.

Table 11*Tests of Within-Subjects Contrasts on Hope (N=130)*

Source	Hope	Type III Sum of Squares	df	Mean Square	F	Sig.
Hope	Linear	1013.339	1	1013.339	39.127	.000
Hope * Group	Linear	717.955	1	717.955	27.722	.000
Error (Hope)	Linear	3315.045	128	25.899		

Table 11 shows statistically significant results for within-subject contrast on hope within each of the groups between pre-test and post-test ($F = 27.722$, $p < .05$).

The between-subjects analysis of the data of the control and the intervention group show is presented in Table 12.

Table 12*Tests of Between-Subjects Effects (N=130)*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Intercept	695768.447	1	695768.447	14382.777	.000
Group	489.924	1	489.924	10.128	.002
Error	6192.014	128	48.375		

The data shows that the intervention had a statistically significant impact on the level of hope intervention group as compared to the control group given that between-subjects effects ($F = 10.128$, $p < .05$).

4.7 The Impact of the Hope-building Intervention on the Level of Flourishing

The third objective of the study was to assess the impact of the hope-building intervention on the level of flourishing of the participants. The findings for this impact are presented in the

following sections showing the demographic data as relates to flourishing, the RMANOVA on flourishing at pre-test and at post-test for the two groups as well as the within subjects and between subjects contrasts on flourishing. Finally, regression analysis is carried out on the data of flourishing at post-test and results thereof reported.

4.7.1 Demographic Data with Flourishing Indicators' Data.

Tables 13 presents the demographic data along with the data on flourishing at pre-test and post-test for the intervention and the control groups respectively.

Table 13*Intervention Group Data on Flourishing at Pre-test and Post-test (N=66)*

Demographic data		Emotional wellbeing Means		Social Wellbeing Means		Psychological Wellbeing Means		Cumulative Flourishing Means	
		Pre-test	Post-test	Pre-test	Post-test	Pre-test	Post-test	Pre-test	Post-test
Age	18	11.33	13.00	17.33	20.67	23.33	25.33	52.00	59.00
	19	10.50	12.25	14.08	21.42	22.00	27.25	46.58	60.92
	20	12.00	13.31	15.85	21.15	23.46	26.77	51.31	61.23
	21	10.50	13.38	17.00	22.00	24.50	27.63	52.00	63.00
	22	11.22	13.67	16.33	21.67	21.56	26.89	49.11	62.22
	23	10.18	13.27	16.55	23.09	23.27	28.36	50.00	64.73
	24	11.38	12.75	15.63	22.00	22.00	25.50	49.00	60.25
	25	8.50	13.00	14.00	21.00	19.50	28.00	42.00	62.00
Gender	Male	11.22	13.50	16.61	21.61	22.61	27.33	50.44	62.44
	Female	10.81	12.92	15.54	21.83	22.77	26.96	49.13	61.71
Marital Status	Single	10.94	13.08	15.82	21.74	22.66	27.02	49.42	61.83
	Married	10.00	13.00	17.00	24.00	27.00	30.00	54.00	67.00
Year	1st Year	11.40	13.31	16.31	22.09	23.34	27.11	51.06	62.51
	2nd Year	10.46	12.79	14.82	21.21	21.79	26.93	47.07	60.93
	3rd Year	9.00	13.00	19.00	25.00	24.00	27.00	52.00	65.00
	4th Year	10.00	13.00	20.00	22.50	24.50	28.00	54.50	63.50
Religion	Christian	10.92	13.08	15.83	21.77	22.73	27.06	49.48	61.91
Nationality	Kenya	11.00	13.13	16.12	21.72	22.92	27.13	50.03	61.98
	Other African	10.17	12.50	13.00	22.33	20.83	26.33	44.00	61.17

Table 13 on flourishing in the intervention group shows an increase in every aspect of flourishing—emotional, social and psychological wellbeing—for all the demographic categories between pre-test and post-test. Comparative review of the data for the control group (Table 14) reveals an erratic pattern where in a few cases, there is marginal increase while in some there is some reduction in the levels of flourishing.

Table 14*Control Group Data on Flourishing at Pre- and Post-test (N=64)*

Demographic data		Emotional Wellbeing Means		Social Wellbeing Means		Psychological Wellbeing Means		Cumulative Flourishing Means	
		Pre-test	Post-test	Pre-test	Post-test	Pre-test	Post-test	Pre-test	Post-test
Age	18	13.00	13.00	16.00	18.00	25.00	28.00	56.00	57.00
	19	12.00	12.25	16.50	19.25	23.75	23.50	55.00	52.25
	20	10.50	12.75	19.63	13.63	21.13	25.00	45.25	57.38
	21	11.29	11.29	17.07	16.93	22.36	23.36	50.57	51.71
	22	11.11	13.00	21.00	17.00	24.16	27.58	52.26	61.58
	23	12.50	13.25	19.38	17.38	26.50	27.00	56.38	59.63
	24	13.00	12.33	19.00	15.83	24.33	25.17	53.17	56.50
	25	12.75	12.75	20.25	18.50	25.25	26.25	56.50	59.25
Gender	Male	11.28	12.44	18.31	16.34	22.88	25.16	50.50	55.91
	Female	11.94	12.56	20.03	17.16	24.63	26.25	53.72	58.84
Marital status	Single	11.44	12.56	19.76	16.56	23.49	25.78	51.49	58.09
	Married	12.00	12.37	17.79	17.21	24.37	25.53	53.58	55.68
Year	1st Year	12.11	13.67	21.44	18.22	24.11	27.78	54.44	62.89
	2nd Year	11.25	11.50	18.88	16.94	22.63	25.00	50.81	55.38
	3rd Year	11.59	13.00	19.23	17.64	24.36	25.64	53.59	57.86
	4th Year	11.71	12.18	18.18	14.65	23.82	25.35	50.18	55.71
Religion	Christian	11.61	12.49	18.92	16.49	23.61	25.64	51.71	57.05
	Muslim	11.67	12.67	21.67	18.33	24.67	25.00	54.67	59.33
	Other	11.50	12.50	23.00	22.00	26.50	28.50	60.00	64.00
Nationality	Kenya	11.61	12.50	19.17	16.75	23.75	25.70	52.11	57.38

Like it was with hope at post-test, the indiscernible pattern on flourishing data for the control group from pre-test to post-test as evidence in Table 14 is a sign of the difference of experience for this group as compared to the intervention group which experienced a definite rise in the level of flourishing between pre-test and post-test.

