

The Psychology of Hope

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My name is Sean Whitney. I am one of the counselors in the counseling centre and I have the opportunity to welcome you to this session, the Psychology of Hope. So if you are in the wrong place, you can leave and nobody will say anything but hopefully you are all here for the next session. Dr. Lynette Bikos, yeah ok, Associate Professor of Clinical Psychology and the Director of Research at SPU and Lauren Shepherd who is a graduate student are going to be presenting on the Psychology of Hope. If you haven't got the hope scale or the hope test, then makes sure you get one of those from them as well because that will be part of the presentation today. Thanks for coming.

By way of introduction, we are both from the department of clinical psychology. I teach the students' favorite classes: statistics, research methods, those kinds of things. The reason we offered this today is Lauren is a doctoral candidate and for her dissertation is proposing a study of adolescence and using hope as a protective factor. So when we saw the invitation for topics and workshops around hope, we called them up and said let's do this. So this is what we are doing today.

We have asked you to fill out the hope scale. It is an eight item scale and you can see that there are directions from false which is rated one to definitely true which is rated a four. I am going to read these so they are audio recorded. Then you can fill them along and we will have you score it in a little bit. One is I energetically pursue my goals. Two, I can think of many ways to get out of a jam. Number three, my past experiences have prepared me well for my future. Number Four there are lots of ways out of any problem. Number Five, I have been pretty successful in life. Number six: I can think of many ways to get the things in life that is very important to me. Number Seven, I meet the goals that I set for myself and Number Eight, even when others get discouraged, I know I can find a way to solve the problem.

So we want to start with just a sort of introduction to hope. Hope comes from a larger field of positive psychology. Actually I think the hope definition and the research that we are presenting today, predated the recent movement in positive psychology, CR or Rick Snyder has been studying hope since the late 1970's developing a late construct and messing around with hope to define it. Then in the early 2000 when Martin Seligman became the president of APA, he really championed positive psychology as a what we psychologists should be focusing on. Seligman suggested that in the past fifty years of psychology, we have been studying negative things. We have been trying to help people be depressed, not be anxious, not be schizophrenic, but he said psychology at its root was really about optimizing human performance and so he thought we should be studying and teaching and helping people with the things at really take them to their positive limits. Hope is one of those, so is optimism, courage, wisdom, humor, those are the things that fall under the umbrella of positive psychology. Snyder defined hope as the belief that something will happen, actually, I think that is a definition that is bigger than Snyder. In general we can define hope as the belief that something desired will happen and as we will show you with Lauren's dissertation proposal there at the end, hope is found to be a protective risk, especially for at risk populations. So Lauren, tell us what hope is not.

Ok. So the term hope could mean lots of things. It is used very freely in conversation, in this language, but in terms of the concept that we are studying and what we are looking at, a can tell you what hope is not. Hope is not optimism. It is not necessarily this sense that everything is going to work out ok. It is bigger than that. It is related but it is not the same thing. It is not the opposite of hopelessness or despair. In literature, the Construct of Hopelessness, is defined as the belief that negative things will happen. So hope is the belief that positive things will happen and that there is not word in the English language that means the lack of the belief that something positive will happen. So it is not hopelessness or despair. It is just you lack hope doesn't mean hopelessness. It is not this compulsive obsessive drive to over schedule or outperform or be competitive. It is not this type A, type B behavior that hyper people have. It is not saying that it is self esteem or a sense of self worth, although it is related. It is not intelligence or achievement.

So this two part definition was developed by Snyder and it changed the way psychologists think about hope. Hope was described as a uni-dimensional construct, the general belief that things are going to turn out ok. He broke it down even further to talk about agency and pathways, the two components of hope that really could describe one's level of hopelessness. Agency is your will power, your perceived ability to meet goals, how well are you about to set goals and how much do you believe that you can actually meet them. Pathways, or way power if your ability to generate susceptible plans and goals. So it is not only setting goals but what are the plans to get there? What are the pathways you are going to layout so you can set these great goals and also meet them. We are not talking about hope in a spiritual sense but more in a goal setting construct. So now we are going to score your hope scale. So does anyone still need a copy? We are going to go through the items and score them. If you could add up your odd items and your even items then total those. But your odd items are your agency or will power score. Your even items are going to account for your pathways and your overall score will be your total.

