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MENDING A TORN FISH NET:

PARSE'S THEORY-GUIDED RESEARCH

ON THE LIVED EXPERIENCE OF HOPE

A DISSERTATION SUBMITTED TO

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IN CANDIDACY FOR THE DEGREE OF

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DEPARTMENT OF NURSING

BY

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In a very special way, I wish to dedicate my work:

To my grandmother for her unconditional love

To my late grandfather for his love

To Mom, Hsieh Su-O for her love and encouragement

To my husband, Peter for his enduring love and support

To my daughter, Aru for her patience and support

To all my participants who live in Taiwan

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CHAPTER I

INTRODUCTION

<u>Yearning</u>

I want a site with trees and stream-
Near some majestic mountain scene-
On which to build a little home;
A place to call my very own (Martin, 1959, p.21).

Hope is at very heart and center of being human (Lynch, 1965).

However historically, hope as a common human experience was placed in

the exclusive domain of myths, legends, poetry, music, and other literary

and art works, often expressed in the form of symbols and metaphors. Until

recently, the construct of hope has not received much notice in scientific

studies by nurse scholars and others (Farran, Herth, & Popovich, 1995).

Some have attributed this lack of attention to the abstract and elusive nature

of the phenomenon which is difficult to define and measure (Jacoby, 1993).

Although the recent literature is replete with empirical research studies on

hope (Herth, 1989, 1990a, 1990b, 1991, 1992, 1993a, 1993b), research on

the lived experience of hope remains scarce (Brunsman, 1988; Hodge,

1991; Kucera, 1992; Parse, 1990a; Stanley, 1978; Thornburg, 1993/1994).

Extant literature presents hope in two different views. The most

prevailing view portrays hope as the polar opposite (Jackson, 1993;

Stotland, 1969), continuum (Coyne, 1991; Kast, 1991), or dialectic (Farran et al., 1995) of despair and hopelessness, the absence of hope. The other view, less commonly expressed, depicts hope as a living paradox fraught with the mysteries of human experience and spurred by resolute choosing from moment to moment in every day life. The poem called <u>Yearning</u> presents the latter view. It was written by Martin (1959, 1963), who lived at the leprosarium at Carville for twenty years, and reflects her lived experience of hope as a living paradox and a chosen way of imaging what is not-yet. The little poem houses a season of hope that mysteriously interlaces with despair. The imaginary home, a comfortable dwelling place of her own, is like an invincible summer living in the midst of winter. Through this valued image, Martin seemed to view her situation in a new light. Nonetheless, hope as revealed in her poem and story remains a mystery that needs exploring.

Phenomenon of Interest: Hope

I

When I am looking at the fish net, my eyes are in tears.
There is a huge hole in the net.
I would like to repair it, but the shanty is barren.
Who knows my anguish?
If I leave this torn net as it is, there would be no hope.
For my future, I must find a way to repair it.

II

Holding the fish net makes me feel heavy.

Tragic loneliness engulfs me.
All my loved ones are gone.
Who will come to help me?
I ought to move on despite obstacles.
Using a steel needle, I weave threads into both sides of the hole to
build a heaven bridge of threads[1].
I must concentrate my effort to mend this torn net.

III

Fishes are caught inside the net.
It should be a good year.
Poems and songs fill up the air of the harbor.
All the efforts of struggling through the storm in a lone boat have not
been futile.
Storms are now over; sunshine reappears; fish abound in the harbor.
We are the happiest persons.
We reunite.
I don't have to mend a torn fish net any more.

The above song entitled <u>Mending A Torn Fish Net</u> (Lee, 1946, side B)

is a metaphorical Taiwanese folk song which reflects the meaning of the

lived experience of hope - no-hope in moment-to-moment changes with a

situation. Through the rhythmical paradoxical movement of stanzas, the

song unfolds the cherished values and beliefs of the Taiwanese people, who

are presented as the fisherman in the song, in a process of enlivening hope

to reach toward new possibles in what is not-yet in connection with the

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[1] Derived from a Taiwanese folklore of the weaving maid and the cowherd who were the star lovers of the heaven. When they became lazy and ignored their work, they were separated by the Queen of Heaven to stay on each side of the Milky Way. After an entire year of hard work, they meet on a bridge of twigs built by little magpies over the Milky Way on the Seventh Day of the Seventh Moon every year.

remembered past and the present moment. The word for "fish net" is pronounced the same as the word "hope" in Taiwanese. A fish net is an archetypal symbol of hope. An intact fish net evokes the images of hopefulness, communion, and joy, while a torn fish net depicts the images of despair, aloneness, and sorrow.

The folk song begins with the harshness of reality - a lonely, poverty-stricken fisherman with a torn fish net. Without an intact fish net, the fisherman cannot make a living and is doomed to a life of poverty, desolation, and misery. Then, just as everything appears bleak, the opposing images of hope, symbolized by a bridge of threads over the hole in the fish net, are juxtaposed so that hope-despair works together to bring creative imaging to the fore. The imaged choices are of both opportunities and limitations: the opportunities are possibilities to move beyond the moment; and the limitations are gloomy realities of impoverishment and helplessness. The way to live the treasured values of love, communion, and a good life is to affirm that one can find a way by choosing to focus on opportunity over resignation, through the hard and ingenious efforts of mending.

Choosing the meaning of mending the net transforms the situation and new possibles surface, as depicted in stanza three, which is imbued with hopefulness and joy. The fisherman appreciates the fish harvest, sunshine, and communion even more profoundly after struggling through the

labor of mending and the storm at sea. Thus, the metaphor of mending the torn fish net represents a process of living the paradox of hope - no-hope, a universally lived human health experience.

In each situation encountered in everyday living, an individual chooses the meaning both prereflectively and reflectively and that chosen meaning is a person's experience of health (Parse, 1990b). To change health is to change the meaning given to the situation through ways such as "creative imaging, affirming self, and spontaneous glimping of the paradoxical" (Parse, 1990b, p. 138) to move beyond the moment. Moving on amidst hardship as depicted in the metaphor of the torn fish net illustrates that new meaning is given to the situation through envisioning a light amidst darkness and affirming one's values, thus changing one's health experience.

The following interviews reported in The Independence Weekly Post (Wang, 1994a, 1994b) further illustrate the notion of moving on amidst hardship. To the Taiwanese mind, leprosy conveys the images of physical repulsiveness, immorality, and contagiousness. People with leprosy are regarded as society's outcasts and pariahs. One resident said, "The thing that bothers us the most is not our disfurguration, but the way people glance at us. You should let people know that leprosy is no longer infectious as long as it is treated. We hope you do not report only on the negative side of us, even if that is much more sensational to your readers. It may scare

newly diagnosed patients away from treatment." Another resident said, "My only hope is to die with dignity. I do not want leprosy written on my death certificate. Over the years I have witnessed thousands of the dead rejected by funeral homes only because the word, leprosy, was written on it." After a pause, he continued, "Outsiders always think that we are so piteous that we need help, but we feel we are fairly rich. You see the donation boxes in our church or temple have never been empty." Then he laughed.

These statements reveal the meaning the residents gave to their situations. They spoke of their desires to be understood as ordinary people who have hopes, dreams, joys, and sorrows. They envisioned themselves as ones who have moved beyond their disabilities, and who make room in their hearts for others. In this way, they move on amidst hardship living their health.

Purposes of the Study

The purposes of this study were: (a) to enhance nursing science by expanding Parse's (1981, 1987, 1990a, 1992, 1994, 1995a) theory of human becoming; (b) to enhance understanding of the lived experience of hope by uncovering its structure; and (c) to further explore the Parse research methodology in transcultural and translinguistic research.

Research Question

The research question for this study was: What is the structure of the lived experience of hope?

Significance of the Study

The significance of this study is twofold. First, greater understanding of this health phenomenon adds to the nursing knowledge related to the lived experience of hope from a simultaneity paradigm perspective, which only a few scholars have explored (Brunsman, 1988; Hodge, 1991; Kucera, 1992; Parse, 1990a; Stanley, 1978; Thornburg, 1993/1994). This knowledge will be useful for nurses who are engaging in discussions with people about their hopes and dreams, and relating to them in their situations while moving with them as they find their own ways (Jonas, Pilkington, Lyon, & MacDonald, 1992). Therefore, it contributes to health and quality of life from the person's perspective (Parse, 1994) and thus, enhances nursing practice. Second, understanding this phenomenon from the perspective of Parse's (1981, 1992, 1995a) theory of human becoming further advances and expands her theory with regard to the universally lived experience of hope. Furthermore, the generated knowledge grounded in Parse's theory expands horizons of understanding hope as a paradoxical, intersubjective human phenomenon in the human-universe-health process.

Nursing Perspective

The nursing perspective from which this researcher conceptualizes, theorizes, and studies the human health phenomenon of hope is Parse's (1981, 1987, 1992, 1993a, 1995a) theory of human becoming. Parse explicitly presents her theory as a human science theory and distinguishes it from biomedical model nursing theories rooted in the natural sciences. The following provides brief reviews of Dilthey's human science and Parse's theory of human becoming and specifies the formulation of a conceptual definition from this researcher's perspective with a linkage to the principles of Parse's theory.

Dilthey's Human Science

The human sciences originated more than one hundred years ago with Wilhelm Dilthey (1976, 1883/1989) and were explicated by many (Giorgi, 1970, 1992; Hodges, 1952; Makkreel, 1975; Mitchell & Cody, 1992; Parse, 1981; Polkinghorne, 1983). Dilthey (1833-1911), like Parse, was awed by the mystery of life and was troubled by fragmentation of human phenomena through emulating a natural science approach which dismantles the wholeness of human experiences into discrete, quantifiable parts, takes human phenomena out of context, and aims for explanation, prediction, and discovery of natural laws. Therefore, he endeavored to lay a theoretical-critical foundation for the human sciences that was fundamentally different

from the natural sciences in presuppositions, aims, and methods. The human as conceptualized by Dilthey is a unitary being who is intentional and free-willed and participates with the world in a continuous process (Mitchell & Cody, 1992). The aim of human science is understanding. Understanding is a process of coming to know the unity of human lived experiences (Erlebnis) in the context of the social-historical reality through self-reflection and interpretation of the "written record of human existence" (Dilthey, 1976, p. 249). The focus of understanding, then, is to grasp the meaning of existence in historical and culture contexts which leads to building systems of values of human existence rather than laws.

Parse's Theory of Human Becoming

Affirming the fundamental beliefs and values and assimilating the essence of the human sciences, Parse (1981, 1987, 1992, 1993a, 1994, 1995a, 1996b) created the theory of human becoming by synthesizing many threads from a number of conceptual systems that are congruent with the philosophical underpinnings of the human sciences. Parse (1993b) has constructed her theory based on a system of human science values and beliefs, to guide research and practice, rather than on the causal values of the natural sciences depicted in the testable or verifiable[2] practice theory

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[2] This stance is revised from Parse's 1981 edition that states: "it is expected that this theory will be verified through descriptive methodologies..." (p. 78).

articulated by Dickoff and James (1992). The germ of the theory is the view of human health as a cocreation of the human with the universe, freely choosing in situations, and bearing the responsibility for choices. It emphasizes reverence for persons and acknowledges the paradoxes inherent in everyday human experience as meaning is given to situations. Parse is not the first one to articulate the unity in coexistence of opposites in human phenomena; however she is the first nurse theorist to recognize and elaborate on paradox as a human phenomenon. Further, this theory is not in a reified state (Hall, 1993), but rather lives in a process of continuously refining language, expanding concepts, and updating innovative ideas with many possibles (Parse, 1993b). Through the concerted efforts of Parse and Parse scholars, the essences of the theory not only have been brought more to the forefront but have begun to form a deeper coherence of knowledge through corroborative evidence, for instance, hope as described in the latter part of the next chapter. In this way, Parse's theory adds substantive knowledge to the human sciences in general and nursing science in particular.

Among the threads that contribute to Parse's (1981, 1992) theory are the principles and concepts of Rogers's (1970) nursing science and major tenets and concepts of existential phenomenology drawn from Heidegger (1962), Merleau-Ponty (1962), and Sartre (1966). The concepts of energy field, openness, pattern and organization (now pattern), four-dimensionality

(now pandimensionality), coconstitution, coexistence, and situated freedom are synthesized into nine (Parse, 1981) then three (Parse, 1992) philosophical assumptions related to the unitary phenomenon of human becoming. The theory of human becoming, then, is founded on these philosophical assumptions. Meaning, rhythmicity, and cotranscendence are the three themes of the assumptions from which three theoretical principles emerge. Each principle is comprised of three core concepts that explain the principle.

Prior to conducting research, Parse proposes that a researcher should articulate his or her personal perspective from both a theoretical and possibly also an experiential frame of reference (Parse, Coyne & Smith, 1985). A researcher's conceptual perspective is important in order to explicitly express a personal meaning regarding the phenomenon under study. Thus, in the following, this researcher presents a conceptual definition of hope through the metaphor of mending a torn fish net, using four major essences derived from the interpretation of a metaphoric Taiwanese folk song. The conceptual definition is conceived within the context of the human becoming theory, and is further woven with the theoretical principles of Parse's theory to make explicit the nursing perspective of the research.

Researcher's Perspective

Mending a torn fish net as the lived experience of hope is <u>resolute</u> <u>picturing of the possibles amid struggling through limitations-opportunities</u> <u>and communion-aloneness while creatively metamorphosing</u>. The four major essences are resolute picturing of the possibles, limitations-opportunities, communion-aloneness, and creatively metamorphosing. Resolute picturing of the possibles is an enduring tacit-explicit knowing of a personal imaged reality that is cherished. In choosing what is cherished and valued, an imaged reality is constructed which connects one's own existence with the universe in a unique way. One always knows with and without being explicitly aware of it and this knowing shapes and molds one's day-to-day living. It is a process of bringing together the past, present, and envisioned future. The essence of resolute picturing of the possibles was eloquently described in Martin's (1959, 1963) account of her life and figuratively expressed in her poem <u>Yearning</u>. Lynch's (1965) theoretical work on images of hope also supports the notion of encompassing the whole of human reality that gives a sense of the possibles.

Limitations-opportunities and communion-aloneness are two rhythmical, paradoxical patterns of interrelating with the situation. These two patterns unfold when one faces choosing or not choosing an option from among myriad possibilities in relation to circumstances. For example, in choosing to mend the torn fish net, the fisherman constantly contemplates

the constraints of poverty and aloneness as well as the opportunity of a different way of living in communion with others all at once. This is consistent with Marcel's (1951/1977, 1951/1978) notion of hope as mystery which recognizes the limitations of concrete human situations where opportunities are also arising. Further, the mystery of hope not only involves the self but opens up to others; it is an intersubjective human interrelationship of communion-aloneness which is also explicated by Buber (1957/1963, p. 220-229), Tillich (1952), and Ellul (1972/1973).

The third essence of mending a torn fish net is creatively metamorphosing. The term metamorphose means changing in form, structure, and substance. Therefore, creatively metamorphosing (Parse, 1995b) is a deliberate way of changing. It means that to transform the possibles of what is valued and hoped for into reality, one creatively charts the course of day-to-day living amid the certainty and uncertainty of situations. Hence, creative metamorphosing is an original way of integrating an unfamiliar way of living with the familiar. Moreover, this unique way of living is something in its own right which is not subject to another's judgment. This conceptualization also agrees with Yates (1993) who stated "reconceptualization should take into account that...patients have their own reality that may be quite different to [common in British informal usage] those [nurses] around them" (p. 705). The essences are further interpreted in light of the three principles of the theory.

The first principle is "structuring meaning multidimensionally is cocreating reality through the languaging of valuing and imaging" (Parse, 1981, p. 42). This principle presents three paradoxes of living meaning from moment to moment: the explicit-tacit knowing of imaging, the confirming-nonconfirming of valuing, and the speaking-being silent and moving-being still of languaging (Parse, 1995a). Resolute picturing of the possibles is deliberately seeing something in a certain way which incarnates explicit-tacit knowing. Living the meaning of mending a torn fish net is coconstructing the knowing in a personal reality with people, objects, or situations through resolute picturing. This constructed reality reflects one's values and cherished beliefs and is presented through languaging - speaking-being silent, moving-being still. Thus, resolute picturing of the possibles is connected to the concept of imaging.

The second principle is "cocreating rhythmical patterns of relating is living the paradoxical unity of revealing-concealing and enabling-limiting while connecting-separating" (Parse, 1981, p. 50). Paradoxical rhythms of relating with others and the universe are more clearly evident in this principle, surfacing as one rhythm consisting of two dimensions, fore and ground. The rhythm of revealing-concealing describes how a person discloses and withholds all at once. No one can completely reveal or conceal who one is becoming. The notion of enabling-limiting means that when a person makes a choice from among many multidimensional options

to pursue certain hopes and dreams, this choice is always replete with possibilities and restrictions. The patterns of connecting-separating and enabling-limiting are interrelated. When a person chooses a certain way of relating to self, others, ideas, objects, and events, the chosen way is not only full of opportunities but also limitations as persons move with and away from phenomena simultaneously. Connecting-separating is the paradox of being with and apart from, all at once. Persons choose to connect and separate from some phenomena and separate and connect from others. With communion, there is always also aloneness. Limitations-opportunities are linked to the concept of enabling-limiting and communion-aloneness is linked to the concept of connecting-separating.

