

A Primer On Hope As A Theory of Change for Human Service Providers

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**Abstract**

Hope reflects a future orientated motivational process where the caregiver has an expectation toward attaining a desirable goal. More specifically, hope reflects the capacity for a caregiver to identify one or more cognitive strategies (pathways) toward a desirable goal. Along with pathways thinking, hopeful caregivers must direct and maintain mental energy (agency) toward the pursuit of a desirable goal. Indeed, both pathways and agency cognitions are required for hope. This article introduces the concept hope using Snyder's (2002) theoretical model and reviews the literature on the significance of hope as a coping resource contributing to the well-being and resilience for both children and adults.

*Keywords: Hope, Pathways, Agency, Coping Resource, Well-being*

### A Primer On Hope As A Theory of Change for Human Service Providers

Human service organizations exist to optimize functioning in the clients they serve. These clients are often characterized as living in high stress environments that leave them at a greater risk for such things as poverty, substance abuse, intimate partner abuse, child abuse, etc. Indeed, human service organizations maintain a pro social concern for others and see their purpose as a “safety net” for the communities they serve. These organizations provide services (pathways) for their clients through specialized programs relative to the mission of the agency and the specific client populations they serve. While transitioning through these programs, the client and agency staff establishes client outcomes (goals) that are believed to enhance the functioning of the client given their psychological, social, and demographic means. What is of particular interest is the pathway toward goal attainment and the important mental processes that are needed to develop and sustain goal directed behavior. One important mental process that has received prominence in the positive psychology literature is the cognitive construct of hope (Snyder, 2002). We argue that human service programs are pathways of hope for the client (cf. Feldman, Rand, & Kahle-Wroblewski, 2009).

For much of the 20<sup>th</sup> century, identifying, preventing, and treating dysphoria –a state of unease or dissatisfaction with life, dominated the field of psychology. However, the introduction of positive psychology in the last 15 years has unified scholars toward the scientific study of the psychological strengths that enable individuals, groups, and institutions to thrive (Seligman & Csikszentihalyi, 2000). A major tenant of the positive psychology philosophy is that these psychological strengths are malleable traits that can be enhanced, they are measureable, and they serve as buffers protecting individuals from adversity and stress. Seligman’s (2011) recent conceptualization of well-being theory maintains that optimized character strengths are paramount in the ability to flourish for both children and adults. He argues that when we utilize our strengths, we are more likely to be engaged, experience positive emotions and find meaning in the pursuit of goals, and have more positive relationships. Peterson and Seligman

(2004) have identified six virtues (Wisdom and Knowledge, Courage, Humanity, Justice, Temperance, and Transcendence) that are recognized and valued across cultures. Moreover, Peterson and Seligman have identified 24 character strengths that have psychometrically sound associated measures allowing them to be studied. These, 24 character strengths include: creativity, curiosity, open-mindedness, love of learning, and perspective (virtue of wisdom); authenticity, bravery, persistence, and zest (virtue of courage); kindness, love, and social intelligence (virtue of humanity); fairness, leadership, and teamwork (virtue of justice); forgiveness, modesty, prudence, and self-regulation (virtue of temperance); appreciation of beauty and excellence, gratitude, *hope*, humor, and religiousness (virtue of transcendence).

While the study of hope began well before the emergence of positive psychology, its significance to the ability to flourish continues to emerge. For instance, Feldman and Snyder (2005) argued that hope is an important component to understanding the meaning we attribute to our experience as we pursue our desired goals. Their study found that when controlling for hope, the relationships between meaning and well-being are diminished. Hope also contributes positively to an individual's familial and personal relationships. The establishment of positive relationships at an early age tends to relate to higher hope and more meaningful relationships later in life (Westburg, 2001). Empirical studies of the 24 character strengths have found that hope is among the top predictors of well being across the life span (cf. Park, Peterson, & Seligman, 2004a; Park, Peterson, & Seligman, 2004b; Peterson, Ruch, Beermann, Park, & Seligman, 2007).