4.7.2 Repeated Measures Analysis of Variance on the Flourishing Data.

The RMANOVA was carried out on the data on flourishing from the intervention and the control groups. Table 15 below presents the descriptive statistics summary procured.

Table 15

Pre-test and Post-Test Flourishing Totals for both groups

	Group	Mean	Std. Deviation	N
Pre-Test Flourishing Totals	Intervention	49.4848	9.54059	66
	Control	52.1094	10.46554	64
Post-Test Flourishing Totals	Intervention	61.9091	3.82593	66
	Control	57.3750	10.43879	64

Table 15 shows that the intervention group had a flourishing Mean of 49.4848 at the pre-test, while the control group had a higher mean score at 52.1094. By the time of the post-test however, the intervention group scoring a mean of 61.9091 was considerably higher than the control group at 57.3750. The variance for the intervention group between pre-test and post-test scores is high at 12.43. The corresponding variance for the control group is much smaller at 5.28. This big difference reflects a positive impact of the hope-building intervention on the flourishing levels of the intervention group.

Tests of within and between group significance were helpful in validating the results as shown in Tables 16 and 17. Table 16 shows that the within group variance is significant at .000 which meets the requirement for significance which ought to be $p \leq .05$. This means that the

variance in flourishing levels experienced within each of the groups – the control and the intervention – between pre-test time and post-test time is of statistical significance. This further validates the observation that the intervention had a clear impact on the intervention group whose level of flourishing increased much more than that of the control group.

Table 16

Tests of Within-Subjects Contrasts on Flourishing for the two Groups

Source	factor1	Type III Sum of Squares	df	Mean Square	F	Sig.
Flourishing	Linear	5083.932	1	5083.932	103.452	.000
Flourishing * Groups	Linear	832.547	1	832.547	16.941	.000
Error(factor1)	Linear	6290.303	128	49.143		

The same is observed of the significance of contrasts between groups as shown in Table 16, where the p value at the intercept is less than 0.05. This underscores the point made under the within groups observation underscoring the difference between the two groups.

Table 17

Tests of Between-Subjects Contrasts on Flourishing

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Intercept	792604.841	1	792604.841	7073.439	.000
Category	59.241	1	59.241	.529	.468
Error	14342.871	128	112.054		

Table 17 shows that the intervention had a statistically significant impact on the level of flourishing of the intervention group as compared to the control group given the between-subjects effects ($F = 7073.4$, $p < .05$).

The difference that the intervention made on the flourishing of the intervention group is demonstrated in Figure 4; which shows a considerable shift in the Mean Total of flourishing for the interventional group, in comparison to the control group.

Figure 4

Plot of Flourishing Means for Control and Intervention Groups



At pre-test the intervention group had registered a lower level of flourishing mean at 49.48 in comparison to the control group whose mean was 52.10. By post-test however, the intervention group at 61.91 had by-passed control group, which had also risen 57.38. The impact of the intervention is evident in this visible difference.

Of interest to the study is data that shows if all the aspects of flourishing increased in comparison to each other in the intervention group. That data is in the paired comparisons in Table 17. It shows similarity between the three components of flourishing in terms of how they increased over the four-week period.

Table 18

Paired Samples of Flourishing for Intervention Group at Pre and Post-test (N=66)

Facets of Flourishing		Mean	SD	Paired Mean Differences	t	Sig. (2-tailed)
Emotional wellbeing	Pre-test	3.4747	.97719	-.74747	-8.280	.000
	Post-test	4.2222	.46898			
Social wellbeing	Pre-test	3.0258	1.04459	-1.03485	-9.402	.000
	Post-test	4.0606	.44094			
Psychological wellbeing	Pre-test	3.7652	.87216	-.61616	-7.362	.000
	Post-test	4.3813	.42038			

Table 18 also shows that the standard deviation in each of the three variables decreased considerably at post-test as distinct from pre-test. Psychological wellbeing was more strongly correlated to hope at pre-test than social and emotional wellbeing, but when hope was increased, it impacted all three dimensions of flourishing but the biggest increase is noted to be in social wellbeing.

Finally, Table 19 is a result of the regression analysis carried out on the two groups (differentiation of the intervention and control) with flourishing at post-test as the dependent variable. It shows a small but significant influence of the intervention on flourishing levels.

Table 19

Regression Analysis of Flourishing at Post-Test for the two Groups

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	F	Sig.
1	.281a	.079	.072	7.81448		
(Constant)		57.375	.977			.000
Groups		4.534	1.371	.281		.001
Regression					10.939	

Predictors: (Constant), groups. Dependent Variable: Post-test Flourishing Totals

Table 19 shows that the intervention which is represented by the Groups as the independent variable, had a statistically significant impact on the dependent variable—flourishing—($F=10.94$, $p<.05$).

4.8 Testing of Hypotheses

The findings above suggest a rejection of the null hypotheses. The three are given below along with a summary of the findings that indicate their rejection.

1. The first hypothesis stated that there is no correlation between the level of hope and that of flourishing in university students in the Karen area of Nairobi. Based on a Pearson's r coefficient test, the study at the pre-test established a .569 significant correlation between hope and flourishing totals. In addition, there were significant relationships between each of the aspects of hope—namely pathways and agency—with each of the facets of flourishing – emotional, social and psychological wellbeing, as shown on Table 4. The null hypothesis is therefore rejected since the study has established that there is a significant correlation between the level of hope and that of flourishing in university students in the Karen area of Nairobi.
2. The second hypothesis stated that there is no impact of a hope-building intervention on the students' level of hope as measured by the AHS in university students in the Karen area of Nairobi. There was considerable rise in the level of hope in the intervention group with a mean difference between pre-test and post-test of 7.38, reflecting a 11.37% increase, compared to that of 0.63 mean rise in level of hope for the control group in the same period, reflecting a 0.98% increase (Table 10). The difference in the rise of hope is considerable and so reflects a departure from the null hypothesis, which stands rejected. The findings from the RMANOVA on Hope at post-test with the groups (intervention/control) as

predictor indicate a within groups statistically significant impact of the intervention on hope ($F=27.72$, $p<.05$) as seen in Table 11, and similarly significant ($F=10.13$, $p<.05$) as shown on Table 12 for the between groups test. The hope-building intervention on university students in the Karen area of Nairobi has had a positive impact on their level of hope as measured by the AHS.