The third principle is "cotranscending with the possibles is powering unique ways of originating in the process of transforming" (Parse, 1981, p. 55). This principle gives penetrating insights into infinite ways of moving uniquely beyond the present with the not-yet through the relentless struggle of pushing and resisting. Creatively metamorphosing is inventing ways to conform and not conform with certainty and uncertainty while pushing-resisting with the familiar-unfamiliar in changing ways of becoming. With creatively metamorphosing the unfamiliar transforms to the familiar in the presence of new light. Creatively metamorphosing is thus linked to the core concept of transforming. Finally, three core concepts join together to form the researcher's creation of a theoretical structure of hope: **Hope is**

imaging the enabling-limiting in the connecting-separating of

transforming.

Summary

In this chapter, the researcher has introduced the phenomenon of interest, hope, through exploration of a metaphor, <u>Mending a Torn Fish Net</u> from a classic Taiwanese folk song. The purposes of this study with the research question were explicitly posed. Also, the significance of the study for enhancement of nursing science in both practical and theoretical perspectives was presented. This chapter concluded with elaboration of a nursing perspective, Parse's theory of human becoming, including this researcher's conceptual perspective of hope. In the next chapter, relevant literature on hope from nursing and other disciplines such as philosophy, psychology, and sociology is critically reviewed and presented.

CHAPTER II

REVIEW OF RELEVANT LITERATURE

The word despair has the Latin root sperare (to hope). Paradoxically, the word "hope" originally comes from the Latin word desperare - de, without and sper, hope (Shipley, 1945/1995). This word history illustrates that the prototype of hope as initially constructed was indistinguishable from no hope. The contemporary English word, hope, is actually a much later word from the Anglo-Saxon, hopion. Webster's dictionary (1989) provides a definition of hope as follows: "the feeling that what is desired is also possible, or that events may turn out for the better" (p. 683).

General Literature on Hope

Life-symbols in both Western and Eastern worlds bear ample witness to the linguistic connectedness of hope and despair. Life-symbols such as myths and legends express general ideas of human thoughts and symbolically exhibit human life. Therefore, they are non-discursive in nature and capable of "meaning things, being images of things" (Langer, 1957, p. 144). The following are two examples of the myths and legends relating to hope.

The first myth is that of Pandora's box from Greek mythology (Schwab, 1959). After humankind learned to use fire and angered Zeus, Pandora, who was the first woman sent to earth to punish humans, let out all evils except hope. This myth has been subjected to many different interpretations (Averill, Catlin, & Chon, 1990). Generally speaking, ancient Greeks express their view of hope as evil as despair and other miseries, for its illusive power to prolong the torment of humankind.

The second is a popular Chinese legend, the Liang-Chu love story[3] in which hope and despair are fused into one. In the story, while Chu was in a state of extreme despondency at Liang's grave side, the grave suddenly opened and engulfed her. The couple united, metamorphosed into butterflies, and freely roamed the country together (Huang, 1988). The butterfly is a symbolic creature of transformation, love, and communion (Biedermann, 1992). The successive life stages of a butterfly from the larval stage to the pristine beauty of the butterfly represent human soul turning from darkness and stillness of terrestrial captivity toward an infinite light that "illumines the very centre of hope's dwelling-place" (Marcel, 1951/1978,

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[3] The Liang-Chu romance is as follows: "Having disguised herself as a young male scholar, the fair maiden Chu Ying-tai went to study in the city, where she roomed and became a bosom friend of Liang Shan-p'o. Two years later, when Liang went to pay a visit to Chu at her country estate and discovered her true identity, Liang asked Chu's parents for her hand in marriage. By then Chu had become engaged to marry a local squire Ma. Liang soon died of melancholy and a broken heart." (Su, 1989, p. 55).

p. 32). This poetic symbolism in the Chinese legend portrays hope as paradox as well as a way of becoming. Hope not only transcends time and space but transforms with many possibilities. In hope, there exists love and communion.

Hope is expressed with various symbolic representations; these ancient myths and legends are only two examples. They attest to hope's paradoxical and transformative qualities. Hope has been viewed in the West as a fundamental emotion (Aquinas, trans. 1966, 1967; Averill et al., 1990; Bloch, 1959/1986; Hume, 1888/1978; Kast, 1991), an intersubjective human phenomenon (Buber,1970; Ellul, 1972/1973; Marcel, 1951/1978; Tillich, 1952), an illusion of life (Camus, 1955/1983), a dynamic phenomenon (Erikson, 1963, 1964; Fromm, 1968), and a positive cognitive set (Snyder, 1989, 1994; Stotland, 1969). In contrast to the Western view, hope within the Chinese philosophic system is inseparable from desire. The Western view precedes the Eastern view in the following discussions.

Western Theoretical Perspective

Hope as a Fundamental Emotion

The 13th century theologian, St. Thomas Aquinas (trans. 1966, 1967) classifies hope within the province of the eleven emotions. Hope, joy, fear, and sorrow are the four principle ones. According to Aquinas, the emotions (passions) are the reactions of the organism to the external world that set

the inferior sense appetite in motion toward an object. Simultaneously, there is also the movement of the superior intellectual appetite called the will. Hope, a contending emotion, is the movement of the sense appetite toward the future divine good, which comes from love through desire, gives rise to joy, and situates in a simple act of will. Furthermore, Aquinas (trans. 1966) presents hope as one of three theological virtues along with faith and charity, because the object of hope is a good that is future-oriented, arduous to obtain, yet possible. Such hope, he claims, is the entrance to faith and relies upon God's help.

Similar to Aquinas's conception of hope, the British empiricist, David Hume (1888/1978, p. 275-454) categorizes hope as a direct passion (emotion) produced by pleasure. Hume, a skeptic about the nature of reality, regards mind as nonsubstance and a name for the flow of ideals, feelings, and imagination. Hope, the good, intermingled with fear, the evil, is uncertain and probable, and subject to the will. In contrast to Aquinas, according to whom the possibility of hope depends upon God, Hume believes that it relies upon probability in the human mind, since the mind is not a fixed entity and fluctuates between hope and fear.

Ernst Bloch (1959/1986), writing from a Marxist background, also regards hope as an emotion. However, rather than conceiving of hope as passive which implies accepting what comes to life, his most provocative notion is that hope is both teachable and learnable that it strives for a better

life and goes beyond the idea of transcendence. His human hope, therefore, is aimed at and toward the future of what might be possible for both the individual and the collective.

Several contemporary psychologists also depict hope as an emotion, but each from a very different perspective. Averill and colleagues (1990) view hope from a social constructionist perspective and attribute hope to social norms or rules. In contrast, Kast (1991) combines the views of Erikson, Bloch, and Jung, and posits hope as existential involvement; she attributes hope to an expression of elated feelings that fuse both individuation and communalism.

Averill et al. (1990) classify hope as an emotion because of its characteristics of being difficult to control, affecting thoughts of people which leads them to behave in atypical ways, and motivating behavior. They specifically focus on social rules under which hope is deemed to be appropriate. In their construction of an emotional model, hope is an episodic disposition as opposed to a trait, initiated and terminated by a specific circumstance. Four overarching rules govern the appropriate use of hope: prudential rules, moralistic rules, priority rules, and action rules. From this perspective, a person is able to distinguish a "real" hope from a "false" hope which is outside the rules. Therefore, hope has social utility and is capable of exerting fortuitous effects if the rules are followed. One ethical concern regarding this model is: if a person's hope is not realistic, socially

acceptable, sufficiently important, and action-oriented, should it be labelled as a false hope? Can hope as part of a person's reality be readily distinguishable as real or false? For the individual, the lived experience of hope is hope for that person regardless of social norms.

Kast (1991) takes a very different approach. In Joy, Inspiration, and Hope, she considers hope as the emotion of elation that is the foundation for creativity, inspiration, joy, and the like. In her conceptualization of a continuum of the emotions, hope is located at the one end of a continuum, whereas rigid expectation is at the other. Impatient expectation demands immediate satisfaction. When expectation is increasingly influenced by longings, it more and more resembles hope. Aiming at a possible future, hope, unlike expectation, is relaxed and patient. The emotion surpassing hope corresponds to faith, or imageless hope.

The emotion, in Kast's (1991) words is an "existential involvement communicated to other persons in the form of signals...[and] can be expressed in archetypal images" (p. 153-154). Kast associates hope with the mother archetype expressing feelings of oneness with others and with universe. Thus the image of hope evokes the experience of fullness and vitality of being with oneself and with others. Although Kast does not see hope as a paradoxical process, her espousal of hope nevertheless is in accord with Marcel's (1951/1978) conception.

Hope as an Intersubjective Human Phenomenon

Hope for Marcel (1951/1977, 1951/1978) is a mystery, not a problem to be solved. His thesis rests upon the basic assumption of the human being as homo viator (being-on-the-way, a traveller) who takes on a life journey and encounters many mysteries in concrete situations of everyday experiences. These mysteries are realities that engage and wrap the human being. Hope as a mystery is not merely an abstract concept but a lived experience that involves a whole being and a situation; therefore, it cannot be analyzed and solved as a problem.

Hope as a mystery is only possible where despair is a possibility and a reality, where captivity is experienced. In Marcel's (1951/1978) words: "The truth is that there can strictly speaking be no hope except when the temptation to despair exists. Hope is the act by which this temptation is actively or victoriously overcome" (p. 36). The more despondent the despair, the more "unconquerable" the hope may become. The tension of pushing-resisting between hope and despair culminates in death, which serves as the springboard for an absolute hope that is inseparable from faith (Marcel, 1949/1965). This seemingly paradoxical position is one of the great insights of Marcel's philosophy of hope: the condition depriving hope is also a necessary condition of giving rise to hope.

The kind of hope Marcel (1951/1978) reflects on is not "to hope that" but "to hope". "To hope that" implies a particular expectation and

calculation. "To hope" pertains to a genuine human disposition: "I hope in thee [you] for us" (p. 60) which is the core concept of "availability", the state of readiness to open up to others and many more, or simply put, a presence (Bollow, 1984). Presence is an unconditional gift of one's self that transcends both the self and the I-thou relationship (Marcel, 1949/1969, p. 1-31).

The core of hope as availability and presence is especially enlightening. It indicates that hope is flexible, patient, and not self-centered. This is in sharp contrast to unavailability which is closely linked to alienation, encumbered self, pessimism, and isolation from presence (Marcel, 1949/1965, 1949/1969). According to Marcel, the difference between availability and unavailability is the difference between martyrdom and suicide. Availability as the essence of hope is further reflected in the following definition:

> Hope is essentially the availability of a soul which has entered intimately enough into the experience of communion to accomplish in the teeth of will and knowledge of the transcendent act - the act establishing the vital regeneration of which this experience affords both the pledge and the first-fruits. (Marcel, 1951/1978, p. 67)

Marcel uses the term soul to describe homo viator. From this definition, the hope of homo viator is inextricably bound up with communion and transcendence. Communion for Marcel (1951/1977) is the presence of the

intimacy of love and friendship, a shared humanness with all fellow beings. Where communion is going beyond self, the transcendent nature of hope goes beyond human communion and springs from the infinite Being, expanding through open time, to indeterminate, imageless horizons (Marcel, 1951/1978). Therefore genuine hope at the deepest level is ultimately for salvation and deliverance.

Although Marcel's hope is akin to faith, his philosophy of hope is not contingent upon Christianity (Bollow, 1984; Marcel, 1984). Rather the major strand centers around a much fuller experience of life: unconditional commitment and availability of subject-to-subject relationships with the world.

Consistent with Marcel's thought on the theme of human openness to presence is I and Thou, the writing of a German philosopher, Martin Buber (1970). Buber, unlike Marcel, does not make hope explicit as the centrality of his philosophy. Instead, hope is hidden in the doctrine of I-Thou (I-You). The essence of I-You consists in the following passage:

> The basic word I-You can be spoken only with one's whole being. The concentration and fusion into a whole being can never be accomplished by me, can never be accomplished without me. I require a You to become: becoming I. I say You. All actual life is encounter. (p. 62)

I-You includes three spheres of the world of relation: life with nature, human beings, and spiritual beings. In comparison with Marcel's relationships, Buber goes far beyond human beings to include relationships with the nature and spiritual beings such as works of art. As with Marcel's genuine hope, there is nothing mediated between I and You - no purpose, no greed, and no anticipation. Thus, hope for Buber (1957/1963, p. 220-229) is coming together through the unfolding of dialogue and trust.

In contrast to both Marcel and Buber who ground hope in the eternal Thou in relationships with non-eternal thou, Paul Tillich (1952) and Jacques Ellul (1973) assert that the hope of human society is established firmly in the power of God against the backdrop of the despair of meaninglessness and doubt in the Western world. Ellul defines hope as the response to God's silence that is expressed as the threefold choice of waiting, the attitude of realism, and prayer. Likewise, Tillich uses the term, courage, rooted in human existence, which is self-affirmation of being in spite of the threat of nonbeing. Self-affirmation has the unity of two sides: affirming the self as an indivisible unique self and affirming the self as participant in the world simultaneously. Nonbeing, part of being, derives being to affirm itself. Tillich sees that all human life is a continuous attempt to avoid the despair of nonbeing. Neither the courage to be as oneself nor the courage to be as part of a larger whole alone can overcome the temptation to nonbeing. The only resolution is to accept "the acceptance by God", by transcending the

union of both. On the whole, for Tillich as well as for Ellul, the hope for

human society is practically identical with faith in God.

Hope as an Illusion of Life

The foregoing more religiously oriented thinkers value hope as a gift

and relate it to life and to an attunement of being. On the contrary, French

existentialists such as Albert Camus (1955/1983) paint a very different

picture of hope. Camus posits the absurd as an ontological characteristic of

being. Given the absurdity of human existence, Camus asks people who

seek suicide to revolt against nihilism as an end. He accepts the limit of

what life has to offer with total lucidity, and quests for happiness in this

acceptance. On this basis, he describes hope as:

> The typical act of eluding, the fatal evasion....Hope of another life one
>
> must deserve or trickery of those who live not for life itself but for
>
> some great idea that will transcend it, refine it, give it a meaning, and
>
> betray it. (p. 8)

Hope as Camus sees it is an illusion, because those who are hoping

something live beyond the now moment and thus beyond life. Life that

transcends itself has no meaning for human existence. Camus therefore

closes all the exits of hope and demands that life must be lived here and

now. Further, he cites Sisyphus as his happy absurdist hero, who revolts

against death and uselessly and repetitively pushes a stone up the hill and

lets the stone roll down to the valley by its own weight. However, Kast

(1991) criticizes this view of hope as being obscure, in that what Camus advocates is only one aspect of life and no one can live without any imagination to the future.

Hope as a Dynamic Phenomenon

The term "dynamic" denotes the meaning of energy, force, power, or action. Both Erikson (1963, 1964) and Fromm (1968) discuss hope from a dynamic standpoint. Although both are influenced by Freudian theory, they stress the importance of interpersonal relationships in relation to the dynamics of a psychic function rather than instincts or sexual (libidinal) drives. Erikson (1964) defines hope as "the enduring belief in the attainability of fervent wishes, in spite of the dark urges and rages which mark the beginning of existence. Hope is the ontogenetic basis of faith, and is nourished by the adult faith which pervades patterns of care" (p. 118). Erikson theorizes hope as one of the rudimental virtues inherent in the living being. The concept of "basic trust" has been ascribed to explain the development of hope (Erikson, 1963, 1964, 1982; Farran et al., 1995; Kast, 1991; Jacoby, 1993). Basic trust is developed in early childhood and is intimately associated with parental relationships. The development of early trusting relationships with parents, in particular, trustworthy maternal persons provides a solid basis for hope in adulthood. Maturing hope evolved from the experience of mutuality, therefore, is capable of sustaining the ego in the face of crises (Erikson, 1964).

Fromm (1968), a social psychoanalyst of the neo-Freudian school, perceives hope as a psychic accompaniment of life and growth. To hope, for Fromm, is "to be ready at every moment for that which is not yet born, and yet not become desperate if there is no birth in our lifetime" (p. 9). Hope from a dynamic view is a psychic force of readiness which is active and intense but not yet seen. Furthermore, he links hope with faith and fortitude. Faith is the basis for hope and the certainty of the uncertain future, whereas fortitude is the courage to resist hopelessness. In general, the dynamic view of hope is fundamentally different from the existential approach. The former is primarily interested in the direction and intensity of the underlying energies under certain circumstance. Therefore, Fromm's description of hope is in terms of this dynamic force rather than what the person is experiencing.

Hope as a Positive Cognitive set

Contemporary psychologists and psychiatrists who ascribe to the tenets of natural science have sought to establish a predictive model of hope in terms of causative factors lying within the individual's heredity and environmental factors. Theorists from this perspective (Snyder, 1989, 1994; Stotland, 1969) treat consciousness as "one aspect of an event that also has a physical aspect" (Stotland, 1969, p. 4) governed by scientific laws. This view reduces "hope" to the motivation of organisms associated with an event. In other words, the hope motive has the capability to cognitively

appraise an event. Thus, a causal effect can be ascribed to hope. Hope becomes a quantifiable attribute linked with many biopsychosocial factors of immunologic status, coping, depression (Beck, Weissman, Lester, & Trexler, 1974), denial, survival, hopelessness, suicide (Beck, Steer, Kovacs, & Garrison, 1985; Hanna, 1991), effectiveness of treatment and recovery (Menninger, 1959), and others. From this perspective, not only can hope be instilled or decreased through external manipulation, but also the sources of hope can be localized and used to predict and control certain pathology. In this view, emotions are the outcome of cognitive appraisals and hopelessness is the opposite of hope. Within this framework, it would be feasible that in the future, a gene or certain neurotransmitters could be isolated as the sources of "hope", or certain drugs could be manufactured to produce the effects of hope.