So if you score a 24 to 32 on your overall hope score that means you have a high level of hopefulness, somewhere between 17-23 indicates a moderate level of hopefulness and under 16 means you have a low level of hopefulness. And if you are somewhere in the middle, statistically speaking we have this things called standard error or measurement. I lecture on that on Friday if you are really bored but because of conference intervals and overlap we can't be clear about scores in the middle. So just in of look at it where you scores leave.

Look at your overall hope score for now and when I talk about people with high hope I am talking about folks who have a score of about 24 or above. Earlier Lauren described what hope is not but I do want to talk about what hope is related to. She started out by saying hope is not optimism but in fact, hope is related to optimism and higher hope people tend to be more optimistic. Where optimism leads to the piece about agency. Lauren talked about motivation and the high expectations. That is optimism but Snyder's expectation of hope also includes agency or the ideas about how to get where you want to get or go where you want to go. Hope is also related to locus and control. Higher hope people tend to have an internal locus and control, meaning that they believe that they are responsible for their future or they are

responsible for their fate. You probably heard about the Roger's internal, external control distinction where external focuses on external locus and control and are more likely to attribute things to the fate that their future is out of their hands. Hopers are copers. If you are of higher hope, you tend to have a more solution focus or problem focus approach to coping meaning if you ever have an obstacle you are more likely to start coming up with ways to fix it. Hopeful people tend to be more competitive. They are not necessarily bent on winning but do in fact, enjoy competition and they enjoy a little bit of friendly rivalry but they are not dashed by not getting something in the first place. Higher hope folks tend to have a higher self esteem and they also tend to have higher positive affectivity, that is they have a mental state characterized by full concentration, engagement and high energy. High hope people and folks with positive affectivity have been described as interested, excited, strong, enthusiastic, proud and inspired, determined, attentive and active, all the great stuff. So that is why my title is hope and all the good stuff on this slide. Finally, higher hope folks are likely to experience negative affectivity anxiety and depression and we distinguish and stagger this research between anxiety and depression looking specifically at a relationship between hope and anxiety, anxiety being that state of worry and rumination about something in particular, an oppression being an ongoing sense of hopelessness, suicidality, crying, that sort of thing.

One of the distinct elements of Snyder's definition of hope is its relationship to goals and goal setting. In fact at one point, and I think in your dissertation also, when we are going to measure we don't want to let folks know that we are assessing the hope construct, he recommended that you title the measure of goals or the pursuit to the goals. What is yours called? Questions about your goals. So Snyder really conceptualized hope as being very much related to goals. When he started his research he suspected that higher hope folks are folks that score higher on his scale would have more goals. When he was surprised to find is that those goals are across the life goals or life arenas. So higher hope people have goals for their relationships, goals for their careers, goals for their leisure, goals for their hobbies, goals for their education. So they put their eggs in more than one basket. Higher hope people also set goals that are more difficult. They had a couple fun lab experiments where they would give folks a fairly difficult task and then ask them if they wanted to try the next more difficult task. Higher hope people

where more likely to pursue the next difficult task. Higher hope people are more likely to expect that they will achieve it. So they have good, he called it, goal appraisal in that they expect to be successful. Let's interpret the scores. So you should have agency score and the person who has high agency, high pathways. Those are people who have these big dreams, have these big goals or have many goals but they also have strategies of mind of how they are going to reach these goals. They are not just going to go out there and say 'it will happen'. They are going to make ways and strategies to get there. The other is high agency low pathways. The example I like to use is this is a teenage boy who gets into trouble, uses some drugs and still thinks he is going to be in the NBA, still thinks he is going to be the next Michael Jordan or rock star or whatever he wants to be. Making plans of how am I going to reach that, how are my current behaviors current activities going to get me to those goals. So you are setting these big goals but you are not really making plans in achieving them. You are just hoping they are going to fall if your lap. This is little will, big ways. These are people who maybe don't think they are worth setting high goals of that good things are going to happen to them. They have this underlying drive and determination and planning strategies to meet whatever goals they set but they are not going to set many or big goals. These are people who don't really set goals and it is not really an issue for them. They don't things are going to happen so why make plans, why bother. So this might give you a little insight as to where you fall in the scale. So any questions? I think this is a good place to stop and take a few questions. We are going to move next to how are you going to increase hope.