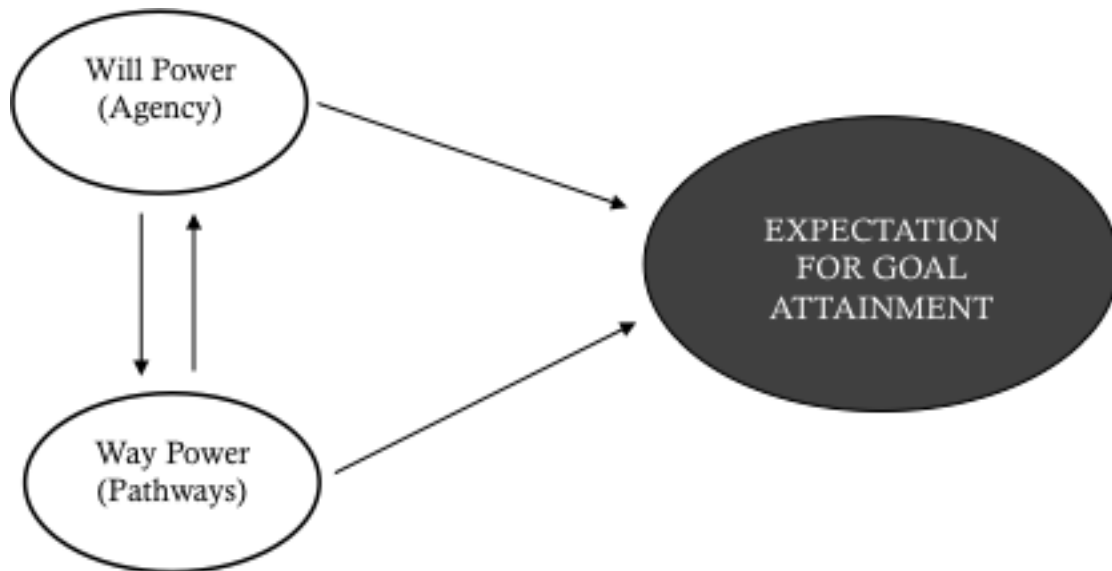
### **Hope Theory.**

Hope is a motivational process that assumes all human behavior is grounded in the expected attainment of a desirable goal. Hope theory advances a long tradition of other psychological expectancy value theories (cf. Lewin, 1951; Bandura, 1977) by articulating the strategies component of goal attainment (Lee, Locke, & Latham, 1989). Lewin (1951) articulated the cognitive nature of goal setting from the expectancy of achieving the goal along with the value placed upon the goal. Bandura (1977) extended this line of reasoning by introducing the self-efficacy the individual holds toward attaining the

specific goal, utilizing available skills and control over the environment. Nevertheless, it is Snyder's (2002) hope theory that articulates and emphasizes the pathways and agency thinking that individuals utilize toward goal attainment.

Snyder's (Snyder 2002; Snyder 2004) hope model is a cognitive based motivational model of goal attainment. In particular, this model specifies an additive and reciprocal relationship between agency and pathway thinking toward attainment of any desired goal. *Agency thinking* reflects the motivational aspect of hope theory. To the extent that a caregiver can devote mental energy to begin and continue a strategy toward attaining the goal they would be considered agentic. Agentic thinking would require that the caregiver desires the goal as well as believing they had the capacity to pursue, sustain, and achieve the goal (Arnau, Rosen, Finch, Rhudy, & Furtunato, 2007). *Pathway thinking* reflects the ability of the caregiver, a parent for example, to conceive one or more cognitive strategies to goal attainment. High hope caregivers are able to articulate multiple viable pathways toward their goals. Moreover, they are able to develop alternative strategies toward a desired goal when faced with a barrier. Snyder (2002) articulates that individuals with high hope will be confident in their ability to pursue their chosen pathway. Hope theory further prescribes that both agency and pathways are necessary components of hope. Any deficit in this cognitive theory (goals, agency, pathways) reflects low hope. Indeed, neither agency nor pathway thinking alone is sufficient to sustain hope. Caregivers must be able to cognitively articulate a goal, consider specific strategies with measurable benchmarks to attainment, and have the mental energy to pursue and maintain the pathway toward the goal. Snyder (1995, 1996) theorized this cognitive process as one that builds upon itself. Achieved success in the creation of plans towards a goal in turn fuels motivation and desire to begin and sustain these plans. Likewise, energized and excited thoughts about a goal in turn encourage thoughts related to planning and strategizing how to achieve the goal.

