

Hope and the Meaning of Life as Influences on Korean Adolescents' Resilience: Implications for Counselors

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This study aimed to identify the significant protective factors that are likely to facilitate the development of Korean adolescents' resilience. The participants were 2,677 students in Korea, among whom 442 were receiving support from social welfare agencies. The results of hierarchical regression analysis show that the school adaptation variance was largely accounted for by protective factors rather than by risk factors. In addition, the results of logistic regression analysis indicate that the hope, teacher support, and meaning of life variables significantly distinguished the resilient group from the maladaptive group. Implications for counselors are discussed.

Key Words: resilience, hope, meaning of Life

Many societies express concern for adolescent development, in part, because of the belief that our youth will play a key role in leading the future. Great expectations are placed upon adolescents' development in all areas, i.e., intelligence, morality, and physical health. This is especially true in the 21st century which may be called 'the information age' and requires great creativity and inner strength to appropriately address life challenges and overcome adverse circumstances.

As societal problems grow in Korea, adolescent delinquency has become a salient issue (The Ministry of Culture and Tourism, 1999). Researchers have made efforts to identify the factors that influence adolescents' problem behaviors (Huston, 1991; Lee & Smith-Adcock, 2005; Liaw & Brooks-Gunn, 1993; McCormick & Brooks-Gunn, 1989; Parker, Greer, & Zuckerman, 1988). Despite those efforts,

adolescent delinquency continues to grow and broaden its reach to younger age groups in Korea (The Ministry of Culture and Tourism, 1999). Additionally, the nature of these crimes is becoming increasingly outrageous (Bilchik, 1999). These phenomena may be explained as follows. First, adolescent problems are related to various areas such as personal, domestic, school, and societal issues (Loeber & Farrington, 1998). Second, the typology of problem behavior is varied, because problems are linked to each other (Thornberry, 1994). Third, it is not easy to change adolescents' behavior, because problems have been developing over a period of time (Achenbach, 1974; Zigler, Taussing, & Black, 1992). To prevent adolescent problems, and to facilitate adolescents' healthy development, it is necessary to see those problems through a different lens.

Many researchers have underscored the fact that personal, domestic, and environmental risk factors are the main forces behind adolescent delinquency (Bischof, Stith & Wilson, 1992; Dryfoos, 1990; Garmezy, 1993a; Vuchinich, Bank & Patterson, 1992; Yang, 2001). Even though many clinicians have made efforts to reduce these risk factors, adolescent problems remain (Bilchik, 1999). For a more comprehensive understanding of maladaptation of delinquent

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adolescents, researchers have focused on exploring protective factors as well as risk factors (Garmezy, 1993a; Luthar, 1991; Masten, & Wright, 1998; Park, 1998; Rutter, 1985; Werner & Smith, 1982; Yoo, 2000).

Some adolescents, although undergoing challenging situations, do not exhibit developmental problems and show resilience and healthy adjustment at school (Garmezy, 1991; Rutter, 1979; Werner & Smith, 1982). These researchers have studied these children's characteristics, that is, what makes them overcome difficult situations. Their focus has been the study of differences between maladapted and resilient children (Garmezy, 1993b; Lösel, Bliesener, & Köferl, 1989; Rutter, 1985; Werner & Smith, 1992). Many studies have found there are protective factors that buffer risk factors, (Garmezy, 1993b; Masten, Best, & Garmezy, 1990; Masten & Reed, 2002; Rutter, 1987; Wyman, Cowen, Work, & Kerleyet, 1993), and recognized that adaptation of adolescents can be explained in terms of these protective factors.