Yes?

Odd is will?

Odd is will power and agency so that is will power is motivation. What is will power and motivation. Odd is what part of setting goals is will power.

Yes, in the back.

How specific is self-efficacy?

Self- efficacy is good right? So self-efficacy will be defined as the expectation for a specific task. So given its relationship to goals setting, I am not sure I have read anything but I would absolutely expect a positive relationship between high hope and self- efficacy.

From that it sounds like general self- efficacy. That is a good point. It could be general self- efficacy. I haven't read Snyder talking about Vandora and the relationship to that. There was a question up front?

Yeah. I was wondering if it was handy for you to read the Snyder's definition of the pathways.

So the agency is again the ability to make goals. Pathways or way power is the steps you are going to take, hope likely you are on the perceived ability to generate plans to meet those goals. Ok. Thank you. Other questions?

Ok, well let's talk about how to increase hope. I think you will find that as we look at these they are direct follow on when Snyder looked at what's hope related to, these are then turned around so that if there are things we can do if we want to increase hope. So this slide is about increasing overall hope. One thing we can do is minimize the negative. That is we can frame things more positively. Sometimes folks will define a problem in such a way that they don't see an obvious solution or they don't see a way around it. So one of the things you might do in the counseling session or an intervention would be to help people practice looking at the particular obstacles or looking at negative things and trying to reframe them in more of a positive way. Another thing we might do to increase hope is to help folks look outward and to also problem solve. Folks who are anxious or depressed tend to ruminate and look inward and sort of self absorb. But if we can get folks to look outward at other folks and at potential solutions, that can be a step to be more hopeful. The other thing is to be a solution focused coper. My fourth and fifth grader know the word solution focused coping because when they are tempted to throw temper tantrums or refuse to do a task, I will say, " I would like to see a little solution focused coping". There is in fact a way through this obstacle. Let's find it.

True stories I tell. We can also call on friends and work with people to cultivate helpful relationships. So when there are obstacles, the things we can do in encourage people to look at

their social network and either cultivate a social network and or start using helpful people within that social network to make forward movement on obstacles and problems they may have. Along with the positive affectivity we find in hopeful people if we can get folks to laugh about things that can be helpful. Among folks who are religious, Snyder found that hopeful people are more likely to pray. So if spirituality or religion is a definition and we encourage people to utilize that, although Snyder, the whole series today is about hope. This particular hope construct does not plan to have any theological or spiritual dimension. It is very cognitive. It is a very pinnacle setting focus. And then we can encourage people to be more healthy in general, to exercise, to eat and to monitor their health because hopeful people to eat more healthy.

As I mentioned a couple times, there is a really strong relationship between Snyder's definition of hope and his assessment of hope and goals in general. So one of the things we did in an adolescent workshop I actually worked with Snyder. We co-wrote a grant and worked with one of his graduate students to develop a hope workshop for juvenile offenders and foster kids in residential treatment. One of the things we really focused on with the kids was goal setting. So we taught them to write good goals. Good goals are very specific. A good goal doesn't say 'I want to go to college'. Good goals say 'I want to not just get good grades or I want to get an A in math or I want to get a 75% on my next test. Those are goals that are very clear and we can actually measure their progress on it. So one of the things we do is we actually grade their goals. Then after writing a good goal, the motivation for any goals should be clear. You should really want to get that goal. If it is not important to you, you shouldn't set it as a goal because you are probably not going to be motivated to get it. So writing a goal that you are really motivated to do it probably is going to increase the agency or the motivation to do so. It is important to among the books, prioritize the goals and work hardest at the ones that are the most meaningful. It is important to set goals across the variety or areas so you do have your eggs in more than one basket. The goal should have concrete recognizable markers. I haven't met more of you because I teach in a doctorate program but students come to me and they are overwhelmed by the task of the dissertation. It is a fairly large project and so my advice always to them is 'what if your favorite part? Start there.' So to set some goals and then work to the

