

## **Affective Forecasting and College Counseling: How Anticipation Impacts Persistence**

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*The present research study examines the role of affective forecasts made prior to a client's first visit to a university counseling center. Additionally, the role of dispositional hope in forming affective forecasts and effecting client drop-out rates is examined. Data suggests that (a) hope predicts forecasting accuracy, (b) those with less accurate affective forecasts were more likely to persist in counseling, (c) individuals who drop out of counseling are higher in hope, and (d) previous experience with counseling did not improve forecasting accuracy. Implications for college counseling practice are discussed.*

*Keywords:* forecasting, hope, counseling

The assessment of counseling outcomes has become an essential part of the field in recent years as increasing numbers of students seek counseling for increasingly severe issues (American Psychological Association [APA], 2012). College counseling centers have had to provide information regarding the services that they have provided in order to justify increased levels of staffing and resources to meet this demand. An essential component of such data has been documentation of the effectiveness of college counseling services in meeting the identified goals of the clients in order to estimate the length, type, and intensity of services needed. Previous research has revealed that counseling has been effective in increasing clients' levels of hope or goal-directedness (Coppock, Owen, Zagarskas, & Schmidt, 2010; Westburg & Boyer, 1999). Our research was designed to expand the study of counseling outcomes to include client's ability to

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forecast their affect, or how they will feel, after counseling. Specifically, we were interested in seeing the effect, if any, of hope upon affective forecast, and the effect of hope and/or affective forecast upon likelihood to continue in therapy.

Affective forecasting refers to the predictions made with regard to an individual's emotional reactions to future life events. Research has found that there is a tendency to overestimate one's reactions to future events, such that individuals often predict having stronger reactions that last longer than they actually experience (Wilson & Gilbert, 2003). For example, in a study by Morewedge, Gilbert, and Wilson (2005), participants predicted that they would experience great sadness lasting for a long period of time following their favorite baseball team's loss; however, in actuality, the participants experienced mild sadness for a short period of time. This phenomenon has been studied using a wide array of life experiences: college housing lotteries (Dunn, Wilson, & Gilbert, 2003), sporting events (Wilson, Wheatley, Meyers, Gilbert, & Axsom, 2000), morning commutes (Morewedge et al., 2005), exam grades (Wilson, Meyers, & Gilbert, 2001), and receiving a pleasant surprise (Wilson, Centerbar, Kermer, & Gilbert, 2005).

One life experience not yet studied through the lens of affect forecasting is counseling. Certainly, there are many factors that influence an individual's decision to seek counseling including comfort with seeking mental health care (Edlund et al., 2002), external difficulties associated with attending counseling (Bados, Balaguer, & Saldaña, 2007), and negative stigmas associated with those who seek treatment (Ben-Porath, 2002). It seems reasonable to assume that whether or not an individual chooses to pursue counseling may be influenced by how they predict counseling will make them feel (i.e., a person who does not predict that counseling will help is probably less likely to seek counseling). As such, a better understanding of such predictions may lead to a better understanding of why some clients persist in counseling while others do not. Specifically, our research will focus on replicating several findings from the extant affective forecasting literature while adding to the literature by focusing on the impact of hope (Snyder, 2002), a variable that has previously been studied in college counseling but not in affective forecasting.

Our research will attempt to better understand the role of affective forecasting in college counseling. The research will focus on (a) how individual differences in levels of hope influence affective forecast accuracy; (b) the relationship between affective forecast accuracy and persistence in college counseling; (c) how hope, satisfaction with life, and depression predict counseling cessation; and (d) how previous experience with counseling affects the accuracy of affective forecasts about counseling. Relevant literature and hypotheses regarding each of these questions will be discussed in the next sections.

### **Persistence in College Counseling**

Within the broader field of counseling, previous research has studied factors that influence client persistence in counseling. General attitudes towards counseling have been investigated, with findings suggesting that clients who report being "very uncom-

fortable” seeking mental health care are more likely to stop counseling (Edlund et al., 2002). Other research attributes dropping out to low client motivation, dissatisfaction with their counselor, or external difficulties that make attending counseling more difficult (Bados et al., 2007). Additionally, negative stigmas associated with people who seek treatment (Ben-Porath, 2002; Sibicky & Dovidio, 1986) can create a barrier to counseling. The current research adds to the literature by investigating how clients’ affective forecasts about counseling influence persistence in counseling.