Two cognitive-based theories of hope have been developed in psychology (Snyder, 1989, 1994; Stotland, 1969). The most influential theory is Stotland's Psychology of Hope, which was built on the clinical work of the psychiatrist French and the psychotherapist Frank. Several researchers both in psychology and other disciplines, including nursing, have used this theory to construct their instruments measuring hope and hopelessness (Beck et al., 1974; Erickson, Post, & Paige, 1975; Snyder et al., 1991; Staats, 1989; Stoner & Keampfer, 1985). Snyder's two-component model of hope is a relatively recent development.

Stotland (1969) defines hope as "a shorthand term for an expectation about goal attainment" (p. 2). Stotland argues that no one can hope without expecting something. An individual's expectation is largely determined by the past history of successes and failures. By the translation of hope into goal-directed expectations, hope can be objectively operationalized. Hope in Stotland's theory is an intervening factor that mediates between a given antecedent and a subsequent outcome and is necessary for action to occur. The level of an individual's hopefulness is related to the level of estimated probability of attaining a goal. Additionally, before an individual acts to pursue a goal, that person must perceive the importance of that goal. The level of both perceived probability and importance of goal attainment is positively correlated with an individual's experience of the positive affect. The positive affect is referred to as joy, euphoria, pleasure, and satisfaction. Conversely, the inability to attain a goal can lead to anxiety.

Grounded in Stotland's goal-directed expectations, Snyder (1989, 1994; see also Snyder et al., 1991) developed a model of dispositional hope that integrates two interrelated components into the model, namely, agency and pathway. Agency is a cognitive sense of goal-oriented determination and pathway is a cognitive sense of finding one or more ways for achieving a goal. This model stresses that the movement of reaching a goal depends upon the operation of both components. Furthermore, Snyder (1989) states that "the individual 'negotiates' with the incoming reality of external feedback

in order to preserve and enhance the personal theory of self" (p. 136). Thus, hope in this model is a set of motivational forces that are construed as the enduring good self linking to positive acts in an individual's reality negotiation process.

Eastern Theoretical Perspective

A survey of Taiwanese literature failed to uncover a particular work that is devoted to the theory of hope. From the researcher's perspective, "hope" in the oriental culture is the possibles incarnated in cherished values and beliefs which are reflected in ways of living. Or, more precisely, it is a philosophy of life in general. Hope is closely related to desire which is one of the central concerns of Chinese philosophy. Based on this assumption, the Chinese system of Confucianism and Taoism are briefly reviewed in relation to desires because they have greatly influenced Taiwanese thought.

Confucianism dates back to 551 B.C. around the era of Socrates; the primary concern of confucianism is to achieve human goodness and happiness through harmonization of human relationships (Fung, 1967; Koller, 1985; Lo, 1967). Confucius theorized that human nature is potentially good, yet human desires are the root of strife and competition that prevent humans from achieving their ultimate goodness and happiness. Therefore, the central theme is cultivation of an ideal person, in particular, one's inner humanity. Proper moral codes and cardinal virtues for

individuals and the government, rather than formal laws are stressed. In doing so, Confucius believes that human desires can be overcome and social harmony and the human's goodness and happiness can be achieved through four major doctrines of humanity.

The notion of hope as desires can also be interpreted in the four major doctrines of Jen, Li, Yi, and Hsiao (Koller, 1985). Jen, human-heartedness, means the love of others as the core of humanity and it is the basis for Li, Yi, and Hsiao. Li is propriety or self-discipline. To regulate and develop human desires and emotions, Confucius promotes rites and music. Li contains an elaborate system of social relationships and well-defined rituals of human conduct such as the mourning rites for a deceased relative. Yi is righteousness characterized by being unconditional and absolute. It means that one ought to do something, even to sacrifice one's own life, for the sole reason of being a right thing to do in accordance with one's conscience. Lastly, Hsiao is filial piety that shows reverence for parents. It also extends to ancestral worship which is a form of memorializing deceased parents and ancestors for the purposes of nourishing human passions and continuing a good family tradition. The aforementioned canons should be cultivated over time to ensure virtuous actions while diminishing temptation to desires.

In contrast to Confucianism, which advocates well-developed human life to <u>regulate</u> desires or selfishness through moral practices and

differentiates between nature and human beings, Taoism views the universe and human beings as a unity and advocates fostering a simple way of life to abandon desires or selfishness in accord with nature, the way of Tao.

Taoism is a monistic, paradoxical system of thought. Two primary figures are Lao Tzu, an old contemporary of Confucius, and Chuang Tzu, the disciple of Lao Tzu. The major thoughts are documented in the Tao Te Ching and Chuang-Tsu (Chuang, trans. 1974; Lao Tzu, trans. 1988), which consist of 81 and seven chapters respectively. Lao Tzu believes that people act to satisfy desires which are the source of competition and conflict (Koller, 1985). The only way that people can give up the actions that gratify their desires is to follow Tao which is the source whence all things emanate. Lao Tzu (trans. 1988) teaches that everything is composed of two contradictory changes; when one thing reaches an extreme point, it invariably reverts to become its opposite; therefore, being non-controllable and moving with the flow of nature is the way of Tao. Tao, the way or the unnameable is a natural way in the universe that is free of desires.

In connecting the idea of desire to hope, over and over, Lao Tzu (trans. 1988) teaches simplicity, patience, contentment, and compassion as the rhythm of life through many passages such as:

Hope is as hollow as fear....What does it mean that hope is as hollow as fear? Hope and fear are both phantoms that arise from thinking of the self. When we don't see the self as self, what do we have to

fear? See the world as your self. Have faith in the way things are.

Love the world as your self, then you can care for all things. (p. 13)

In this passage, hope is almost identical to desire which is further

elaborated in the writings of Chuang Tzu (trans. 1974) who expands

Taoism's concepts through poetic fables combined with rigorous logic. He

mentions hope in the following passage:

> Joy and anger, sorrow and happiness, hope and fear, indecision and
>
> strength, humility and willfulness, enthusiasm and insolence, like
>
> music sounding from an empty reed or mushrooms rising from the
>
> warm dark earth, continually appear before us day and night. No one
>
> knows whence they come. Don't worry about it! Let them be! How
>
> can we understand it all in one day? (p. 22)

Hope in this passage is only an ordinary experience of the incessant activity

of things. From the viewpoint of the Tao, myriad things come in to

existence together and become one. To be the one is living in the

experience of the infinite as opposed to the finite. In the realm of the

infinite, all these differentiated worldly things such as hope and fear are the

same as the succession of day and night; it is impossible to know them all,

thus one should leave them alone and live independent of them. In other

words, true happiness comes with transcending all mundane experiences,

identifying with the infinity of the universe, and accepting the Taoist way of

living.

In summary, desire interpreted as hope in both Confucianism and Taoism is the root of strife and competition but each of them evolves the notion of hope differently; Confucianism by regulation and development, Taoism by abandonment.

In comparing the Eastern and Western view of hope, the East, particularly Chinese philosophy, connects hope with desires of human life, whereas the West views hope with diverse perspectives. Two preeminent features are accentuated in Western thought: the linkage of hope with God and the reduction of the human phenomenon of hope to a discrete problem that can be set apart and treated objectively.

Measurement and Research Issues

The research studies on hope are primarily quantitative in approach with relatively few qualitative studies (Perakyla, 1991). Overall, the studies and measurement instruments reviewed in general literature are not congruent with the philosophical orientation of the human becoming theory.

The measurement tools on hope were developed in psychiatry and psychology: the Beck Hopelessness Scale (Beck et al., 1974), the Gottschalk Hope Scale (Gottschalk, 1974), the Hope Scale (Erickson et al., 1975), the Hope Index Scale (Obayuwana et al., 1982), the Hope Index (Staats, 1989), and the Snyder Hope Scale (Ahmed & Duhamel, 1994; Snyder, 1989; Snyder et al., 1991). Of these, the Beck Hopelessness Scale

is the most widely used in research and has ample psychometric support (Brackney & Westman, 1992; Rabkin, Williams, Neugebauer, Remien, & Goetz, 1990; Range & Penton, 1994). This scale is also commonly used by nurse researchers to establish concurrent validity with their newly constructed hope scales (Herth, 1991; Miller & Powers, 1988; Nowotny, 1989; Stoner & Keampfer, 1985). The Snyder Hope Scale is used more often in the studies conducted after 1991 (Ahmed & Duhamel, 1994; Elliott, Witty, Herrick, & Hoffman, 1991; Range & Penton, 1994; Sherwin et al., 1992). These two scales are briefly reviewed below.

The Beck Hopelessness Scale is based on Stotland's theoretical work and measures negative future expectancies (Beck et al., 1974). This scale has three factors: (a) affective - feelings about future, (b) motivational - loss of motivation, and (c) cognitive - negative future expectancies. A total of 20 true-or-false items are in the scale, and higher scores represent hopelessness while low scores signify hope (possible range of scores 0 - 20). The alpha reliability using Kuder-Richardson formula number 20 (KR 20) for dichotomous items was 0.93.

The Snyder Hope Scale is based on the model of hope devised by Snyder (1989; see also Snyder et al., 1991). The scale contains 12 items: four agency items, four pathway items, and four fillers. Cronbach alpha for internal consistency was between .76 and .94. Test-retest reliability for stability was .85 after three weeks and .73 after eight weeks. The construct

validity was assessed via confirmatory factor analysis to determine the extent of the statistical fit between two hypothesized models and the theoretical model (Babyak, Snyder, & Yoshinobu, 1993). The result supported a two-component model.

The vast majority of the quantitative studies conceptualized hope as a positive cognitive set and as an emotion (Averill et al., 1990). The primary interests of the studies in addition to testing hope instruments are (a) seeking the sources of hope (Klenow, 1991-92); (b) examining relationships between hope and a number of correlates such as hopelessness and suicidality (Range & Penton, 1994), occupational burnout (Sherwin et al., 1992), depression and disability (Elliott et al., 1991), psychosocial development and locus of control (Brackney & Westman, 1992), cerebral glucose metabolic rates (Gottschalk, Fronczek, & Buchsbaum, 1993), and other psychiatric and psychological variables (Rabkin et al., 1990); (c) exploring social norms to regulate hope (Averill et al., 1990); and (d) testing interventions to increase hope (Staats, 1991).

Averill and colleagues (1990) conducted four descriptive studies to explore the social rules that govern hope through the use of questionnaires and analyses of metaphorical expressions, in order to examine the similarities and differences between hope and other emotions, and to explore the meaning of hope cross-culturally. The last cross-cultural study was selected for review here.

To compare the nature of hope in Korea with that in the United States, 100 American and 100 Korean college students were selected for the sample. Each subject completed a questionnaire. The findings indicated that Koreans and Americans ranked hope somewhat differently. Korean subjects often viewed hope as a voluntary process ($\underline{R}$ = 1.5), a personality characteristic ($\underline{R}$ = 1.5), and a socially acquired motive ($\underline{R}$ = 3). On the other hand, American subjects frequently viewed hope as a way of coping ($\underline{R}$ = 1), a feeling ($\underline{R}$ = 2), and an emotion ($\underline{R}$ = 3). There were also differences in the use of synonyms and antonyms of hope. Americans saw faith and prayer as synonyms and indifference and apathy as antonyms whereas Koreans viewed ideal, ambition, pursuit, effort, and goal as synonyms and frustration and failure as antonyms. The researchers attributed the differences to cultural influences. The American subjects were largely influenced by the Judeo-Christian tradition which regards hope as a major virtue whereas Korean subjects were influenced by Confucianism which emphasizes an ideal person. Although this explanation is overly simplistic and sweeping, it does provide insights into the differences in philosophical thought between the East and the West.

Nursing Literature on Hope

The phenomenon of central concern to nursing is the human-universe-health process (Parse, 1987, 1992, 1995a). Two distinct

paradigms, totality and simultaneity, arise from different views of the interrelationships among human beings, health, and the environment. Each paradigm houses several nursing theories. Further, these two different perspectives lead ineluctably to different ways of conceptualizing, theorizing, conducting scientific inquiry, and practicing nursing.

The totality paradigm is predominant and well-established in nursing. The human being in the totality view is a conglomerate organism consisting of bio-psycho-socio-spiritual parts that are responding to, interacting with, and controlling the environment in order to adapt, as dictated by the organism's needs (Parse, 1987, 1993a). Health from this viewpoint is a state of absence of disease and bio-psycho-socio-spiritual well-being. This tradition also emphasizes a norm-based linear model that aims at the discovery of fixed relations for the ultimate purposes of prediction and control. Thus, scientific inquiry in this tradition is predominately quantitative. In addition, the primary mode of nursing practice is the nursing process with nursing diagnosis.

In contrast, the simultaneity paradigm emerged in the 1970's with the advent of Martha Rogers's (1970) An introduction to the theoretical basis of nursing. It is a newer development in nursing and has gained considerable momentum in recent years. It sets forth the human as evolving mutually with the environment toward greater diversity, recognized either by patterns

of relating (Parse, 1981) or field patterns (Rogers, 1970). Health is a

process of becoming (Parse, 1981), or a value (Rogers, 1970).

The following is an integrated review of nursing literature, organized

by the totality and simultaneity views on conceptual and theoretical

development, as well as measurement and research. Nursing theory-guided

research studies in particular are reviewed in detail.

A Totality View

Conceptual and Theoretical Issues

The concept, hope, developed from a totality standpoint is specified

within a set of definitive criteria, variously called dimensions, components,

factors, or attributes that make up hope. A set of criteria are often used for

the construction of measurement tools or used as defining characteristics in

assessing the level of hope for the purpose of guiding nursing action to

solve hope problems (El-Gamel, 1993; Farran, Wilken, & Popovich, 1992;

Gewe, 1994; Jackson, 1993; Kim, 1991; Miller, 1989, 1991; Nowotny, 1991;

Owen, 1989; Poncar, 1994). For example, Dufault and Martocchio (1985)

describe hope as possessing two spheres and six dimensions. The two

spheres are generalized and particularized hope, depending upon the

specificity of goal. Six dimensions encompass contextual, affective,

cognitive, behavior, affiliative, and temporal components. Haase and

colleagues (1992) identify four critical attributes of hope: a future orientation,

an action-oriented energy, a goal toward self or others, and a feeling of uncertainty. Thompson (1994) has identified love, mutuality, freedom, and newness as the four components of hope. Still others have specified three factors (Herth, 1991), four components (Stephenson, 1991), six components (Nowotny, 1991), ten dimensions (Miller & Powers, 1988), and other categorizations.

Because of these widely disparate views of hope, in the most recent published book, Hope and hopelessness: Critical clinical constructs, Farran and colleagues (1995, p. 6-10) summarize hope as comprised of four broad attributes: experiential, spiritual or transcendent, rational thought, and relational process. According to Farran and colleagues, an experiential process is related to the feelings of physical, psychological, social, and spiritual pain in life experiences. The spiritual or transcendent process is related to faith and to moving beyond the current circumstances. The rational thought process is related to a reality-based, action-oriented surveillance toward a future goal, which is drawn upon from an inner resource. Finally, a relational process is related to trust relationships between persons developed in early childhood. Hope through a relational process can be inspired and influenced by others. Still, this categorization has not comprehensively and definitively captured the wide range of conceptualizations of hope in nursing today.

The problems of conceptualization are further evident in definitions of hope as shown in Appendix A. Two issues are apparent: mixed philosophical underpinnings and the trend toward multidimensionality of conceptual definitions. First, these definitions have combined various theoretical writings of Marcel (1951/1978), Stotland (1969), Lynch (1965), Fromm (1968), Erikson (1964), and others. Thus, these nurse scholars have mixed language that has diverse and incongruent philosophical underpinnings. Second, the concept of hope has shifted from an earlier unidimensional concept such as expectation (Hinds, 1984; Stoner & Keampfer, 1985) to a later multidimensional concept (Dufault & Martocchio, 1985; Farran et al., 1995; Miller & Powers, 1988; Nowotny, 1989). The term multidimensionality used in the totality paradigm has a different meaning than when it is used in the simultaneity paradigm. In the former sense, it means more than one correlated or uncorrelated (orthogonal) factors in which each factor presents an area of generalization that is qualitatively different from other factors. In contrast, scholars in the simultaneity paradigm use this term to depict many realms of reality that are unbounded by time and space (Parse, 1981, pp. 28-29). Nevertheless, the attempt to attain the verisimilitude of hope has led to development of multiple dimensions containing indefinite sets of criteria. Hence, the question, "What is hope?" remains unanswered.

In the area of theory, nurse scholars use mostly theories from other disciplines. The use of nursing theories to study hope is rather rare (Canty, 1993/1994; McGill & Paul, 1993; Schorr, Farnham, & Ervin, 1991). A prime example of borrowed theories underpinning hope research is Lazarus and Folkman's theory of stress and coping (Davies, 1993; Herth, 1989; McGee, 1984; Raleigh, 1992; Yancey, Greger, & Coburn, 1994). Bandura's social learning theory and Erikson's developmental stage theory are also cited as theoretical support for hope (Farran et al., 1995). Hope has been postulated as a coping mechanism or strategy and a motivator or a power source. Further, the relationship between hope and hopelessness is considered a continuum, a dialectic, or they are considered opposites. The term dialectic is defined by Farran and colleagues (1995) as "closely related but different experiences. The more persons learn about hopelessness, the more they can potentially learn about hope and vice versa" (p. 25). Consistent with the above view, Ersek (1992) who espouses the symbolic interactionist perspective from social psychology also uses the word "dialectic" to describe the process of maintaining hope in her grounded theory approach, termed "The Dialectic of Maintaining Hope" (p. 885). She describes the dialectic as the [social] process of reconciling of two categories of "Keeping It in Its Place and Dealing With It" (p. 885) in an interactive manner. Therefore, the term dialectic used by these authors is conceptually and theoretically different from that of paradox as described by

Parse (1981, 1987, 1992, 1994; see also Mitchell, 1993) that is one rhythm of two opposites with one in the fore and the other in the ground all at once.

