

Ontological Structure and Complexity of Therapeutic Hope: A Multidimensional Perspective

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ABSTRACT *Despite the daunting challenge to hope and hoping currently confronting millions of traumatized populations throughout the world, the psychology literature has largely been silent on the proper meaning of therapeutic hope, and how hope can be resuscitated in people demoralized by extreme hardships or unpredictable life events. This anomaly perhaps arises from the fact that in spite of several and honest acknowledgements found in Western scholarship, about the relevance of hope-healing in the human conditions of captivity or tragedy, a gap still exists as regards the multidimensional conceptualization of the ontology and epistemology of hope that should enable psychologists to have a firm grip not only on the multidimensional constituents of hope and hoping but also on how it lives and dies, how it heals and how we can enhance its positive component in people (individuals or groups) beleaguered by its over-determination by the negative component of hopelessness and other devastating conditions of existence. Through a selective review of the scattered literature on hope and hoping, some of them drawn from outside of the mainline psychology field, this paper draws attention to the ontological complexity of the hope construct and to the factors and forces that combine to promote its activation, healing value and endurance. The overall aim is to move towards a more informed multidimensional re-visioning of the construct. Copyright © 2011 John Wiley & Sons, Ltd.*

Key words: hope, theory, therapeutic hope, hope-healing, hope measurement

BACKGROUND

Despite the daunting challenge to hope and hoping currently confronting millions of traumatized populations (including refugees, and victims of political and psychological violence and terrorism) throughout the world, the mainstream psychology literature has largely been silent on the proper meaning of therapeutic hope and hoping, and how hope can be resuscitated in people demoralized by extreme hardships or unpredictable life events. Supporting the above judgment, Flaskas noted that:

Although negotiating hope and hopelessness is part of the daily currency of (clinical) practice, the topic has received surprisingly little direct discussion in the family therapy literature, or indeed in the forums of training and conferences. Yet in the research investigating common factors associated with positive

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therapy outcome, the 'placebo effect', which is effectively clients' capacity to hope for change, weighs in as one of the main four groups of factors. (Flaskas, 2007, 186–7)

In her view, 'the first two groups of factors are the strengths and resources in clients' lives, and factors associated with the therapeutic alliance and therapeutic relationship' (ibid., 187).

This paradoxical omission perhaps arises from the fact that in spite of several and honest acknowledgements found in Western scholarship, about the relevance of hope-healing in the human conditions of captivity or tragedy, a gap still exists on the ontology, anthropology and epistemology of hope that should enable psychologists and practicing therapists to have a full conceptualization, not only on what hope really means but also on how it lives and dies, how it heals and how we can enhance its positive component in people beleaguered by its over-determination by the negative component of hopelessness and other devastating conditions of existence.

Registering a similar surprise for the neglect of attention to the phenomenon of hope and hoping in the therapeutic literature, Mahoney points out that, 'although its absence is often acknowledged as a factor in affective disorders, hope remains one of those ethereal topics that has escaped serious scientific attention' (Mahoney, 1985, 36). In his view, compared to such other boundary concepts like love, faith and belief, with which it is often connected, the concept of hope and hoping has been bafflingly, until recently (see Monk et al., 1997; Weingarten, 2000, 2007; Flaskas et al., 2007), the most neglected in Western scholarship. According to Mahoney, no textbook in *counseling* up until today carries a full chapter on hope. And the situation, he regrets, is not even much improved when one moves away from the narrower field of counseling to its parent field, psychology (Mahoney, 1985).

Commenting in the same breath, Pruyser (1991, 90) laments that, 'most psychological textbooks do not carry the word 'hope' or 'hoping' in their index or chapter headings. *Psychological Abstracts*, that great indexing journal of the psychological profession, has not had any entries or listing under hope for years; the situation is hardly any better in the psychiatric journals and textbooks'.

Indeed, the extent of neglect which the concept of hope has suffered in the human science literature can be seen reflected in the absence of hope as a subject in the two prestigious encyclopedias in the fields of Humanities and the Social Sciences, namely, *Encyclopedia of Philosophy* and *Encyclopedia of the Social Sciences*. Even the relatively recent volume, the *Cambridge Dictionary of Philosophy*, published in 1995, has failed to redeem this situation.

The paradox is that even the few recognizable recent efforts, with some few exceptions (Stotland, 1969; Scheier and Carver, 1987; Snyder, 1993, 1994a, 1995) in the field of psychology intended to correct this ugly situation, have mainly approached the study of hope from some single perspectives of its meaning. In that way, while some see it either, essentially, as a dispositional optimism (Scheier and Carver, 1987) or merely as an intellectual emotion, others tend to see it from its common dictionary meaning as 'an expectation greater than zero of achieving a goal' (Stotland, 1969). In addition, in the works of each of these researchers a scientific approach to the study of hope was pursued, but a methodological bias with emphasis on positivism appears paramount. Under such a narrow approach to the entire study, the philosophical/theoretical notions on the complexity and the multidimensional sources of hope, particularly as seen by such classic authors on that subject as Gabriel Marcel and Ernst Bloch, were completely ignored and left unexplored and re-functioned to serve the needs of the psychological and the healing professions in our age. The painful result is the restrictive range that is observed in their concept of hope and hoping in the existing literature. Speaking

indirectly to the above limitation, Eisler in his editorial to the August Issue of the *Journal of Family Therapy* earlier mentioned observes that:

The growing number of large, well designed treatment studies is without doubt a crucial component of the development of our field and of giving family therapy and systemic ideas an appropriately strong voice. It should not, however, be at the cost of continuing to develop the conceptual and theoretical ideas about what we do. I fear that the pressure to deliver evidence-based treatment packages has tended to force some of our theoretical thinking into overly narrow boxes. Good research needs strong theory. The best research requires a continuing interaction between evidence and theory. (Eisler, 2007, 184–5)

The core of my argument in this presentation is that achieving a comprehensive theory of hope in both the psychology and the therapeutic literature must require an urgent need to first of all pursue the task of bringing together the thrust of existing research and writings on the subject of hope and hoping presently scattered in various texts and journals of the humanistic, social and therapeutic sciences. The present paper is therefore an attempt to take up such a task, aimed at drawing together from the literature of the human and social sciences insights and propositions that can help to seed important reflections and conclusions on the multi-constitutive elements of therapeutic hope. This means that although, in my view, Flaskas' article entitled 'Holding hope and hopelessness: therapeutic engagements with the balance of hope' (review and response to which is not the basic aim of this paper) is no doubt a significant contribution in the right direction towards the amelioration of the paucity of literature on hope and hoping, it needs to be *added* to, to improve our theoretical understanding and grip on that important concept in our practice. This is crucial as many political and social programs of individuals, peoples and nations are often anchored or inspired by the work of hope. And there is no way such prospective actions cannot be disappointed, with regrettable consequences, if such actions and practices are engineered by a wrong conception of hoping.

FRAMEWORK

The fundamental assumption of this paper is that any comprehensive hope theory – the type that we are looking for to guide our clinical practice – must be such that it is able to answer the following questions on the construct of hope and hope healing:

- Under what conditions does hope or hoping arise in human life?
- What, indeed, does hope mean?
- What is healing about hoping?
- What nurtures hope?
- What promotes hope leakage, diminution or despair?
- What are the key cognitive behavioral habits of those who do not know how to hope?

METHODOLOGY

In examining these questions, the following methodology has been chosen to guide the presentation: first, to formulate a comprehensive hope theory that will issue from providing answers to the six questions above; secondly, to accomplish this task by adopting an interdisciplinary and multidimensional perspective on the subject of hope or hoping. In implementing this procedure, particular attention will be given to the views of Marcel (1962),

Bloch (1971), Snyder (1993, 1994a,b), Snyder et al. (1991, 1997), Moltmann (1967), Jourard (1971), Frank (1974), Mahoney (1985), Bandura (1997) and Markus and Nuriou (1986) on the same subject.

CONDITIONS UNDER WHICH HOPE ARISES

Two models of explanation are available in the literature in response to the above question. These include the captivity stress model, illustrated by Gabriel Marcel's (1962) position, and the goal-directed expectancy model, proposed by Snyder (1993, 1994a,b).

The captivity stress model

The captivity stress model, credited to Gabriel Marcel (1962), proposes that the cognitive activity of hoping is experienced under the condition of tragedy or captivity. This means that according to Marcel 'if everything goes perfectly well, hoping cannot enter the picture', since 'only when a person feels caught up can he hope'. For Marcel, therefore, hope can be understood as a tragedy-instigated adaptive behavior.

In paraphrasing these ideas further, Pruyser (1991) states that in Marcel's framework hoping can only occur when a person is visited by a difficult setback, a view which can be translated into psychological language to mean that hoping is a response to traumatic stress (Pruyser, 1991). According to this framework, occurrence of tragic events helps to create hope in those confronted by such events. This means that we feel hopeful mainly in the face of obstacles to our needs and plans.

Interpreting Marcel's formulation in this way encourages the view that, since illness is one form of stress, it is a typical example of a condition under which hoping can arise. In that case, using Marcel's imagery, one way of viewing hoping is to say that it is a human response to a tragedy that is felt in illness.

The major limitation of this framework seems to be the implication it suggests that it is only when we are in trouble that we can hope, which indeed is not true, since a human being, as Bloch (1971) suggests, is by nature a hopeful animal. And this, even when not confronted with calamities but merely faced with other natural competitions of ordinary life. Marcel's model, however, is not altogether false, for as it proposes, tragic experiences in life create needs which in turn create the expectation within the individual that these needs can be met. For Marcel, therefore, hoping essentially is an adaptive response to the adversities of life.

The goal-directed expectancy model

Unlike the first model just reviewed, which believes that the initial motivation to hoping arises under the condition of 'trappedness' in one's life, this second model proposes that hoping is a positive expectation that a planned goal will be attained. This is another way of saying that according to this second model hoping is a natural handmaid to planned goal activity. CR Snyder (1993, 1994a,b, 1995) is one of the most vocal proponents of this framework. Thus, according to Snyder, hoping essentially is to be understood as a goal-directed expectation or a positive expectancy that a target we have set for ourselves will be met.