3. The third null hypothesis stated that there is no impact of a hope-building intervention on the students' flourishing as measured on the MHC-SF in university students in the Karen area of Nairobi. The levels of flourishing of the intervention group rose considerably and in a statistically significant way for the intervention group in comparison to the rise in the flourishing of the control group. The level of flourishing in the intervention group rose by a mean difference of 12.43 between pre-test and post-test while that for the control group rose by a mean difference of 5.28 in the same period (see Table 15). The linear regression analysis test on flourishing at post-test as a dependent variable and the groups, namely, the intervention, as independent variable, gave an R square of 8% influence of the intervention on Flourishing, but it is statistically significant result ($F=10.94$, $p<.05$) as shown in Table 19. On this basis, the null hypothesis is rejected. The hope-building intervention on university students in the Karen area of Nairobi has had a positive impact on their level of flourishing as measured on the MHC-SF.

4.9 Limitations of the Study

As a study in a given situation and with clear parameters, the work stayed within certain limits, for example, only studying young adults in two university colleges in the Karen area; and the scope of hope as defined and measured by the AHS of Snyder et al. (1991). This scale has not been adapted to the African cultural context, and has been used in this study in its current status.

The same must be said of the MHC-SF which, to our knowledge, has not had its psychometric qualities tested in Kenya or even in East Africa. There is reason to believe that the two scales have some weaknesses when used in the Africa cultural context. These weaknesses will be discussed in Chapter Five.

The study looked at the participants' own conceptualisation of their own two-pronged aspects of hope as such. It has been shown that a qualitative study engagement which allows participants to define hope can arrive at concepts of it that are different from those in the AHS, including some which are not immediately measurable. The intervention did not allow for time to elaborate these perceptions since it was already very strongly tailored along the Hope Theory.

As regards the intervention, the study is limited to the efforts and self-regulation ability of the participants, and this makes it possible that some engage much more constantly than others. Much as they committed to engage and were indeed excited about the various steps, there is no guarantee that they actually carry on the activities on a daily basis. The only direct feedback besides taking the tests was in the context of the group counselling exercises which were reassuring in the high levels of attendance and participation. No formal reports were required of them for submission during the intervention. Such an addition might be profitable for a closer articulation of their experience by the researcher during and after the intervention.

The impact of the intervention during the study is only considered for the time immediately following on the experience. The study does not reach into the long-term impact, if any, of the intervention, to explore if it transforms the participants life or attitude to life for the long term. This is are possible areas for further study.

CHAPTER FIVE

DISCUSSION

5.1 Introduction

This chapter discussed the findings of the study in light of other studies reported in literature. It is sectionalised according to the objectives of the study, namely discussion the correlation of hope and flourishing among university studies in Karen areas of Nairobi, reviewing the impact of the intervention to increase hope on the levels of hope for the students and finally the findings regarding the ability to impact wellbeing through increasing hope in the subjects.

5.2 Correlation between Hope and Flourishing

In line with the first objective of the study the aim of this section is to discuss the findings of the study on correlation between the character strength of hope and levels of flourishing among University students in the Karen Ward of Nairobi. The findings of the study as reported in the foregoing chapter are a positive correlation between hope and wellbeing levels. These findings are established at the pre-test of the study, ahead of any interventions besides the instructions for the test. It can therefore be taken as the norm that levels of hope can be an indicator of levels of wellbeing for emerging adults in the region. This is in confirmation of findings of studies done in other parts of the world, which report a positive correlation between characters strengths in general, and hope in particular, with wellbeing or flourishing.

The study is not a comparative study of strengths vis-à-vis wellbeing so it is difficult to compare the ranking of the correlation of this strength with others. While Park and Seligman (2004) rank hope high as a correlate of wellbeing, Gustems and Calderon (2014) have it missing in a list of highly correlated strengths to psychological wellbeing of student teachers, an age comparable to the emerging adults who were the subject of this study. This may raise the question

of cultural differences or historical events or other interferences which may produce different results in terms of degree of correlation, according to context, but this would need to be subjected to further study.

Our findings agree with the studies of Snyder (2002) on the impact of hope levels on university students' ability to excel in many fronts and on other indicators of wellbeing. The findings however differ from those of Bailey et al. (2007) whose study on emerging adults established that the agency component is a more influential predictor of wellbeing than pathways. In this study both agency and pathways elements are significantly correlated to wellbeing in each of its facets. Agency is more influential in social wellbeing while pathways is of greater significance when it comes to psychological wellbeing. It is not too surprising given that emerging adults are very concerned about their acceptability in the social groups which is indicated through agency kinds of qualities – such as a sense of success and achievement, and of adequacy. The concerns about performance or efficacy – pathways—are more indicative of their psychological wellbeing.

Unlike the emerging adults of Michigan and Singapore in the study by Tong et al.(2010) pathways matter at least as much as agency in the wellbeing of the undergraduate students of universities in Karen, Nairobi. It would be of great interest to study how levels of hope impact performance of university students in the Kenyan milieu and their ability to cope through challenges and difficulties. In any case, while studies differ about the significance of the strength of hope for wellbeing, this study adds to the side of the debate that gives it a high premium for wellbeing.

5.3 Impact of Hope Intervention on Levels of Hope

The second objective of the study was to establish if levels of hope in individuals can be raised through intervention. The findings resoundingly affirm this. Synder (2006), Leontopoulou, (2015) and Csikszentmihalyi (2014) already affirmed the possibility of increasing hope through intervention. The findings of the study increase the evidence that this is both possible and profitable for wellbeing. In addition, the Mean for pathways ($M=23.46$), agency ($M=24.26$) and cumulative hope ($M=47.72$) for the combined group of participants at pre-test meet the averages for adults of similar age in other cultures as reported in the work of Snyder for college and non-college adults to be average of 24 (Edwards et al., 2007). These comparisons are affirmative for our findings, and for the assumed shared understanding of the items in the AHS across these cultures.

