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## Introducing hope

If we asked an average group of people to brainstorm a list of factors that contributed positively to mental health and well-being, it is likely that they would identify several in common. The list might include: the provision of basic needs like food, clothing, shelter, etc.; care and emotional support from significant others; financial provision through gainful employment; pleasure through leisure pursuits; and a positive mental outlook. People who look to their future with a good measure of positive expectancy are likely to think well of themselves and of their opportunities in life. Such people probably have a number of life goals, generally look forward to their working day, and experience some form of enjoyment in their relationships and life pursuits. Of course, no one is exempt from experiencing challenging life events. Even the most positive individuals will at times experience more difficult emotions like sadness, worry, or despair. Mentally healthy people though seem to have an orientation to life that allows them to be grounded and optimistic even in the most challenging of circumstances.

This view is reflected in the World Health Organization's (WHO) definition of health as:

a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (WHO, 2001)

It is important to note that mental health and well-being is understood to be much more than the absence of disease. In fact mental health may exist in the presence of physical illness. A comprehensive understanding of health, especially mental health, focuses on what factors support health and well-being, rather than on factors that cause disease. This view, known as the salutogenic approach to health, claims that health is much more open-ended than in a disease model of health and is dependent on the skills necessary to organise resources in society, the social context, and the inner resources of the self. 'This framework suggests that what we perceive as being good for ourselves (subjective well-being) also predicts our outcome on objective health parameters. In other words, if we

create salutogenic processes where people perceive they are able to live the life they want to live they not only will feel better but also lead better lives' (WHO, 2005: 51).

It appears that having a positive life orientation is one of the ingredients of a healthy life. If this is so, then we need to understand more precisely what such a personal worldview is, how it functions, and how it can be fostered. In the following chapters, this positive life orientation will be referred to in various ways using such terms as optimistic, sanguine, hopeful, and resilient, to name a few. While these and other related terms will be examined, the primary focus of this book will be on the nature and function of hope. The capacity to hope, it will be argued, is essential for health and well-being. Those without hope are certain to struggle with themselves and their life circumstances. Our examination will highlight the fact that hope is a more complex notion than might generally be thought. It is a word used in everyday speech to refer to relatively mundane thoughts such as 'I hope it's not going to rain today' and also to more profound ideas like 'There's no hope for me'. Hope is a word that captures a range of nuanced meanings and therefore requires a thorough scrutiny.

Before we venture too far into the research literature it might serve us well to start with a few definitions of hope. The following definitions are drawn from commentators from different disciplines and provide a breadth of perspective on the nature of hope.

**HOPE IS:**

'a movement or stretching forth of the appetite towards an arduous good.'  
(Aquinas, 2006a)

'a process of anticipation that involves the interaction of thinking, acting, feeling, and relating, and is directed towards a future fulfilment that is personally meaningful.' (Stephenson, 1991: 1459)

'a multidimensional life force characterized by a confident yet uncertain expectation of achieving a future good which, to the hoping person, is realistically possible and personally significant.' (Dufault & Martocchio, 1985: 380)

'the sum of perceived capabilities to produce routes to desired goals, along with the perceived motivation to use those routes.' (Snyder, 2000: 8)

A number of key characteristics of hope are represented in these definitions. They suggest that hope involves:

- Appetites/desires
- Anticipation
- Confident expectation
- Life force
- An arduous process
- Realistic possibilities

- Issues of personal significance
- Perceived personal capability
- Goals, pathways/routes, motivation/agency
- An interaction between thinking, acting, feeling, and relating.

As we explore the topic of hope each of these characteristics will be examined in more detail. To develop the definitional aspects of hope a little further we now turn to the dictionary for further clarification.

## Hope as a noun

Hope is defined in the Oxford dictionary as both a noun and a verb. As a noun, hope is: *a feeling of expectation and desire for a particular thing to happen*. Elliott and Olver (2002) noted that when hope was described as a noun it was represented as an entity, and therefore in a sense as existing independently of the individual. In this respect, hope was 'out there' and could either be gained or lost. One of the interesting features of hope as a noun is that it is viewed as having an *a priori* existence. If hope already exists the implication is that it cannot be created but rather only be gathered in lesser or larger amounts. Hence, hope can grow and increase or equally it can diminish and vanish. Another feature of hope as a noun is that it must have an object. There is a hope for or of something happening. This object may be something concrete or something less tangible such as a state of being. In either form, hope has an object of desire.

Hope viewed as a noun tends to orientate the hopeer to a modernist view of reality where aspects of reality either exist in principle, as in Platonic forms, or as physical and measurable entities. When hope is conceived of as already existing in the real world in some form or other it carries the notion that it can be *gained, given, or discovered*. This has both positive and negative aspects. The view that hope might exist in some fashion and that it needs to be procured somehow means that there is a potential positive expectation of either gaining the object of hope or of gaining more of the quality of something desired, for example, affection. On the negative side, the object of hope may be withheld or be unavailable.

### *Hope: given or taken*

Another feature of hope as a noun is that it is often conceived of as being outside of one's control. This is best illustrated by research on the participation of patients in medical treatment. Elliott and Olver (2002), for example, reported that patients undergoing medical treatment often link hope with cure. Hope then becomes associated with the presence or absence of an objective, empirical fact. When a medical report is good, for example when there are no further cancer cells found after an operation, hope is delivered. Hope in this context is seen as being in the hands of the doctor. If the doctor delivers a positive word, hope is possible; alternatively, a negative

report is more likely to lead to a loss of hope. There is a sense here of hope as being able to be either *given* or *taken*. When hope exists as an entity outside of the person there is a danger that it is represented as an absolute, with its possibility or impossibility already predestined.