### **Figure 1. Hope Theory**



### Significance of Hope

The research is clear, hopeful people are more likely to flourish than low hope people. Hopeful individuals are able to identify productive paths towards reaching their identified goals, manage and overcome stress, and report lower levels of daily stress (Chang, 1998; Irving, Snyder, & Crowson, 1998; Ong, Edwards, & Bergeman, 2006; Snyder, 2002). Overall, the experience of hope has a positive influence on individual health and well-being (Gallagher & Lopez, 2009; Shorey, Little, Snyder, Kluck, & Robitschek, 2007; Snyder et al., 1996). Magaletta & Oliver (1999) reported that individuals with high hope experience better overall physical, psychological, and social well-being. Hope is linked to more positive and less negative affect (Snyder et al., 1991; Steffen and Smith, 2013); overall life satisfaction (Bailey, Eng, Frisch, & Snyder, 2007; Valle, Huebner, & Suldo, 2004); perceived physical health (Wroblewski & Snyder, 2005); and overall life meaning and sense of purpose (Feldman & Snyder, 2005; Mascoaro & Rosen, 2005; Michael & Snyder, 2005). Hopeful people have also been found to be less reactive to stressful situations (Chang & DeSimone, 2001; Snyder, 2002). Indeed, the development of agency and pathway thinking serve as a cognitive skill set that could potentially bolster a caregivers ability to move towards the utilization of resources that enable resiliency (Snyder, Feldman, Taylor, Schroeder, & Adams, 2000). In terms of coping strategies, hope is positively associated with engaged

coping and negatively associated with avoidant coping (Chang & DeSimone, 2001; Roesch, Duangado, Vaughn, Aldridge, & Villodas, 2010). Hope interventions also reduce depression, hopelessness, and anxiety in psychiatric populations (Cheavens et al., 2005; Klausner et al., 1998). In sum, the evidence suggests that the tenets of hopeful thinking can be leveraged to improve emotion regulation, well-being, meaning making, relationship building, and achievement. To be sure, hope is a fundamental component of our capacity to thrive and a critical resource to caregivers in potential high burden and stress environments.

### **Hope is not Self-Efficacy or Optimism**

To further understand the meaning of hope, it is helpful to consider hope in relation to selected other constructs that bear resemblance. Both self-efficacy and optimism are similar to hope and deserve attention to distinguish their meaning.

**Self-Efficacy.** Bandura (1986) defines self-efficacy as the perceived confidence the individual has about their capacity to pursue and attain a specific goal. Snyder (2000) acknowledges similarities between the states of hope and self-efficacy. However, Snyder notes important differences. First, hope contains an agency dimension that parallels self-efficacy (i.e., “I can do this”), but also contains the willingness to *initiate* and *sustain* movement toward goals. As such, hope involves cognitive elements that extend beyond appraisals of self-efficacy. While Bandura also advances a hope pathways-like construct, known as outcome expectancies, Bandura consistently deemphasizes outcome expectancies’ value to other outcome variables of well-being (Bandura, 1986). In contrast, while Bandura holds self-efficacy as the driver of goal pursuit, hope theory places equal emphasis on both hope agency and hope pathways cognitions (Snyder, 2000). Research supports empirical distinctiveness between traditional measures of self-efficacy and hope in contributing to wellbeing outcomes (O’Sullivan, 2011; Maglatta & Oliver, 1999).

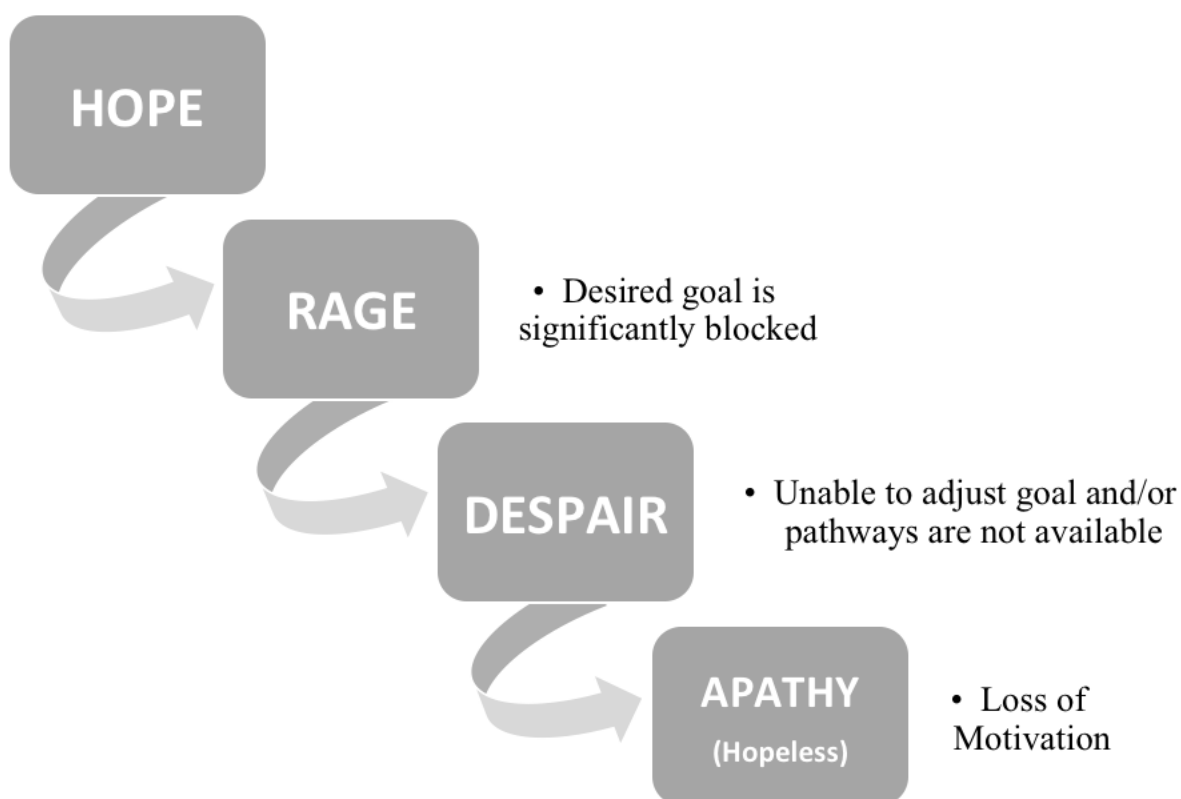
**Optimism.** Much as hope shares similarities with self-efficacy, hope also has commonalities with optimism. Optimism theory has two main variants, one that involves an optimistic attribution style (Seligman, 1991) and the other viewing optimism as a generalized expectancy for success (Scheirer &