Three aspects of hope, namely goal articulation, pathways identification and agency cultivation were addressed as prescribed by Rang and Cheavens (2009) and Magyar-Moe and Lopez, (2015). However, only two aspects are subjected to assessment. In these two aspects marked growth was observed in the intervention participants. The intervention encouraged the exercise of the qualities of hope, and its marked rise in the participants confirms that the use of a strength grows it (Zhang and Chen, 2018). Magyar-Moe and Lopez, (2015) explain the impact of any effort to build hope, even slight, given that, in their view, hope is a highly malleable quality. This possibly explains why even the control group having been sensitised through testing to the importance of the qualities of the hope showed an improvement on hope, though much smaller than that showed by the group that received the hope-building intervention.

Having proved that hope can be increased through intervention, the study can recommend such efforts in favour of emerging adults, especially in the African context. In a context that has a lot of challenges especially for young people, and a society that is predominantly a young society,

cultivating hope can pay multiple benefits. First, hope-building is not only effective in the individual, but a hope-filled individual easily helps to grow the quality and strengths in others in his/her vicinity (Magyar-Moe and Lopez, 2015). Though such a claim has to be subjected to further study, the very possibility makes for a very interesting investment of resources for the transformation of African society. In addition, hope-building intervention is a very promising therapy tool in face of rampant mental health challenges in Kenyan society. Yotsidi et al. (2018) recommended developing hope in students in order to improve their academic performance. For students, academic performance or a sense of efficacy in academic work contributes to wellbeing.

The findings also add considerably to the notion that strengths and their use are correlated (Zhang & Chen, 2018), by showing that even persons who are low on a strength can considerably improve on it by intentional training. With regard to being emerging adults, the findings that hope can be promoted has other implications of to their welfare. Emerging adulthood is a stage of instability and uncertainty. But with reinforcement of both agency and pathways, greater stability can be achieved. It may be possible that the exercise would need reinforcement with some frequency until the end of the unstable stage.

5.3.1 The context of the intervention

One can also argue that with the use of the mindfulness setting for the exercises the possibility of more reflective and therefore more sustainable learning is increased. The sessions of intervention were always set in the context of a mindfulness exercise, which maximised the students' awareness of the path they were making, the benefits and challenges that accrued. With sustained learning on how to keep their sense of agency and pathways strong, the emerging adults can strengthen their self-reliance, which in turn can give them greater self-confidence for the steps into adulthood that are at their doorstep (Lamborn & Groh, 2009).

The nature of the intervention group may also have played an important part in the quality and level of impact. The intervention group were largely a combination of groups of friends who shared many other activities. Besides getting together for the intervention meeting, they would be together in many other settings where they observed challenged and encouraged each other directly or indirectly. As Lamborn and Groh, recommend security with family is a support for the emerging adults. The social dimension of wellbeing is more strongly secured in interventions that help the young people stay connected to their families and roots even as they develop their independence.

Finally, the face-to-face meeting with the intervention leader who became a friendly figure enabled a developing optimism, which encouraged engagement. These special circumstances point to ways of making character strengths interventions more effective. As much as possible, they should be set in the milieu of the daily lives of the recipients. This calls for mainstreaming of the practices in the lead activities or settings of the institution, in this case, in the university curricula. It also calls for giving the learner as much responsibility for their own engagement and accountability thereof as possible. The possibility offered by the use of well-prepared mindfulness exercises for this cannot be underestimated. Fortunately, these are easy to learn, teach and implement and are a powerful way of giving individualised space to the learner without the excessive pressure which tends to characterise their academic activities.

Research shows that efforts for augmentation in one strength often engenders positive impact in other character strengths and in general wellbeing. Leontopoulou (2015) reports how hope was increased in a group of emerging adults through gratitude enhancing interventions. It is perhaps the positive attention to self and to one's environment that ignites the energy of positivity which then gets other strengths of the person and in the environment, namely the associates, to action. The nature of the intervention for this study called for a strong attention on the affective

energy to fuel the cultivation of hope, as well as putting directly for attention to own strengths besides hope as a way of increasing hope. The significance of these findings lies in the possibility to build, not only hope but also wellbeing in general, including social, psychological and emotional aspects as was tested in the analysis of data for the third objective, which we discuss in the next section.

5.4 Impact of Hope-building Intervention on Level of Flourishing

The third objective of the study was to assess the impact of the hope-building intervention on the flourishing of the students. The findings showed positive impact of the intervention given that the control group had only a slight raise in their flourishing compared to the intervention group which had considerable improvement on all fronts of wellbeing presented in the MHC-SF, namely the emotional, the social and the psychological. The impact of the intervention confirms Proyer et al (2011, 2013) findings that hope is a high potential character strength on which to invest intervention since it pays great dividends on wellbeing on all facets. The study also confirms the findings of Lounsbury et al. that hope is a particularly important value for emerging adults; while their study reported that increase of hope creates greater satisfaction with life (Lounsbury et al., 2009) this study adds to this that it increases emotional social and psychological wellbeing besides.

This group of emerging adults (n=190) had reasonably good mental health status according to the scores on the MHC-SF, and could be described as flourishing. Only one of the two not flourishing was actually languishing at pre-test. Both were Year 2 male students in the control group. Both participated in the post-test and reported considerable improvement even though they were not part of the intervention. It is therefore important to note that the intervention was working with a group who are already in a positive state of well-being. The study was able to demonstrate that well-being can be augmented towards greater benefits in their lives (Howell et al., 2016).

Some of the proven benefits of increasing character strengths in general is the increase in personal fulfilment that manifests in thoughts, feeling and actions (Mcgrath, 2015). This was confirmed in the rise in emotional, social and psychological indicators for this study, constituting the comprehensive benefits of positive psychology interventions, namely positive emotion, positive thoughts, positive behaviour and needs satisfaction as elaborated by Lyubomirsky and Layous (2013). This then enables positive impact on them individually and on their community or group. For emerging adults and in the African highly communitarian cultural context, the potential benefits of this and other character strengths intervention are high.