A negative feature of hope seen as being outside of one's control is that it can lead to inaction. If hope is 'out there' then there is nothing I can do about it. All I can do is wait for my fate to be delivered. In psychological terms we might speak of someone with this orientation as lacking self-efficacy (Bandura, 1982). Such persons do not believe that they can effect any change in their circumstances, whether physical or emotional, because it is out of their control. In the medical context this view renders the doctors as having all the power. Only they can make any difference to the individual's state of being.

Hope understood as something pre-existing has a positive dimension as well. Many people relate to hope as an aspect of spirituality. In monotheistic religions, for example, God is the giver of hope. "I know the plans I have for you", declares the Lord "... to give you a hope and a future" (Jeremiah 29:11, New International Version). God in this scheme is a benevolent, powerful being able to offer and provide hope. Sometimes this offer of hope is seen as the potential attainment of some temporal desire, like health, a relationship, a job, or some physical object. Equally God's offer of hope may be to gain some eternal state such as heaven or eternal peace. The interesting thing here is that hope is understood as being possible because a power greater than the individual is able to provide it.

### *Hope discovered*

Another response to viewing hope as existing objectively is to actively seek hope. While similar to a view of hope as being received, its focus is potentially more active. This more self-efficacious view sees the person as being on a journey of discovery. If hope is lacking and it exists in principle, then it should be able to be found. Many people enter counselling and psychotherapy with such an assumption. It is as if they have recently lost something they previously possessed and now need to find again. Such people come to therapy to enlist the therapist's aid in helping them find their elusive hope. Like hope *given*, hope *discovered* implies that hope itself has a quantitative characteristic – hope can grow or diminish. Such a view also has a positive and self-empowering aspect, for if hope can grow in quantity then human effort can make a difference. The more I seek that which I am after and the more I rid myself of blockages to its attainment, the more likely it is that I will attain my goal.

Hope as a noun implies that hope has some form of independent existence and in some way is outside the person. It does not, however, have to remain outside for whether hope is *given* and *received* or actively *sought* and *discovered*, hope can be gained and become the individual's psychosocial and spiritual possession. The different aspects of hope as a noun are summarised in point form below.

### *Hope as noun*

- Hope is a pre-existing objective entity
  - It can increase and decrease
- Passive engagement
  - It can be given or provided
  - It can be received
- Active engagement
  - It can be pursued and discovered
  - It can be possessed

### **Hope as a verb**

Hope as a verb is the act of desiring, of having confidence, of believing or trusting in someone or something (Webster's Dictionary, 2006). An interesting aspect of hope as a verb is that it introduces a subject. There is someone doing the hoping. Hope as a noun highlights more of the *objective* nature of hope, while hope as a verb highlights its *subjective* features. In hope as a verb the actional dimension is personalised, providing more power to the individual to choose the object of hope. In their study on hope and cancer patients, Elliott and Olver (2002) found that patients who referred to hope in its verbal form were less dependent on the doctors' pronouncements for the maintenance of their hope. While a good report from the doctors was welcomed, it did not necessarily determine the person's ability to hope as this capacity was already subjectively held. *To hope* was already an engagement in an active process. *To hope* meant that there was a belief that something positive and desirable was possible.

Hope used as a verb tends to focus on possibilities; here the future is more open-ended. In contrast, hope used as a noun is more likely to refer to definitive outcomes, a prescribed response. Hope as an action requires some behavioural response from the individual. Hope has to be evidenced in some way and usually involves a level of risk or trust in another or in some possibility. The action, for example, might simply be a choice to contact a friend and arrange a social chat even when one feels unwell and unsociable. It may be the act of risking the possibility of being vulnerable in a close relationship or of ceasing further medical treatment in preference for a short-term improvement in the quality of life. Such expressions of hope involve more than conceptual acknowledgements of desired outcomes, rather, they require some self-empowered action by the hopeful person.

Hope as a verb also involves a sense of motivation, an energy directed to an action. As we will see later in the section on positive psychology and hope, hope involves the capacity for agency, that is, belief in one's own capacity to effect change in one's world. When used as a verb, hope implies action. An illustration is helpful here. If Bill were to say, 'I hope that

I get the job I applied for soon,' then he is using the word 'hope' as an action; Bill is engaging in the act of hoping. But what is this action? One important aspect of hope is that it is intentional. It is directed at the attainment of some desired object or state of being. The etymological meaning of 'intention' provides us with a helpful base from which to understand hope as an action. Intention is made of two Latin words 'in' and 'inteo' where 'in' has the same meaning in Latin as it does in English and 'inteo' means 'to hold'. Hence, hope as intention means *to hold* in mind the object of one's desire. This holding requires some effort and usually some emotional response because what we hope for is by definition something that is currently not present. This delay challenges us to continue to believe in the possibility of attaining that for which we seek and therefore not to be despondent, anxious or overly frustrated. The different aspects of hope as a verb are summarised in point form below.