Carver, 1985). While hope shares similarities with both formulations of optimism, hope remains distinct. Seligman's optimism theory (1991) makes the attribution process central to optimism, meaning that when an individual experiences negative life events, such as failure to achieve goals, the optimistic person attributes the failure to external forces that are variable and specific instead of to internal, stable, and global causes. The importance of achieving goals to wellbeing is implicit in the optimistic attribution style, as the optimistic person is effective at distancing himself/herself from failure. Despite the similarities between this view of optimism and hope in that both hold the value of goal attainment as central to wellbeing, Snyder's view of hope is distinct, for when a person has higher levels of hope, that individual takes the "next step" by moving beyond the initial act of distancing oneself from past failures toward actively approaching desired goals (Snyder, 1994). Hope is also distinct from Schierer and Carver's view (1985) that optimism is a general expectancy that goals will be achieved. In this understanding of optimism, the expectancy of a positive outcome is seen as the primary driver of goal (engaging/disengaging) pursuit behavior. Hope, while sharing similarities to this formulation of optimism in that both involve expectancies of future goal attainment, hopeful thinking involves cognitive appraisals including both the desire for a positive outcome (agency) and the appraisal of the pathways one has to reach those goals. Thus, when both agency and pathways are present, the two domains iteratively generate greater overall hope (Snyder, 1994).



## The Loss of Hope

**Figure 2.0: The Loss of Hope.**



Those who have experienced repeated failure when attempting to achieve their goals are likely to be aware of their deficits in pathways and agency capacity. Those low hope individuals will face goals with a focus on failure and experience negative emotional responses (e.g., anger, sadness, despair). Repeated failed attempts to achieve desirable goals can result in the loss of hope. Indeed, the loss of hope is a process that deserves attention. When we recognize that we do not know how to achieve our desired goals, and when faced with significant barriers with no perceived viable alternative paths, the first phase in the loss of hope is *rage*. While high hope individuals can often identify alternative pathways as a coping response, the demise of hope is based upon the loss of viable pathways toward a highly desirable goal resulting in the immediate experience of rage (an intensely focused negative cognition/emotion).