harder and harder pieces because as you make progress you can sort of celebrate that progress and feel more efficacious to move on to the next step. Goals should also be stretched goals. My 5th grader is an avid reader. And when she came home last year, they get point in school with the AR program with how many books you read. So she came home in the 3rd grade. She should have had a goal or about 200 points to get and she came home and said 'I set my goals for reading.' 'Oh you did? What are they?' 'I want to get 20 point.' '20 Points? You can get that tomorrow. You have four months to get the points. Let's set a stretch goal.' You know goals are something to work for not just... the whole year she absolutely would not set stretch goals. That measure didn't help in the third grade. In the fourth grade she was on it and made a deal. Mom if I get 500 points, where 300 points would have been a reasonable goal. If I get 500 points then can we go to Belfair. So she got a stretch goal and she read so much that she got in trouble for reading so we had to re-think that goal. But the point is goals should be stretching not so daunting that you can't do it but something that will pull you a little further. Goal buddy is my word, not Snyder's word, because I was trying to condense it to a slide, but it is important to talk to your goals with people that are important to you so that they can give you feedback. Is it too big? Is it not stretching enough, and to hold you accountable to the progress on the goals. Then finally, just because we make the goals doesn't mean that we are no good or not successful if we don't make it. If the goal isn't working out, we need to be about to amend it or to provide a substitute. 23.45.8

So let's move on and then look at check lists for will power and way power. This is will power, our agency scale, right? And so for one increase our motivation, our agency, our sense of will power, it is important to do positive self talk and laughter: I think I can, I think I can. I have made progress so far. I have made my way. Any of that kind of stuff is helpful. It is also important to sort of visualize what things might prevent us from being successful on our goal and to have some strategies available for pushing through those obstacles or managing those obstacles. My guess is that anticipating road blocks aren't easy. Most of us can come up with a thousand reasons might not go our way. What is helpful is to also think of potential solutions to get around those. The comment of refrain is a very useful tool in terms of maintaining our willpower. When there was one particular weekend in Wichita, Kansas, which was dreadful for

us. Against my husband's better judgment, I invited my entire family, about 20 people to stay with us for the weekend and then we would have a baptism with seventy people at our house. At the end of our first night of festivities we sent our guests to the hotels, it was about midnight, I went downstairs to unplug the Christmas lights and the basement had three inches of water in it because earlier in the day when I was making this very fancy chocolate dessert, I poured a bunch of candy coated chocolates down the drain. I didn't realize it would get hard about halfway downward. And I am a fairly high hope person and come from a high hope family. My family's response the next day was why didn't you call us? This sounds like so much fun! You don't have water? No problem! I'll do this and we'll be right there. So was reframing the problem as a great challenge. That sounds like great fun. My husband was not very high hope that day, no nearly so optimistic or energized about all the potential solutions and how we were going to feed seventy guests without water. Another thing, in education and psychology we know that the best predictor of future success is immediate past success in something similar. So if we have a goal that is a stretch goal for us, it is important to remember the things we have been successful at that are hopefully similar to that particular goal. And then you see this on several slides. It is important to have good health habits. We need to take care of ourselves in terms of weight and exercise and getting enough sleep and then avoiding the pollutants: alcohol, nicotine, caffeine and we would be remiss if we didn't say that is you are actually experiencing clinical depression or something that you think might be clinical depression. It is very important to go get help for that through your physician or from a health physician. Hopelessness is one of the indicators of depression along with blues and feeling suicidal and feeling worthless. So if you are actually little will in little ways then that may actually be an indication of something else too.