### *Hope as verb*

- Hope is a subjective reality
- Hope is open-ended
- Active engagement
  - It is motivational/emotional
  - It is intentional
  - It is created

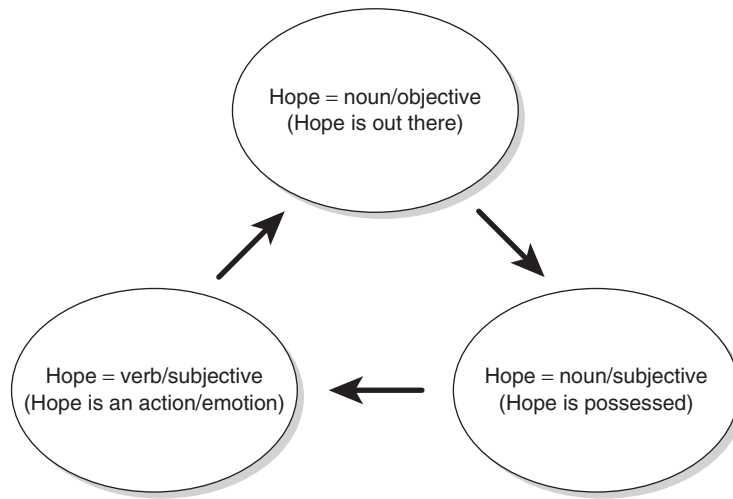
### *A reciprocal relationship*

In summary, hope can be a noun, conceptualised as objectively existing, and also owned and internalised by the individual, and as a verb, an action state. These various facets of hope have a reciprocal relationship.

The reciprocal nature of these aspects of hope is highlighted by the hoping process undertaken by the hospital patient. When the doctor delivers a good report, hope as an external entity is offered. This hope however, has to be accepted and owned; it has to become the patient's hope. The patient who owns the hope of a cure or of a recovery must also continue to maintain hope. There has to be a process of holding the hope in place. At times the doctor's report may not be as positive as at other times. It is then that the patient must place more reliance on their own hope as both a belief and as an action. At times it is only the patient's internally held hope that remains alive. Each form of hope supports the other and carries the weight of expectancy.

Another example of the reciprocal nature of the different aspects of hope can be found in the counselling room. Many times counselling clients come to counselling because they have lost hope. This loss of hope may be around self-belief, a relationship, health or social functioning. Often the client expects that the therapist will be able to offer hope. Sometimes this offer is a new way of thinking, and in being explained

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**Figure 1** Reciprocal relationship between the three versions of hope

Source: adapted from Elliott & Olver, 2002.

alters the client's perception of self and life, thus returning hope (noun/objective). In a sense, the therapist is seen as possessing the secrets of hope. Sometimes the client sees the therapist as a person skilled in aiding others seek for hope. In this case the therapist is not understood as possessing hope as an entity as such but as someone who knows how and where to look for it. Sometimes the discovery is that hope already exists in the client and has, as it were, been lost or misplaced. The therapist's role then is to aid the client's self-discovery of hope (noun/subjective). The therapist's role might also be to aid the client to actively hope (verb/action/emotion), to encourage feelings and behaviours that maintain hope.

## Spheres and dimensions of hope

It should already be obvious that hope is a multifaceted concept and because of this it can be used to express a range of meanings. Sometimes the word hope can even be used to convey seemingly contradictory ideas. Recognising the many nuances of hope, nursing researchers Dufault and Martocchio (1985) have developed a meaning framework that helps to identify different facets of hope while maintaining its overall coherence. They argue that there are two main spheres of hope containing six common dimensions. The two spheres are *generalised* and *particularised* hope and, in their view, these spheres are related but distinct in nature.

## Spheres

### *Generalised hope*

Dufault and Martocchio (1985: 380) define generalised hope as ‘a sense of some future beneficial but indeterminate developments’ and explain that it is broad in scope and not linked to any concrete object or quality of being. This form of hope might be understood as a state of mind or life orientation. The researchers provide an example from their research interviews with terminally ill patients to illustrate the nature of generalised hope. One patient stated, ‘I don’t hope for anything in particular, I just hope’, while another commented, ‘Hope keeps me going. It is an outlook that makes everything worthwhile’ (1985: 380).

These statements highlight some of the features of hope previously discussed. First, both comments demonstrate that hope can be a state or attitude of mind without the need for a specific desired goal or object. Second, the two comments illustrate the use of hope as both a noun and a verb. This is all the more striking when we consider that the comments were made by people who knew they had terminal illnesses. The first comment, ‘I don’t hope for anything in particular ...’ at first glance is confusing. Hope here is an action but an action without any seeming object or direction. However, when hope as an action is, in part, understood as a *holding in mind* then the action appears clearer. This still begs the question, ‘Holding what in mind?’ We believe the answer is best understood as a holding of a positive life attitude in mind. In the context of life challenges and struggles, it becomes more obvious that holding a positive life attitude or orientation becomes quite an action in its own right.

A qualification is worth noting here. It might be said that a positive life orientation is simply optimism. It is true that optimism is such a life orientation, and in many ways has much in common with hope. However, optimism and generalised hope differ in an important way. The optimist believes that ‘good, as opposed to bad, things will generally occur in one’s life’ (Scheier & Carver, 1993: 26). The person with generalised hope also holds this view. The difference is that optimism is a predominantly cognitive state; the optimist expects that life *will* work out well and as expected. The hopeful person is more realistic and recognises that life may not work out as planned but still determines to hold a positive expectancy. In delineating the hopeful person from the optimist, Van Hooft (2011: 53) states, ‘Her hopefulness is constituted by a willingness to act in pursuit of her goals, to accept the risk, to make the required efforts and to accept the outcomes even if they are disappointing. It is a practical stance rather than a cognitive belief’.