One immediate implication of Snyder's framework seems to be that hoping cannot come into the picture in any person's life when there is no goal to be attained or a life project to be

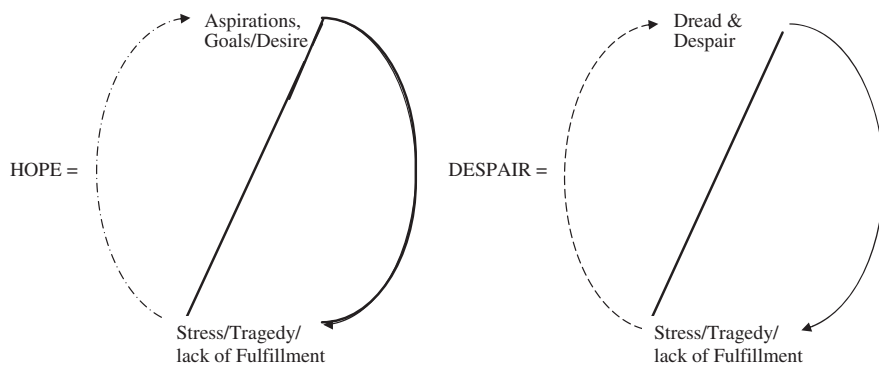


Figure 1. A complementarity view of the relationship between tragedy and goals/aspiration and desire.

achieved. Seen in this way, goal generation or the existence of a goal to be achieved is therefore a condition for hope promotion.

In this way, this model does not seem to reject totally the idea proposed by the first model, that we hope when we feel trapped in life but essentially attempts to show that the common denominator in all circumstances of hoping is the presence of a goal to be attained: for example, when trapped, to work towards extricating from the entrapment. The model also intends to argue that hoping is a dispositional characteristic in a human being that stands by him/her at all times, whether in ordinary life or in tragic situations. Consequently, placing the views of the two models just reviewed side by side, one can see them as complementary rather than as contradictory to one another. This complementarity outcome is what has been suggested in Figure 1.

The arrow movements in Figure 1 (left) show that hope is fed from below through tragedy or lack of fulfillment of goals. Arrow movements in Figure 1 (right) indicate that depression is fed from below by stress/tragedy or lack of fulfillment of goals through promotion of dread and despair. Figure 1 (left) similarly demonstrates that stress creates goals and goals create stress, the latter at least in the form of active initiative it calls into action in pursuit of our goal. Figure 1 (right) again shows that dread and despair feed depression from above through the rupture of stress and tragedy and lack of fulfillment of goals.

WHAT CONSTITUTES MATURE HOPE OR HOPING? WHAT HAPPENS WHEN WE HOPE? AND WHAT IS HEALING ABOUT HOPING?

Several answers (e.g. Marcel, 1962; Bloch, 1971; Snyder 1991, 1997) have been suggested under this second theme. The most important of them for our present purposes, however, are those by Marcel, Bloch and Snyder. They will now be reviewed, beginning with the Marcellian view.

Gabriel Marcel

According to Marcel, to hope is to entertain a belief or a positive expectancy that the distress/predicament we are facing presently will eventually pass away. In his view, however, people who hope, while anticipating this future triumph over their present predicament, also entertain some subtle fear fed by doubt that the expected relief may fail to come through. In Marcel's view, in other words, before genuine hoping can be assumed to be present, there must be a little

amount of incertitude or doubt entertained by the hoper, simultaneous to his/her optimistic outlook over the hardship now facing him/her that the obstacles being faced may fail to abet. In making this point, Marcel opines that it is this mature complementary negative side to the activity of hoping that protects the individual from approaching any challenge facing him/her with the phenomenon of naïve optimism or delusionary judgment. In his view, too, it is that little doubting component to hoping which protects the hoper from the difficult disappointments of having to ‘bury’ many hopes that emanate not from good estimates but from inflated images of our resources in confronting the various challenges on our way. Perhaps a better way to put Marcel’s view in this regard is to say that according to Marcel the doubt component in hoping feeds hope from ‘below’. This phenomenon is depicted in Figure 1 (left).

Consequently, for Marcel, hope or hoping, ontologically and constitutively speaking, has two basic components: the optimistic bias component and the subtle doubt component. Hence a good and healthy hoper in Marcel’s framework is one who knows how to balance these two seemingly opposed components in such a way that the optimistic bias component, though usually dominant, would still not completely overshadow or stifle the ‘moderator’ doubt component. Where the former overshadows the latter, what results is not hope but naïve optimism.

According to Marcel, what hope does for us and the major way it heals is to give us encouragement. That is, to make us believe that our present predicament will soon pass away or that ultimately we will prevail rather than fail in a challenge being faced. Under this understanding, therefore, hope is said to be for human beings a humble rather than an arrogant prophet of good tidings. Its positive translation of our situation makes us believe in our ability to survive the odds in our lives. But the doubting component gives us a caution not in any way to underrate the odds. There is thus a *Janus-faced* analogy implicated in the phenomenology of hoping according to Marcel. In his theory of hoping, the hoper must adopt a bidirectional focus in looking at any of his/her situations or challenges of life. This, in my view, is a notion that appears close to the point underscored by Flaskas (2007, 189) that we must start ‘to think of hope and hopelessness as coexisting experiences, and to allow for the possibility of strong hope and strong hopelessness existing side by side’. The major difference appears to be in the emphasis made by Flaskas on the notion of equality of presence of both states in the same human being, or two members of a family holding the two states in such a way that, as the husband appears strongly hopeful in response to a given family predicament (a wife with a breast cancer problem), the other – the wife – may feel strongly hopeless of the same situation. This is because although for Marcel both hope and doubt/pessimism can inhabit the same person or couple, confronted by a tragedy, the two states are not present in equal amount where hope occupies the main driving seat of thinking, attitude and action of the person concerned. In that case, where hope is high, according to Marcel, despair, though equally present, cannot be understood as experienced on such a debilitating scale as to discourage the taking of ameliorative action suggested by hope.