In their review of the hope construct and measurement validity, Edwards et al (2007) also review the findings on the benefits of a strong character of hope for individuals as reported in empirical studies. Among these are some which are encouraging for building up hope among university students in the Kenyan and other settings. High levels of hope are correlated to better academic outcomes, irrespective of intelligence, which was not significantly related to hope. In the Kenyan educational setting, admission to university is already a mark of intelligence, at least of the cognitive kind. They should normally be able to complete their studies successfully and in a timely fashion, and to deal with the challenges that come their way in the course of the university career. Yet a 38% attrition rate for students registered in private universities was reported by a 2016 study (Njoroge et al., 2016). Anderson et al. (2016) found psychological distress to be among the causes of attrition in university students' academic career. Nyutu et al., (2019) elaborate on numerous difficulties for university students in Kenya, which can impact on their psychological wellbeing and become a factor of the completion of their studies. Their study demonstrated the impact that psycho education and counselling can have in alleviating the stressors and increasing their chances of completion. These findings indicate the validity of efforts to improve the

psychological resilience of university students. In our study, building up hope has been found to be possible and effective in improving psychological and other wellness outcomes, which can cumulatively contribute to better and more satisfactory completion of academic careers. Seirup et al, (2011) demonstrated in their study that high hope correlates with high academic performance. We postulated and confirmed through the study that high hope correlates with other wellbeing outcomes. This makes a case for hope-building interventions in institutions of higher learning in Kenya where we find students plagued by many challenges, compromising not only completion rates but also quality of life.

Finally, it emerges that the hope-building intervention that was undertaken in this study was a particularly suitable way of cultivating character and purposefulness, meaning in life and resilience in emerging adults, specifically because it rallies along the characteristics of this life stage. At this stage, seeking to be clear on one's goals can be very helpful for the on-going identity search that is characteristic of this developmental stage. It is, as McAdams has stated, the stage of crafting the story of one's life, creating the self-defining life-story (McAdams, 2013a). The exercises elaborated in the intervention, especially the goals-defining support, play well into this great need of the developmental stage. Together with the pathways exercises, the young adult becomes able to manage the run-away games of unlimited possibilities, which bedevil some emerging adults, by working on these to create workable realities and leave off the excessive waste.

Other characteristics of emerging adults were also found to be resources for leveraging the engagement of the young people in the intervention (Arnett, 2000). Instability is both legitimised and leveraged in the call to think through strategies for achieving goals. Most of the exercises of agency accompany the in-between experience of the emerging adult. Without adequate of meaningful accompaniment, young adults, feeling not sure of competence to be adult, yet also

desirous of reaching out of childhood, are bound to overstretch themselves and sometimes endanger their lives and resources. A process of strengthening their sense of agency in the context of building hope can both support growing independence and mitigate against the dangers of over indulgence, which also can arise from excessive self-absorption. The findings then agree with Eloff (2008) that positive psychology interventions are a rich entry point to the enhancement of human resources for the African renaissance. It is the contention of this study that intervention to build up hope in emerging adults helps them mitigate against some of the pitfalls that bedevil emerging adults, as well as enriches their lives with greater wellbeing and its accompanying benefits.

5.5 Suggested Improvement of the Hope Theory

The study was supported by two theories, namely, the Mental Health Continuum Theory of Corey Keyes for understanding and assessing the mental health indicators, and the Hope Theory of Charles Snyder for elaborating on and measuring hope. This section discusses slight proposed adjustment to the Hope Theory and Hope scale in line with the findings of the study

From the experience of the study, especially the work done by the intervention participants during the intervention, hope is clearly much more than an emotional state or an impulse (Edwards et al., 2007). There is certainly a cognitive component and an intentional option that can be embraced and cultivated. However, the reality of the hope experience is that the emotional, social and other contextual elements also feed into this dimension of the individual.

One of the challenges that present in using the hope theory is that the tool derived from it for assessment—the AHS—does not clearly have the goals component. The latter is assumed to be subsumed in the pathways and agency elements, and the researcher finds this unsatisfactory. In the intervention, however, sessions dedicated to goal articulation were built-in to ensure the

strength of viability of the agency and pathways conversation. There is merit in upholding both the pathways and agency facets of the Hope Theory but to consider inclusion of the goals facet as well in the consideration and assessment of hope levels. Snyder proposes not assessing the goals elements because it is assumed in the agency and pathways. In the Hope theory, agency thinking is the willpower to achieve a goal, while pathways thinking is referred to as way-power (Edwards et al., 2007). Yet the degree of clarity on the goals the person sets can contribute to a good or poor self-appraisal on hope. It seems valid therefore to consider ways of assessing the said goal-clarity competence.

Another concern with the AHS is that the hope theory has a very individualised and functional perspective on hope. People can hold quite high levels of hope that is not related to aspects of life about which they have functional control. For example, many people have hope about better economic times, or improvement of the weather, in the future even though they are clearly not able to do anything about that. The disconnect with agency does not result in less valid hope. As it stands the hope theory is highly subject-focused. Yet many aspects of hope, at least in its popular understanding, are related to things of importance but lying beyond one's control.

The VIA definition of the character strength of hope claims that it goes beyond the emotional, not that it excludes this dimension. It has to do with positive expectations about the future, what some call 'optimism'. The hope-filled person is optimistic, such that they have an explanatory system of events that does not put them into a victim perspective, but puts them in the centre as agents. This explanatory system is internal, stable and global, as opposed to the pessimistic perspective, which is external, unstable and specific, creating a victim mentality. While the internal-external dynamic of optimism may be evident in the agency items, it is difficult to see how the stable-unstable, and the global-specific elements are catered for in the AHS. Accordingly,

it is not surprising that though significant, the positive correlation between social wellbeing and the hope variables of pathways and agency at the pre-test (N=190) are in low percentages of 27% and 33% respectively (see Table 7). The AHS assesses the emotional competence associated with agency and pathways thinking as a factor on the Likert scale, showing the ability of the participant to harness emotional energy into action in service of goals. In our study, the correlation is between emotional wellbeing variables of the MHC-SF and the hope variables is positive but low, with pathways at 19% and agency at 20% at the pre-test as seen in Table 7. Our postulation is that the absence of social-global elements in the hope theory creates a largely weak link with the full wellbeing picture. The study suggests that in similar studies, adaptation of the hope theory to give some stronger emphasis on the optimism concerns of the socio-communal and other global experiences dimensions would be helpful. In lieu of this, a complementary scale that weighs in on these elements might serve for inclusion towards more comprehensive results.