And then let's look at way power. If we want to increase our pathways to get to the goals, we want to chalk out those big huge goals into steps of sub goals so that we make progress on them . I already gave you the example about the dissertation. Slowly we want to look at the distant goal and start on those earlier goals or sub goals that come before us. We want to look at multiple routes to goals. And then pursue the one that makes the most sense to us in terms of the resources we have to give to the particular goal. On the will power I said sort or

brainstorm what obstacles that might be there. One way power side we might want to rehearse the scripts for those obstacles, either the conversations or the end runs or the snake for the chocolate that is in the drain pipe. And then when we are not successful on a particular goal it can be helpful to not get into a blame thing but sort of analyze the strategy. I still maintain that that seed that I achieved in advanced psycho-psychology was because I picked the bad strategy for my break not because I am just bad in psycho-psychology although I think I am. So I want Lauren to talk about her doctoral dissertation and how hope is involved in that.

So I guess I will start by explaining my topic. Last year I was a therapist at a foster care agency. This was a foster care agency that saw many kids that were removed from their homes because of severe abuse or neglect, early childhood trauma, things that were pretty bad and they experienced a lot of hardship really early on. So I would do therapy with these kids who were often depressed or not doing so well in school. But there were also these kids that were doing fine. They were kids who had been in abuse, who has been neglected, who had been taken from their parents, separated from their siblings, but they were doing fine. They were getting good grades, they were finding lots of friends, they were getting involved with extracurricular activities. They were doing pretty well compared to these other kids who were showing early signs of mental illness. They were doing very poorly in school, had few friends, had been passed from home to home, back into special treatment centers. They had a really hard time. Yet these two groups of kids had experienced very similar early childhood experiences. They had a lot of things in common. So my question was why are these kids so different? What is differentiating them and how can we help the kids who aren't doing so well. And so thinking about that, I was thinking about what could have happened earlier on before they were taken and put into foster care. What could have happened early on that separated these kids? I thought that it could have something to do with the early care that they received. Kids are taken from their parents because their parents obviously can't care for them. They are being incarcerated, substance abuse, they are abusive or hurtful. Whatever it is, these parents aren't able to care for their kids. And so what is it about, what happens during this time that the kids diverse, some kids do, some kids don't. My thought was the kids whose parents were really neglectful, developed an internal working model as unavailable, unresponsive, unable to meet their needs, unable to

care for them and provide for them, feed them, love them, hug them, tuck them in, all these things that kids need when they are really young and deserve, these kids we're getting. So they developed a view of the world as unforgiving and unavailable and of themselves as worthless and not worthy of love and care or having their basic needs met. So thinking about that and thinking about this way of thinking of the world and their place in it, I was thinking about what it means in terms of their hopefulness. Kids who think they are not deserving of love or care or good things happening to them will believe that bad things are going to happen to them regardless how hard they try because that is what they are used to, that is my experience. That is going to affect the level of hopefulness. They are not going to set their goals because they do not think they are deserving of having this goodness in their lives and having somebody support them in meeting their goals and if their view of the future is so poor, they are not going to make plans to improve it anyway because they don't feel worth it.

So I started looking at the literature and I found that foster kids in fact have poor behavioral outcomes than that average child population in the in development taken in foster care. So this has been proven true. What else that has been proven true is that being in foster care, your foster status is predictive of your attachment status. Kids in foster care tend to have a more insecure level of attachment meaning they are unable to attach to the caregivers feel this bond connection, feel that they are going to be taken care of, they are worth. So that's been shown true. What else has been shown true is that having an insecure level of attachment is a risk factor in their behavioral outcomes. Often suggested is substance abuse, later mental illness, delinquency, all sorts of problems that kids can have. Having such problems can lead to more significant problems later on. Crime, drug abuse, all those things. So what can we do to stop that and start making changes in these kids' lives? Hopefulness as a general protective factor keep people who are hopeful end to do better, tend to have a view of the world as accommodating and flexible and in themselves make goals and reach them. Things are going to turn out ok. This optimism but also this self efficacy is a sense of ownership of their own lives is central. So it is suggested that being in foster care predicts attachment and it could be the attachment piece that is predicting this overall relationship of being in foster care and having negative outcomes so attachment, having this level of attachment, having these poor

