Hope in an Era of Despair

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Background:

This is an era of uncertainty and despair for many. How can children, adolescents and their families be aided. There is evidence, accumulated in many areas of inquiry, that suggest that "hope" can influence positive life trajectories in the face of adversity and threat. While seen as an essential aspect of overall wellbeing and a component of resilience, hope is rarely singled out as a definable parameter by which to measure positive development, potential for psychological growth or as an outcome of interventions (Germann 2015). Weingarten (2010) articulates the problem very clearly "…few theoreticians have been able to move from the abstract to the

pragmatic. Few clinicians have taken up the challenge to articulate specific connections between hope as a theoretical construct and hope as a practice."

Hope has been studied from a philosophical (Day 1991), theological (Moltmann 1975), psychological (Kaplan and Schwartz, 1993), Christian (Junker-Kenny 1995) and sociological (Desroche 1979) perspective. Turner (2005) summarizes the several ways in which hope has been constructed in the literature. Hope is: futuristic (Holt 2000), motivating (Stotland 1969), self-sustaining (Hall 1990), malleable (Sheehan and Ball 2011), pervasive (Cutliffe 1997), action or goal oriented (Farran *et al*. 1995), necessary to life (Obayuwana 1980) and expectancy (McGee, 1984).

Hope is considered to be an essential component of human development made possible through the development of trust (Erickson 1964). "Hope arises from a sense of moral and social order embodied in the expression of key cultural values: faith, family unity, service, effort, morals and honour." These values "form the bedrock of resilience, drive social aspirations, and underpin self-respect and dignity" (Eggerman & Panter-Brick 2010). As a component of resilience Mrazek and Mrazek (1987) state that hope (and optimism) is "an orientation to life that permeates many personal characteristics and is reinforced by the successful use of …other traits and skills to foster resilience…they can pull a … child through a difficult situation." In fact, increasing research has found that the absence of hope is an important risk factor for suicide and depression (Goetzke, et al, 2016). It has been found that a greater level of hope results in well-being, and is vital to success (Scioli, 2009).

Snyder's contributions (1995, 2000) has suggest that hope levels are formed by the age of three, which highlights the importance of shaping hope in young children. Considering that the

individual-level asset of hope is correlated with health and educational outcomes, integrating

hope into early childhood and family intervention programming may hold the potential for

significant social impact. Researchers (Martin 2010) found that a "lack of future orientation"

was a significant factor in leaving school early for children at risk of educational disadvantage.

Students participating in an Early Start program were rated by teachers as having higher goal-

setting and future orientation, which accentuates early intervention as a promising opportunity to

embed a hopeful orientation.

Higher hope individuals are more likely to use active coping strategies according to Snyder

(Snyder, 1994). Liu, Wen and Wang (2015) define hope as "a positive motivational state

directing perseverance towards goals and pathways. Menninger (1959) held doctors responsible

for enhancing a patient's hope and claimed that hope enhances the function of the immune

system. Frank (1968) linked hope to the placebo effect and Kubler-Ross (1969) believed it was a

significant factor in health outcomes including death. Hope confers survival advantages

(Groopman, 2004).

Theory

The cognitive theory of hope proposed by Snyder (1994) and colleagues in helping people to

cope with stressors has been the focus of much recent attention. According to this theory hope

has three interrelated cognitive components: goals, agency and pathways. Agency refers to an

individual's motivation/determination to meet desired goals, while pathways refers to an

individual's beliefs that successful plans can be generated to attain these goals. Snyder's model

proposed that when confronted with negative events high hope individuals will be distressed

only temporarily and will bounce back to achieve their life goals. Research shows that hope is a significant predictor of psychological well-being not only among healthy individuals, but those with a variety of illnesses (Hsu TH et al, 2003). Lazarus states that the role of hope in coping is just as important as its role as an emotion. Hope is seen to galvanize efforts to seek improvement of an unsatisfactory situation… a galvanizer of action (1999). Hope is not equivalent to the expectation of a favorable outcome whereas with optimism there is little doubt of a positive outcome. Likewise, hope is often subsumed under resilience but if there is any relationship it is more likely that resilience is an outcome of having hope and not the reverse (Mednick *et al.* 2007; Seligman and Gillham 2000). Additional evidence for this assertion comes from the work of Ho and colleagues with cancer patients (Ho SMY *et al*. 2010).

The more philosophically rooted literature on hope articulates hope as a drive to determine or govern the self…including goal setting, caring, praying, planning and mobilization…hope comes from within…an inner readiness available when needed (Nowtony 1988). "…hope nurtures the individual's transition from being weak and vulnerable to functioning-living-as fully as possible" (Miller 1985).   No one gives or provides hope to another, but rather one creates the conversational space for hope to arise from the forms of conversations one shares (Weingarten 2010).