5.7 Suggested adjustment on the diagnosis of flourishing based on the MHC-SF

According to Keyes, an individual can be diagnosed as flourishing when they report to be experiencing every day (score 5) or almost every day (score 4) at least seven (7) of the indicators of wellbeing in the MHC-SF, where at least one of those seven is from the emotional wellbeing section. To be diagnosed as languishing, one has to score never (score 0) or once or twice (score 1) on at least seven of the indicators of wellness, where at least one of those seven is in the emotional wellbeing section. Going by this definition, only 60 of 190 failed to meet the criteria of flourishing and only four (4) could be diagnosed as languishing. The majority are flourishing while only a very small proportion of the population (2%) are languishing.

Table 20*Distribution of Participants at Pre-test on the Wellbeing Continuum (N=190)*

Level of Wellbeing	Number	Percentage
Flourishing	125	65.7
Moderately Flourishing	61	32.1
Languishing	4	2.1
Total	190	99.9

The distribution of the participants on the continuum as shown in Table 20 seems to suggest a very high level of wellbeing among the university students in the Karen area, going by the diagnosis of flourishing given by Keyes. These findings raise the question whether this diagnosis is attuned to the reality of the under-graduate University students in the Karen area. With high levels of unemployment in Kenya, high levels of youth mental health deficits and documented youth apathy, can university students be flourishing so much and be so removed from a prevalent aura of apathy? Another question that could be raised in this regard is whether the study population is of a privileged lot of whose daily life experiences are far removed from the realities of other African youth. The latter is unlikely, given that these institutions attract the typical Kenyan youth as other public and private universities in Kenya. These questions invite a critical review of the diagnosis of flourishing in the MHC-SF vis-à-vis the African cultural context, the African city-resident youth and other factors at that could be play.

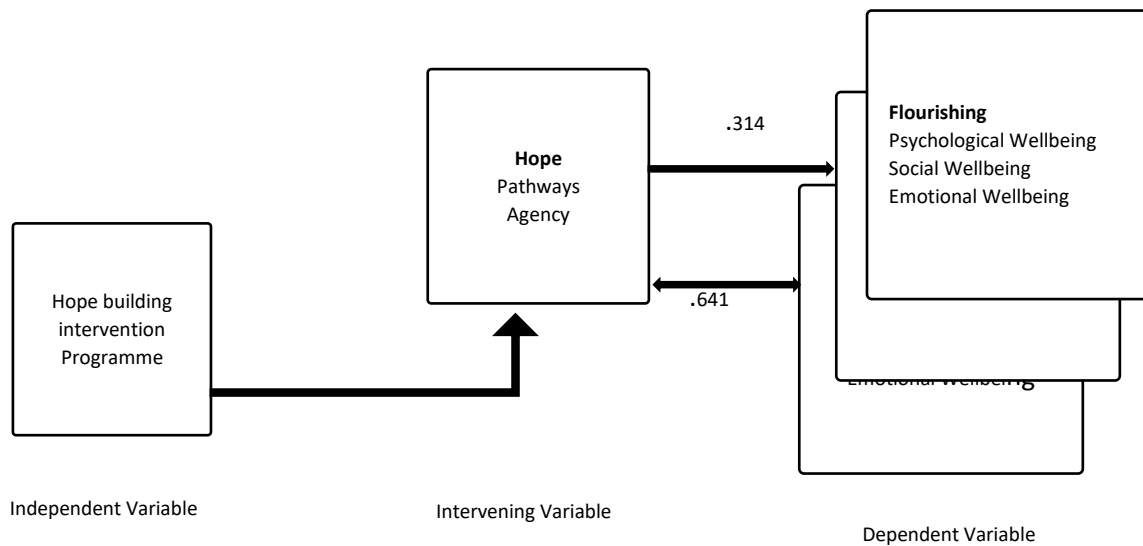
5.8 Revisiting the Conceptual Framework

The conceptual framework that was conceived for the study was largely confirmed, such that a hope-building intervention among university students in Karen area of Nairobi impacted a

rise in the level of flourishing of the students. A slight change in the framework is to show that indeed the main impact of the intervention is in raising the level of hope, and it is thus the level of hope that impacts the raise in the level of flourishing. Figure 4 below presents the slightly altered conceptual framework. It seeks to reflect that an intervention to increase hope increases wellbeing among the subjects because levels of hope and of flourishing are positively correlated.

Figure 5

Revised Conceptual Framework



5.9 Summary

In this chapter, a reflection on the findings of the field study in light of the literature and observed realities of Kenya has been carried out. In view of the strongly significant correlation between levels of hope and of flourishing, it is not surprising that successful effort to raise the levels of hope have an effect also on the levels of flourishing. The reflection is made in view of

helping emerging adults especially those in universities to take greater advantage of the resources of this stage to ameliorate their development. Hope intervention is regarded as particularly well suited to the young adults due to its versatility, which rhymes with the characteristics of emerging adults. The study confirms correlation between the character strength of hope with flourishing indicators. It shows that not just agency as some scholars have indicated, but also the pathways facet of hope is influential in the levels of flourishing of the young adults in universities in Karen.

The chapter also suggests the possibility of adjusting the Hope Scale used in the study, with a view to make it more explicit about the goal dimension of hope, which is important and necessary in its implicit expression in pathways and agency, but also in more explicitly goal-focus expressions.

CHAPTER SIX

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

6.1 Introduction

This chapter is a summary of the study, with conclusions and recommendations. The study set out to explore the possibility of raising the levels of wellbeing of university students in the Karen area of Nairobi by carrying out a hope-building intervention. The scientific test and intervention focussed on exploring the possibility of raising hope in young adults, diagnosing this by use of the Adult Hope Scale of Charles Snyder. Through this elevation of hope, a positive impact on the levels of flourishing of these young people was anticipated. This latter was diagnosed using the MHC-Sf of Corey Keyes.

6.2 Summary

The objectives of the study included: (i) establishing if there is a correlation between the levels of the character strength of hope and of flourishing of university students in the Karen area of Nairobi; (ii) assessing the impact of a hope-building intervention programme on the levels of hope among the same students; and (iii) estimating the impact of the hope-building intervention programme on flourishing among the same students.