Ernst Bloch

For Ernst Bloch, essentially, to be human is to hope. In his view, the essential nature of hope is to give humans a light of a future in which more will become possible than can now be realized as possible. According to Bloch, in other words, to hope means to live in dreams and fantasies of the future or to strive for a desirable future. Hope, for Bloch, thus is a source of

motivation and creative initiative in human life. It tantalizes us to action. According to Bloch only humans can hope because they are ontologically equipped, unlike the apes, to do so. But this is because, as White observes:

Man [sic] differs from the apes, and indeed all other living creatures so far as we know, in that he is capable of symbolic behavior. With words man creates a new world, a world of ideas and philosophies. In this world man lives just as truly as in the physical world of his senses. . . . This world comes to have a continuity and a permanence that the external world of the senses can never have. It is not made up of present only but of a past and a future as well. (White, 1942, 372)

Hence the capacity for time condensation (or the ability to live in three-time perspective: present, past and the future) is a necessary condition of possibility for the experience of hoping. Furthermore, like Marcel, Bloch agrees that hope's visions of success for the hoper cannot be understood as automatically guaranteed. This is because, as he sees it, the world in which humans live is not teleological in the sense of having a preordained or a prearranged order, but essentially open and experimental, with each hope's final result always possible of being 'everything or nothing'. In Bloch's view, therefore, the idea of hope or hoping must entail the idea of 'militant optimism'. That means that the idea of hoping for Bloch is essentially a dialectical game of action, not passivity, whose final result can be everything or nothing; in other words, it can be gain or loss. In this way, for Bloch, he or she who hopes must be ready to be aware of being open to 'hazard' while still boldly taking a hold of the open possibilities of the future in order to realize the anticipated victory represented for him/her in his/her hopeful imagination. Hence, for Bloch, as for Marcel, the energy that comes through hope supports neither the attitude of illusion nor that of resignation.

For Bloch, therefore, hope's ideology is to provide the hoper with the view of reality as open, as an ongoing process, as open to the decision of the future or not yet decided. In this way, hope, according to Bloch, provides the hoper with a set of concepts, perspectives, and categories by which to respond to the obstacles of life.

The above observations are intended to show that from the Blochian point of view, at the moment hoping sets in, the hoper begins to perceive reality as consisting of a larger scope than the one he or she had hitherto dealt with. And in this comes his view that, the zone of hope, in terms of space and time, is the zone of the 'not yet' (Bloch, 1971).

CR. Snyder

In his own construction of the meaning of hope, Snyder (1994a) defined hope as 'a cognitive set involving beliefs in one's capabilities to produce workable routes to goals (the pathways component) as well as the self-related beliefs about initiating and sustaining movement toward these goals (the agentic component)'. In Snyder's view, therefore, there are two major ingredients that make up the hope cognition: agency and pathways thinking. Taking this position Snyder therefore suggests that hope heals because it is connected with the conviction that the character of the future can somehow be altered by the activity of human beings as centers of initiative and agency. Hence, in his view, having hope is a sustaining force that is positively correlated with high self-esteem (Snyder, 1994a,b) as well as high self-efficacy (Bandura, 1997). For Snyder, therefore, hope is a facilitator in both stressful and non-stressful situations, structurally encompassing a more enduring pattern of thinking

positively about the attainment of goals and a determined search for useful pathways for one's goal attainment. In other words, for Snyder, hope is linked to action toward a goal through hard work and organization of means toward goal attainment, and thus must be seen as an adaptive and goal-directed response in human beings (Snyder, 1994a,b).

In making reference to what happens when we hope, Snyder posits that the person who engages in genuine hoping has a greater advantage in coping with life over those who are deficient in hoping. In this context, his position is that: when we hope genuinely we tend to appraise our goals more positively, and when blockages occur to these goals we tend to perceive them as being the normal inevitability of life, and typically are not unduly disturbed by such situational stressors. Under the impact of hope, that is, Snyder argues, we are able through the inducement that hope gives us to generate pathways to our goals, and we use a sense of humor when things go contrary to what we expect.

In terms of structural conceptualization, therefore, the phenomenon of hope, in Snyder's view, is made up of two important constituents: pathways thinking and agentic thinking. Hence in some of his and associates' writings on the subject the indication is usually given that hope is a thinking process that entails both having of the will and the ways for one's goal attainment (Snyder et al., 1991).

One common limitation that appears to exist in both Snyder's conceptualization of hope and those of the earlier authorities just reviewed is their tendency to limit the notion of hoping to the level of the individual. Yet researchers and writers (Peterson et al., 2008) have suggested that the hope construct, like the concept of morale, is something that can be found within the individual as well as within the group. In the African context, in particular, research (Nwoye, 2005) has proved that the community has a great role to play in hope promotion within the individuals making up the community, particularly in times of loss arising from bereavement.

Now, three important constructs that have continued to emerge in the above reviews appear to be those of capacities for imagination, symbolization and judgment, all of which are considered by the theorists as essential in the active process of hoping. Similarly, the three theorists taken together agree that hope and hoping perform a kind of psychologically constructive function in human selective behavior.

WHAT NURTURES HOPE?

Of the three authorities (Marcel, Bloch and Snyder) highlighted above, it was only Snyder who had a definite response to give in relation to this question. According to him, hope can be nurtured through goal articulation, clarification of options and goal concretization. He takes this view knowing that 'goals that high-hope people visualize are vivid and fully describable to oneself and others' (Snyder, 1995, 358). Similarly, Snyder proposes, 'when a concrete goal becomes imaginable, perhaps through the efforts of a counselor, this alone can unleash the person's sense of energy to pursue the goal, as well as the capability to generate pathways.'