Measurement and Research

Developing psychometrically sound instruments to measure hope is of paramount importance to research and practice within the totality paradigm (Hinds, 1984; Farran et al., 1995). Several hope scales have been developed in nursing since the 1980's (Herth, 1991; Miller & Powers, 1988; Nowotny, 1989; Stoner & Keampfer, 1985). Herth (1990a, 1992) also developed the 12-item Herth Hope Index, an abbreviated version of the Herth Hope Scale, specifically for use in assessing adults' hope in clinical settings. It is quite clear that the hope instruments are distinctively different in scale construction, scoring methods, and underlying assumptions. They are undoubtedly in the early stage of development with varying phases of psychometric evaluation.

All statistical models are theory-driven (Pedhazur, 1982). So far, none of the hope instruments has been developed using a nursing theoretical framework. This lack of a discipline-specific theoretical basis is in sharp contrast to the hope scales developed in psychology and psychiatry which are primarily grounded in the theoretical work of the specific disciplines. Furthermore, based on the differences among the scales, several questions arise regarding hope scores. What do various hope scores mean? How does a researcher or a clinician interpret a numerical

value? What norms should be used for interpretation? What are the differences in interpretation of numerical values from one scale to another? Which scores should be counted as the standard if discrepancy exists when several hope scales are administered to the same subject? These are only few of the difficult questions waiting to be answered. In addition, if a number should provide prescriptive power to determine the actions of nurses in practice, the ethical consequences of nursing actions based on the interpretation of scores must be clearly considered.

Research on hope consists of both qualitative and quantitative research. Quantitative research purports to explore the relationships of hope to different variables, to identify the sources of hope (Raleigh, 1992), to validate prescriptive interventions of hope (Tollett & Thomas, 1995; Yancey et al., 1994), and to measure hope for psychometric confirmation (Farran, Salloway, & Clark, 1990). Qualitative research seeks to define and explain hope, and to explore the meaning of hope (Hall, 1994). Hope has been investigated in relation to numerous variables: stressful life events, social support, personal control, religiosity, and spiritual well-being; different illnesses, ethnic, or culture populations in different settings; functional status, self-esteem, and more (Byrne et al., 1994; Carson, Soeken, Shanty, & Terry, 1990; Herth, 1990b, 1993a, 1993b; Holdcraft & Williamson, 1991; Farran & Popovich, 1990; McGill & Paul, 1993; Mickley & Soeken, 1993;

Mickley, Soeken, & Belcher, 1992; Piazza et al., 1991; Yarcheski,

Scoloveno, & Mahon, 1994).

Three nursing theory-guided studies (Canty, 1993/1994; McGill &

Paul, 1993; Schorr, Farnham, & Ervin, 1991) are critically reviewed here.

Canty (1993/1994) investigated life change events, hope and self-care

agency in inner city adolescents using Orem's (1995) self-care deficit theory

of nursing as the theoretical framework for the research. This descriptive

correlational study was specifically designed to test Proposition II of the

theory: "Individual's abilities to engage in self-care or dependent-care are

conditioned by age, developmental state, life experience, sociocultural

orientation, health, and available resources" (Canty, 1993/1994, p. 25).

Hope, measured by the Miller Hope Scale, was conceptualized as an

internal basic conditioning factor that could affect self-care agency. Self-

care agency is a complex acquired human ability to meet self-care needs,

measured by the Denyes Self-Care Agency Instrument. Two hundred and

two adolescents between the ages of 13 and 19 from a traditional and an

alternative high school participated in the study. The result of the Pearson

correlation demonstrated a significant positive relationship between hope

and self-care agency (r = .4722, p < .001). The data were further tested

using a stepwise multiple regression analysis. The results showed that the

degree of hope (R^2 = .2076), rating of health (R^2 = .0972), and the type of

school (R^2 = .0642) influenced self-care agency.

Canty's study supports hope as a basic conditioning factor that is a correlate of the power component of self-care agency, thus expanding Orem's theory and nursing science in general. Another major finding contributing to the theory is that regardless of the number of life change events in inner city adolescents, the ability of adolescents to care for their health (self-care agency) is affected mainly by the degree of their hope. Thus far, there is no instrument on hope derived from Orem's framework.

The second nursing theory-guided study was conducted by Schorr and colleagues (1991) to explore the phenomenon of powerlessness in aging women using Newman's (1994) theory of health as expanding consciousness. Hope is conceptualized as the power source. The primary research questions related to hope were concerned with the relationships of hope to the variables of powerlessness, perceived impact of chronic illness, attitude toward death, and frame of temporal reference.

The sample consisted of 60 women, 65 years of age or older from senior citizen centers. The researchers used the Generalized Expectancies Scale to measure hope. Data were analyzed using descriptive statistics and Pearson correlation. The results were not significant. Contrary to the postulation of the researchers, the findings showed that this group of older women had high levels of perceived powerfulness and hope did not correlate well with the proposed variables. The investigators concluded that the failure to support the hypothesis might be attributed to incongruence

between the method and the instruments, and Newman's (1994) theory because "the instruments and quantitative methods used focus on opposite or contrasting concepts at a particular point in time" (Schorr et al., 1991, p. 58) rather than "the synthesis of opposites and moving beyond what it is" (p. 58).

Two problems are raised by this study. The first is a conceptual issue. When using a theoretical framework, all concepts must be reframed and defined within that framework. This study lacked a theoretical conceptualization of hope derived from Newman's (1994) theory. The second issue is the inconsistency between the ontology of the theoretical framework and the selected methodology. The researchers' evaluation stated that a qualitative research approach would be more congruent with Newman's theory in conducting this research.

The last study, a descriptive cross-sectional study by McGill and Paul (1993) investigated the relationships and differences in hope in elderly people with and without cancer using Roy's (Roy & Andrews, 1991) adaptation model. The convenience sample included 86 subjects with cancer and 88 subjects without cancer. Their age ranged from 65 to 86. A power analysis for sample size was done prior to data collection (power = .80 at an alpha level of 0.05 and a medium effect size). Hope was conceptualized as a coping process within the adaptation model and was measured by the Miller Hope Scale. Functional status of older adults was

conceptualized as Roy's four adaptive modes: physiologic, self-concept, role-function, and interdependence modes, and was measured by five domains of the Philadelphia Geriatric Center's Multilevel Assessment Instrument (MAI).

The researchers found that the subjects without cancer had higher hope scores ($\underline{M}$ = 189.57, $\underline{SD}$ = 23.10) than those with cancer ($\underline{M}$ = 174.38, $\underline{SD}$ = 23.02); however, they did not report whether or not the difference was statistically significant. They also used multiple regression with a forced entry method to examine the relationship between functional status and hope. Using hope as a dependent variable, demographic variables such as age and gender were entered first, followed by five domains of MAI and group membership. The results indicated that physical health was the only significant variable to account for the variance (not specified) in hope scores ($\underline{t}$ = 2.89; $\underline{p}$ = .005).

A strength of this study was that it used a consistent method and evaluated MAI to determine congruency with Roy's model. The researchers did not interpret. They stated:

Roy's model was a useful framework for this study. The intercorrelations of the MAI domains in the elderly people studied seemed to affirm the interrelationships of Roy's adaptive modes and the need to assess all of the modes to get a holistic picture of an individual's adaptive response to illness. Roy's inclusion of the need

to assess influencing factors such as socioeconomic status also was evident (McGill & Paul, 1993, p. 1211-1222).

In conclusion, the research on hope completed to date within the totality paradigm furnishes only a collage of miscellaneous findings, most of which have no consistency or connection with other findings. Since researchers use different instruments to measure the same variable and also use different populations and settings, the results are difficult, if not impossible, to compare. There has been no replication of extant studies so that no great confidence can be placed in the findings of a single research study. The only consistent conclusion made by all nurse researchers is that continued work is needed for further elucidation of the phenomenon of hope.

A Simultaneity View

Conceptual and Theoretical Issues

Thus far, analysis and interpretation of hope from a simultaneity view are limited. This suggests a compelling need to attend to the conceptual and theoretical development of hope from this perspective.

Research Studies on Hope

Nine studies on the lived experience of hope were conducted within the human sciences. Because of difficulty with locating all studies, only six (Brunsman, 1988; Hodge, 1991; Kucera, 1992; Parse, 1990a; Stanley, 1978; Thornburg, 1993/1994) are reviewed in this section. All studies synthesize a

description of hope as humanly lived and support that hope coexists with despair in a living process of becoming.

Of these six studies, four were conducted utilizing the Parse (1981, 1990a) theory and method, one used the Giorgi (1985) modification of the phenomenological approach and was interpreted from the perspective of the Parse's theory of human becoming, and one used an existential-phenomenological approach, specifically van Kaam's method. All except Stanley (1978) generated discipline-specific knowledge within the simultaneity paradigm. Stanley's (1978) study lacks a nursing theoretical perspective to guide her discovery and interpretation, therefore, her discovery of knowledge contributes to the human sciences in general, rather than nursing science specifically.

Stanley's (1978) investigation is a scientific inquiry of hope from a human science stance. She asked 100 college students between the ages of 19 and 25 to write a description of a lived experience of hope in a situation using open-ended questions. The structural definition of hope is:

> The lived experience of hope is a confident expectation of a significant future outcome, accompanied by comfortable and uncomfortable feelings, characterized by a quality of transcendence and interpersonal relatedness and in which action to effect the outcome is initiated. (p. 165)

These findings support hope as a paradoxical life process with the common element of comfortable-uncomfortable. Other important essences are anticipating the future, confident expectation, transcendence, interpersonal relatedness, and action.

Consistent with the above findings were Brunsman's (1988) work with two families with a chronically ill child. She found that the structural description of hope is "the process of originating or creating anew" (p. 102). Creating anew was the individual's shifting view of the situation while anticipating a future. Certainty-uncertainty in creating anew through a unique living process is a paradoxical pattern that is consistent with the comfortable-uncomfortable feelings as described by Stanley (1978). Brunsman's findings are conceptually integrated with Parse's theory as "originating the enabling-limiting of imaging" (p. 103).

Also consistent with the findings of both studies were the remaining four studies using Parse's (1987, 1990a, 1995a) method. The comparison of the findings is shown in Appendix B. In comparing these four studies in which Parse's (1987, 1990a, 1995a) research method was used, the researcher found some significant similarities and differences. Commonalities among them are particularly evident in two areas: (a) hope as paradox coexisting with despair rather than on a continuum or opposite of despair and (b) a linkage to the concept of imaging in the first principle of the human becoming theory (Parse, 1981). The paradox of hope and

despair was surfaced as living comfort-discomfort contextually, which is at once concealment and revealment of opportunities-limitations (Hodge, 1991; Kucera, 1992; Parse, 1990a) or communion-aloneness (Thornburg, 1993/1994). Hope to the people in these studies was living knowingly in a constant simultaneous struggle of apparently contradictory forces as they chose one way to be with a situation from among many. For instance, there are similar comments like "you always hope in your mind that they will get better, even though your real mind is telling you they're not going to" (Hodge, 1991, p.82), present in many passages quoted in these studies.

The core concept of imaging was uncovered in all four studies. People structure realities through persistent picturing of themselves in situations tacitly and explicitly while searching among possibles (Hodge, 1991; Kucera, 1992; Parse, 1990a). It was evident in these studies that imaging is a way of drawing the remembered past and anticipated future into the present in living the experience of hope.

There are also differences in the findings of the studies. With respect to the way the participants move beyond, Parse (1990a), Hodge (1991), and Kucera (1992) specified the core concept of transforming, whereas Thornburg (1993/1994) specified the concept of powering. Powering emphasizes the tension underlying the unity of hope - no-hope. It is the force that keeps people moving on through asserting against the threat of losing self (Parse, 1981). Parse describes powering as the force of the

persistent struggle of being-nonbeing in process with the universe.

Powering in the structure of hope indicates a constant struggle of pushing-resisting as one attempts to affirm being over nonbeing. In the struggle is the anticipation of possibles, which is hope. Transforming is a process of changing while cocreating anew in the rhythmical movement of the conflict and struggle of opposing tendencies of hope - no-hope. In truth, transforming and powering are not mutually exclusive. Rather powering is the force mobilizing transforming. The choice of these concepts was consistent with the descriptions arising from the respective structures. The basis for selecting the concept that best fits the description when more than one concept is evident is an ongoing issue (Smith, 1990).

Two issues are encountered in Thornburg's (1993/1994) study. First, Thornburg stated the reason for selecting powering over transforming as follows:

> Powering included more of the energy suggested by moving on through barriers than transforming or enabling-limiting did. Parse defined powering as "a process of man-environment energy interchange" (1981, p. 57). Moving on suggested changing or transforming, although, because the energy of moving on through barriers emerged, the concept of powering was more evident in this study. (p. 65-66)

Thornburg explicitly referred to Parse's (1981) statement, "powering is a process of man-environment energy interchange" (p. 57). It seems to this researcher that Thornburg used "energy" as a criterion to differentiate the concepts of transforming and powering. One thing that is not clear is the sense in which Thornburg used the word energy. However, it is important to point out that the term energy is an abstraction, not a "thing" as used in physics' terms; thus, energy should not be described as being *more* or *less*, or *being exchanged* or *transferred* (Malinski, 1994) when this term is used within the theories of the simultaneity paradigm. The term energy in the totality paradigm has a different meaning. For example, Owen (1989) in a qualitative research study found energy as a single unifying concept of hope in which "energy was exchanged, transformed, or moved resulting in the preservation or loss of hope" (p. 79) and the implication for fostering hope was to increase the flow of energy toward patients with interventions such as a physical exercise program. Clearly, Owen used the term energy as an entity. Therefore, a cautious use of language is important to avoid conceptual confusion and a mixture of different views. Second, in a discussion of limitations of the study, Thornburg pointed out that "insufficient bracketing may have been a factor in the congruency found between the previous works and the findings in this study" (p. 75). She then went on to explain the reason for insufficient bracketing was "because of the principle of helicy (Rogers, 1970) and thus unidirectional evolution, there was no

'tabula rosa'. Therefore all studies are subjective" (p. 76). These statements indicate a misunderstanding of the ontology of Parse's theory and method. The concept of bracketing and the subject-object dichotomy are irrelevant to this theory and citing a Rogerian principle to justify insufficient bracketing is a major theoretical and conceptual error. In addition to two issues found in the Thornburg's study, there were the conceptual and methodological inconsistencies found in the both Hodge's and Kucerna's study. However, because these two studies were master theses, no further critique was offered.

In short, despite differences, all four studies using Parse's research method present coherent structures of hope. They all specify hope as a way of becoming and further describe the concepts of imaging, powering, and transforming, thus expanding Parse's theory.

Summary

The state of art of knowledge development on hope from both general and nursing literature was critically appraised with respect to conceptual, theoretical, and empirical development. In general, hope is perceived as an intrapsychic attribute and quantitative studies predominate. Because of the ontological differences, extant knowledge developed in the totality paradigm lacks a conceptual and theoretical fit to be useful in developing this researcher's conceptual perspective on hope. The four

Parse studies on hope are, however, quite useful for this research since conceptualization is consistent with the researcher's view. In the next chapter, the methodology of the study is delineated.

CHAPTER III

METHODOLOGY

Parse's (1987, 1990a, 1992, 1995a) research methodology was the method of choice for this study. The researcher selected this method because it is a distinct mode of inquiry for nursing science, and because it is congruent with the philosophical underpinning of this research. Also, it is appropriate for inquiry into lived experiences and to answer the research question. This chapter presents the background of the method, a description of the method related to this study, and standards to ensure rigor and creditability.

Background of the Method

A mature, scholarly discipline has its own research tradition that includes "the belief system about the phenomena of concern in a discipline....and the approach to inquiry" (Parse, 1987, p. 173). Yet in 1996, nursing is still building its research tradition. Nurses have actively borrowed methods from other disciplines to guide their inquiry (Leininger, 1985; Parse, 1987). Several nurse scholars have called for the development of nursing-specific research methodologies that are in concert with the extant nursing

theoretical perspectives (Frederickson, 1992; Newman, 1990; Parse, 1990a; Phillips, 1988). Through the efforts of nurse theorists, three nursing methods are now available (Leininger, 1985; Newman & Moch, 1991; Parse, 1996a). Parse's method, which directly flows from the theory of human becoming, has been appraised as congruous with the ontology and epistemology of human science (Mitchell & Cody, 1992). It is unique among these three methods in the way that it interconnects with the practice methodology and the nursing theory (Cody, 1992). Nonetheless, the creation of this method earmarks the beginning of a different research tradition in nursing.

All research methods as human constructions require rigorous refinement to establish credibility and to push forward their boundaries. Methods developed and grounded in nursing are no exception. It is nurses' responsibility to foster development of nursing methods (Cody, 1992). The selection of Parse's method, in part, is to extend its use to the transcultural and translinguial arena.