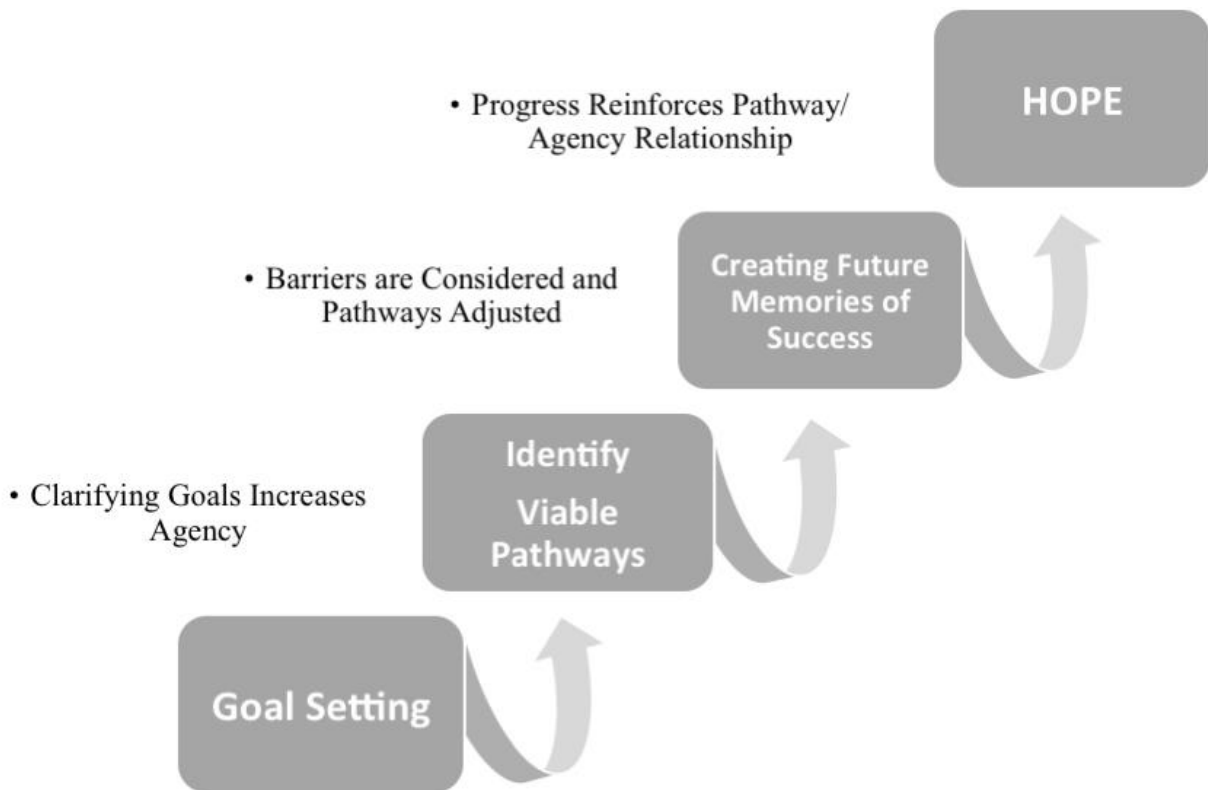
The second phase of hopelessness is *despair*. This occurs when viable alternatives are no longer available or the individual is unable to adjust their goal. In this condition, the barriers to goal attainment are recognized as insurmountable and the individual questions the meaning and value of their efforts. Because the goal remains desirable, requiring mental energy, the individual is experiencing the loss of hope due to the lack of viable pathways but is not yet hopeless as they continue to direct mental energy (agency) toward their object of desire. The final phase in the loss of hope is *apathy*. The goal is seen as unobtainable thus no mental energy is expended in considering the desirability of the goal let alone the potential pathways that must be considered. Indeed, apathy is often characterized as a lack motivation and goal-directed thoughts and behavior (Marin, 1990; Reekum, Stuff & Ostrander, 2005) and therefore clearly the opposite of hope. Interestingly enough, some caregiver research exists to suggest that apathy is associated with distress and depression resulting from the loss of functioning required for caregiving (cf. Reekum, Stuss & Ostrander, 2005).

### **Nurturing Hope**

While the previous section described the process of diminishing hope, this section will focus on how hope can be nurtured. To start, the desirable goal must be described in specific detail and exist within the realm of possible attainment. This initial stage of *goal clarification* tends to temporarily increase the agency dimension of hope allowing for a parallel focus on pathways development (Snyder, 1995). Next, *viable pathways* to goal attainment can be developed with enough attention to detail to allow for measurable benchmarks. Benchmarks can serve as an important feedback system allowing the individual to self-regulate their behavior and emotions. Within this stage, individuals should be encouraged to consider potential barriers to their chosen pathways so they can begin to consider alternative pathways or detail strategies to overcome barriers. This can be a critical time in nurturing hope, as those who have experienced low hope may be still focused on the potential for failure and demonstrate reluctance to continue on the pathway to hope. Next, is the phase of *creating future memories*. In this stage, we ask the individual to reflect on how success will feel, describe how they will be impacted and how they will behave. In this stage, the individual creates a realistic image of success.

This process of creating future memories serves to reinforce mental energy (agency). As the individual approximates the desirable goal, their agency and pathways thinking should be elevated reflecting higher hope. Furthermore, successful goal attainment allows the now hopeful individual to pursue related goals and further develop a trail style of hope.

**Figure 3.0: Nurturing Hope**



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