The data collection and intervention were made in two neighbouring university campuses in the Karen region, namely JKUAT and MIUC, with a participant sample of $n=190$ at the pre-test and 130 at the post-test. The participants were highly homogenous; hardly any significant differences were found in the study between female ($n=88$) and male ($n=102$) students.

Through a Pearson's r test on all the hope and flourishing data for all participants ($n=190$) at pre-test, hope levels were found to be significantly correlated with wellbeing at .569. The level of hope of university undergraduate students aged 18 to 25 in the Karen Ward is positively correlated to the level of flourishing. The correlation is statistically significant. This is found to be in agreement with most of the literature available on the subject.

After a three-week, six-session intervention attempting to increase hope in the intervention group, a significant rise in the level of hope in comparison to the very little rise in the control group during the same period of time was registered. This in effect confirmed the impact of the hope-building intervention on the levels of hope of the participants. The diagnosis is based on the AHS of Snyder et al. (2002) which weighs in on pathways and agency as the two facets by which hope levels are demonstrated. In this perspective, the goal component of the Hope Theory is assumed to be assessed within the pathways and agency facets. The researcher has recommended that in order to be more effective, the scale would need items that assess the quality of goals of the respondent.

The results of the level of flourishing in the two groups after the intervention followed the pattern of those of the hope levels; the level of flourishing in control group had gone up slightly but that in the intervention group had risen comparatively more. This led to the conclusion that an intervention targeting hope levels has a positive influence on the level of flourishing. This again agrees with literature from the character strengths interventions, which have largely showed a positive impact on general wellbeing, in response to either single character or multiple character interventions. The findings led to the rejection of the null hypotheses and confirmation of the high potential of hope-building interventions for supporting and promoting the wellbeing of emerging adults, in this case, university students.

6.3 Conclusions

Many studies confirm the potential of character strengths development to bring about wellbeing benefits for individuals, families, and organisations. This study adds to these a perspective from the intervention with young adults in an educational setting in Kenya, with the character strength of hope, which has emerged a high potential strength for wellbeing amelioration.

The findings point to the high potential for using character development especially in educational settings, to help young people apprehend the difficulties in their lives and find the stepping-stones to their successful negotiation of developmental challenges. Given that levels of hope and of flourishing are positively correlated, according to our findings, the researcher concludes that the assessment and intervention of wellbeing can well be done through a one portal – in this case hope – as a first among other doors for ameliorating wellbeing. Literature based findings present hope as a high socially transmissible character strength; it gives greater encouragement to choose hope-enhancing interventions to support the growth of the same even in cohorts of young adults. Kenyan and other African youth stand in great need of such interventions, given the challenges to wellbeing in educational settings—such as families, schools, universities and others—and the ravages of social ills on the mental health of the population.

With regard to the assessment of hope levels, the tool used by the study—the AHS—was very helpful in its breakdown into pathways and agency items. However, the researcher considers that having items in it that appraise the precision and refinement of goals of the subject would make the tool more effective in diagnosing goal-focus for active as distinct from state hope.

By the end of the research, confirmation that levels of hope influence levels of flourishing in emerging adults in university settings has been achieved. In addition, the study provides

evidence that augmentation of hope levels leads to the same in general flourishing. It is hoped that the learning accumulated through the study will also influence the way in which the development of character strengths can be improved for the African context. In particular, the inclusion of mindfulness exercises alongside the subject of intervention has been experienced in this study to have been supportive and would be encouraged for future interventions.

The intervention was beneficial to the subjects – the young people who participate in it, with a life-long learning experience that can become a resource for their on-going personal development. The findings may also be useful to educators and counsellors who may want to be engaged in helping youth become more effective in their lives.

6.4 Recommendations

The findings of the study regarding the positive impact of a hope-enhancing intervention on wellbeing are of interest and importance as a stepping-stone to further studies and interventions for securing wellbeing. Recommendations here are proffered for various categories of stakeholders in the wellbeing of emerging adults in Africa:

Policymakers in the higher education sectors: The old adage says that ‘prevention is better than cure’; it is critical that policymakers recognise and put to effect the promotion of the positive in individuals and in communities as much more resourceful approach to problem solving than the curative approach. Accordingly, policy makers in the university sector need to emphasise the development of the innate resources inherent to the person. These must include their character as the one resource they can never be without no matter what the circumstances of their lives. In preparing young people for foreseeable and unforeseeable futures, the one resource that must not be under-developed is their own innate strengths. Given the psychological wellbeing benefit demonstrated by the intervention, it is plausible to consider that the introduction of character

development in the education setting as a mainstream activity can be beneficial to the education project itself. As observed by Seligman (Seligman & Adler, 2018) positive education is a much needed revolution in most parts of the world, and in most educational sectors. Their sentiments regarding education at basic levels are resonated by Oades et al. in their proposal for creating positive educational and organisational experiences in multiple university settings, be they the classroom, student social settings or working environment for faculty and staff, as well as the interaction with the local community (Oades et al. 2011). Besides positive organisational practices, the authors recommend the use of mindfulness, strengths spotting in the university community and the promotion of specific strengths, such as kindness. In such strategy, mainstreaming the promotion of hope, given its high potential as demonstrated by our study, would not be out of place in African university settings. As shown from the findings, character development promotes wellbeing whose benefits accrue to the individual, the workplace, families and the community. Character development ought to be mainstreamed in university education and regulated adequately for optimum results.

University Authorities: Individual universities already put some resources into counselling and mentorship of students. A way to improve on these and make them more productive is to introduce or increase systematic character development. In this effort, programmes that enhance hope among the young adults who are the main population of undergraduates, has been found in this study to be particularly promising in increasing wellbeing. The researcher recommends a start of character development in universities to begin with those character strengths that studies have been found to be most promising for wellbeing; from this and other studies, these strengths include hope. Besides, among those university courses that enable students to become

better at learning, at self-care and at careers development—such as communication skills, HIV and health, Information literacy—character education can be fruitfully included.

University students: There is proven high returns of character focus in self-development. This study demonstrated that the exercises to build up character are not strenuous, but require regularity. As the chief protagonists in their own development, university students can engage in character strengths self-assessment and self-development initiatives. Resources for such efforts are rampant both on line and in the community. A case in point is the regular Positive Psychology Association of Kenya whose workshops and free webinars often focus on character strengths development, and the VIA website (viacharacter.org) which has innumerable resources that individuals can avail of.