Parse's (1987, 1990a, 1992, 1994, 1995a) methodology is a phenomenological approach in a generic sense. In the preface of Phenomenology of Perception, Merleau-Ponty (1962) defines phenomenology as the study of essences, a method as well as a philosophy and further points out two distinct phenomenological approaches. One is "a transcendental philosophy which places in abeyance the assertions arising

out of the natural attitude, the better to understand them"; another is "a philosophy for which the world always 'already there' before reflection begins - as an inalienable presence" (Merleau-Ponty, 1962, p. vii). The former is the approach of Edmund Husserl; the latter is that of Martin Heidegger. Parse's method is phenomenology in a Heideggerian sense that does not ascribe to the notion of suspending the researcher's belief but rather holds that a researcher's bias is an inalienable presence in the researcher-research process, an essential feature of the method. Thus, phenomenological bracketing as prescribed by Husserl (Walters, 1995) and others are inappropriate for Parse's method (Mitchell & Cody, 1993), yet it is considered to be a crucial element of phenomenology by some nurse scholars who view it as a viable strategy for nursing (Munhall, 1989, 1994a, 1994b; Oiler, 1982; Omery, 1983).

Another distinct feature of Parse's method is an emphasis on a nursing theoretical perspective. The interpretation, the hermeneutics, takes place within a nursing perspective by integrating the structure of lived experiences with the human becoming theory in the process of specifying the concepts in the language of the theory. Thus the method is a phenomenological hermeneutic process. This stance, too, is not shared by all nurse scholars (Munhall, 1989, 1994a, 1994b; Oiler, 1982; Omery, 1983; Paterson & Zderad, 1976/1988). For example, Munhall (1994a, 1994b) dismisses the relevance of any theoretical perspective and insists on maintaining the

Husserlian phenomenological orientation through the use of bracketing. She argues that discussing findings with some preexisting paradigm or theory hampers others' understanding of meaning. In contrast, Giorgi (1985, 1989, 1990) in psychology, and Mitchell and Cody (1993) in nursing, dispute about this position and assert that a disciplinary perspective is necessary. Giorgi (1985) eloquently reasons on this issue from a psychological perspective.

But the point here is that the philosophy to be adopted, however helpful, cannot be handed over ready-made. It has to be mediated....Thus, phenomenology, to be helpful to psychology, it must not remain just a philosophy; it must be expressed in a way that makes it proximately helpful to psychological praxis, and that would be the meaning of phenomenological psychology as a human science rather than phenomenological psychology as a subfield of philosophy. (p. 46-47)

Thus, phenomenology without modification remains a philosophical method. To enhance the knowledge base of nursing science, a nursing perspective is requisite to ensure that the findings are ultimately expressed as concepts in nursing science, not in philosophy.

Description of the Method

Parse's (1987, 1992, 1995a) method was first published in 1987. Three major essentials constituted the construction of this method: (a) a

synthesis of Kaplan's (1964) ideas in the methodology construction and Sondheim's (1984) ideas of order, design, composition, balance, and harmony; (b) the assumptions and principles of the human becoming theory. The proper phenomena for study using Parse's method are health-related, universal lived experiences such as hope. Furthermore, this method meets both phenomenological and human science criteria as described by Spiegelberg (1972) and Giorgi (1985, 1989, 1990). Phenomenological criteria are met because this method seeks to investigate general essences of phenomena and their essential structures (Spiegelberg, 1972; Mitchell, 1992). Human scientific criteria are also met because it produces nursing knowledge through a nursing method that is systematic, critical, and intersubjective with the intention of seeking nursing essences. In short, Parse's method is characterized by a robust mode of the human science inquiry overlaid with an aesthetic approach that allows space for the researcher's creative and imaginative interpretation and conceptualization.

This method consists of four specific processes: participant selection, dialogical engagement, extraction-synthesis, and heuristic interpretation (Parse, 1987, p.175). In the sections that follow, this researcher describes each process of the method pertaining to this study including ethical considerations.

Participant Selection

Participant selection is a process of inviting volunteers who have lived the phenomenon to participate in the study. Parse (1987) assumes that "a person who agrees to participate in a study about a particular lived experience can give an authentic accounting of that experience when engaged in dialogue with a researcher" (p. 175). Participants are not limited to persons who can speak through words; describing experiences through art works, poetry, and other forms of human expressions are also appropriate (Parse, 1995a). Two to ten participants are sufficient for this method.

Description of the Population for the Study

Since Parse's (1995a) method is developed to study universal human health experiences, all persons are potential participants for the study of hope. Because persons who live at the Lo-Seng Leprosarium in Taiwan implicitly voiced a desire to share their views of hope through a special report (Wang, 1994a, 1994b), this site was selected for data gathering in the study. Criteria for eligibility included: (a) over 18 years of age, (b) ability to speak either Taiwanese or Mandarin (the researcher's native language), and (c) willingness to engage in a dialogue with the researcher on audiotape. Ten men between the ages of 59 to 80 participated in the study.

Protection of Human Subjects in Research

Approval to conduct research involving human subjects was granted

from the Loyola University Institutional Review Board. Permission to access

the facility was obtained prior to the study (see Appendix C). The one

resident assisted the researcher in recruiting potential participants. The

researcher explained the study in detail to each participant. After discussing

measures to protect human rights and reviewing the consent form, the

participant signed the informed consent (see Appendix D) which was written

in Chinese with the researcher's name, address, and telephone number. A

copy of the consent form was given to each participant. The researcher

invited the participants to call if there were any concerns or questions

related to the study. No one contacted the researcher.

All data were kept in a secure place, a locked cabinet, at the

researcher's home. The researcher and methodology experts were the only

persons who had access to the descriptions. Participants' names were

withheld from the transcriptions and will be withheld from any future

presentations or publications. All audiotapes were erased after completion

of the study and transcriptions were destroyed.

Dialogical Engagement

Dialogical engagement is a researcher-participant true presence in

which the researcher participates while moving with the person's rhythms

during the dialogue (Parse, 1987, 1990a, 1995a). This process is unique in two aspects. First, it is different from an interview. The researcher does not ask a list of questions in order to obtain concrete and specific information from participants, but rather lets the dialogue unfold after a brief statement related to the research question. The researcher started the dialogue by saying, "Please share with me your experience of hope". Second, to be truly present with the participant, a centering process is required prior to the discussion. In centering, a researcher basks in quietude, and focuses on the meaning of the other's lived experience under study.

The length of the discussion in this study was approximately eight to 75 minutes depending upon how much the participant chose to share. The time and place were scheduled at the participant's convenience and in a variety of locations, one in the library, one outside the living quarters, and eight in the participants' homes. Three participants allowed the presence of their wife or friends. The discussion was audiotaped and all information was translated into English by the researcher directly from the audiotape.

Extraction - Synthesis

Extraction-synthesis is a process of moving the concrete descriptions of the participants up levels of abstraction to the level of science, synthesizing the structure of the lived experience (Parse, 1987, 1990a, 1995a). This researcher dwelled with the audiotapes and transcriptions

during this process. The five essential processes in extraction-synthesis are described below.

1. *Extracting essences from transcribed descriptions (participant's description): an extracted essence is a complete expression of a core idea described by the participant.*

2. *Synthesizing essences (researcher's language): a synthesized essence is an expression of the core idea of the extracted essence conceptualized by the researcher.*

3. *Formulating a proposition from each participant's description: a proposition is a non-directional statement conceptualized by the researcher joining the core idea of the synthesized essences from each participant.*

4. *Extracting core concepts from the formulated propositions of all participants: an extracted core concept is an idea (written in a phrase) which captures the central meaning of the propositions.*

5. *Synthesizing a structure of the lived experience from the extracted concepts: a synthesized structure is a statement conceptualized by the researcher joining the core concepts. The structure as evolved answers the research question: "What is the structure of the lived experience of hope?" (Parse, 1990a, p. 11).*

Heuristic Interpretation

The final process is heuristic interpretation, including structural integration and conceptual interpretation (Parse, 1987, 1990a, 1995a). This process transforms the meaning of the structure from the findings of the study to the meaning specific to nursing science, thus expanding nursing knowledge to guide nursing practice and further research. The structural integration connects the structure of the lived experience with the human becoming theory, and the conceptual interpretation specifies the concepts in the language of the theory. In other words, the structure of the lived experience of hope is weaved into the human becoming theory and beyond.

Rigor and Credibility

Burns (1989, p. 48-52) proposed five standards to evaluate the overall quality of a qualitative study. These standards are descriptive vividness, methodological congruence, analytical preciseness, theoretical connectedness, and heuristic relevance. To achieve credibility and rigor of this study, this researcher adhered to the above criteria and followed the practical guidelines addressed by Burns. Each of the five standards as related to the study is briefly discussed below:

Descriptive Vividness

This standard is related to a crisp and truthful description of the data. To facilitate this process, this researcher wrote down the personal impressions of the place, the participant, and the discussion after each dialogical engagement. These notes helped the researcher stay close to the descriptions of the participants during the lengthy period of translation and extraction-synthesis. The descriptions of participants were stated clearly and the richness was preserved by using participants' own words as much as possible to specify the essences in the participant's language. Care was taken to capture their meanings as the essences were moved across levels of abstraction.

Methodological Congruence

This standard is related to congruence between the metatheory and the method. It was demonstrated through adherence to rigor in documentation, procedure, ethics, and auditability. As described earlier, the methodology is congruent with the theoretical perspective of the study. The three dissertation committee members have the necessary expertise to guide the research process: one member is the author of both the human becoming theory and the Parse research method; another member is experienced with qualitative approaches and has guided other students using Parse's method; the third one is a Parse scholar who has extensive

experience in working with the theory and the method as well as a similar population as that in the proposed study (Cody, 1992, 1995). In addition, the accuracy of translation was addressed through inviting a person who is fluent in both English and Taiwanese to independently examine the English transcripts against the audiotapes. Revisions were made after discussions whenever there was disagreement about part of the translation. This person was not aware of the identity of the participants in order to maintain confidentiality. Extensive footnotes were also made to bridge the gap of understandings between the Eastern and Western cultures.

Analytical Preciseness

This standard is concerned with the transformative process that moves the original data through several levels to nursing science. Parse (1987, 1990a, 1995a) has set forth a precise, clear, and systematic way for transforming the language of the participant to the language of science. This researcher, although a novice, found that this method was easy to follow with the guidance of the committee members. An anticipated difficulty was that the meanings expressed by participants might not be captured with a comparable English phrase but this did not occur. However, as mentioned before, some of difficulties were resolved by providing extensive footnotes in the translated transcripts. Issues related to the transcultural and translinguistic study will be discussed in Chapter Five.

Theoretical Connectedness

This standard is concerned that "the theoretical schema developed from the study be clearly expressed, logically consistent, reflective of the data, and compatible with the knowledge base of nursing" (Burns, 1989, p. 50). This investigation used the method that was developed by Parse (1987, 1990a) directly from the assumptions and principles of her theory. Therefore, theoretical connectedness is ensured by having properly implemented the method throughout the research process.

Heuristic Relevance

This standard emphasizes the pragmatic value of the research findings and is composed of three elements: intuitive recognition, relationship to existing body of knowledge, and applicability. This researcher demonstrated this standard in three ways. First, the final report was clearly written and critiqued by the committee members to ensure its relevance. Second, the findings were related to the extant literature. Lastly, the phenomenon of hope is universal and is relevant to nurses in practice. The new concepts uncovered from this study will lead to future studies in this area.

Summary

In this chapter, the methodology for the study of the lived experience of hope was explicated including the background and description of the method as well as rigor and credibility for this study. The specificity related to this research study was described along with measures to protect human subjects. In short, the method was appropriate for this study. Fruitful findings that contribute to nursing science were obtained and are presented in the next chapter.

CHAPTER IV

PRESENTATION OF FINDINGS

This chapter contains the findings of a study on hope conducted with ten men from the Taiwan Provincial Lo-Seng Leprosarium in Taiwan. For a better understanding of the context in which the dialogical engagement took place, the circumstances in which the participants lived are introduced first. Following that, extracted-synthesized essences in both the participant's and researcher's language along with a proposition are presented for each of the ten participants. The structure of hope answers the research question. It contains three core concepts which were extracted and synthesized from the central ideas of all ten propositions. Finally, the process of heuristic interpretation, which includes structural integration and conceptual interpretation, shows the connection of the findings with Parse's (1981, 1992, 1995a) human becoming theory.

Context: Lo-Seng Leprosarium in Taiwan

Taiwan Provincial Lo-Seng Leprosarium is situated in Hsin-Chuang City about 14 kilometers (8.75 miles) from Taipei, Taiwan. This institution has about 170 employees, including 34 nurses and 12 physicians. In 1994,

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there were 579 residents, 459 men and 120 women. The average age of residents was 67 years and many were designated as disabled. The institution was built in 1930 and was under Japanese administration from 1930 to 1945. During that period, leprosy was classified as incurable and contagious. People with leprosy were forced to leave their homes and were incarcerated in the sanatorium. Policemen were dispatched to capture escaped patients who were detained in jail for weeks.

In 1945, the Chinese administration took over the institution but the human condition within the facility remained the same. The residents had no right to vote. Sterilization was required if residents planned to get married. At the time of conducting this research in 1996, the government provided residents with an allowance of about $200 a month and free on-site medical care for only leprosy and its complications. Most participants believed that the care was inadequate.

Persons with leprosy used to be called Tai-Ger in Taiwanese language. This word means unclean or dirty and is a derogatory term meant to demean those with leprosy. Over the years, many groups such as missionaries and student clubs from universities have come to work with the residents. Today, segregation of those with leprosy is no longer compulsory in Taiwan. The residents now have the right to vote and leave the facility at will.

Extraction-Synthesis

The extracted-synthesized essences and the proposition for each participant are presented in the following pages. These essences arose as the researcher dwelled with the translated audiotaped dialogical engagement of each participant.

Participant One

Extracted-synthesized Essences (Participant's Language)

1. The participant says he knows he cannot be cured of leprosy and his dreams are shattered, but he hopes to be pain-free and for a future in heaven as he lives day to day.

2. The participant says he cannot have a worldly career but he loves music and literature, has learned to read and write better, to play music with just his knuckles, and to work for the welfare of residents in spite of difficulties.

3. Feeling deserted, isolated, and rejected by society and receiving little money from the government, the participant is comforted and very happy with the love and concern of outside people and he hopes for many more contacts.

Extracted-synthesized Essences (Researcher's Language)

1. Unfulfilled wishes surface with anticipating an unburdening serenity.

2. Shifting cherished priorities expands possibilities despite adversity.

3. Nurturing engagements surface with the delightful contentment of anticipating togetherness amid spurnful aloneness.

Proposition

The lived experience of hope is anticipating an unburdening serenity amid unfulfilled wishes, as togetherness with spurnful aloneness surfaces with the delightful contentment of nurturing engagements, while shifting cherished priorities expands possibilities despite adversity.

Participant Two

Extracted-synthesized Essences (Participant's Language)

1.   The participant says he used to hope to stay in society but he was disappointed and felt hopeless at every turn, and now he knows it is impossible; he hopes his remaining days will be free of suffering while preparing and waiting for the Lord to summon him to heaven.

2.   The participant had many hardships in pursuing the treatment of leprosy, and to supplement his income, he has tried many things. He worked with pleasure in a brick factory since he felt like an ordinary person.

3.   The participant's parents and townspeople rejected and belittled him but a caring American missionary cared for him, helped him survive, and gave him hope through difficult times which made him feel like he was reborn.

Extracted-synthesized Essences (Researcher's Language)

1.   Despairing disillusionment emerges with anticipation of an unburdening serenity.

2.   Joys and sorrows arise with new ventures while striving for cherished priorities.

3.   Nurturing engagements amid spurnful contempt foster a new aliveness.

Proposition

The lived experience of hope is anticipating an unburdening serenity amid despairing disillusionment as joys and sorrows arise in striving for new ventures with cherished priorities, while nurturing engagements despite spurnful contempt foster a new aliveness.

Participant Three

Extracted-synthesized Essences (Participant's Language)

1. The participant said he was sad and complained of his lot in life and wondered why he could not have lived with his family, yet he declined his son's invitation to return and says after deep thought that he is not sorry to depend on the government for a living but they should provide more.

2. The participant avoids interviews and going to restaurants with his family in the hope of protecting his family's name, as he rests in the leprosarium peacefully, while hoping for a good death.

3. Even with one leg, the participant cared for chickens to help support his poor family. Now, in spite of inadequate income he saves and says he keeps healthy in his own way to make life secure.

4. The participant remembered the love and kindness of his brother and wife in caring for the family in a time of hopelessness, and he says now he does not have to worry since his children have grown up fine.

Extracted-synthesized Essences (Researcher's Language)

1. Careful deliberation emerges with the feasible amid regretful resentment.

2. The refuge of willful disguise arises with anticipation of an unburdening serenity.

3. Cherished priorities fortify insurances creating anew despite adversity.

4. Recollections of nurturing engagements during despair surface with an unburdening contentment.

Proposition

The lived experience of hope is anticipating an unburdening serenity with careful deliberation of the feasible amid regretful resentment, while the refuge of willful disguise fortifies insurances of cherished priorities in creating anew despite adversity, as recollections of nurturing engagements during despair surface with contentment.

Participant Four

Extracted-synthesized Essences (Participant's Language)

1.   The participant says he is satisfied with what he has received through the years and he does not hope for anything greater than a peaceful life without worries and ailments as he lives happily.

2.   The participant says he feels thankful for people visiting and caring about him with loving kindness at the times of dark hopelessness, especially a head nurse who made him feel warm, hopeful, and encouraged him to live on against all odds.

3.   The participant says contracting leprosy early in life prevented him from becoming a flower farmer or receiving a good education, but now he grows flowers which are a kind of hope for him to keep his spirits up and he has memorized the words of every song he sings with happiness.