There is a positive correlation between hopefulness and connectedness, both in parent-family and school contexts. Stoddard *et al*. (2011) proposes that youth may be protected from participation in violence due in part to hopefulness and suggests that individual-level interventions be designed to instill a sense of "hopefulness for the future". Adolescents with higher levels of hope are less at risk of internalizing behavior problems and negative impacts on life satisfaction when facing adversity. Mednick *et al*. (2007) examined hope as a potential resilience factor and found

hope may protect against anxiety in mothers of children diagnosed with type 1 diabetes. Valle (2006) contends that developing cognitive-motivational strengths such as hopeful thinking may foster protection against adverse life events.

Evidence

Peterson et al. (2008) provide evidence for the notion that hope is amenable to training and development in the individual n their study Peterson et al. (2008) demonstrated greater activity in the left prefrontal cortex of those individuals with high PsyCap and low PsyCap individuals showed more activity in the right frontal cortex and right amygdala. They suggest the potential for neurofeedback to "strengthen" PsyCap and thus hope. This research fits well with the research on the relationship between trauma and hope (Weingarten 2010). The amygdala plays a decisive role in the experience of fear (LeDoux, 1998). The amygdala is "quieted" by chemicals released from the prefrontal cortex allowing for the expression of hope (Davidson 2003). An alternative strategy for enhancing PsyCap is reported to be meditation.

Importantly, common to many of the understandings of hope is that it is an expectation that is both desired and possible (Obayuwana & Carter 1982). Hope has been described by Hickey (1986) as one's future imagined reality. Desroche (1979) stated that a concept of hope as one's future imagined reality is to regard hope as a waking dream.

In a study offering a longer follow-up than most, Day and others showed that "hope agency" and "hope pathways" predicted future academic achievement when general intelligence was controlled for (2010). Stewart and Yuen (2011) reported on a systematic review of resilience in the physically ill and noted several papers, particularly among qualitative studies identifying hope in those who coped successfully with physical illness. Lastly, Valle *et al.* (2006) reported

in a well-controlled, longitudinal study that adolescents reporting higher initial levels of hope were more likely to report higher levels of global life satisfaction.

Hope is one of five recommended elements for intervention in the face of trauma resulting from mass violence (Hobfoll et al., 2007). One of the subjects in Eggerman and Panter-Brick's study of Afghans caught up in the ongoing conflict is quoted as saying "The only way to make life better is to be hopeful. If a person has hope, then he or she can work and acquire knowledge to make their life better." Eggerman & Panter-Brick (2010) concluded that resilience and fortitude rest upon a sense of hope: the belief that adversity can ultimately be overcome and lead to a process of "meaning-making" that gives coherence to past, present, and future experiencesIn the face of continuing adversity in Afghanistan the "Back to School" campaign is an example of hope-building policies that have raised expectations but whose outcomes remain to be seen (Eggerman & Panter-Brick 2010). Hope based interventions that helped students to explore their goals and identify actions to achieve those goals have been shown to increase life satisfaction (Marques *et al*. 2011). Gan et al. (2013) found that future expectations were significantly correlated with resilience among adolescents who experienced the Sichuan earthquake… "…the future is …predicted by the manner in which a person thinks about it…"

Assessment

Hope is measurable. The most relevant hope scale for children and adolescents is the Children's Hope Scale (Snyder *et al*. 1997) a child rated checklist of six items scored on a 6-point scale. The hope construct in this scale is operationalized as consisting of (a) agency (perception that children can initiate and sustain action toward a desired goal) and (b) pathways (a child's perceived capability to produce routes to these goals) (Snyder *et al*. 1997). Zusevics and Johnson

(2014) found there are significant racial and ethnic differences in hope scores. As they state, further research should explore these differences more explicitly along with analyzing other factors impacting student hopefulness. Additionally, a thorough exploration of the interaction between hope and implicit theories of intelligence may help to refine interventions utilizing help paradigms.

Oncology

Hope theory may be particularly suited to explaining and promoting positive coping with cancer treatment (Germann *et al*. 2015). "There is no such thing as 'false hope', there is just hope" … "If a patient is able to hope for something that isn't going to happen and that sustains hope, well, I'm okay with that"…"The dreams of yesterday are the hopes of today and reality of tomorrow" (Penson *et al*. 2007). Hope is the expectation of a positive outcome despite the circumstances (Wikipedia, 2007). "Hope sees the unseen, and expects the impossible" (Hebrews 11.4). For patients, Penson and colleagues (2007) underscore a belief that the physician-patient connection is still viewed as the most important factor in decision-making, and defining hope (Hagerty *et al*. 2005). Further, hope is predictive of resilient trajectories in patients with known risk for cancer and allowed for the ability to reprioritize their goals in life (Ho et al., 2010). In the realms of cancer treatment hope-based training is now available to increase individuals' hopefulness (Klausner et al. 2000).

Traumatic Events

Walsh (2007) described hope as a positive outlook and its presence as a predictor of recovery from trauma. These observations led Wu (2011) to a conclusion that treatment plans could be devised that would lead family members of victims of trauma, especially those who were

symptomatic with PTSD, or depression, that would lead to a hopeful outlook on life goals. Wu

concludes that hope "fuels energies for people to rebuild their lives, rebuild their dreams and

renew their attachments." In their study of sexually abused adolescents Williams and Nelson-

Gardell (2012) reported lower levels of hope and expectancy in those who were less resilient.