Protective factors include individual factors such as IQ, self-esteem, self-efficacy, optimism, creativity, problem solving, and social skills; familial factors (e.g., quality of family relations and parenting attitude); social support factors (e.g., friends, teachers, neighbors and other special supports); and community factors (e.g., church and agencies). These protective factors have been found in previous studies (Garmezy, 1993b; Luthar, 1991; Masten, Best, & Garmezy, 1990; Werner & Smith, 1982). Previous research studies indicate that protective factors are most significant in differentiating resilient groups from maladaptive groups. However, these studies have the following limitations:

First, these studies used only the adaptation variable to distinguish the maladaptive and resilient groups. In addition to the adaptation variable, risk level also needs to be used because resilience factors are more important under high risk situations (Masten & Reed, 2002). Masten and Reed proposed a diagnostic model, which considered risk level and adaptation level. The researchers identify four groups: (a) a resilient group, composed of students adapting well inspite of high level of adversity; (b) a maladaptive group, made up of students who have low level of adaptation with high level of adversity; (c) a competent/unchallenged group, made up of students adapting well with low level of adversity, (d) a highly vulnerable group, composed of students having low level of adaptation and low level of adversity. Second, previous studies did not consider the cumulative effect of risk factors. In previous studies, researchers used a simple index to measure the risk level (Glantz & Johnson, 1999; Masten,

Best, & Garmezy, 1990). However, risk factors often occur together, or are generated cumulatively as time goes by. Therefore, researchers need to use a comprehensive scale to measure individual cumulative risk level (Mastern & Wright, 1998). Finally, previous research has not explained the interaction effects among protective factors. Although Werner (1993) described interrelationships among protective factors, researchers need to examine interaction effects among protective factors on the adaptation variables.

Recently, the importance of studying resilience or resilient groups has been stressed by proponents of positive psychology. Positive psychology focuses on personal positive experience and studies devoted to these topics include focus on the experiences of delight and happiness, and on variables such as optimism and hope. It also explores more mature variables such as responsibility, altruism, forgiveness, and career ethics. This trend indicates positive psychology works with the concept of resilience as a central theme.

Hope, one of the main protective variables in this study, can be defined as 'a desire accompanied by confident expectation of its fulfillment' (The American Heritage[®] Dictionary, 2000). Snyder (1994) argued that a person who has a high level of hope intends to accept challenges, focuses on success rather than on failure, and on the possibility to reach his or her goal, and keeps a positive emotional stance. On the other hand, a person who has a low level of hope does not do his or her best, focuses on failure and on the impossibility of goal attainment, and keeps a negative emotional stance. Consequently, these characteristics of hope could play an important role in the overcoming of adverse circumstances.

Individuals apply their logical thought capabilities in their attempts to overcome adverse situations. Thoughts link with language, symbols, and concepts, and contain meaning. According to Vallacher and Wegner (1985, 1987), while an individual who perceives him/herself as a less worthy is easily influenced by outside change, an individual who perceives him/herself as a worthy person controls and leads the change based on his or her own values and principles. In addition, an individual who has low levels of meaning of life is only focused on specific and concrete aspects of a problem, while an individual who has high levels of meaning of life rises above time limitations, and relates his or her current life with future goal accomplishment. That is, an individual who has low levels of meaning of life gives up easily when facing a difficult situation.

An increased level of meaning not only helps people overcome adversity but also helps increase personal

satisfaction and self-fulfillment. Consequently, we may assume that this characteristic of meaning plays an important role in assisting individuals to overcome adverse situations. On the basis of this assumption, this study examines the effectiveness of hope and meaning of life on the process of adolescent's resilience development. The study establishes the following research hypotheses.

First, risk and protective factors will be related to adjustment in school. While risk factors will have a negative relationship with the school adaptation variable, protective factors will have a positive correlation with it. Furthermore, we posit that protective factors will account for the school adaptation variable more than risk factors do. Second, there will be a difference between the resilient students group and the maladaptive students group on protective variables. Specifically we posit that hope and meaning of life are significant variables in distinguishing the resilient group from the maladaptive group.