The purpose of affective forecasts has not been well described. Presumably, we have such strong reactions to future life events to steer us towards positive outcomes and avoid negative outcomes. However, the “why” of affective forecasting has been neglected within the literature. As such, this is a more exploratory hypothesis to see how accuracy or inaccuracy may be related to likelihood to attend a second session (Hypothesis 2). While the present data contains only participants who have already taken the step of attending at least one session of counseling (and cannot compare people with mental health concerns who seek counseling to those with mental health concerns who do not seek counseling) we can compare the accuracy of forecasts of those who attend a second session to those who do not.

### **Individual Differences, Hope, and Affective Forecasting**

Previous research has investigated individual differences that can influence both initial affective forecasts and the accuracy of affective forecasts. For instance, neuroticism and extroversion have also been linked to initial affective forecasts such that high neuroticism is associated with negative affective forecasts and extroversion with positive forecasts (Hoerger & Quirk, 2010). Anxious attachment style is related to both predictions regarding romantic relationships as well as actual reactions (Tomlinson, Carmichael, Reis, & Aron, 2010). Additionally, high emotional intelligence has been linked to increased accuracy in predicting reactions to presidential campaigns and semester grades (Dunn, Brackett, Ashton-James, Schneiderman, & Salovey, 2007). This evidence suggests that individual differences that may be related to mental well-being (neuroticism, attachment style, emotional intelligence) may influence affective forecasting. As such, our research has posited that individual differences associated to future thinking related to hope may be linked to affective forecasts about counseling and mental health.

Just as emotional intelligence/self-knowledge is related to the accuracy of affective forecasting (Dunn et al., 2007), we hypothesized that a tendency towards forward, hopeful thinking will be related to the ability to accurately affectively forecast how one will feel after counseling (Hypothesis 1). While the affective forecasting and hope are related, they are still distinct mental mechanisms. Affective forecasting refers to predicted reactions to future life events (regardless of emotional valence), as well as the tendency to over-estimate the duration and magnitude of these reactions. Hope refers exclusively to a positive motivation to actually act towards a goal. Snyder et al. (1991) defined hope as “a positive motivational state that is based on an interactively derived sense of successful (a) agency (goal directed energy), and (b) pathways (planning to meet

goals)” (p. 287). As implied in the definition, goals function as the foundation of Snyder’s (1994) theory of hope and must be sufficiently imperative so as to motivate individuals. There is evidence to suggest that such a life outlook leads to positive outcomes related to counseling that may, in turn, influence affective forecasts regarding counseling.

Snyder, Feldman, Taylor, Schroeder, and Adams (2000) posited that the early symptom relief in the first few sessions can be attributed to an increase in agency thinking, which leads to an increase in pathways thinking, implicated by the initial decision to seek counseling for the purpose of pursuing the goal of self-improvement (Snyder, Michael, & Cheavens, 1999). Additionally, therapy has been associated with increases in hope in college populations undergoing counseling (Westburg & Boyer, 1999). In this study, hope is being examined because it seems to be a factor that is closely related to the idea of affective forecasting. Just as emotional intelligence/self-knowledge is related to the accuracy of affective forecasting (Dunn et al., 2007), we hypothesize that a tendency towards forward, hopeful thinking will be related to the ability to accurately affectively forecast how one will feel after counseling.

In addition to hope, we have also included baseline measures for general depression as well global life. These variables are included in order to assess baseline emotions of our participants but also to compare to the ability of hope to other related scales in predicting affective forecasting accuracy (Hypothesis 3).

### **Impact of Previous Experience in Counseling on Forecasting Accuracy**

While it may seem intuitive that previous experience informs future experience and thus would increase the accuracy of an affective forecast about a similar event, previous affective forecasting research has suggested that this is not necessarily the case. Individuals tend to recall atypical, outstanding previous experiences when making predictions about previously experienced events (Morewedge et al., 2005). Others have found that failures of memory cause people to misremember their forecasts as consistent with their experiences (Meyvis, Ratner, & Levav, 2010). Earlier research has also found that participants were unable to generalize from previous experiences (Novemsky & Ratner, 2003). As such, we hypothesize that previous experience with counseling will not increase accuracy of the affective forecast regarding future counseling (Hypothesis 4).