Generalised hope provides a broad perspective for life, and its pragmatic stance provides an inbuilt flexibility and openness to life’s vagaries.

### *Particularised hope*

Particularised hope, as the name suggests, is focused on the attainment of a specific outcome. The objects of hope may be concrete in nature or abstract. Particularised hope is characterised by the expectation that:



- What exists at present can be improved
- What a person does not have at this time can be attained or received
- The desired circumstances surrounding an event will occur
- What is valued in the present can be part of the hoping person's future
- Unfavourable possibilities will not occur. (Dufault & Martocchio, 1985: 380–1)

In being focused on specific objects of desire *particularised hope* helps to clarify and affirm life priorities. This type of hope helps us persevere when obstacles and life challenges are encountered. Ultimately, it is what we hope for that provides us with a reference point for meaning in life; it illuminates what is important.

Generalised and particularised hope work in cooperation. Sometimes the success of *particularised hope* adds support to a waning *generalised hope*. At other times generalised hope bolsters specific hopes when the objects of desire are not gained or received. Generalised hope may also provide a propitious climate wherein particular hopes can be formulated and risked. At times of great struggle, only generalised hope may be available. Dufault and Martocchio (1985: 381) provide another example in their account of a woman in the last phase of her long illness and who stated, 'At this stage, you just hope; there is nothing left to do but hope. Hope is quite enough'. We see here someone who knew that the time for the pursuit of goals was at an end. Her hope was not for the attainment of something particular. Her hope was in possessing an attitude of being. Ultimately, both forms of hope are required to embrace the challenges of life.

### *Dimensions of hope*

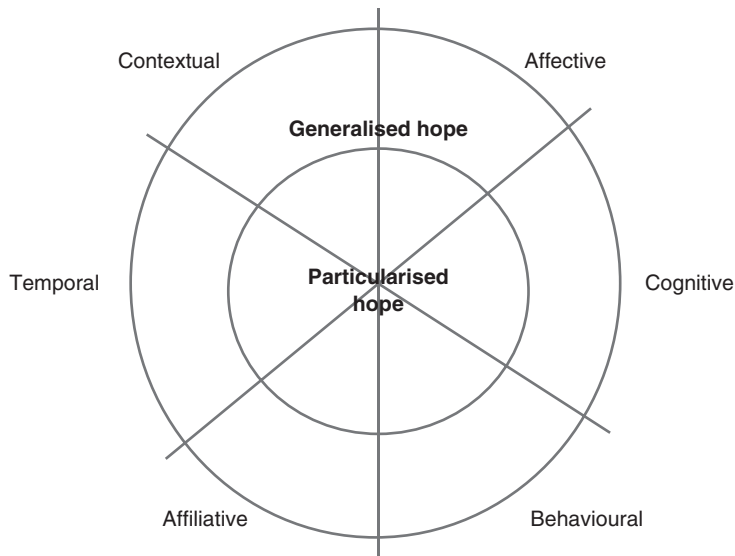
Dufault and Martocchio (1985) identify six dimensions of hope: affective, cognitive, behavioural, affiliative, temporal, and contextual. They suggest that each of these dimensions has components that structure the nature and experience of hope. Collectively these dimensions form the processes of hope.

#### *Affective dimension*

Given that hope is multidimensional, its various dimensions can be in operation independently or collectively. The affective dimension is concerned with the sensations and emotions of the hoping process. Components of the affective dimension include:

- An attraction to the desirable outcome
- A sense of personal significance of the outcome for the hoping person's well-being
- Feelings of confidence about the outcome
- Feelings related to some uncertainty about the outcome
- A broad spectrum of feelings that may accompany hope. (Dufault & Martocchio, 1985: 382)

Hope has a strong emotion-based aspect. While many commentators on hope situate it within a cognitive framework, others describe hope as an emotion (Averill, Catlin, &



**Figure 2** Spheres and dimensions of hope

Source: Dufault & Martocchio, 1985.

Chon, 1990; Averill, 1994; Scioli, Nyugen, & Scioli, 2011). Averill et al. (1990) argued that hope is an emotion by comparing it with the characteristics of basic emotions. They found that hope conforms to the parameters of an emotional model of behaviour. Hope is difficult to control and more like a passion than an action. Hope can be irrational in that if people are strongly attached to the object of their hope, they may convince themselves that the chances of gaining that object is higher than is actually possible. Finally, these researchers found that like other emotions, hope motivates behaviour.

The first component of hope as an affect is its attraction to a desirable object or outcome and this can be expressed using terms like longing, yearning, aching. The second affective component is personally significant. This is well illustrated in the statement by a patient recovering from an operation for cancer who said, 'I hope to return to work, at least part time. It means everything to me ... I *ache* to get back'. We see here both the attraction to the desirable object, in this case a return to health and work, and also the depth of personal meaning that this has for the person.