Method

Participants

A total of 2,677 Korean students participated in this study, among them 442 (16.5%) were students receiving support from social welfare agencies. Participants' ages ranged from 13 years to 19 years ($M = 15.73$, $SD = 2.18$). Approximately 55.4% were female students. 20.7% were elementary school students, 39.3% were middle school students, and 40.0% were high school students. Approximately 47.5% lived in urban areas; about 49.4% lived in suburban areas, and only 3.1% lived in rural areas. Across all subjects 30.7% of students reported that they get mostly above average grades, 29.3% of students get mostly average grades, and 40.0% of students get mostly below average grades. There were 13.0% of fathers and 15.7% of mothers that did not have at least a high school education with 34.1% of fathers and 64.6% of mothers completing high school. 34.1% of fathers and 19.7% of mothers had an associate's, a bachelor's, or a master's degrees.

Instruments

Risk Factors

The first author developed a scale designed to assess risk level. The first step consisted of dividing the four main risk factor areas (individual, familial, social support, and

community) and two types of risk events (un-controllable and controllable). Next, a panel of experts ($N = 8$) in the counseling field analyzed the items to determine whether they accurately represented the topical areas, providing evidence of content validity data for the scale items. Finally, after a follow-up consultation with the panel of experts, the final revision of the scale, with a total of 50 items, was completed. Items such as "Have you had an accidental injury within the past two years?", "Have your parents divorced within the past two years?", and "Have you had any delinquent friends in the past two years?" led to "Yes" or "No" responses. A panel analysis was employed to distinguish un-controllable type risk events (unchangeable by the person's effort) and controllable risk events (changeable by the person's effort). The Cronbach's Alpha for all fifty items was .92, which suggests that the measure is useful for exploratory purposes.

School adaptability level

The first author developed the school adjustment scale based on several other scales (Cho, 1984; Garlington, 1984; Kim, 1993; Moon, 2001). Items were generated as self-statements (e.g., I am enjoying school life; I follow school rules; I listen carefully in class) to which a respondent would reply using 5-point Likert scale (strongly disagree, disagree, neutral, agree, or strongly agree). Three subscales (academic adjustment, social adjustment, and school environment adjustment) were selected. Next, a panel of experts ($N = 5$) in counseling and psychology analyzed the items to determine whether they accurately measure the construct, providing evidence of content validity data for the scale items. The final version of the scale is comprised of a total of 50 items. The Cronbach's Alpha was .93 for all fifty items, .90 for the twenty items of academic adjustment, .85 for the twenty items of social adjustment, .90 for the ten items of school environment adjustment.

Protective Factors

To access the *self esteem* variable, Rosenberg's (1979) self esteem scale was used. The Chronbach's alpha achieved for the ten items of the self esteem variable was .83. *Self efficacy* was measured using Kim's (1997) self-efficacy scale. The Chronbach's alpha achieved for the sixteen items of the self efficacy variable was .77. To measure *optimism*, Scheier and Carver's (1995) life orientation test (LOT) was used. The Chronbach's alpha was .68. *Family relations* was measured by Hudson, Acklin, and Bartosh's (1980) index of family relations (IFR). Originally, this was a 25-item scale; however, for this study, we used only thirteen relevant items. The

Cronbach's alpha for the thirteen items was .92. *Social support* was measured by Yoon's (1993) social support scale. The scale is a 20-item, self-report instrument designed to access the peer support and teacher support variables. Cronbach's alpha coefficients were .95 for peer support and, .96 for teacher support. To measure the *hope* variable, the researchers used the trait hope scale (Snyder et al., 1991). The Trait Hope Scale (THS) has a total of 12 items which include pathway factors (4 items), agency factors (4 items), and filter factors (4 items). This study used the total hope score for the scale and the Cronbach's alpha was .86. To measure the *meaning of life* variable, the Purpose in Life (PIL; Crumbaugh & Maholick, 1981) test was used. The PIL test was designed to operationalize Frankl's (1976) ideas and to measure an individual's experience of meaning in life. The PIL is a 20 item scale that has been shown to have good split-half and test-retest reliability (Zika & Chamberlain, 1992). For purposes of this study, the researchers used only ten scale items. Each item is rated on a 7-point Likert scale. The PIL for the ten items had a Cronbach's alpha of .88.