According to Snyder, too, we can nurture people's hope not only by helping them to articulate and concretize their goals but also by helping them to become adaptive to doable goals. Hence Snyder (1995, 359) believes that 'it is hope inducing to make sure that the goals can be met'. In this way he sees successful counseling and therapy as a means of engendering hope (agency and pathways) in our clients.

Now, in addition to Snyder's views set out above on the theme of how hope can be nurtured, it is important to indicate that Moltmann (1967), Pruyser (1991) and Erikson have also made some related comments on the same theme. We shall therefore attempt to summarize below the views of these others on the notion of how to nurture hope in clients. In this regard, we shall start with the views credited to Moltmann (1967) on the same.

Speaking specifically in this regard, Moltmann (1967) opines that hope is nurtured when assisted by rational faith. That is, when assisted by the presence in the hoper of the credibility, conviction or 'trust in the satisfactory value of future experience' or in the credible belief that the anticipated deliverance from our present predicament will at last come. Moltmann makes this proposition based on his view concerning the way hope heals. For Moltmann, hope heals through a causative illumination, in that when one is in hope, the hidden future announces itself and exerts its influence on the present through the constructive and rational optimism it awakens (Moltmann, 1967; Price, 1969; Oyedepo, 2008).

The above proposition suggests that it is through rational (not necessarily theological) faith that hope gains its overall dynamism as the energy of the will. For without such kind of faith, according to Moltmann, hope loses its characteristic quality of convincing or encouraging the hoper to shun pessimism and to adopt constructive optimism in the face of a challenging situation. This means that for Moltmann hope without faith is dead, while faith without hope is equivalent to an illusion (cf. St Paul, 1 Corinthians 13).

Indeed, the extant literature (Jourard, 1971; Frank, 1974; Mahoney, 1985; Markus and Nurius, 1986) appears to suggest, in line with Moltmann's view, that for hope to work, faith or belief in what is hoped for must be present. An aspect of this notion has also been emphasized by Zournazi (2002). This means that as far as current literature is concerned, the two elements (hope and faith) must be co-present before the power of hope can operate against our present distress. And for Moltmann, in particular, before the transcendent consciousness that emerges in hope could play its orienting role of enabling the hoper to go beyond a fixed vision on the present reality, the hoper must adopt the perspective of the future as the age of transformation/restoration in his/her life.

Now, apart from the recognition given to the factor of rational faith in helping an individual's hope to grow and bear fruit, one's hope can also be enabled to grow, according to Moltmann, if the person in question is able to live a life devoid of fickleness. What is meant here is that hope usually grows and takes a driving seat when the hoper is able to put his/her present trials or distress within the perspective of his/her previous victories over his/her former life disturbances: That is, if he is imbued with a good sense of history.

Commenting in this regard, Pruyser (1991) opines that hope is nurtured in the face of a tragedy when a remembrance is made of former victories gained over previous adversities in one's life. Elaborating on the same theme, Pruyser notes that 'To say that hoping requires living toward the future does not mean that the past can be ignored. Nothing is so inducive to hoping as one hope that was fulfilled. For hoping does not merely deal with possibilities, but also with the realization of possibilities' (Pruyser, 1991, 91).

The above observation points to the important notion of the 'monumental view of history' in solid hope cultivation, as emphasized by Gadamer (1975). According to this notion, we learn to challenge adversities in our lives by drawing on the philosophies and attitudes and action orientations of previous generations entrenched in the culture and tradition of which we are a part. Yet it must not be assumed that, for one's present hope to grow, the person

concerned must have witnessed (Weingarten, 2000) in the past or has learnt from tradition a major hope fulfilled. Often, what is essential, according to Albert Bandura is for the hoper to gain either some direct or vicarious contact with another human being who has suffered a similar tragedy to the one the hoper is now facing but who has been able to escape the captivity presented, through time, patience and forbearance. In that case, Albert Bandura's (1971b) idea is that for the one challenged the causative attitude and conviction become the view: 'If those others can do it, I can, too', a framework which points to the nurturing aspect of one learning to hope through imitating others.

This last factor (of one learning to hope more courageously through imitating others) brings to the fore what appears to be the basis for the present emphasis in almost all healing churches in Africa today, that members are to volunteer from time to time, live testimonies of personal hopes fulfilled. The value of so doing, one can now judge from the above account, following Bandura's framework is that sharing such testimonies creates in other 'middle hopers' whose hopes are yet to be fulfilled some faith that their own hopes will find a similar realization in the future (Nwoye, 2002).

Now, over and above these considerations is, of course, the developmental view to hope cultivation as enunciated by Erikson (1950), who proposes that a foundation for hoping is laid for the child during its first 18 months of life. Indeed, according to Erikson's (1950) eight-stage theory of personality development, the vital person within the family who makes this feat possible is essentially the mother or the so-called mother surrogate. In this case a solid foundation for the development of basic trust or confidence for facing earthly trials and travails is said to be laid in the child that early, through the factor of consistent provision by the mother to the child of the crucial ingredients of warmth, love, and containment. Through this process according to Erikson the quality of basic hope or generalized expectancy in the satisfactory value of future experience is said to be engraved in the child's cognitive apparatus. What this last point means is that balanced child-rearing and a trouble-free family atmosphere are essential conditions for healthy hope cultivation and nurturing.