To capture a sense of confidence about outcomes the hopeful person uses such expressions as 'feeling positive', 'assured', 'happy', and/or 'seeing the light at the end of the tunnel'. However, hope also has a dualistic aspect; on the one hand there is a sense of confidence, but on other a lack of certainty. Some affective responses to uncertainty are nervousness, doubtfulness, tenseness, vulnerability, and worry. Uncertainty is especially associated with waiting and delay – a fundamental characteristic of the hoping process. Hope is not hope if the object of desire appears immediately one desires it. This would be better described as magic, not hope. Hope exists in the *in between* world of waiting. The relative

balance between certainty and uncertainty is mediated by other dimensions of hope, such as the cognitive, contextual, and affiliative dimensions.

The feelings of certainty and uncertainty can also exist concurrently. These feelings may at times be confusing as they initially can appear to be at odds. The tendency to think in either/or terms only adds to this confusion. It is more helpful to think of hope as having a constellation of affective expressions, many co-existing or alternating in rapid succession.

### *Cognitive dimension*

The cognitive dimension of hope focuses on a wide range of thinking and imagining processes. The components of the cognitive dimension include:

- Identification of objects of hope, such as desired good, goal, state of being, or outcome
- Examination and assessment of reality in relation to hope
- Discrimination of actual and potential internal and external hope-promoting factors from hope-inhibiting factors
- Perception of the desired future outcome as realistically probable or possible though not certain
- Imaginative use of past and present facts that permits belief that the boundaries of favourable possibility are wider than they might seem, and the boundaries of unfavourable possibility are narrower than they seem. (Dufault & Martocchio, 1985: 384)

Hope from a cognitive perspective is reality-based. There is an expectation that that which is hoped for will eventually appear. To maintain a reality-based expectation, the hoping person continually assesses and reviews the grounds for hope. Many factors affect the maintenance of hope. Some of these are contextual, others are based on the resources of the individual, and still others are grounded in supportive relationships.

Logic and reason allow the hopeful person to bolster their resources when external circumstances provide little encouragement for the fulfilment of that for which the individual hopes. At the same time, hope may be abandoned if new information calls into question the legitimacy of the hoped-for outcome. Those who are able to maintain their hopes in difficult circumstances are able to muster a battery of cognitive strategies to realign and reposition themselves to gain their hopes where possible, or to reframe their meaning-making when hope has to be abandoned.

### *Behavioural dimension*

As mentioned earlier, the behavioural aspect of hope is focused on action. Action can be an activity that brings about a desired outcome or it can be activity that is unfocused and ineffective. Hopeful persons like optimists are more inclined to take action to achieve their ends because they believe in the possibility of a positive outcome. Positive belief encourages positive action. However, some actions do not have a direct bearing on the outcome as such. Some actions are more subtle and focus on the maintenance of belief, attitude, and perseverance. Action can be understood to occur in a number of different areas: psychological, physical, social, and spiritual.

### *Psychological action*

Action in the psychological area is cognitive in nature and involves planning strategies, organising ideas, reframing, and reality testing. An important aspect of psychological action is the mental preparedness to wait and it has two sides. The first is a form of waiting which involves observing the contextual climate and assessing when it is time to take other actions. The second is a form of waiting which is required when one has no control over external circumstances. This type of waiting might be described as an active passivity. One sometimes waits because that is all one can do.

### *Physical action*

Action in the physical area involves taking practical steps to achieve one's goals. Such action might include dieting and exercising or seeking medical help to maintain physical health. Physical action might also involve travelling and risking new cultural experiences if the desire is for a life full of travel and multicultural encounters.

### *Social action*

Behaviours in the social area are those that promote social engagement and relational connection. The old saying, 'If you want a friend, be a friend' captures some sense of the direction of the action in this area. Making choices about when and with whom to engage socially are all aspects of social actions that engender and help to maintain hope.

### *Spiritual action*

The spiritual aspect, like the social aspects of behaviour, overlap with the affiliative area. They all involve some level of relationship albeit focused in different directions. Relating in the spiritual area focuses on some awareness of a higher power whether that is understood as God, spirit, nature, or force. Actions in the spiritual area might include praying, meditating, participating in religious practices, reading religious or spiritual literature, participating in a spiritual retreat, and contributing to charities.

Actions that help to encourage hope are not always focused on specific outcomes. Some actions are more about creating an environment or life atmosphere. Such actions may even be as mundane as keeping a routine, engaging in leisure pursuits, keeping a social calendar. These actions correspond well to generalised hope and collectively support a positive, hopeful life orientation.

### *Affiliative dimension*

'The affiliative dimension focuses upon the hoping person's sense of relatedness or involvement beyond self as it bears upon hope' (Dufault & Martocchio, 1985: 386). This dimension involves relationships across a wide spectrum of connections including any sense of attachment to family, others, nature, and the spiritual realm. It is about intimacy, mutuality, and

otherness. Otherness can include family and friends but equally it may include animals and nature or aspects of society at large like the underprivileged or those suffering from famine in other countries. The desire to be surrounded by the beauty of the natural world to enjoy pets is another aspect of relationship. Similarly, the desire for spiritual experience or communion with the transcendent is another expression of the affiliative dimension of hope.

Hope in relationships often involves a desire for a particular response from another. The hope may be that another appreciates or has empathy for what one is presently going through. It may be the hope invested in a doctor's response by a person suffering from a difficult illness, in particular, that the doctor will see them as a person and not just as a patient. Responses from others can directly influence one's hope. Sometimes others bolster hope by identifying with one's point of view or agreeing with one's perspective on life, and simply supplying emotional support.