Data Analysis

Using SPSS, 11.0 version the data were analyzed as follows: First, correlation and hierarchical multiple regression analyses were used to examine the effects of risk and protective factors on school adaptation. In the hierarchical regression model, the variables were entered in two steps or blocks. The first block consisted of the risk variables (i.e., individual, familial, social support, and community factors). The eight protective variables (i.e., self-esteem, self-efficacy, optimism, family relations, teacher support, peer support, hope, and meaning of life) were added in the second block. All variables in the model were continuous standardized variables. Next, participants were classified as 4 groups; resilient (high adaptation level and high adversity level), maladaptive (low adaptation level and high adversity level), competent/unchallenged (high adaptation level and low adversity level), and highly vulnerable (low adaptation level and low adversity level) based on Mastern and Reed's (2002) diagnostic model which identified youth by level of adversity and adaptation. To divide participants into two groups (high risk vs. low risk group), the researchers used the mean scores of both controllable events ($M = 9.26$) and uncontrollable events ($M = 2.36$) to reflect cumulative effect of risk factors. To divide participants into two groups (high adaptation vs. low adaptation group), the researchers also used the subscale mean scores of school adaptation, i.e., academic adaptation

($M = 2.71$), social adaptation ($M = 3.47$), environment and general adaptation ($M = 3.13$). The researchers intentionally used the subscale scores instead of the total score to reflect a more comprehensive adaptability level. To investigate the purpose of the study, only two high adversity groups (i.e., resilient and maladaptive groups) were analyzed using logistic regression analysis to explore the protective factors distinguishing the resilient group from the maladaptive group.

Results

Intercorrelation and Hierarchical Regression Analyses

Bivariate correlations of research variables are presented in Table 1. While significant negative correlations were found for all risk factors and the school adaptation variable, significant positive correlations were found between all protective factors and the school adaptation variable. For our hierarchical regression analyses, variables were entered in two blocks. The first model included four risk factors (i.e., individual, familial, social support, and community factors). The second model included the eight protective factors (i.e., self-esteem, self-efficacy, optimism, family relations, teacher support, peer support, hope, and meaning of life). Table 2 shows that the effects of the individual and community factors on the school adaptation variable were significant in both models. When protective factors were added to the equation (Model 2), the effects of risk factors became weaker, suggesting that the effects of risk factors were largely indirect.

Regarding effect sizes, the R^2 in Model 1 was .117, and the R^2 in Model 2 was .568. Therefore, risk factors alone explained 11.7% of the variability in school adaptation; protective factors explained an additional 45.1% of the variability in school adaptation above and beyond the variability explained by risk factors. Additionally, the significant standard regression coefficient (β) of protective factors was in the following rank order: teacher support ($\beta = .325$), hope ($\beta = .199$), meaning of life ($\beta = .186$), self-esteem ($\beta = .108$), peer support ($\beta = .080$), and quality of family relations ($\beta = .055$).

Factors Distinguishing the Resilient Group from the Maladaptive Group

The resilient group was comprised of students adapting well despite facing high levels of adversity. The maladaptive group was made up of maladaptive students having high

Table 1. Mean, Standard Deviation, and Bivariate Correlations of Research Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13
1	-	-.32**	-.28**	-.24**	-.22**	.50**	.45**	.43**	.40**	.57**	.38**	.55**	.58**
2		-	.49**	.51**	.34**	-.29**	-.27**	-.21**	-.25**	-.16**	-.06**	-.15**	-.32**
3			-	.50**	.40**	-.25**	-.19**	-.21**	-.38**	-.15**	-.09**	-.17**	-.25**
4				-	.46**	-.22**	-.18**	-.13**	-.17**	-.14**	-.06**	-.10**	-.21**
5					-	-.12**	-.06**	-.07**	-.19**	-.11**	.05*	-.05**	-.13**
6						-	.53**	.62**	.36**	.33**	.32**	.57**	.61**
7							-	.43**	.26**	.24**	.24**	.49**	.51**
8								-	.32**	.27**	.30**	.57**	.52**
9									-	.32**	.25**	.30**	.42**
10										-	.40**	.34**	.37**
11											-	.39**	.32**
12												-	.56**
13													-
Mean	3.10	4.20	3.52	2.92	1.03	3.31	3.01	3.48	3.92	3.10	3.72	3.36	4.82
St. D	.57	2.66	3.37	2.29	1.72	.64	.52	.62	.77	.89	.76	.72	1.12