Thus, building on some of the key points reviewed above, Snyder et al. (1997) point out that there are no less than four major factors that contribute to high hope development in human beings, namely:

- Successful overcoming of impediments to one's goals.
- Encouragement of role models (caretakers, parents, teachers, friends or neighbors) as emphasized by Erikson (1950).
- Social comparison effect, e.g. the power in human life of the attitude of 'If he or she can do it, then I can, too,' noted by Bandura (1971b) and Pruyser (1991).
- Development of basic trust (Erikson, 1950) in the child during the period of infancy.

The practical implication of the above observation appears to be that, essentially speaking, hoping, in a human being, tends to be more made than born.

WHAT CAUSES HOPE LEAKAGE, OR DESPAIR OR DEMORALIZATION?

Here, the three major theories reviewed earlier are less than very explicit on what causes hope leakage or despair. Consequently, in attending to it in this paper some attempt must be made

to scout for some guidance on it by going through the data that are available on why people take to suicide (Baumeister, 1990). The insight from such literature very clearly suggests that the following factors are related to the phenomenon of hope leakage or despair in human beings:

- Aging, particularly among women with perishable goals to achieve, such as getting married or having children.
- The problem of cognitive insufficiency. This involves three cognitive limitations: *constricted or narrow time perspective*, with a fixed vision on the present; *concreteness*, with emphasis on immediate gains and interests; and inability to imagine a happy future or contemplate any future, all of which lead to passivity or lack of active initiative; and dominance of *proximal* rather than *distal* goals in the individual.
- The crisis of the '*pile-up*'; or the problem of incessant defeats or failures in meeting one's goals.
- Adopting of very high or *inflated standards* and expectations in one's life.
- *Absence of role models* from whom one can learn to build one's hope on.
- Pessimistic judgments of limitations/impossibilities, etc.
- 'Despair mongering'.
- *Negative triangulation*, or being in the company of only the dispirited.
- *Improper hope orientation*; for example, hope that is based on fanatic overconfidence or on naïve rather than on militant optimism (i.e. optimism that recognizes the presence of facing of 'hazards' in hoping).
- The crisis of *tunnel vision syndrome*.
- *Lack of a sense of summative totalization*, i.e. the understanding that we cannot be winners in all departments of life; and even every now and again when faced with difficult challenges of existence.
- Lack of encouraging or nurturing family upbringing.

These listings are considered significant in that they tend to provide us with some diagnostic insight into why some people are easily demoralized when faced by adverse circumstances while others (some refugees) are able to hold on without breaking down in the face of similar tragedies. They also suggest some promising guidelines in composing a diagnostic manual for use in arriving at a viable clinical judgment about the extent of a client's proneness to hope failures or disillusionment.

MAJOR PSYCHOLOGICAL HABITS OF POOR HOPERS

Building on the insight from the suicide literature set out above, one can then speculate that people with signs of poor hoping ability are those disabled by all or some of the following deficient psychological characteristics:

- Low sense of personal agency or low self-confidence.
- Deficient problem-solving orientation, e.g. lack of multiple trials approach to goal attainment and gross attachment to one solution attitude to problem solving.
- Gross pessimistic outlook in one's life.

- Low capacity for larger life perspective-taking.
- Fickle-mindedness or low flashback orientation or deficient memory connection to former victories achieved over previous setbacks.
- Poor capacity for the abstract attitude or the inability to see the absent in the present; or some positive prospects even in a child in one's lap (Nwoye, 2006).
- Deficient time-binding orientation to living (or inability to relate one's present time and problems with one's past and possible future).
- Low generalized expectancy to future goal attainment.
- Dispositional tendency to tunnel vision syndrome.

PROPOSITIONAL DEDUCTIONS FOR A COMPREHENSIVE HOPE THEORY

Having come to this stage, what can we now say are the major propositions that should, from all we have seen above, form the building blocks of a comprehensive and a more multidimensional hope theory as a foundation for an effective hope scale development or hope healing process? Amidst all possibilities, the following nine hope propositions would seem to recommend themselves.

1. Under the framework of hope, a preferred future contextualizes the present, pronouncing as tentative and provisional the present setback in one's life. This means that the power of hope in human life is to historicize the conditions of the present as temporary, transitional and changeable. This formulation opposes their immanent tendency to stabilization. Seen in this way, the essence of the hope process is to point in the direction of 'future of possibility' by translating the present difficult situation into a partial account of the whole situation of the individual concerned. That is to say, the role of hope is to suggest a 'vision of the whole', enabling the individual to stand outside of the problem being faced to plan for and work out how it can be surmounted or transcended.
2. Hope is connected with the conviction that the character of the future can somehow be altered by the activity of free agents. Yet the final outcome of the act of hope is always complex and is never fully determinate. It is never fully determinate inasmuch as hope is distinct, as we have seen above, from certitude about its own outcome and foresight into some well-defined future state of affairs. Yet genuine hoping is never a passive but an active psychological process that involves active initiative and some coordinated search for pathways for planned goal attainment (Snyder, 1994a,b).
3. People learn their true nature not from themselves but from the future to which their lives lead them. Consequently, one discovers the true destiny of individuals only from history as their future unfolds, and through creative confrontation with tragedies that befall their lives.
4. The testimony to the possibilities of the future that hope makes, most of which are as yet obscure, suggests that each human being is uncertain of himself or herself, at each point within the hope process. This promotes the notion of hope, extant in the literature, as optimism tinged with doubt.
5. A peculiarity of the act of hope is that it can endure or falter for long stretches of a person's life. Yet it can be reaffirmed when threatened or discovered through testing when its presence in another person becomes evident. The idea of hope orientation monitoring or diagnosis is therefore possible.