Extracted-synthesized Essences (Researcher's Language)

1.   Blissful contentment surfaces with anticipating an unburdening serenity.

2.   Gratitude for nurturing engagements amid despair emerges with deliberate fortitude.

3.   Shifting cherished priorities emerges anew with uplifting merriment.

Proposition

The lived experience of hope is anticipating an unburdening serenity with blissful contentment, as gratitude for nurturing engagements amid despair surfaces with deliberate fortitude, shifting cherished priorities that emerges anew with uplifting merriment.

Participant Five

Extracted-synthesized Essences (Participant's Language)

1. Feeling that life was meaningless with no way to escape and no difference between living and dying, the participant volunteered for an experimental treatment and became very ill but he was helped and cared for by other residents and got better.

2. The participant says even if he wants to survive, there is no road and if he wants to die, there is no door either and he hopes for peace of mind, free of trouble like a god and a good death to escape all sufferings.

3. Even with the injury to his arm and leg, the participant wants very much to move around freely, but with barely enough income and the red tape, he feels he might have to bow to fate and dream of miracles, yet he has tried what he can to deal with his disability.

4. The participant wrote letters and spoke up for a better standard of living for the residents that led to some improvement; now he supports others to work for achieving this aim.

Extracted-synthesized Essences (Researcher's Language)

1. Nurturing engagements abate afflictions amid despairing agony.

2. Truncated possibilities emerge with anticipating unburdening deliverance.

3. Desire for expanding possibilities surfaces with yielding to what is feasible amid adversity.

4. Cherished priorities fortify beneficial endeavors.

Proposition

The lived experience of hope is anticipating an unburdening deliverance amid truncated possibilities, as a desire for expansion surfaces with yielding to what is feasible in adversity, while nurturing engagements abate the afflictions of despairing agony, fortifying the beneficial endeavors of cherished priorities.

Participant Six

Extracted-synthesized Essences (Participant's Language)

1. Feeling hopeless, like living in a dark prison, the participant attempted suicide many times during the ten-year confinement at home. Finally he decided to leave after he thought there still might be hope out there although he did not know where or how.

2. The participant went through a lot to treat his disfigured looks and leprosy, but now that this will not change, he does not care anymore. Instead, he devotes his life to volunteering as a representative of the Church and as an organ player.

3. The participant says during hopelessness, the love, care, and encouragement of Catholic Fathers and Sisters, and his wife have helped him regain hope in life. Now he does enjoyable things, feeling peaceful and self-respecting and hopes for an afterlife in heaven.

Extracted-synthesized Essences (Researcher's Language)

1. Destructiveness with despairing restrictions propels resolute change with the uncertain.

2. Shifting cherished priorities amid adversity emerges with newly committed resolve.

3. Nurturing engagements enliven prospects with delightful undertakings while anticipating an unburdening serenity with pride.

Proposition

The lived experience of hope is anticipating an unburdening serenity with pride amid the destructiveness of despairing restrictions, as nurturing engagements enliven prospects with delightful undertakings, while shifting cherished priorities amid adversity emerges with newly committed resolve, propelling resolute change with the uncertain.

Participant Seven

Extracted-synthesized Essences (Participant's language)

1. Hoping to serve his country, the participant took many exams to become a civil servant but later in order to raise his child, he sold chicks to the remote village by bike and on foot and he worked with hot bricks that injured his hands to get the highest pay.

2. When he felt no hope and did not care about himself, the participant says the love of God and the care of a missionary had changed his view toward life and gave him courage to live on. Now he feels peaceful and hopes to devote his life to doing meaningful things.

3. The participant recalled that his daughter was insulted by others and at that time "even if he wanted to cry, there were no tears" but he told her to study hard and now he is pleased with the successes of youngsters born in the leprosarium.

Extracted-synthesized Essences (Researcher's language)

1. Cherished priorities shift with new ventures despite harmful adversity.

2. Nurturing engagements amid despair enliven prospects with fortitude while anticipating an unburdening serenity through faith arises with beneficent endeavors.

3. Sorrowfully recollecting scornful moments surfaces with a joyful pride in fulfillments.

Proposition

The lived experience of hope is anticipating an unburdening serenity through faith that arises with beneficent endeavors, as sorrowfully recollecting scornful moments arises with a joyful pride in fulfillments as nurturing engagements amid despair enliven prospects with fortitude, while shifting cherished priorities with new ventures emerges despite harmful adversity.

Participant Eight

Extracted-synthesized Essences (Participant's Language)

1.   The participant says he risked going to jail when running home from the leprosarium, but fears and other considerations have prevented him from staying there. Now he is too old to leave but lives here day-by-day, hoping for peace and good health.

2.   Being satisfied with what he has, the participant says to be able to help others with difficulties is his hope in life. He cuts hair for disabled people who are refused by others or live in the inaccessible area, in spite of difficulties and that brings him happiness and comfort.

3.   When there was no hope of freedom and human rights in the leprosarium, the participant says a former director to whom he still owes thanks cared and helped him to gain rights to vote and dispel the horror linked with the disease.

Extracted-synthesized Essences (Researcher's Language)

1.   Calm acceptance surfaces with anticipating an unburdening serenity amid the daunting struggles of dissonance.

2.   Cherished priorities affirm altruistic endeavors with joyful contentment despite obstacles.

3.   Recollecting nurturing engagements amid dreadful deprivation surfaces with gratefulness.

Proposition

The lived experience of hope is anticipating an unburdening serenity amid the dreadful deprivation of the daunting struggles of dissonance, while recollecting nurturing engagements with gratefulness surfaces as cherished priorities affirm altruistic endeavors with joyful contentment despite obstacles.

Participant Nine

Extracted-synthesized Essences (Participant's Language)

1. Seeing no hope to cure his leprosy if he stayed in the leprosarium and not wanting to be treated as a convict with handcuffs, the participant was placed in jail three times for escaping from the leprosarium and for boldly resisting a Japanese policeman's arrest.

2. Feeling hopeless and as if he had been serving a life sentence in hell, the participant says he has more freedom now but he still cannot walk to the outside world, yet with the help of the students he has opportunities to take trips with pleasure.

3. The participant does not dream anymore and knows he cannot work but he wishes he could still make money to supplement the income while praying to Buddha and hoping to keep living well until death.

Extracted-synthesized Essences (Researcher's Language)

1. Questing for liberty amid despair affirms cherished priorities.

2. Joyful journeys arise with nurturing engagements while enduring an eternal immurement.

3. Disillusioning resignation emerges with anticipating serenity through faith.

Proposition

The lived experience of hope is anticipating an unburdening serenity through faith amid disillusioning resignation of despair which arises with nurturing engagements as questing for liberty affirms cherished priorities while enduring an eternal immurement.

Participant Ten

Extracted-synthesized Essences (Participant's Language)

1. The participant loses faith in the system that does not deliver better compassionate care, yet he always hopes to be well cared for by the government as he lives a pain-free life through his old age.

2. The participant says he knew it was impossible to accomplish a great career but now hopes for a better future for his family and for his own health, and he has done many things to achieve this in spite of difficulties.

3. Feeling unkindly treated, the participant recalled his dear friend's death and parting with his mother and says there used to be more compassion in the days when nurses lovingly hung mosquito nets for patients, employees attended patients' funerals respectfully, and a missionary kindly cared for the sick.

Extracted-synthesized Essences (Researcher's Language)

1. Disillusionment emerges with anticipating an unburdening serenity.

2. Shifting cherished priorities is fortified with varied ventures despite adversity.

3. Memories of nurturing engagements surface with tenderness amid the hurtfulness.

Proposition

> The lived experience of hope is anticipating an unburdening serenity that emerges with the disillusionment of hurtfulness, as memories of nurturing engagements surface with tenderness, while shifting cherished priorities fortifies varied ventures despite adversity.

Propositional Statements Of Participants

1.   The lived experience of hope is anticipating an unburdening serenity amid unfulfilled wishes, as togetherness with spurnful aloneness surfaces with the delightful contentment of nurturing engagements, while shifting cherished priorities expands possibilities despite adversity.

2.   The lived experience of hope is anticipating an unburdening serenity amid despairing disillusionment as joys and sorrows arise in striving for new ventures with cherished priorities, while nurturing engagements despite spurnful contempt foster a new aliveness.

3.   The lived experience of hope is anticipating an unburdening serenity with careful deliberation of the feasible amid regretful resentment, while the refuge of willful disguise fortifies insurances of cherished priorities in creating anew despite adversity, as recollections of nurturing engagements during despair surface with contentment.

4.   The lived experience of hope is anticipating an unburdening serenity with blissful contentment, as gratitude for nurturing engagements amid despair surfaces with deliberate fortitude, shifting cherished priorities that emerges anew with uplifting merriment.

5.   The lived experience of hope is anticipating an unburdening deliverance amid truncated possibilities, as a desire for expansion surfaces with yielding to what is feasible in adversity, while nurturing engagements abate the afflictions of despairing agony, fortifying the beneficial endeavors of cherished priorities.

6.   The lived experience of hope is anticipating an unburdening serenity with pride amid the destructiveness of despairing restrictions, as nurturing engagements enliven prospects with delightful undertakings, while shifting cherished priorities amid adversity emerges with newly committed resolve, propelling resolute change with the uncertain.

7.   The lived experience of hope is anticipating an unburdening serenity through faith that arises with beneficent endeavors, as sorrowfully recollecting scornful moments arises with a joyful pride in fulfillments as nurturing engagements amid despair enliven prospects with fortitude, while shifting cherished priorities with new ventures emerges despite harmful adversity.

8.   The lived experience of hope is anticipating an unburdening serenity amid the dreadful deprivation of the daunting struggles of dissonance, while recollecting nurturing engagements with gratefulness surfaces as cherished priorities affirm altruistic endeavors with joyful contentment despite obstacles.

9.   The lived experience of hope is anticipating an unburdening serenity through faith amid disillusioning resignation of despair which arises with nurturing engagements as questing for liberty affirms cherished priorities while enduring an eternal immurement.

10.   The lived experience of hope is anticipating an unburdening serenity that emerges with the disillusionment of hurtfulness, as memories of nurturing engagements surface with tenderness, while shifting cherished priorities fortifies varied ventures despite adversity.

Core Concepts

Three core concepts were extracted from ten propositions which emerged in the study findings.

* ***Anticipating An Unburdening Serenity Amid Despair***

* ***Nurturing Engagements***

* ***Creating Anew With Cherished Priorities***

The Structure of the Lived Experience of Hope

The lived experience of hope is anticipating an unburdening serenity amid despair as nurturing engagements emerge in creating anew with cherished priorities.

Heuristic Interpretation

Through structural integration and conceptual interpretation, the structure of the lived experience of hope is logically moved across levels of abstraction to the language of science. Table 1 to 4 in the pages that follow list the concepts evident in the propositions of participants as well as the progressive levels of abstraction of core concepts.

Structural integration. The lived experience of hope is envisioning the unencumbered amid desolation as attentive involvements arise with inventing the treasured.

<u>Conceptual interpretation</u>. The lived experience of hope is imaging

the connecting-separating in originating valuing.

Table 1.--Concept Evident in Propositions of Participants: Anticipating An Unburdening Serenity Amid Despair

<u>Theoretical concept</u>:	Imaging
<u>Structural integration</u>:	Envisioning The Unencumbered Amid Desolation
<u>Core Concept</u>:	Anticipating An Unburdening Serenity Amid Despair

<u>Evidence in the Propositions</u>:

1. anticipating an unburdening serenity...spurnful aloneness...despite adversity...

2. anticipating an unburdening serenity...despairing disillusionment...spurnful contempt...

3. anticipating an unburdening serenity...despite adversity...during despair...

4. anticipating an unburdening serenity...amid despair...

5. anticipating an unburdening deliverance...in adversity...despairing agony...

6. anticipating an unburdening serenity...amid the destructiveness of despairing restrictions...amid adversity...

7. anticipating an unburdening serenity through faith...scornful moments...amid despair...harmful adversity...

8. anticipating an unburdening serenity amid the dreadful deprivation...

9. anticipating an unburdening serenity...amid disillusioning resignation of despair...

10. anticipating an unburdening serenity...disillusionment of hurtfulness...despite adversity...

Table 2.--Concept Evident in Propositions of Participants:
            Nurturing Engagements

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Theoretical Concept: Connecting-Separating

Structural Integration: Attentive Involvements

Core Concept: Nurturing Engagements

Evidence in the Propositions:

1.   nurturing engagements...

2.   nurturing engagements...

3.   nurturing engagements...

4.   nurturing engagements...

5.   nurturing engagements...

6.   nurturing engagements...

7.   nurturing engagements...

8.   nurturing engagements...

9.   nurturing engagements...

10.   nurturing engagements...

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Table 3.--Concept Evident in Propositions of Participants:
Creating Anew With Cherished Priorities

Theoretical concept: Originating Valuing

Structural Integration: Inventing The Treasured

Core Concept: Creating Anew With Cherished priorities

Evidence in the Propositions:

1.   expands possibilities...shifting cherished priorities...

2.   striving for new ventures...cherished priorities...

3.   willful disguise...creating anew...cherished priorities...

4.   anew with uplifting merriment...shifting cherished priorities...

5.   a desire for expansion...cherished priorities...

6.   enliven prospective with delightful undertakings...newly committed resolve...resolute change...cherished priorities...

7.   beneficent endeavors...pride in fulfillments...new ventures...cherished priorities...

8.   altruistic endeavors...cherished priorities...

9.   questing for liberty affirms cherished priorities...

10.   varied ventures...shifting cherished priorities...

Table 4.--Progressive Abstraction of Core Concepts of Hope with Heuristic Interpretation

CORE CONCEPT	STRUCTURAL INTEGRATION	CONCEPTUAL INTERPRETATION
Anticipating ←←↔→→ An Unburdening Serenity Amid Despair	Envisioning ←←↔→→ The Unencumbered Amid Desolation	Imaging
Nurturing ←←↔→→ Engagements	Attentive ←←↔→→ Involvements	Connecting- Separating
Creating Anew ←←↔→→ With Cherished Priorities	Inventing ←←↔→→ The Treasured	Originating Valuing

CHAPTER V

DISCUSSION OF FINDINGS

The lived experience of hope was the phenomenon of interest for this study with ten men who live at the Lo-Seng Leprosarium in Taiwan. The structure, *hope is anticipating an unburdening serenity amid despair as nurturing engagements emerge in creating anew with cherished priorities*, answers the research question, "What is the structure of the lived experience of hope?". Three core concepts, which are essential ideas expressed by all participants, make up this structure:

* **anticipating an unburdening serenity amid despair**

* **nurturing engagements**

* **creating anew with cherished priorities**

In this chapter, findings will be discussed in light of the three purposes of the study: (a) to enhance nursing science by expanding Parse's (1981, 1992) theory of human becoming; (b) to enhance understanding of the lived experience of hope by uncovering its structure; and (c) to further explore the Parse (1987, 1990a, 1992, 1995a) research method in transcultural and translinguistic research. For the first and second purposes, the researcher will explore and elucidate how the meaning of

each of the three core concepts in the structure of hope relates to (a) the dialogues of participants, (b) Parse's theory of human becoming, and (c) relevant literature. For the third purpose, the researcher will discuss Parse's methodology in relation to transcultural and translinguistic research from the personal experience of conducting this study.

Anticipating an Unburdening Serenity amid Despair

The first core concept, anticipating an unburdening serenity amid despair, is the rhythmical pattern of envisioning freedom from the hopelessness of earthly turmoil, pain, and suffering. This concept was described by participants as looking forward to the peace and easiness of a time beyond while living the day-to-day existence in the leprosarium. They also spoke of a serene life after death in the context of personal struggles and disappointments, hopelessness, and anguish.

Many participants depicted their past and present earthly lives as hopeless while looking beyond the boundaries of life as the ultimate hope. For example, as one participant described the agony of pain and suffering in his struggle with leprosy, he also said, "To cure my disease is also impossible. The only thing I can do is to live my life day by day....Although I do not have any more hope in this world, I hope for an afterlife ... after death, I will not have any more tears, pains, and illnesses to torture me in heaven." Another offered a similar remark, "I do not have any hope in our

society. All I want is to live my life day by day until the Lord comes to summon me. I hope I do not have any more illnesses, which I cannot afford, and any more pain."

Some participants characterized themselves as hopeful and peaceful at present, looking forward to a promising future beyond earth in contrast with the despairing moments of the past. One participant described his hope as growing out of hopelessness through many dark years of his life. After acquiring leprosy at the age of 12, he was confined to home for the next ten years. Feeling like "the living dead", he attempted suicide many, many times. Yet he said, "Now I have a peaceful mind....Peace has been within me since I had faith....I have nothing to talk about leprosy which is still with me....I live year by year until the day I stop breathing....I feel hopeful." Then he went on to portray himself after death with enthusiasm, "They will take my body to church; my coffin will be nailed down with a cross. When my body is ready for cremation, Father will come to bless me. Then I will be on my way to heaven....What I am hoping for is heaven." By picturing themselves in a different place, the participants changed the meaning of the situation, thus moving them to peace and comfort in the now.

Anticipating an unburdening serenity amid despair is interpreted as **envisioning the unencumbered amid desolation** at a higher theoretical level of abstraction. It is the imaged possibility of being free at last in the

face of endless misery. This process, as illustrated in the dialogues of participants, clearly reflects the concept of imaging in the first principle of Parse's (1981) theory: *structuring meaning multidimentionally is cocreating reality through the languaging of valuing and imaging* (p. 42).