Note. * $p < .05$, ** $p < .01$; 1 = School Adaptation; 2 = Individual Risk; 3 = Family Risk; 4 = School Risk; 5 = Social Risk; 6 = Self-Esteem; 7 = Self-Efficacy; 8 = Optimism; 9 = Family Relations; 10 = Teacher support; 11 = Peer Support; 12 = Hope; 13 = Meaning of Life

Table 2. Regression Analysis Predicting School Adaptation

Model and Predictor Variables	<i>B</i>	β	β	β
Model 1				
Individual Risk	-.047	-.219 **	-.015	-.070 **
Family Risk	-.021	-.128 **	-.003	-.020
School Risk	-.008	-.032	-.002	-.009
Social Risk	-.023	-.070 **	-.026	-.079 **
Model 2				
Self-Esteem			.009	.011
Self-Efficacy			.118	.108 **
Optimism			.018	.021
Family Relations			.040	.055 **
Teacher support			.204	.325 **
Peer Support			.060	.080 **
Hope			.086	.199 **
Meaning of Life			.093	.186 **

Note. * $p < .05$, ** $p < .01$; $R^2 = .117$ in Model 1, and $.568$ in Model 2.

Table 3. *Logistic Regression Analysis of Effects on Adolescents' Resilience*

Predictor Variables	<i>B</i>	<i>Wald</i>	<i>Odds Ratio</i>	<i>r</i> ⁽¹⁾
Self-Esteem	.19	.44	1.21	.00
Self-Efficacy	.24	.60	1.27	.00
Optimism	.37	2.01	1.45	.00
Family Relations	.21	1.68	1.24	.00
Peer Support	.17	.92	1.19	.00
Teacher support	.69	18.73 **	1.98	.18
Hope	.41	9.62 *	1.51	.12
Meaning of Life	.30	3.79 *	1.35	.06

Note. * $p < .05$, ** $p < .01$; Nagelkerke $R^2 = .33$; Goodness of fit $\chi^2 = 7.14$; ⁽¹⁾ r column indicates the zero-order logistic relationship of the particular predictor variable to criterion variable.

levels of adversity. The Competent/Unchallenged group was made up of students adapting well with low levels of adversity. The Vulnerable group was comprised of maladaptive students having low levels of adversity. The present study only focused on comparisons between resilient and maladaptive groups of adolescents (from Masten et al.'s (1999) diagnostic model). Because the dependent variable was dichotomous (i.e., resilient vs. maladaptive) a mode of logistic regression analysis was used to determine the relationship between independent variables and a categorical dependent variable (Huck, 2004). The manner of interpretation is similar to linear multiple regression. However, logistic regression provides logged odds (B) and odds ratios (ORs) for each independent variable rather than β coefficients. The OR indicates the increase or decrease in the odds of the criterion for one standard deviation change in the independent variable.

Table 3 shows the results of logistic regression analysis, which used the resilient group and maladaptive group as criterion variables and the protective factors as predictor variables. While controlling for effects of all other variables, a significant effect was shown for the teacher support, hope, and meaning of life variables. As teacher support scores were increased by one standard deviation unit, their likelihood of being in the resilient group increased by 98%. The Hope and Meaning of life variables were also positively related to being in the resilient group. More specifically, a one standard deviation unit increase in hope scores increased the odds of being in the resilient group by 51%. In addition, a one standard deviation unit increase in meaning of life scores

increased the odds of being in the resilient group by 35%. Thus, teacher support, hope, and meaning of life variables had a significant positive effect on being in the resilient group. No significant effects were shown for all other predictor variables (i.e., self-esteem, self-efficacy, optimism, family relations, and peer support).