### *Temporal dimension*

The temporal dimension is concerned with the hoping person's experience of time as it relates to the process of hoping. Hope is most specifically focused on the future but it is also influenced by the past and the present. The issue of time is a significant feature of the hoping process especially as it relates to waiting and delay, as mentioned earlier, but it is also significant in terms of time specificity or non-specificity.

Particularised hopes are usually focused on gaining the objects of desire within a given time period. The time period may be short, medium or long-term depending on the nature of the object of hope and of its relative importance. Someone hoping to gain a new job might be focused on the short-term time frame, while an aspiring actor, desirous of an Academy Award, may view this as a longer-term process. Still other hopes may be stretched beyond the fabric of time to eternity. We are all capable of holding several hopes at one time, each with different time expectations. All hopes have a time delay though, and this delay must be managed if hope is to be sustained. The maintenance of hope within the context of delay presents its own challenges and requires perseverance. The various dimensions of hope must all be mustered to manage the delay between the establishment of hope and its fulfilment or abandonment.

Non-time-specific hopes can serve as a protective device against disappointment. Generalised hope, for example, orientates the individual to a particularly robust life attitude. It expects the best but is at the same time grounded in reality and able to accept the limitations of the human condition while still remaining positive. Non-time-specific hopes do not require a focus on time and therefore the constant surveillance of the opportunities to fulfil hopeful expectations. Having some non-time-specific hopes encourages a broader hopeful outlook and the pursuit of particular time-specific hopes as well.

As well as the future, the temporal dimension of hope also involves engagement with the past. Time past exerts an influence on hope for several reasons. The first is that it creates a storehouse of positive memories that help to frame hope. If the individual has had many experiences of hopes fulfilled then the memory of these provides encouragement and belief in the possibility of other hopes being fulfilled. The past becomes a reference point for belief and a reservoir of personal experiences of the possibility of hope.

A second feature of time past stored as memory is that it may also serve to support hope by providing memories of *unfulfilled* hopes. Dashed hopes do not necessarily have to be interpreted negatively. They may serve as lessons in reality grounding. Experiences of unfulfilled hope may also provide experience and knowledge about how best to manage in difficult circumstances. The psychological, affiliative, and behavioural resources used in the past also become a reservoir of knowledge of how to manage difficulties.

Finally, the present is also an important aspect of time that can influence hope. The ever present 'now' is often quite confronting. Questions like 'Do I like the present moment?', or 'What do I want to change about the present?', or 'What is missing from the present?' are provocative and provide a grounding for the future to emerge.

### *Contextual dimension*

Hope is envisioned and activated within a given context. The contextual dimension of hope focuses on those life circumstances that surround, influence, and challenge an individual's hope. Hope is occasioned by a perception of need or desire. Desire for something can emerge at any time and can reflect normal developmental processes in the physical, cognitive, psychosocial, and spiritual domains. For example, it is normative for someone in their twenties to begin thinking about finding a life partner. A person in their thirties is often focused on career development and building financial security. Similarly, it is quite typical of a person in their mid-forties to begin a life review and to re-engage with questions about the nature and meaning of existence.

Maslow's hierarchy of needs is one way of framing the many contextual features of hope. As is well known, Maslow (1987) argued that human needs are hierarchical in nature. That is, it is much harder to focus on a higher need when lower needs are not met. For example, the person struggling to find enough food to eat is less likely to be hoping for a new house. However, when our basic physiological needs are met, the emergence of other perceived needs is more likely. These needs as set out in Maslow's hierarchy are physiological, safety, security/belonging, esteem, and self-actualisation. There is a strong argument that Maslow actually included an additional need to his hierarchy in his later writings, that of self-transcendence. (Further comment on this need will be made in later chapters.)

When an individual comes to an awareness of a need, a strong drive for its satisfaction is invoked. At the earlier stages of life these needs are often focused on physical, security, and esteem needs. Children and teenagers, for example, are often focused on hopes about obtaining physical objects that signify belonging or esteem. The ownership of the latest sports shoes, skateboard, or mobile phone often holds an underlying meaning for the teenager that says, 'I fit in' or 'I am now "cool"!'. The later stages of the needs hierarchy capture quite a different focus, which eventually looks past the immediate needs of the self and expands to the needs of others, the wider society, and the transcendent. Whatever context stimulates and activates a need, whether that is a need to belong or to transcend the self, the basic processes involved are part of the activity of hope.

## What hope is not

One of the challenges of defining hope is that there are many similar terms that appear, at first glance, to be synonymous with it. We have already mentioned the common identification of hope with optimism, but what of other terms like desire, wish, want, and self-efficacy? A number of studies have been conducted to examine the relationship between these different constructs (Magaletta & Oliver, 1999; Bryant & Cvengros, 2004; Bruininks & Malle, 2005). Many times these studies have compared the different variables, like self-efficacy, optimism, and hope, with an outcome variable like well-being. While it is not our aim to report the designs and results of a long list of such studies, it is perhaps helpful to summarise some common findings.

The majority of comparison studies report the finding that the various constructs/terms listed above are discrete notions in themselves, although often complementary. For example, optimism, as already noted, has some similar characteristics with hope in terms of it implying a positive expectancy about life and life events. It is, however, different from hope in that it does not always focus on specific outcomes, but on generalised expectations.