## **Method**

### **Participants**

Thirty-six students were recruited from a small Catholic university’s counseling center in northwestern Pennsylvania to participate in this research project. Thirty-three participants came to the counseling center on a voluntary basis, while three of the participants were mandated to receive services. Participation in this research was voluntary. The

sample consisted of eight males and 28 females. Of the sample used in this study, 80.6% of participants identified themselves as Caucasian/White, 11.1% as African-American, 5.6% as Caucasian/White and African-American, and 2.8% as other.

## Measures

***Satisfaction with Life Scale.*** The Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) assesses an individual's global life satisfaction. This measure conceptualizes life satisfaction as a cognitive, judgmental process that is separate from an emotional or affective construct. Life satisfaction can be defined as "a global assessment of a person's quality of life according to his chosen criteria" (Shin & Johnson, 1978). The 5-item scale uses a 7-point Likert type scale from 1 (*Strongly Disagree*) to 7 (*Strongly Agree*). The SWLS has been shown to have high internal consistency and high temporal reliability (Diener et al., 1985). This scale also demonstrates moderate to high convergent validity as compared to other measures of subjective well-being. This scale is suitable to use with individuals of various ages and can be used in clinical settings. In the present research, the SWLS demonstrated reasonable reliability ( $\alpha = .848$ ).

***Snyder Adult State Hope Scale.*** The Snyder Adult State Hope Scale (SASHS; Snyder et al., 1991) is a measure that assesses the ongoing goal-directed thinking of clients. It has both research and applied counseling applications. The SASHS was developed and previously validated as a dispositional self-report measure of hope and has now been validated as a measure of state hope (Snyder et al., 1991). It is a 12-item measure. State Hope measures an individual's current goal-directed thinking. It uses a Likert type scale with eight response options, ranging from 1 (*Definitely False*) to 8 (*Definitely True*). Reliability has been established with high internal consistency. Validity has been demonstrated through concurrent and discriminate validity in comparison to similar measures. Correlation and casual research designs provided evidence for the scales responsiveness to events in the lives of people. Overall, The SASHS is considered an internally consistent and valid self-report measure (Snyder et al., 1991). The State Hope Scale can be used in a variety of ways, such as a pre-post design to monitor changes in goal-directed thinking, as an instrument when looking at the relationship between antecedent and consequent events, as a situation correlate of continuing goal-related activities, as well as a means of tracking continuous goal-related cognitions that are connected with various emotional states. In the present research, the SASHS demonstrated reasonable reliability ( $\alpha = .803$ ).

***Outcome Questionnaire-10.2.*** The Outcome Questionnaire-10.2 (OQ-10.2) was developed from the original Outcome Questionnaire 45.2 (OQ-45.2, Lambert, Finch, Okiishi, & Burlingame, 2005). The primary function of the OQ-45.2 is to track the progress a client is making during treatment for psychological disorders. The 10 psychometrically validated items from the OQ-45.2 were selected to comprise the OQ-

10.2. The 10 items were determined by a discriminant functional analysis that compared a non-clinical sample to individuals diagnosed with a variety of AXIS I disorders as defined by the DSM. As a brief screening, the OQ-10.2 assesses an individual's subjective experience, including how he or she functions in the world. The OQ-10.2 has demonstrated high internal consistency and moderate test-retest reliability. The OQ-10.2 shows moderate to high concurrent validity when compared to similar measures. In the present research, the OQ-10.2 demonstrated reasonable reliability ( $\alpha = .760$ ).

## Procedure

Participants in this study were recruited from a small, Catholic university's counseling center in Northwestern Pennsylvania. During the counseling center's initial intake, clients were presented the opportunity to participate in a research study. If the client volunteered to participate, a letter explaining his or her participation and an informed consent form was given to the client in his or her intake packet. At the completion of the intake interview, which was labeled Session 1, participants filled out a demographic questionnaire, as well as the research questionnaire which included the SWLS, the SASHS, and the OQ-10.2. Data was to be collected for four sessions, including the initial intake labeled as Session 1. The same research questionnaire was then given to the clients at the completion of their next three sessions at the counseling center. Due to a low number of participants participating in Session 3 ( $n = 17$ ) and Session 4 ( $n = 11$ ), the data collected for those sessions was disregarded from analysis.