6. A human being's nature is intelligible not on the ground of what he/she is or has achieved but essentially from the perspectives of hope as a future of possibility on which he/she lives. What hope healing does for the individual, therefore, is to give him/her a better perspective or orientation on which to live and organize his/her life.
7. Hope's counsel is for the hoper to adopt a double-vision orientation to life – a binocular spectacle, one with a low-power and high-power lens. The hoper uses the low-power lens for recognizing the pains and challenges of the present, and the high-power lens for recognizing a silver lining, even in the so-called bleak and cloudy sky of life. Thus, looked at in another way, hope and its messages are compensatory. They intend to compensate for the neglected consciousness of the hidden future and consequently for the undifferentiated aspects of the hoper's future self, often left submerged in the sea of his/her present disturbances. Hence hope's language uses 'the metaphor of the other side'. Its messages therefore can be interpreted as an attempt to bring about a balance in vision that is usually hidden in the mind of a person facing a difficult hardship. Hope's vision is thus a vision of symbol transformation, or time condensation producing in the hoper a symbolic image of the zone of 'the not yet' as a time region when his/her search for deliverance in his/her life could come.
8. Seen as a goal-directed behavior (Snyder et al., 1997) hope or hoping encompasses two important ingredients of effective problem solving: agentic thinking and pathways thinking. According to Bloch (1971), on the other hand, the metaphysics of hope also encompasses three critical capacities, namely, those of symbolization, imagination and judgment. To be able to hope, really one must be blessed with or be helped to develop these capacities.
9. Finally, as Bloch (1971) points out, hope, as a process, is a dialogue, a struggle for the truth, a struggle to understand (through action) the true meaning or status of a given situation in one's life. Consequently, to hope implicates three levels of human selective behavior incorporating the cognitive, the affective and the action components of he/she who hopes. Snyder et al. (1997), recognizing this aspect of the phenomenon of hoping, point out that a certain level of agentic and pathways actions are implicated in the actual implementation of our hopes.

Now, these propositions seem to point to one conclusion: that is, that to hope really is a complicated human behavior drawing on a multiple level of people's unique capacities. They also suggest that any comprehensive hope theory must be erected on a foundation that takes its points of departure from the nine hope propositions enumerated above. To bring out the practical relevance of this observation an attempt has been made to sketch out below a diagrammatic illustration of the key factors that go with, or the multiple ingredients that make up, a true human hope process. Such a diagrammatic sketch is presented in Figure 2.

Figure 2 depicts the key factors or elements that go into the making of a mature hope process. The diagrammatic illustration given there demonstrates that a mature hope process is a multiplicative (not additive) function of three sets of variables: cognitive, environmental and personality variables. The outer factors stand for the instigative/causative elements in hope generation. The inner elements stand for the adaptative/sustaining elements in the human hope process. The circular configuration is intended to depict the operation of the systemic principle of circular causality in the interactive life of these factors. The principal idea here is that the interaction between them is not lineal but circular, and not additive but

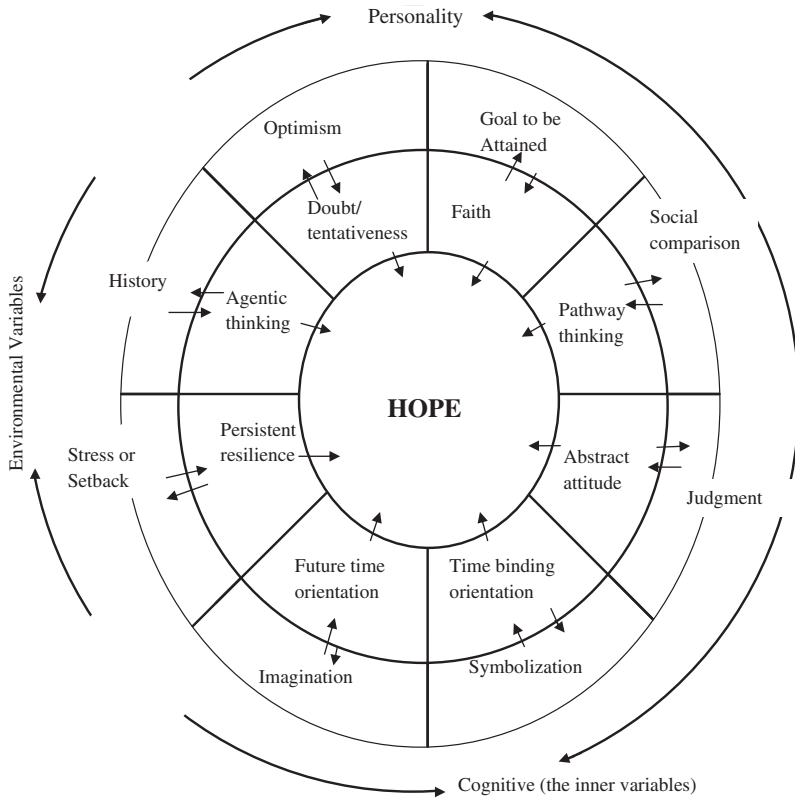


Figure 2. Key elements in the making of a mature hope.

multiplicative. The boundary breaks are introduced to create the image of hoping as a multiphasic psychological process. The process flow is multidirectional and holistic, the overall dynamics and the vectors moving toward the core gestalt formation called hope.