Another example of the discrete but complementary nature of some of these constructs is found in a comparison of hope and self-efficacy. Self-efficacy is concerned with how people judge their capabilities and how these judgements influence their motivation and behaviour. As Bandura (1982: 122) defined it, 'Perceived self-efficacy is concerned with judgements of how well one can execute courses of action required to deal with prospective situations.' The person who has a positive belief in their capacity to effect a positive change in a particular situation is more likely to be motivated to stay focused on the topic of interest and also to take action to effect a change. Central to Bandura's understanding of self-efficacy is the view that the cognitive assessment of one's capacity to effect change is specific to the situation and not a generalised trait. Snyder et al. (2000), however, argue that a cognitive perspective of hope, while similar to self-efficacy, is focused both on situational and cross-situational goals and self-motivational thoughts. That is, the nature of hope is both *dispositional* or trait-based, and *state* or situationally based.

One study in particular sought to explore the conceptual and psychological differences between hope and the related mental states of desire, wish, want, joy, and optimism by examining folk definitions and real-life examples of these various states (Bruininks & Malle, 2005). In the first part of the study fifty-two undergraduate students were asked to describe these six mental states listed above. The researchers then used a coding system based on a set of feature descriptors and rated the number of times the participants mentioned these features (see Table 1).

The number of participants who mentioned a particular feature was computed for each of the six mental states of interest. A base rate was established by calculating the average number of participants who mentioned that feature. From this it was possible to make comparisons across each mental state and also the overall base rate. Table 2 itemises the frequencies of the features described for each mental state.

**Table 1** Coding features associated with related mental states

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1	<i>Cognition</i> : Related words such as: <i>belief, know, conscious of, think, imagine, consider, and remember</i> . These were cognitions one would experience concurrent with a particular state.
2	<i>Emotion</i> : Phrases including the words <i>feel</i> or <i>feeling of</i> were coded for this feature, as well as words such as <i>sentiment, mood, passion, longing, and yearning</i> .
3	<i>Temporal</i> : This feature was divided into the categories of <i>in the future</i> and <i>in the past</i> .
4	<i>Personal control</i> : This feature was divided into <i>high</i> and <i>low personal control</i> .
5	<i>Likelihood</i> : This feature was divided into <i>likely</i> and <i>unlikely</i> .
6	<i>Function</i> : Phrases that expressed the function of the state were coded for this feature (e.g., 'hope keeps a person focused on his/her goals').
7	<i>Object of the emotion</i> : Phrases such as <i>hopeful for</i> or <i>joyous about</i> were coded for this feature.
8	<i>Cause</i> : This feature consisted of circumstances that caused the emotion.
9	<i>Expectancy</i> : Words or phrases related to the expectancy of an outcome.
10	<i>Action</i> : Any action caused by experiencing a particular state was coded for this feature. This feature was divided into <i>take action</i> and <i>can't take action</i> .
11	<i>Consequences</i> : Phrases that implied consequences of experiencing.
12	<i>Physiology</i> : Any physiological symptoms mentioned in relation to experiencing the state were coded for this feature (e.g., <i>racing heart, can't sleep, short of breath</i> ).

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Source: Bruininks & Malle, 2005.

### Wanting

Only five participants described wanting as being cognitive, whereas a strong majority described it as being an emotion. Surprisingly, wanting was not typically linked to the future. Unsurprisingly, wanting also corresponded to an object (representational object) that was desired. In many ways wanting was similar to desire and, as the researchers noted, may be considered a colloquial expression for desire.

### Desire

The majority of respondents described desire as an intense emotion and, unlike other mental states, it was linked to a physiological response. Interestingly, only twelve per cent described desire as a cognition and no one described it in terms of expecting a positive outcome. Desire was most often described in relation to a desired object.

### Wishing

Twenty-six per cent of participants (more than for any other mental state) described wishing as occurring when a person experiences little personal control over gaining a positive outcome. Thirty-three per cent of the participants (far more than for other states) described wishing in terms of *not* expecting the wished for object or event. It was strongly linked with an object and moderately associated with the future.



**Table 2** Frequencies of features to describe each mental state

Feature	Mental state						Base rate (%)
	Hope	Optimism	Want	Desire	Wish	Joy	
Cognition	21	41(+)	5(-)	6(-)	20	0(-)	30
Emotion	29	9(-)	32	47(+)	34	50(+)	65
Future	40(+)	20	7(-)	15	23	2(-)	35
Past	0	0	0	0	0	12(+)	4
High control	0	1	0	2	2	3	3
Low control	5	0	1	2	13(+)	1	7
Likely	9	14(+)	1	3	2	1	10
Unlikely	3	1	0(-)	2	22(+)	0(-)	9
Function	16(+)	1	1	7	1	4	10
Representational object	42	40	45	46	47(+)	21(-)	78
Caused by	6	0(-)	3	3	2	16(+)	10
Expect positive outcome	30(+)	18(+)	1(-)	0(-)	1(-)	0(-)	16
Don't expect pos. outcome	1	0	1	0	17(+)	1	6
Take action	6	9	2	5	10	0(-)	10
Can't take action	2	0	0	0	3	1	2
Consequences	0	0	2	6(+)	3	0	4
Physiological	1	0	0	5(+)	0	4	3

*Note.* (+) number is above the row base rate; (-) number is below the base rate (both  $ps < .01$ ).  $N=52$  for each state.

*Source:* Bruininks & Malle, 2005.