Suicide

Suicide deserves special emphasis when it comes to a discussion of hope (Huen et al., 2015). So

often suicide is seen and equated with an absence of hope, but without a recognition of the

evidence for this assumption (Goetzke *et al*. 2016). In a qualitative study of suicidal ideation and

intent, Turner (2005) interviewed ten Australian young people systematically. The study was

unique in capturing the perspective of youth. The findings suggested that there were four

horizons of hope: at-one-with; a driving force; having choices; and connecting or being

connected. In the study (Turner 2005), hope was clearly identified as an anticipation of future

possibilities (DuFault & Martocchio 1985; Farron *et al*. 1992; Holt 2000). When participants in

Turner's study had options they felt they could achieve future goals (Turner 2005). Snyder

believed that suicidal ideation is a result of a perceived blockage of hope. McCann (2002) stated

"implicit in the concept of hope is a goal, a plan, or a vision for the future, a dream or even a

delusional idea – tangible or intangible". Johnson and Roberts (1996) suggested that lack of

hope for the future or hopelessness is a major barrier to successful adaptation. Hope and

hopefulness have been linked to healing in adolescents (Hendricks, 1998) and healing of

adolescents exposed to violence (Nelson *et al*. 1996). Hope has been linked to survival by

Snyder (1995) and linked to a capacity for crisis resolution (McGee 1984). These and other

studies point to the importance of attaining and maintaining hope (Turner 2005). Hopelessness

is associated with suicide attempts, although the factor may be confounded by the presence of depression (Wilkinson *et al* 2010).

Theological

Erikson (1975) and others (Kwan 2010) propose that hope is the most fundamental experience one can have as a human being and that it begins to be formed in early life. Worthington (cited in Kwan, 2010) describes "hope focused counseling" as enhancing a sense of agency and reinforcing skills for improving present conditions (Riply/Worthington cited in Kwan, 2010). Hope training with a cognitive behavioral approach that generates agency may be effective in reducing certain forms of psychopathology including suicidal intent and depression (Huen *et al*. 2015).

Results:

Hope can be taught.

The "iDream3", supported by the Bao Bao Bear Care Foundation Limited (Hong Kong) (www.baobaobear.com) program as implemented in the schools involves class group discussion, interactive video with presenters and follow-up discussions. The program, at first greeted with skepticism, has expanded beyond the original target population of schools impacted by the 2008 Sichuan earthquake to encompass other schools in the city of Chengdu and elsewhere in China. There is a systematic long-term evaluation of the program.

The De La Salle School establishes a "culture of hope for children in poverty" (Sheehan and Rall, 2011). The findings from this school program suggested that it is possible to infuse hope, agency (Earls *et al*. 2008) and pathways in any school. As reported by Sheehan and Rall (2011)

there are three identifiable processes: "hope finding", "hope bonding" and "hope enhancing". As described, "hope finding' involves identifying agency in the children and pathways for achieving a goal. "Hope bonding" and "hope enhancing" are active, interactive processes that support achieving goals. These three hope components demonstrate the ability to train for "hope" and thus open the opportunity to consider programming to achieve "hope" and arrive at goals. Sheehan and Rall (2011) identify another program called "Making Hope Happen for Kids" adding evidence to the idea that programs can be established around the concept of hope.

Most concretely, it is now demonstrated that hope is a teachable skill (Rand & Cheavens 2009). The iFred, International Foundation for Research and Education on Depression (www.iFred.org) Schools for Hope program with a defined curriculum and substantial evaluation aims to lower suicide rates by teaching hope and equipping adolescents with the social and emotional learning tools necessary to have and maintain hope throughout life, as well as providing a resource for suicide prevention. Relevant to contemporary concerns it is notable that use of the curriculum is in Derry, Ireland which has known decades of conflict and despair had a positive outcome on future orientation.

Conclusion:

There is now ample research evidence to identify hope as an independent and critical variable. Hope is a stand alone factor and should not be subsumed under resilience. It is an independent variable when considering life trajectories following adverse events. Hope advances program development in ways that talking about resilience cannot. Hope is an activist concept available to all when given the opportunity. In an era where there is the need for a positive future orientation for children, adolescents and their families "hope" holds out the promise of positive

outcomes. The finding that "hope" is teachable distinguishes it from other concepts related to positive life trajectories. Models for teaching "hope" are available.

Further research is needed in the fields of early childhood development, education, positive psychology, and psychiatry to better understand how best to design and disseminate strategies to foster hopefulness.

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Key Messages

- "Hope" can be defined independent of the concepts of resilience and optimism.
- "Hope" has been shown to have value in influencing health and social outcomes.
- It is possible to use "hope" as a construct in developing programs to reduce the impact of stressors on youth and enhance the potential for successful outcomes.
- "Hope" can be taught as demonstrated in the development of suicide prevention programming in schools.
- There is an evidence base to allow the consideration of "hope" as an independent variable.

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