Figure 3 depicts the image of the factors sitting in bunches along the three sets of variables into which they have been classified. The J-shaped image is used to depict how they file together in these three cluster regions.

In sum, Figure 3 depicts the idea of the hoping process as a synergistic (multiplicative) function of a bunch of cognitive, environmental and personality variables. It is the major argument of this paper that all or most of these factors, in greater or lesser degree, are needed to produce and sustain a truly human hope process. Most of these factors, of course, are presumed to act in a synergistic or multiplicative rather than in an additive manner in their role in this process. They are indeed not claimed to be a complete set but only to indicate the many factors or variables that are implicated in the life and persistence of a mature hoping behavior. The practical role of Figure 3 is to help to collect the items presented in their various cluster regions, in a manner not possible to accomplish using only Figure 2.

CONCLUDING COMMENTS

This paper has been an attempt to improve on the paucity of theoretical perspectives on the notion of hope and hoping in both the psychological and the therapeutic literature. In line

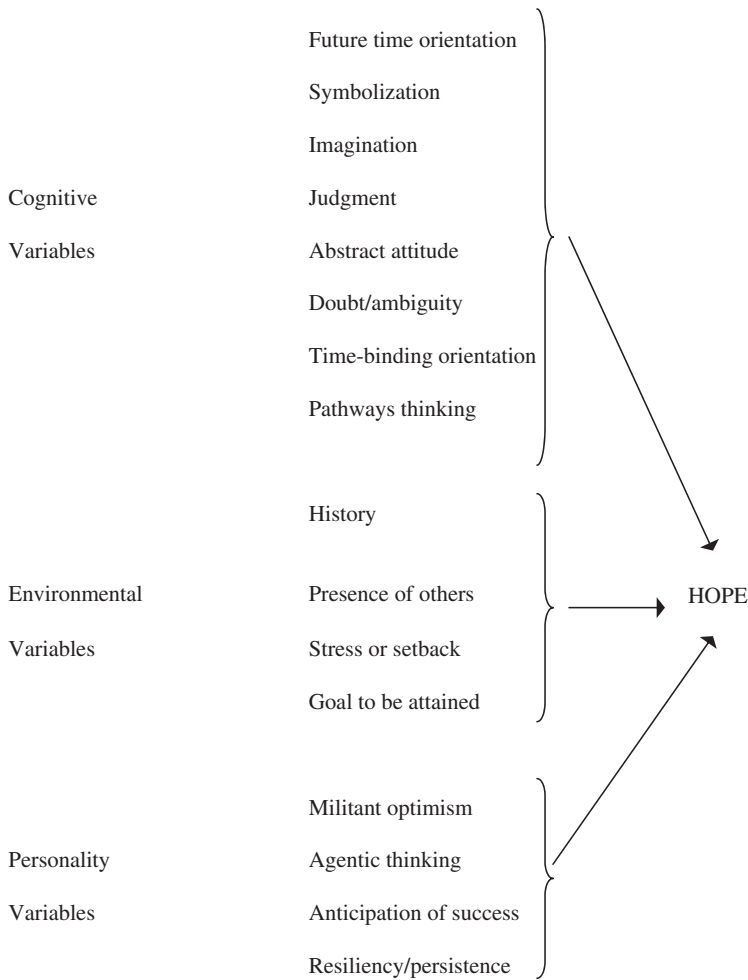


Figure 3. J-shaped illustration of the bunching of these factors along the above three classifications.

with this objective, an effort was made to explore and clarify the concept of therapeutic hope and hoping and the factors and forces, multiple in nature, that promote its emergence, development and sustenance. The results show that healing hope is a Janus-faced, not a unitary construct, encompassing the idea of optimism tinged with doubt. This means that hoping is not a single but, indeed, a two-tailed attitude that is fed by factors emanating from within the person, as well as from the environment/history. This further means that although in hope one may be blessed with the optimistic attitude that the crisis being faced will soon pass away, there is equally the subtle presence in the same hoper, of the attitude of doubt that the thing hoped for may not materialize. Consequently, the two attitudes (hope and doubt, or as Flaskas observed, hope and hopelessness) must be understood as ontological constituents of one and the same construct hope, although the optimistic component is usually represented in the literature as stronger when the condition of hopefulness happens to be in the driver's seat. The state of hopelessness is recognized as the result when the doubting component succeeds in gaining a superior say in the stress and voice of the one concerned.

CLINICAL AND RESEARCH DIRECTIONS

What implications can one draw from the above review in the context, for example, of human hope measurement? Over and above all the possibilities available, the following two must be considered. The first is that the complex and multidimensional nature of the ontological structure of hope identified in this review will be helpful in giving direction as regards items that must be factored in, in the task of developing a comprehensive hope maturity inventory – the type that will stand the test of time in its use by helping practitioners to determine when an individual has the characteristics that promote mature hoping that needs to be consolidated; or when the opposite is the case, for a redress to be negotiated.

The second implication of the review relates to the important dimensions of mature hoping (cognitive, environmental and personality variables or ingredients) that were discovered in this review as positive engineers or enhancers of therapeutic hope. Those can be used as commanding parameter visions through which existing hope inventories can be judged in relation to the adequacy or not of the construct and content validity of such inventories; and therefore the extent to which they need to be *added to*, to be able to represent correctly the balance and coverage of the ontological structure and complexity of therapeutic hope. A new research perspective is therefore suggested, which will be targeted at demonstrating the content and construct validity of the new hope maturity inventory to emerge from these elaborations.

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