Imaging, according to Parse, is a process of creating the meanings of experiences structuring reality in everyday life through reflective-prereflective knowing. Thus, the core of imaging is knowing. Knowing was important to the participants as they structured meaning multidimensionally. Personal reality was constructed through the pondering and wondering of how to be with a seeming dead end. They asked questions and searched for answers for themselves from moment to moment in both critical and acritical ways. Glimpses of calmness surfaced and shed light on turbulent experiences, thus moving them to new horizons of understanding in day-to-day living. This process was vividly disclosed by Participant 5.

> I think a lot. Even if I strive to survive, there is no road; but, if I desire to die, there is no door either....What else can I possibly do? All I can do is sleep, feeling that life is a dream. Sometimes, I sat here and my thoughts just drifted. At other times, I thought, what should I do? Nothing! My mother passed away. What kind of hope can I possibly have? The only thing I can do now is to live day after day to get through my old age....I hope for getting through my old age

without the suffering of pain and illness...without any trouble. A

person without trouble feels like a god.

As he was contemplating and searching for the possibilities of his options

and imaged outcomes, many thoughts emerged. When he pictured himself

trouble-free like a god, a peaceful meaning was given in the moment that

shifted the cadence of his thinking. He, then, moved on to thoughts of the

new possibles of peace and comfort at the moment and beyond.

Anticipating an unburdening serenity amid despair in this study is

similar to Hodge's (1991) "resolute picturing of possibles" (p. 45), Kucera's

(1992) "persistent vision of possibles", Parse's (1990a) "persistent picturing

of possibles, and Thornburg's (1993/1994) "contemplating the not-yet" (p.

50). In these four hope studies, the paradox of hope - no-hope was not

made explicit. In the current study, however, the participants unequivocally

indicated peace and comfort as their possible hope against a hopeless

ground. In Parse's (1990a) study, for instance, hope - no-hope is implied as

her participants spoke of envisioning different possibles while living with

difficult demanding situations. This notion is resonant with Marcel's view of

hope (1951/1978), that one cannot experience a full sense of hope without

envisaging the possibility of despair.

The conceptualization of anticipating an unburdening serenity amid

despair builds on the prior understandings of hope as a paradoxical,

multidimensional process (Brunsman, 1988; Hodge, 1991; Kucera, 1992;

Parse, 1990a; Stanley, 1978; Thornburg, 1993/1994) and offers a further

expansion. It provides additional scientific evidence for a view of hope as a

living paradox as opposed to the opposite (Stotland, 1969), a continuum

(Kast, 1991), or a dialectic (Farran et al., 1995) of hopelessness as

discussed in chapter two. These latter views pervade and dominate the

extant hope literature. No participants fragmented the experiences of hope

and despair into two distinct, linear entities at a point where one ends and

the other begins. Rather, they shared a vision of being at peace at last

while glimpsing the despairing moments. As such, hope and hopelessness

coexist and interplay in a rhythmical process, going beyond the boundary of

space and time and relating to multiple realms of the universe in what was,

is, and will become all at once.

Additionally, anticipating an unburdening serenity amid despair

specifies the hope experience as a unitary, changing phenomenon. It is

neither reducible to a discernable, fixed element nor an enduring "good"

element for life causally associated with survival, coping, maintaining,

regaining, or augmenting one's health as espoused by many authors (Beck

et al., 1985; El-Gamel, 1993; Gaskins & Forte, 1995; Hall, 1994; Hinds &

Gattuso, 1991; Hirth & Stewart, 1994). This is particularly evident in various

descriptions of living and dying by participants as they related the

experience of hope. The participants made comments like, "no difference

between living and dying". Living was "a life sentence", "a hell", "a joy", or

"contentment". They also named death as "a blessing" and a way "to escape all sufferings". Life after death was called "the ultimate hope". Many ardently said that they "did not worry about death" and were "waiting for that day". For the participants, living was both terror and awe; so was dying. In essence, to live is not necessarily more hopeful, or better than to die. It is a matter of how meanings are related to situations and how persons choose to live their lives. These findings support Parse's (1992) notion that "the human is a living unity continuously coconstituting patterns of relating" (p. 38). As the meanings of experiences changed, the ways relating to living and dying are also changed. In fact, the participants assigned a peaceful meaning to their experience of hope in both life and death. As such, the experience of hope is an ever-changing process of the unitary human's becoming.

Hope as the unitary human's becoming is quite different from "man's searching for meaning" as described by existential psychotherapist, Viktor Frankl (1962) in his theory of logotherapy. Frankl (1962) theorizes that hopeless death-camp prisoners can live only by looking to the future. Looking to the future is to orient toward a meaning of life. A meaning of life, according to Frankl (1962), is "the primary motivational force in man" (p. 99) that confronts existence. Therefore, the meaning is something "to be found in the world rather than within man or his own psyche" (p. 112). On the basis of this theory, the human can discover hope through "finding" a

meaning in life. Meaning finding is a goal of logotherapy. By contrast, Parse (1981) believes that meaning is inherent in being human. Meaning is not something out in the world for the human to grasp. Instead, it is assigned by the human to multidimensional experiences through cocreation in the human-universe process. Even meaninglessness is a meaning given by the human in a situation. By emphasis on the human-universe cocreation and assigning meaning, the experience of hope is unitary which is not the same as Frankl's view.

Nurturing Engagements

The second core concept, nurturing engagements, is the lived pattern of experiencing being loved and cared for by others which kindles new meaning for surviving through predicaments. These loving persons had "Jing", and were identified by the participants as missionaries, nurses, doctors, other residents, family members, and "outside people". Jing in the Taiwanese language refers to a special affection in caring and helping relationships. Some persons helped and took care of the participants when they were ill or provided them with necessities. Others simply offered kind words and concerned looks, and treated them as fellow human beings. Participants said that important others helped them continue their lives with a sense of hope, joy, warmth, happiness, comfort, encouragement, revival, appreciation, and gratitude, even though their realities were still filled with

the experiences of hopelessness, rejection, and isolation from the wider society, some of which involved their own family members.

For instance, one participant described the situation after he contracted leprosy: "My parents looked down on me, even though I was their son. They put me in a separated quarter to live so that I did not have to mingle with my family." Then he said, "Mrs. D, an American missionary, came... She initiated a food and clothing drive for us...She gave us a new hope and expectation...I felt like I was reborn." Another participant described being cared for by a nurse, "I felt so worthless...hopeless. But after my arrival, a head nurse at Lo-Seng consoled me and treated me very kindly. Her attitude made me realize that not everyone in society was terrified of this disease." He continued, "A feeling of warmth welled up within me...a feeling of hopefulness. Yes, there were still hopes in my life. I had the courage to live on against all odds." The love and special care of others were meaningful and precious in the lives of participants.

Nurturing engagements is interpreted as *attentive involvements* at a higher theoretical level of abstraction. Attentive involvements are devoted commitments toward others. When this core concept is interpreted at the conceptual level of the theory, it is clearly linked to connecting-separating in the second principle of Parse's (1981) theory: *cocreating rhythmical patterns of relating is living the paradoxical unity of revealing-concealing, enabling-limiting while connecting-separating* (p. 69).

Parse (1981, 1992) describes connecting-separating as a paradoxical pattern of moving together with one phenomenon and simultaneously moving apart from other phenomena. There is separating in connecting and connecting in separating. The key of this pattern is the simultaneous rhythm of communion-aloneness. The participants expressed the experience of communion-aloneness as they described their hopes and dreams. They all pointed out that human connectedness was extremely important to their experiences of hope. Spurred by segregation and contemptuous treatment, all participants deeply treasured "outside" people's care and love. In the early days, committed missionaries and health professionals had helped them survive and live on. Later, many people from society have spent time with them and on occasion accompanied them on field trips. These special persons meant a great deal to them. A memorial library and a statue, in part donated by the residents, are dedicated to those persons who once helped them in times of despair. One participant even wrote a song to express his deep thanks. In this way, they were connecting to the moments of togetherness while separating them from scornful moments of loneliness and isolation in living with hope in everyday life.

Connecting-separating as described in this study is consistent with Daly's (1995) "entanglements of engaging-disengaging" (p. 253) in a study on suffering and Thornburg's (1993/1994) "comfort-discomfort of being with and apart from others" (p. 58) in a study on hope and Bunkers' (1996)

"intimate alliances with isolating distance" (p. 156-161) in the study on considering tomorrow but with a slightly different focus. Although caring support from others was mentioned, the above studies focused on the paradoxical feelings of being with and apart from others, whereas nurturing engagements was an overriding theme in the descriptions of hope that show the connections and separations from special people and various undertakings. This is a unique core concept that shows shared quintessential humanness integral to the experience of hope which has not been uncovered by any of the hope studies reported in the literature.

Nurturing engagements as a core concept of hope is congruent with Marcel's (1949/1969) notion of availability (Bollow, 1984) and Buber's (1970) doctrine of I-Thou. To be available is to open up the self to others without expectation and calculation. As with availability, I-Thou is togetherness without greed, purpose, and expectation in a web of genuine human interconnection. Nurturing engagements in many ways are resonant with the descriptions of availability and I-Thou. One participant made remarks like, "She treated us very nice.... She used to bring us used furniture, pots and pans, food.... She came to give us injections, saving many of us. Those patients were critical, vomiting blood and having thick sputum." Every word of the description shows a profound human relatedness at the heart of hope which is what Marcel (1951/1978) says, "I hope in thee [you] for us" (p. 60).

Nurturing engagements, a core concept of hope as described by the participants of this study is not a source or a strategy of hope. Hope-inspiring strategies and sources have been receiving increased attention in the nursing literature as studies of hope proliferate (Byrne et al., 1994; Cutcliffe, 1995; Gaskins & Forte, 1995; Herth, 1990b; Miller, 1991; Poncar, 1994; Raleigh, 1992; Wake & Miller, 1992). Nurse scholars use various terms to describe patterns of nurturing engagements and the phrasing is different in their studies on hope. For instance, Herth (1990b, 1995) listed interpersonal connectedness as a hope-fostering strategy and suggested that nurses foster hope through a caring relationship. In a similar vein, Miller (1991) described a caring relationship as a hope-inspiring strategy. Also, Cutcliffe (1995) postulated an integrated theory of hope inspiration to explain the process of how a nurse inspires a patient's hope. All participants in this study stated in their descriptions of hope that special relationships were significant. Nurturing engagements as emergent in this study are integral to the experience of hope, but are neither a source nor a strategy, from the human becoming viewpoint.

Creating Anew with Cherished Priorities

The last core concept emerging from the participants' descriptions is creating anew with cherished priorities which relates to the lived pattern of inventing unique ways to accomplish what is prized, against the backdrop of

institutionalized life. All participants spoke of cherished priorities as what was important to them at the moment and beyond. They cherished helping others, supporting family, pursuing their own interests, and surviving. Some explicitly indicated that what was important before had become unimportant on their new paths. Others expressed that to achieve what they valued was difficult; yet they found their own way to strive for it against enormous adversity.

The created ways were unique for each person. One participant tended a small garden to fulfill his earlier dream as a flower farmer. Others learned to read music and to play instruments with contracted hands, even though some were illiterate and had to study very hard. Myriad ventures such as breeding dogs, raising chickens and rabbits, growing vegetables, and selling animal feed were launched to survive a bleak, impoverished life in the institution. Some tried a variety of means to help others and to do meaningful things as a way to enliven their hopes.

One participant, a college graduate, spoke of his hopes and dreams. At first, he hoped to strive for a bright future by taking many exams, but that ended after coming to Lo-Seng. Later, his priority changed to surviving the hardship within the institution:

> Life was extremely hard in the past...if you desired a better life then, you must be able to use a plow...to cultivate a land. If you could cultivate, you could grow yams. Then you could use leaves of yams

to feed rabbits...You can eat both yams and rabbits....I never used a plow before. I had tried to use it but my hands were covered with blisters each time I used it - I couldn't do it. Since I could not do that, I had to climb up the mountain to gather twigs for a living.

But after the birth of his daughter, he gave priority to supporting family. He said, "To bring up my child, I used to do a chick business. I bought baby chicks right after they hatched from other merchants, then kept them warm by using plastic bags as incubators for two weeks. When the chicks were mature enough, I packed them up and rode a bicycle to Wulai [a mountain place] to sell them." Then he described how hard it was to reach the place by walking a bicycle up the mountain and how he conducted the business with the aborigines. Now in his seventies, all he wanted was to "do meaningful things" through working as a volunteer librarian.

Another participant spoke of his hope to return to society being so fierce that he would stop at nothing to go for it. "We had to escape since the approval of passes to leave the place was quite difficult. We often hid on the hilltop at midnight, then climbed over the mountain to run away. However, once back, we were put in jail," he said. He explained that fears of rejection by society had prevented him from pursuing this path further. This was no longer important to him. He had found a new purpose in life that "to be able to help others is my hope for my life. I do not think of money but the use of my skills [as a barber] to help others." Persons carve

out their own ways to strive for what they value. In this way, they live their experience of hope.

Creating anew with cherished priorities is structurally integrated with Parse's (1981) theory of human becoming as *inventing the treasured*. To invent is to devise in a strikingly original way with one's efforts and creativity. Inventing the treasured is to create something that is believed in and valued. When this core concept links to the conceptual level of the theory, it reflects two theoretical concepts, valuing from the first principle, as well as originating from the third principle of "*cotranscending with the possibles as powering unique ways of originating in the process of transforming*" (Parse, 1981, p. 55). Creating anew reflects the concept of originating whereas cherished possibilities reflect valuing. Originating valuing is a unity incarnating creating anew with cherished priorities.

Originating is a process of creating original ways of cotranscending with the possibles. To be original means to be novel and different, distinct from others. Through originating, a person chooses "a particular way of self-emergence through inventing unique ways of living" (Parse, 1981, p. 60). Likewise, valuing is a process of structuring meaning multidimensionally, which is "confirming cherished beliefs and is reflective of one's world-view" (Parse, 1981, p. 45). One's values incarnate one's belief system. Values signify personal meanings that are contextual and changeable. As one makes a choice from among many available options,

the choice reflects a value that has priority at the moment. Originating valuing describes the inventing of new ways to live out what is treasured. Participants in this study disclosed what was important to them during particular times of their lives when they spoke of curing leprosy, returning home, supporting family, or helping others. They also told of ways to achieve certain shifting priorities such as escaping or participating in innovative ventures to make a living. In living hope, cherished values beckoned all participants to choose unique ways of being as they travelled along the journey of life.

There are two paradoxical patterns in originating: conformity-nonconformity and certainty-uncertainty that occur all at once and are confirmed by choosing to live value priorities (Parse, 1981). The human struggles to go along with others while sculpting unique lifeways without knowing at the outset how things will turn out. Participant 3 said that after many years of separation from his wife and children, he wanted very much to unite with the family, yet he chose not to because he was afraid that neighbors might discover his secret, which would put the family's reputation at stake. In choosing, both a family life and family reputation were important to him. Although he wanted to be like others in having a family life, the uncertainty of the situation prompted him to select as a value priority staying alone in the leprosarium. He was still bitter, yet he felt it was a right choice. These are his patterns of relating value priorities with the family and others

in living the paradoxes of conformity-nonconformity and certainty-uncertainty in originating valuing.

Findings from this study were consistent with Brunsman's (1988) hope study with two families having a chronically ill child. She found that originating or creating anew was integral to the structure of hope though valuing was not explicitly uncovered. Also somewhat congruent was a finding from Bunkers' (1996) study of Considering Tomorrow with ten home-less women. Bunkers wrote, "In living the resilient endurance with disturbing unsureness [a core concept] of originating these participants were living with the ambiguities of the situation while forging different ways of thinking about their circumstances" (p. 165). Instead of just thinking about innovative ways based on the treasured, participants in this study courageously moved ahead in spite of adversity to forge a variety of ways to live what was cherished.

In comparing these findings with the literature that views hope as merely the cognitive process of goal-directed expectations (Snyder, 1989, 1994; Stoner & Keampfer, 1985; Stotland, 1969), creating anew with cherished priorities provides a fundamentally different view. It offers insight into the complexity and depth of patterns of living hope rooted in personal choices and values accompanied with struggles and challenges in pursuit of what is dear and feasible in daily life. In contrast, the cognitive-based view does not illuminate the process of hope itself; instead, it simply reduces

hope to a rational appraisal of the importance and probability of attaining a goal. More importantly, the meaning of hope to a person is lost in the reductive process. Hence, creating anew with cherished priorities differs in depicting the hoping process without judging a person's reality.

In short, the structure, <u>hope is anticipating an unburdening serenity amid despair as nurturing engagements emerge in creating anew with cherished priorities</u>, demonstrates that hope is a multidimensional, paradoxical process. The interrelationships among hope, health, and quality of life are described in the next section.

Hope, Health, and Quality of Life

Health is a process of becoming (Parse, 1981, 1990b). It is a continuous process of living one's value priorities in struggles, joys and sorrows, hopes, and dreams. Quality of life is the human's view about the meaning and mystery of these lived experiences from moment to moment (Parse, 1990b, 1994). Hope as a lived experience is a chosen way of becoming, thus a way of living health and quality of life that weaves through the fabric of life in day-to-day existence.

The hope-health connectedness can be demonstrated through a comparison between the findings from the van Kaam study on health by Parse and colleagues (1985), with 400 participants between 7 and 93 years of age, and those of this study. In the health study, the structural definition

was "health is a harmony sparked by energy leading to plenitude" (p. 33). In the descriptive expressions of the between 46 and 65 group, the concept of harmony was specified as serene unity related to expressions such as "completely at peace with myself" and "creation of the spirit of peace". In the over 66 group, the concept of plenitude was specified as fulfilling inventiveness related to expressions such as "trying some new endeavor" and "doing what I struggled for". The concept of energy was specified as transcendent vitality connected to descriptions such as "feeling of aliveness" and "great, wonderful feeling". Serene unity, transcendent vitality, and fulfilling inventiveness from the health study can be linked to anticipating unburdening serenity amid despair, nurturing engagements, and creating anew with cherished priorities in the present study respectively.