Discussion

The results of the present study show that risk factors were negatively related to school adaptation while protective factors showed positive relationship with school adaptation. That is, as risk factors increase, the level of school adaptation decreases. Conversely, those who have higher protective scores also have a higher level of school adaptation. To identify the effects of risk and protective factors on the school adaptation variable, we conducted hierarchical regression analysis. Results of the present study reveal that the explanation variance (R^2) of risk factors accounted for 11.7% and additional explanation variance (R^2) of protective factors beyond risk factors accounted for 45.1%. The results demonstrate that protective factors appear to be more important than risk factors in explaining school adaptation. Among protective variables, teacher's support, hope, and meaning of life have a particularly great influence on school adaptation.

Next, we examined the differences between the resilient group and the maladaptive group in high risk situations. The results of logistic regression analyses indicate teacher support,

hope, and meaning of life variables are significant in distinguishing the resilient group from the maladaptive group in high risk situations. The results also show that the significant effects of the three variables (teacher support, hope and meaning of life variables) decreased the significant influences of other protective variables. That is, when the effects of teacher support, hope and meaning of life variables are taken into account in the model, the other protective variable would have little variance left to explain. These findings indicate that protective factors, especially teacher support, hope and meaning of life, appear to significantly influence school adaptation of at-risk adolescents.

There are two significant theoretical implications for the counseling profession resulting from the findings of the present study. First, the role of protective factors was more important than risk factors in school adaptation of at-risk adolescents. That is, protective factors had a greater influence than risk factors in explaining at-risk adolescents' school adjustment. The results of the present study provide new empirical evidence over the limitations of previous studies (Huston, 1991; McCormick & Brook-Gunn, 1989; Parker et al., 1988), which only emphasized the influences of risk factors in understanding maladaptive problems of adolescents. Risk factors such as disability, divorce and unemployment of parents, and difficult financial conditions of the family were not manageable events for at-risk adolescents. On the other hand, protective factors such as self-esteem, self-efficacy, optimism, hope, meaning of life, quality of family relations, and social support can compensate for these risk factors. Although many risk factors may be present, if protective factors are promoted and developed, the negative influence of risk factors could be attenuated.

Second, the results of the present study indicate that teacher support, hope, and meaning of life variables significantly differentiate the resilient group from the maladaptive group. That is, hope and meaning of life variables are important factors influencing at-risk adolescents' school adaptation, in addition to the teacher support variable. Using hope and meaning of life variables with other main protective variables, the findings of the present study indicate that hope and meaning of life have their own variance in explaining at-risk adolescents' resilience beyond other protective factors such as optimism (Snyder et al., 1991), self-efficacy (Magaletta & Oliver, 1999), and self-esteem (Curry, Snyder, Cook, Ruby, & Rehm, 1997; Snyder, Cheavens, & Micheal, 1999).

Implications for Counselors

It is important for counseling professionals to help develop and fully engage clients' resources. In an effort to fully assess the client's presenting problem, the counselor should help identify the environmental factors which may be related to his/her maladaptive problems. The counselor should also determine the degree to which the client has the resources to solve his/her own problems and facilitate implementation of these resources. Humanistic counseling theory emphasizes the client's personal resources. In reality, however, most counseling is based on a diagnostic medical model of care, a problem-oriented approach. Counselors should consider protective factors in counseling sessions, remaining cognizant that protective factors are especially important when we counsel adolescents who are, by definition, facing constant change.