## Results

### Hope and Affective Forecasting Accuracy

A regression model was conducted using the SWLS, OQ-10.2, and the SASHS to predict the accuracy of the affective forecast. Accuracy was measured by creating a new variable that represented the discrepancy between participants' prediction of how happy they thought they would be after the first counseling session (measured on a scale from 1 to 7, with seven being "extremely happy") versus how happy they reported being after the first counseling session. The higher the score on the accuracy variable, the greater the discrepancy between forecasted and actual experience.

The model was statistically significant, and the only beta weight to predict accuracy of affective forecast was the SASHS,  $R^2 = .501$ ,  $t(32) = -2.68$ ,  $p < .012$ . As the accuracy of the affective forecast variable was scaled such that the lower the score, the higher the accuracy, the negative relationship demonstrates that a high score on the SASHS is associated with greater affective forecasting accuracy.

It is also worth noting that SWLS is not statistically significant. While there is a correlation between satisfaction with life and levels of hope, they are unique contributors to forecasting accuracy. The hope variable was the only individual difference variable found to be predictive.

### **Affective Forecasting Accuracy and Persistence in Counseling**

An ANOVA compared the accuracy of affective forecasts between participants who attended Session 2 and those who did not. The ANOVA was statistically significant,  $F(1, 33) = 4.712, p = .037$ . Participants who attended Session 2 ( $n = 23, M_{accuracy} = 1.26, SD_{accuracy} = 1.01, M_{predicted} = 4.70, SD_{predicted} = 1.06, M_{experienced} = 3.52, SD_{experienced} = 1.56$ ) were not as accurate at predicting their emotional reactions as were individuals who did drop out following the first session ( $n = 12, M_{accuracy} = 0.58, SD_{accuracy} = 0.51, M_{predicted} = 5.00, SD_{predicted} = 1.21, M_{experienced} = 4.92, SD_{experienced} = 1.16$ ).

### **Individual Differences and Persistence in Counseling**

In addition to comparing affective forecast accuracy between individuals who drop out of counseling versus those who do not, we completed a series of *t*-tests to compare the two groups on baseline individual differences prior to their first counseling session (see Table 1). In addition to more accurate affective forecasts, it appears that individuals who drop out of counseling are higher in hope and satisfaction with life and lower in depression (lower scores on the OQ-10.2) than those who attend a second session.

### **Impact of Previous Experience on Affective Forecast**

An ANOVA was conducted to test the relationship between previous experience with counseling and accuracy of affective forecast. As with the previous analysis, the dependent variable was the accuracy variable created from the difference score between predicted happiness following the first therapy session and experienced happiness following the first therapy session. The analyses was not statistically significant ( $F(1, 33) = 1.664, p = .206$ ). There does not appear to be a relationship between accuracy of prediction of happiness following Session 1 and whether a person had no previous experience in counseling ( $n = 13, M_{accuracy} = .770, SD_{accuracy} = .725, M_{predicted} = 4.69, SD_{predicted} = 0.95, M_{experienced} = 4.23, SD_{experienced} = 1.48$ ) or had previous experience in counseling ( $n = 22, M = 1.18, SD = 1.01, M_{predicted} = 4.86, SD_{predicted} = 1.21, M_{experienced} = 3.74, SD_{experienced} = 1.71$ ).

**TABLE 1**  
**T-tests Between Individuals who Drop out and Second  
 Session Attendees on Individual Difference Variables**

Individual Difference	Individuals who Drop Out ( <i>n</i> = 12)		Second Session Attendees ( <i>n</i> = 23)		<i>t</i>	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Satisfaction with Life	25.75	5.36	20.09	6.75	2.516*	0.93
Hope-Pathway	18.75	2.50	16.13	3.19	2.478*	0.91
Hope-Agency	17.58	4.34	15.74	4.45	1.178	0.42
OQ-10.2	16.00	7.91	20.77	4.65	2.190*	0.74

*Note:*\* indicates  $p < .05$ .