## Joy

Joy was described by nearly all participants as a very positive emotion and no one described it as being a cognition. Joy was not linked to a future outcome but rather to a state that is experienced when a future outcome has been realised. Joy was less linked to the attainment of a physical object.

## Optimism

Optimism received the highest rating as being a cognition and was strongly linked to the future and a representational object. Interestingly, while the link with the future was strong it was significantly weaker than hope's link with the future. One of the most distinguishing differences between optimism and hope was in the expectancy

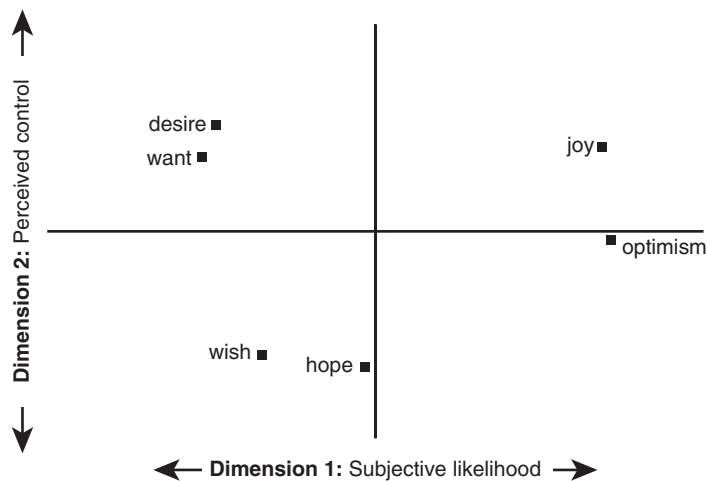
of a positive outcome. Thirty-five per cent of participants associated optimism with a positive outcome compared with a fifty-eight per cent link between hope and a positive outcome.

### Hope

Seventy-seven per cent of participants described hope as being associated with the future. Unlike the other mental states, hope was described by thirty per cent of participants as serving a function. Often this function was related to the maintenance of goals or to controlling negative feelings. Hope was consistently described as an emotion and also as being linked to the expectation of a positive outcome.

### Positioning mental states

In a third study conducted by Bruininks and Malle (2005) participants had to identify the six mental states from short narratives which described one of each discrete state but where any identifying words were removed and replaced with the word 'represent'. Hence, if the narrative read, 'I hope that the future will turn out okay', the word 'hope' was replaced by 'represent'. The participants had then to identify



**Figure 3** Scatter plot showing locations of the mental states in two-dimensional Euclidean distance model space

Source: Bruininks & Malle, 2005.

each narrative with the mental state it was conveying. The data were subjected to a multidimensional scaling analysis (SPSS ALSCAL), which recovers for each participant response the spatial location that best fits the data. One of the dimensional relationships that provides an insight into the differences between the mental states is between the dimensions of *subjective likelihood* and *perceived control*. Where the six mental states are situated in relation to each other based on these dimensions is represented in Figure 3.

When hope is viewed from the perspective of the dimensional comparison between perceived control and subjective likelihood we gain a particular insight. Hope, it seems, can exist even when an individual does not necessarily hold a high expectation that the object of hope will be gained. Equally hope can exist even when an individual perceives that he or she has little control of the circumstances surrounding the hoped-for outcome. This finding fits well with the notion of *generalised hope*.

## Summary

As has been outlined in this chapter, hope has many discrete features but also many aspects that complement other mental states. One of the reasons that hope and other such mental states are often confused is because of their similarity. Hope, however, has some very distinct qualities and characteristics. Unlike optimism for example, hope has both a generalised and a particularised sphere of focus. *Generalised hope* allows for a positive but indefinite future which is grounded in reality. That is, its positive attitude does not deny the possibility that life may not work as originally hoped, hence, it maintains a positive outlook come what may. On the other hand, *particularised hope* does focus on specific future outcomes, expects to attain these, and has a strong action focus. It is possible at times for both forms of hope to co-exist and at other times for one to wax and the other to wane.

Hope can be understood to have both an external objective existence (i.e., to be out there somewhere) and an internal, subjective existence (i.e., to be owned by the individual). Hope is also an action that is acted upon in a range of dimensions including cognitive, behavioural, and affiliative, which are influenced by an individual's view of time and context. More than any other mental state, hope is strongly linked to the future as an orientation, is a balance between cognition and emotion, and expects a positive future outcome.

We have seen that hope is a multidimensional construct that can present contradictory features. At times hope represents a strong goal orientation and at other times it represents a positive expectation about life even when there is no possibility of the hoped-for outcomes. Most commentators say that hope is essential for life and well-being. While this may be so, there are many different views about the function and importance of hope. In the next chapter we will explore how hope has been understood from the perspective of different disciplines of thought.

### QUESTIONS FOR REFLECTION AND DISCUSSION

- 1 Think of a time in your life when your circumstances either tempted you to lose hope or actually caused you to lose hope.
  - a What were your dominant thoughts at the time?
  - b What was your view of yourself?
  - c What began a movement back to a hopeful outlook?
- 2 In counselling and psychotherapy, can hope be given to the client by the therapist? If so, how?
- 3 If hope can ebb and flow, wax and wane, what steps or strategies can a person take to increase the likelihood of enlarging their hope?
- 4 In your view, is hope largely a trait-based quality (i.e., an aspect of personality) or a state-based (context-specific) quality? Why?
- 5 Think of a person who you know that you would describe as full of hope. What qualities characterise that person?