It is important not only to understand the nature of the risk factors that can negatively influence school adaptation, but also to investigate a client's comprehensive support system. While risk factors which can influence maladaptive problems occur in various contexts, which may be individual, familial, social, and community-based, the types of protective factors that decrease this negative influence are also varied. Thus, the counselor needs to comprehensively identify the various risk factors and protective factors. In adolescent counseling, the counselor needs to work with the entire support system such as family, peers, and teachers so they can provide support for the client and for each other. Through this process, the client can learn how to deal with specific problematic or challenging situations.

For example, the results of the present study indicate the importance of the teacher's role in school adaptation. Along with the hope and meaning of life variables, the teacher support variable is statistically significant in differentiating the resilient group from the maladaptive group in high risk situations. These findings empirically illustrate that teachers' support has a great influence on at-risk adolescents facing difficult situations. Therefore, counselors should collaborate with teachers to facilitate adolescents' healthy growth and development and problem solving abilities.

In addition, counselors can help at-risk students find hope and meaning in their lives to overcome challenging events. That is, the counselor needs to evaluate how the client's anxiety and depression levels decrease, to what degree the client feels hope, and how meaning of life explorations change throughout the counseling process. This is consistent with Frank & Frank's (1991) study that suggests

an enhanced sense of hope is a common outcome of the counseling process.

Limitations and Suggestions

Although the results of the present study supported the hypotheses that the researchers had proposed, this study has several limitations. First, the school adaptation variable that was used to differentiate resilient groups and maladaptive groups in high risk situations was measured by adolescents' self-reported responses. In addition, even though this measurement was evaluated by coefficient alpha reliability and content validity, more research is needed on its validity (i.e., construct validity) and reliability (i.e., test-retest reliability). To minimize these limitations, we made an effort to include all subscales of school life adaptation, but this measurement does not reflect more objective criteria such as grade point average or teachers' and parents' evaluation. Therefore, we suggest that future research include adolescents' adaptation levels with a different, more objective index. In order to do this, the researcher must gain the cooperation of school personnel and students' parents.

Second, we did not use instruments that appraise resilience itself. Most existing resilience scales show an overlap in a variety of characteristics of the protective factors presented herein. If we used a design inclusive of high risk factors, protective factors, and resilience scales collectively, an element of confusion may develop or occur between protective factors and the resilience measures. Therefore, a resilience scale that can measure resilience independently from protective factors should be developed to correct this problem.

Third, further limitations of the study relate to the cultural implications of our findings and our sample selection. That is, in this study, we restricted our population to Korean adolescents and collected the data only from Korea. Therefore, future studies need to expand the current research findings towards exploring the impact of risk and protective factors on resilience in adolescents who have different ethnic and cultural backgrounds.

Fourth, an additional limitation of this study is that all age group data, including elementary school students', were collapsed into one category, adolescent students. Even though there may be differences in study variables between an elementary and high school child, we believe that given the age range in this sample (13-19 years), it could be argued this elementary students group is developmentally in early adolescence (The Assembly of The Republic of Korea, 2005).

However, future research should examine the influence of risk and protective factors on students' resilience of lower level elementary school children (i.e., K-4 grades).

Finally, we could not explain how the hope and meaning of life variables affect adolescents' resilience development. We hope that future research can develop concrete methods to document how hope and meaning of life contribute to adolescents' resilience development and how it can be improved through the counseling and education processes.

Conclusion

In order for adolescents to gain sound growth and development and to solve their physical and psychological problems, it is important to establish collaboration among family, school, and community. Because adolescents' problems are neither one person's problem nor one family's problem, but that of the community at large, the solution must incorporate a societal perspective. Risk factors that threaten adolescents' developmental adaptation exist in a variety of patterns, in diverse settings, in all cultures and nations. On the other hand, protective factors that compensate for the negative influence of risk factors are varied as well. It requires the support of individuals in various roles and functions to actively participate in the process. Therefore, collaborating with other personnel, including administrators, community members, and most importantly teachers, parents and counselors could play a leadership role in creating an environment that fosters students' protective factors in the school.

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