### Discussion

The current research is novel in its implications for college counseling. Dropping out of college counseling after one session is predicted by high levels of hope (but not depression or satisfaction with life). This is consistent with previous affective forecasting research that found that individual differences maybe be related to affective forecasting accuracy (previously, emotional intelligence was linked to accuracy of affective forecasts (Dunn et al., 2007) and neuroticism with negative anticipation of a future life event (Hoerger & Quirk, 2010).

Additionally, those who drop out after one session have more accurate affective forecasts than those who persist in therapy (they also experience greater hope, life satisfaction, and lower depression). However, inaccurate forecasts do not deter individuals from attending a second session of counseling. Indeed, those who return for a second session had less accurate forecasts than the individuals who dropped out of counseling and less happiness following counseling than those who did drop out. Perhaps the discrepancy between what is expected and what is experienced plays some role in persistence.

Finally, consistent with previous affective forecasting findings (Morewedge et al., 2005), previous experience with a forecasted event (e.g., counseling) does not lead to more accurate affective forecasts. While this finding is consistent with previous affective forecasting research, this may still be a surprising finding as, in many ways, previous experience does inform future behavior (for instance, most of us would prefer to ride in a car being driven by a seasoned driver, not a teenager with a learner's permit). However, when it comes to discrete predictions of future happiness, it does not appear that previous experience with counseling better allows an individual to predict future

reactions to counseling.

These findings have implications for college counseling practice in a number of ways. If the ultimate goal of counseling is to increase well-being and eliminate the need to attend counseling, a new approach to these goals may be by increasing feelings of hopefulness within clients (Cheavens, Feldman, Gum, Michael, & Snyder, 2006). Of course, additional research would be required to establish the directionality of this relationship. Once established, it may provide a new avenue for encouraging counseling persistence. The present data suggest that well-being, a typical focus of counseling, fails to predict dropping out. Hope, however, does predict dropping out and is also associated with other positive outcomes. As such, encouraging hope may help to increase client well-being.

The SASHS may also serve as a triage tool. In overworked, understaffed counseling centers, perhaps the SASHS could be used to prioritize client need. For instance, because hope is linked to continuing counseling, those lower in hope may be prioritized for therapy as it may be a predictor of greater severity of symptoms.

### **Limitations**

The present data used a sample of college students. While this provides insights for college mental health professionals, it may have less applicability to other populations engaged in counseling. However, even if our data only generalizes to college populations, this is still a large population and recent trends have demonstrated that more college students are seeking out mental health care via their universities (APA, 2012). Additionally, our sample size was small (in particular, we only had 12 participants in the group of individuals who dropped out after the first session). While this small sample size may cast doubts on the reliability of this study, statistical significance was still achieved.

Finally, the present data only followed participants for two sessions. While actual counseling can last for weeks, even years, there is still a large portion of individuals who only ever attend their first session. The present data offers more insight into these individuals and helps to distinguish them from those who persist in counseling.

### **Future Directions**

The present data offers insight into the mental processes that contribute to therapeutic attrition as well as affective forecasting. For the first time, the process of affective forecasting has been studied within populations seeking counseling and the data suggests that those with hope are better at predicting their future emotions and are less likely to persist in counseling.

Presumably, the present data only sampled individuals with a positive attitude towards counseling. None of the participants predicted that counseling would make them feel below or at the neutral point on the Likert-type scale provided. As such, a next step should be to collect a sample of counseling forecasting data from people who self-

report that they are experiencing mental health problems (perhaps depression or anxiety) but do not seek out therapy.

Future research should also study non-college clinical populations to see if these findings hold true. Additionally, it would be interesting to see how different, specific diagnoses may be impacted by hope or be related to affective forecasting accuracy. For instance, perhaps forecasts are different based upon counseling setting (for instance, individual versus group therapy). Another possibility is that certain disorders that involve thinking about the future (like anxiety) would alter affective forecasts.

### Conclusion

This study provides preliminary evidence for further research investigating the role of hope and affective forecasts in client behavior. Based on the findings, we conclude that greater hope leads to both more accurate affective forecasts as well as a tendency to drop out of counseling, individuals who commit greater forecasting errors tend to persist in therapy, and forecasting errors are not diminished by people who have previous counseling experiences. Given the increasing need for college counseling services, a better understanding of how clients anticipate counseling sessions, and how anticipation is molded by hopefulness, may provide avenues for anticipating client needs.

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