Future research: A number of further studies that can build on and improve this work. A few recommended include:

- i. a longitudinal study building on the current one to help understand the durability of impact of the intervention.
- ii. the ability of the participants to continue the exercises for keeping hope alive and building them into their life habits. This would investigate what proportion of them are able to move some of these practices into life habits and the cumulative impact over a given time. The various aspects of the intervention and their contribution to durability can also be studied, between, for example, the ability to sustain mindfulness practices as a support to holding responsibility for own hope levels, and
- iii. transferability of the learning in this intervention to other areas of life of the participants towards wellbeing in any of its facets including the impact of the

hope-building intervention in such other areas as work output, academic performance and achievement of the developmental milestones of the emerging adults.

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APPENDICES

Appendix I: Krejcie and Morgan Sample Size Table

<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Note.—*N* is population size. *S* is sample size.

Source: Krejcie & Morgan, 1970

Appendix II: Questionnaire

Introduction

Thank you for availing yourself to participate in this data collection exercise. My name is Beatrice Churu and I am the researcher. Participation in this exercise is highly appreciated, and will greatly help me as a researcher to collect much needed data about human behaviour and attitude. Data collected from this research will be used in devising ways of supporting young adults on their journey of growth. For that reason, findings from the research may be published. However, please note that your individual participant's data will not be made public. The research findings are based on the answers of the many participants, not any individual one. I therefore request you to kindly participate by responding genuinely to the questions.

This research has two stages. You are invited to answer the questionnaire below and then agree to another date for participating in the second part to complete the research. However, it is important for you to know from the outset that your participation is received gratefully and is voluntary. You are free to opt out of participating in this exercise. There will be no negative consequences accruing to you for such a decision.

Participant's Consent

I agree to participate in the research study. I understand the purpose and nature of this study and I am participating voluntarily. I understand that I can withdraw from the study at any time, without any penalty or consequences. _____ Yes. _____ No.

I grant permission for the data generated from this interview to be used in the researcher's publications on this topic. _____ Yes. _____ No.

Participant's signature:

Part I: Demographic Data

Instructions: Please fill in the following information about yourself.

Age _____ Gender _____ Year of Study _____

Nationality: _____

Part II

Instructions: 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

5=Slightly True

2=Mostly False

6=Somewhat True

3=Somewhat False

7=Mostly True

4=Slightly False

8=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 any problem.
 - ___ 5. I am easily downed in an argument.
 - ___ 6. I can think of many ways to get the 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 that I set for myself.
-






Part III

Instruction: Please answer the following questions are about **how you have been feeling during the past month**. Place a check mark in the box that best represents how often you have experienced or felt the following:

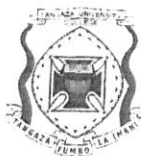
During the past ONE month, how often did you feel ...	NEVER 0	ONCE OR TWICE 1	ABOUT ONCE A WEEK 2	2 OR 3 TIMES A WEEK 3	ALMOST EVERY DAY 4	EVERY DAY 5
1. happy						
2. interested in life						
3. satisfied with life						
4. that you had something important to contribute to society						
5. that you belonged to a community (like a social group, your school, or your neighborhood)						
6. that our society is a good place, or is becoming a better place, for all people						
6a. that our society is becoming a better place for people like you.						
7. that people are basically good						
8. that the way our society works made sense to you						
9. that you liked most parts of your personality						
10. good at managing the responsibilities of your daily life						
11. that you had warm and trusting relationships with others						
12. that you had experiences that challenged you to grow and become a better person						
13. confident to think or express your own ideas and opinions						
14. that your life has a sense of direction or meaning to it						

Thank you for your participation.

Appendix III: NACOSTI Permit

 REPUBLIC OF KENYA	 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
Ref No: 420869	Date of Issue: 04/May/2022
RESEARCH LICENSE	
	
This is to Certify that Ms., Wairimu-Beatrice Churu of Tangaza University College, has been licensed to conduct research in Nairobi on the topic: Assessment of Impact of a hope-building intervention on Flourishing among undergraduate university students in Karen area, Nairobi for the period ending : 04/May/2023.	
License No: NACOSTI/P/22/17087	
420869	
Applicant Identification Number	Director General NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
Verification QR Code	
	
NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.	

Appendix IV: Ethical Consent - Tangaza University College



TANGAZA UNIVERSITY COLLEGE

The Catholic University of Eastern Africa

OFFICE OF THE DIRECTOR OF POST-GRADUATE STUDIES

E-mail: dir.pgs@tangaza.ac.ke Website: www.tangaza.ac.ke

OUR Ref: DPGS/ER/12/2021

Date: 1st December 2021

To The Commission Secretary,
National Commission for Science, Technology and Innovation
P.O. Box 30623,
Nairobi – Kenya.

Dear Sir/Madam,

Re: Research Permit for Beatrice W. E. Churu

This is to confirm that the person named in this letter is a student at Tangaza University College (TUC). She is registered in the Institute for Youth Studies (Reg. No 16/00482) and she is pursuing a Master of Arts Degree in Counselling Psychology.

Churu has met all our provisional academic requirements leading to data collection. However, she cannot proceed to the field before getting a Research Permit from the National Commission for Science, Technology and Innovation (NACOSTI). Kindly assist her to process the permit for data collection for her MA thesis.

Thanking you in advance for your cooperation

Yours sincerely,



Daniel M. Kitonga (Ph.D.)
Director, Post-Graduate Studies

CC: Rev. Dr. Hubert Pinto – Programme Leader, MA Counselling Psychology

Appendix V: Anti-plagiarism Report

8/2/22, 2:49 PM

Turnitin

Turnitin Originality Report					
Processed on: 02-Aug-2022 12:15 EAT ID: 1878038268 Word Count: 33620 Submitted: 1	<table> <tr> <th>Similarity Index</th><th>Similarity by Source</th></tr> <tr> <td>12%</td><td> Internet Sources: 11% Publications: 5% Student Papers: 4% </td></tr> </table>	Similarity Index	Similarity by Source	12%	Internet Sources: 11% Publications: 5% Student Papers: 4%
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