experiences earlier on could predict what foster kids are doing poorly. I think that there is more of that because not all foster kids have an insecure level of attachment. Some kids have been abused and have had really crappy things happen to them and they turned out ok. They are able to attach later. They are able to do pretty well. So not all foster kids have negative behavior and not all foster kids have attachment. My question was why. Why was this happening to some kids and not others? I think it is their level of hopefulness. I think that the kids who although they have these bad stuff that happen to them and although have experienced the world as not a very great place with roses and butterflies everywhere and not everybody treating them well, that they still think they can have an effect in their lives that they can make changes and set goals, they can reach the goals, they can change the path they are on so they are going to have drug abuse, delinquency. They are going to try for this goal and they are going to try to make friends. So they are going to try to find an active goal in their lives. So instead of these low hope individuals who kind of wait and see. So that is my dissertation and I hope that this is going to help explain why foster kids do so poorly and really effects the policy change in helping these kids if we find that hopefulness is protected and helpful for foster kids instead of just doing therapy, instead of just being big brothers, big sisters, really increase their level of hopefulness, make them laugh, make them feel successful. Do all these things that we can to help them have higher hope so we can reduce their negative outcomes.

Why do those kids show more hope if it is the same environment? Do people think it is like a genetic thing or where does that come from?

It would be genetic. It is a resiliency factor. It is something that some people just have. They have this sense of ... I can set goals and I can meet it. It is a resiliency factor. It is like having talent, being good at sports. All those things are also protective factors. If you are good at a certain domain, you are going to get attention, you are going to feel successful, feel recognition, draw people to you, have a high sense of hopefulness, that sort of thing is going to improve your chances to be successful in the future.

It seems like giving people goals and teaching them how to set goals and meet goals could be a possible way to impact hope and also general life skills for people.

Absolutely. I think so too, I think it is bigger than a single workshop. For kids especially I think it is being aged in a longer term relationship where effective goals are set and then they are monitored and then they are praised for achieving them. So I think we have to be careful, you know instead of just having a goal setting workshop being involved in organizations within a relationship, whether it is an educational relationship or a kid's club or a ...

Along those lines, giving praise for goals, it shouldn't be. It shouldn't be empty praise. Yeah you want to be in the idea; yeah you want to be a rock star. That's great. What are you going to do to get there and praising the little goals. Praising the steps and the plans for future, for the mini goals on the way to the big goals. I think those should also be encouraged and would really benefit these kids or anything else. Any other questions?

I am going to move us on just so we have time go get everything done. The man we have been talking about today is C.R. Rick Snyder, the author of the Hope Construct and the author of the book the Psychology of Hope which most of the lecture and presentation today. There are chapters on measuring hope and developing hope in an adolescence and adults, measuring hope in your spouses/partner when they are not noticing that you are measuring it. It is a fun book and a fun read, not terribly academically heavy. But Rick Snyder taught my psychology class back at the University of Kansas. I got to work with Snyder in developing this adolescent intervention with one of his doctoral students back when I was in Kansas City. Rick died at age 60 a couple of years ago very unexpectedly. He had chronic pain his whole life and we suspect although this is pure speculation because his family really isn't saying much but we suspect that that chronic pain sort of masked new symptoms and early in January 2004 he was diagnosed with cancer and two weeks later he was dead. So it was a great loss to psychology and he was just a fabulous person and mentor to so many people. We have live footage of him, well it was live then from Good Morning America where they actually had a show about positive psychology and they brought all big dogs, Martin Seligman and other people I don't know to talk about their particular positive psychology construct. I want to show you the piece, just the couple minute clip where he is actually with the very famous anchors on Good Morning America, having then do the lab cold presser test. So you will see the three anchors before this

piece taking the hope test, the same one that you have and Snyder scored them, then they put their hands in this freezing cold aquarium. Now I want you to watch as the first hand comes out to see the ice that has formed on the hand. And you see that and sure enough, because of the commercials I will just tell you the end, sure enough, success of this particular task completely with their scores. The highest hope scores stayed in the cold presser the longest and the lowest came out the first. So does anyone have any more questions? Thank you very much for coming.