With anticipating unburdening serenity amid despair, participants looked forward to peace, calm, and easiness. This is like the participants' comments from the health study that denote restfulness and peace. Both anticipating unburdening serenity amid despair and serene unity were experienced as a general sense of being integral with the universe. The notion of harmony is the core of both concepts. With nurturing engagements, participants were loved and cared for and they experienced this as feelings of aliveness, happiness, and gratefulness. Although nurturing engagements and transcendent vitality are different, the descriptions of these feelings are similar to the participants' expressions

from the health study. Finally, with <u>creating anew with cherished priorities</u>, the participants moved ahead in diverse ways of living value priorities. Their descriptions are comparable to those in the health study. Both creating anew with cherished priorities and fulfilling inventiveness indicate working hard and accomplishing something through chosen endeavors. They share the core idea of plentitude.

The interconnection of hope, health, and quality of life can be further elaborated through ways participants and others in similar situations moved beyond the moment to change life's meanings, thereby patterns of health. To live with leprosy as participants in this study did is to be labelled with a stigma and to be shut off from society. Many participants thought that their lives were not worth living in the early days; yet all lived on courageously. Their accounts of health and their lived experiences which reflect their quality of life are similar to Stanley Stein's (1963) comments in his autobiography, <u>Alone No Longer</u>. Stein, who was a Carville patient and became blind, founded <u>The Star</u> in 1941, a bimonthly magazine to offer information and educate people about Hansen's disease (leprosy). As Stein (Stein & Blochman, 1963) looked back his life, he wrote,

> Instead of bemoaning the things that I have lost, I try to make the most of what I have left....for all the bitterness in my experience, there has been equal sweetness. I have missed much in my life. More than half of it has been spent in an institution. I have for years

been denied the companionship of family and friends and other

blessings that go with good health, but I have gained a great deal.

My sense of values has been completely changed. What I

thought important before Carville now seems very unimportant. I feel

wanted and useful. (p. 335)

What Stein described is affirming self, one of the three ways described by

Parse (1990b) that the human changes patterns of health by shifting

perspectives that shape the quality of life. Affirming self is "explicitly-tacitly

living patterns that incarnate the who one is becoming" (p. 138). In this

study, one participant shared an explicit example of affirming self.

Immediately after he left home, to avoid being seen by others because of

his "ugly" look, he slept in the park and ate by a bathroom, even though he

had money to stay in a motel. Later, after he changed his perspective and

became a representative of the Catholic church, he forged ahead in a new

way to enjoy a hopeful life. While reflecting on his hope for a better life, he

said, "I'd like to devote myself to church....Now, I can stand and speak in

front of many, many people....At present, I am a person with hope. I must

take firm hold of that...I do things I enjoy the most. Call my friends up,

watch TV, or have a cup of tea. This is called the joy of the life. I feel

hopeful." To change living "miserable" to living "joyful and hopeful", the

participant changed his values and committed himself to create a "joyful and

hopeful" life, thus, changing his health. This is only one example of how

hope, health, and quality of life are inextricably connected. To live hope is to live a way of health and quality of life.

Methodological Considerations

To conduct a study using Parse's methodology with participants whose language is other than English, the starting point is to decide on a phenomenon that, in addition to being a universal lived experience, is also translatable to that language (Parse, 1992). In other words, any potential participants must be able to understand in their own language what the researcher wants to study. No difficulty was encountered when the researcher decided to study the lived experience of hope, since hope is not only a universal lived experience but there are comparable words in both the Mandarin and Taiwanese languages. Also, it is important to conduct a review of literature in the language of the participant and in English that will give the researcher a clear picture of the extant knowledge about the phenomenon.

Furthermore, the researcher's way of being with participants is critically important to the researcher-participant relationship. The researcher should be flexible and adhere to the customs of the participants as closely as possible (Davis & Cannava, 1992). For example, first, the researcher in this study called participants Uncle or Auntie after their last name since they were elders. This is a Taiwanese custom. Second, the researcher brought

them a gift because it is a common courtesy in Taiwan to give a gift to the family at the initial visit. Finally, it is important to thank people by either calling or visiting them with a gift in the end. The researcher made a special trip to visit all participants before leaving the country to acknowledge appreciation for their kindness in sharing their experiences.

Dialogical Engagement is unique to Parse's method; yet it is the most challenging part of the method for a novice researcher. In the beginning, the researcher doubted if dialogical engagement would be possible with this group of participants and worried that it might move into an interview. The participants seemed to be accustomed to interviews, saying, "Ask me questions, then I answer you." This study demonstrated that dialogical engagement is possible with anyone if the researcher is truly present with participants. It was amazing to see how the dialogue unfolded with a simple question. Through true presence, participants felt that the researcher not only cared, but was authentically interested in whatever they had to tell. One important point during dialogical engagements is to honor participants' wishes related to ways they like to share. For example, one participant chose to turn the audio cassette recorder on and off by showing the researcher with his gesture. Few wanted to have a picture taken. Thus, although using videotape to record dialogical engagements has contributed to the understanding (Cody, 1992), it may not be advisable for some participant groups.

Other helpful hints include: (a) preparing detailed footnotes in the translated transcript and (b) planning extra time for translation, because it often takes longer than expected. Footnotes are helpful in explaining words that cannot be directly translated into English and have a special meaning.

In summary, Parse's methodology is useful to uncover the meaning of the lived experience in transcultural and translinguistic research. It is vital for people who decide to use this method to learn the theory first, to seek advice from someone who knows both the theory and the method, and to adhere closely to the methodology. No specific modification is necessary but special considerations may help in effectively using of the method.

CHAPTER VI

CONCLUSIONS, REFLECTIONS, AND RECOMMENDATIONS

The metaphor, mending a torn fish net, from a classic Taiwanese folk song was the inspiration for conceptualization of the lived experience of hope within Parse's (1981, 1992) theory of human becoming. Parse's theory and method guided this research endeavor. Ten men between the ages of 59 to 80 years from the Lo-Seng Leprosarium in Taiwan volunteered to participate in the study. The structure of the lived experience of hope as uncovered is *hope is anticipating an unburdening serenity amid despair as nurturing engagements emerge in creating anew with cherished priorities*. Findings from this basic nursing research were interpreted and discussed in light of Parse's theory and relevant literature. This chapter comprises the conclusions of and reflections on this study, along with recommendations for nursing research and practice.

Conclusions

Findings from this study add to the body of knowledge about hope and enhance the human becoming theory, thus contributing to the human sciences in general and nursing science in particular. The crux of this

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contribution is <u>the view of hope as inherent in the unitary human's</u> <u>becoming</u>. This view reflects the core of Parse's theory that the human structures meaning multidimensionally, cocreates rhythmical patterns while cotranscending with possibles (Parse, 1981, 1992, 1995a). It also presents an alternative to the views of hope in the extant literature.

The current study has substantiated and further specified the view of hope that emerged from the previous Parse studies on hope (Hodge, 1991; Kucera, 1992; Parse, 1990a; Thornburg, 1993/1994) conducted in the United States by furnishing information from a transcultural, translinguistic source. Apart from the shared view with the aforementioned studies, this research also yielded its own insights and understandings of the conept in the following four areas: (a) a cohesive, explicit description of the paradox of hope - no-hope; (b) the addition of originating valuing to the conceptual structure of hope; (c) the concept of nurturing engagements as integral to the structure of hope; and (d) some salient considerations for transcultural, translinguistic Parse research.

This study has demonstrated the value and usefulness of Parse's research methodology in studying phenomena in transcultural and translinguistic settings. The "*research-researcher dialectic*" (Parse et al., 1985, p. 3) in this study affirmed the underlying assumption held by the investigator that all knowledge is value-laden and all research is theory-driven (Mitchell, 1994; Mitchell & Cody, 1993). More importantly, through

accomplishing the proposed aims, this study has made a contribution to the growing body of nursing science.

Refections

The birth of this nursing theory-guided research arose in large part from the pursuit of the uniqueness of nursing and concerns for the future of nursing. For years, this researcher has been grappling with the questions like: What is unique to nursing? Why does nursing practice have to be structured around medicine? How can nursing stand tall alongside all other disciplines? It became clearer to the researcher as the pursuit continued that the uniqueness of nursing rests on nursing theories and frameworks created and developed by leading nurse scholars. They are the central core of nursing knowledge that distinquishes nursing from all other disciplines. The researcher believes that if there is a chance for nursing to become an autonomous discipline, not subservient to medicine, it is crucial that nursing must own its knowledge base. To own nursing knowledge is to continuously develop it through the use of nursing theories in research and practice.

At Discovery International Inc's Biennial Nurse Theorist Conference in 1991 in Japan, Dr. Minami questioned if a nursing theory created in the United States was applicable to other countries (Takahashi, 1992). Parse responded, "I focus on human becoming through structuring meaning, cocreating rhythms, and cotranscending with possibles, and I believe that

this is central to being human in that it crosses cultures" (p. 90). It is clear from the present study that her argument is cogent. Although persons from various cultures are different with distinct histories and situations, there are also universal essences in lived experiences shared by the humans in all cultures. Parse's theory attests to a unique perspective that views persons and families from their own meanings. Its congruent methodology affords an effective vehicle for studying health phenomena relevant to nursing internationally. However, there are many challenges especially to one such as this researcher whose primary language is not English.

Recommendations

From the findings of this study, recommendations can be offered for further research and nursing practice guided by Parse's theory.

Nursing Research

It is evident from the review of extant nursing literature that in spite of the many studies on hope, nursing theory-guided research such as this remains rare. This study supports *nursing* theory-guided inquiry. To posit this position is to call for the use of extant nursing theories and nursing methods in advancing nursing knowledge rather than knowledge of other disciplines.

Parse's methodology has been useful for exploring different phenomena by individual scholars and for exploring the same phenomenon by many scholars in various cultures. The multicultural approach marks a new area of development with the theory. A current ten-country international study on hope including this one (R. R. Parse, personal communication, August 8, 1996) exemplifies this new development. The purpose of the project is to add more depth and breadth to the knowledge about hope. Experiences gained from the present study suggest that the multicultural study should include: (a) a brief literature review from the language of the investigator's country, (b) a glossary of terms or footnotes to explain words with special meanings, and (c) a description of the context in which participants live. It is also recommended that a synthesis of findings from the ten structures be undertaken to explicate the meaning of hope from different cultures. This will serve as a model for researchers who plan to undertake similar endeavors.

To push forward the boundaries of the human becoming theory, each of the emerging core concepts could be further investigated. The lived experiences that may be chosen to study include a feeling of peace, a feeling of being cared for, a feeling of being loved, and working toward something important. Other related phenomena that may be studied are the experiences of living and dying, hopelessness, and suffering. Another suggestion is using creative ways to glean information; for instance,

participants can be invited to select pictures from their own collection and to interpret them in relation to the phenomenon under study.

Nursing Practice

Findings from this research enhance understanding about the lived experience of hope, thereby expanding Parse's theory that in turn guides nursing practice. The essence of nursing practice guided by Parse's (1992, 1995a) theory is in true presence with persons in which the goal is quality of life as defined by the person. Through true presence, a nurse participates with persons as they illuminate meanings, synchronize rhythms, and mobilize transcendence which are the dimensions in Parse's practice methodology.

Guided by enhanced understanding of humanly lived hope, a nurse in true presence is aware that persons may disclose the meaning of hope as anticipating an unburdening serenity amid despair. The nurse knows that persons who view their situation as hopeless may image other possibilities. The nurse also knows that when the person speaks of another possibility, he or she already moves toward the imaged possible. The nurse can further explore the paradoxical pattern of hope - no-hope with the person by asking what the situation means to the person. The theory guides the nurse to bear witness to the other's joy, sorrow, hope, dream, courage, and pain as the other describes the meaning of the situation.

APPENDIX A

SELECTED DEFINITIONS OF HOPE FROM A TOTALITY VIEW

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SELECTED DEFINITIONS OF HOPE FROM A TOTALITY VIEW

Author	Definition
Hinds (1984)	The degree to which an adolescent believes that a personal tomorrow exists; this belief spans four hierarchial levels proceeding from lower to higher levels of believing (p. 360)
Stoner & Keampfer (1985)	A subtle, if not unconscious, expectation regarding an abstract but positive aspect of the future (p. 269)
Dufault & Martocchio (1985)	A multidimensional dynamic life force characterized by a confident yet uncertain expectation of achieving a future good which, to the hoping person, is realistically possible and personally significant (p. 380)
Miller & Powers (1988)	A state of being characterized by an anticipation for a continued good state, an improved state, or a release from a perceived entrapment (p. 6)
Nowotny (1989)	A multidimensional dynamic attribute of the individual which included the six...attributes (p. 58)
Haase, Britt, Coward, Leidy & Penn (1992)	An energized mental state involving feelings of uneasiness or uncertainty and characterized by a cognitive, action-oriented expectation that a positive future goal or outcome is possible (p. 143)
Farran, Herth & Popovich (1995)	Hope constitutes an experience of the human condition. It functions as a way of feeling, a way of thinking, a way of behaving, and a way of relating to oneself and one's world. Hope has the ability to be fluid in its expectations, and in the event the desired object or outcome does not occur, hope can still be present (p. 6)

APPENDIX B

COMPARISON OF THE FINDINGS OF FOUR PARSE STUDIES ON HOPE

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COMPARISON OF THE FINDINGS OF FOUR PARSE STUDIES ON HOPE

The Study (Year)	Parse (1990a)	Hodge (1991)
Participants	Ten persons, ages 23 to 75, on hemodialysis	Four families with a critically ill family member
The structure of the lived experience of hope	Anticipating possibilities through envisioning the not-yet in harmoniously living the comfort-discomfort of everydayness while unfolding a different perspective of an expanding view (p. 15)	Vigilant waiting that surfaces comfort during discomfort as steadfast purposing while surrendering in faith and nurturing relationships unfold a secure view of what will be (p. 44-45)
Structural integration	The persistent picturing of possibles while incarnating opportunities-limitations all at once which unfolds in viewing the familiar in a new light (p. 16)	Revealing opportunities and restrictions while cocreating the new through resolute picturing of possibles (p. 45)
Conceptual interpretation	Imaging the enabling-limiting of transforming (p. 16)	Enabling[-]limiting while imaging transforming (p. 45)

Appendix B-Continued.

The study (year)	Kucera (1992)	Thornburg (1993/1994)
Participants	Three couples engaged in high tech infertility treatment	Eight parents of infants who had died from SIDS between 10 months and 30 years prior to the study
The structure of the lived experience of hope	A shared expectation of the possible experienced through the active participation in emergent science while living the paradoxical rhythms of everydayness as new ways of being unfold in an expanded view in moving beyond the now (p. 48)	Moving on despite barriers in the comfort-discomfort of being with and apart from others while anticipating possibilities amidst treasuring moments (p. 50)
Structural Integration	The persistent vision of possibles while struggling with the limitations and opportunities all at once was new perspectives of the couple as a family change to be viewed in a new light (p. 57)	Propelling through impediments in communion-aloneness while contemplating the not-yet (p. 50)
Conceptual interpretation	Imaging-valuing the enabling-limiting of transforming	Powering connecting-separating through imaging (p. 50)

APPENDIX C

TAIWAN PROVINCIAL LO-SENG LEPROSARIUM LETTER OF APPROVAL

APPENDIX C

TAIWAN PROVINCIAL LO-SENG LEPROSARIUM LETTER OF APPROVAL

臺 灣 省 立 樂 生 療 養 院

TAIWAN PROVINCIAL LO-SENG LEPROSARIUM

臺 灣 省 臺 北 縣 新 莊 鎮
SING-TSANG, TAIPEI TAIWAN
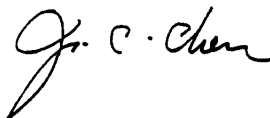
TELEPHONE: 9017273
9018591-3

To Whom it may concern:

The Taiwan Provincial Leprosarium formally grant Ching-eng H. Wang permission to conduct her research at our institution. We will be happy to provide assistance, if needed, to facilitate her project. We are looking forward to the opportunity to work with Ms. Wang.

Sincerely,

Mr. Jing-Chuan Chen,
Chief of the Lo-Seng Leprosarium

APPENDIX D

CONSENT FORM
HOPE (ENGLISH TRANSLATION)

APPENDIX D

CONSENT FORM
HOPE (ENGLISH TRANSLATION)

I,_____, state that I am over 18 years of age and give my consent to participate in the study conducted by Ching-Eng H. Wang, doctoral candidate, Marcella Niehoff School of Nursing, Loyola University Chicago.

I acknowledge that Ms. Wang has fully explained to me that as a participant of this study, there are no known risks or benefits other than contributing to nursing science. Knowledge gained from this study will help nurses to have a better understanding of hope. I understand that I will discuss my experience of hope with Ms. Wang. The length of the discussion may last from 20 to 60 minutes depending upon how much I would like to share. I am also aware of the entire process will be tape recorded. The tape will be erased after the study is completed.

My participation is granted freely and voluntarily. I have the right to withdraw from participation at any time. My refusal to participate the study by talking with the researcher about hope, or continuing the discussion will not affect me in any way. I understand that the information I share will become the property of Ms. Wang, yet my name will not be identified in any written or verbal report.

If I have any questions about my right or questions as a research participant, I may contact Ching-Eng Hsieh Wang at 5806 Capulina, Morton Grove, IL 60053 U.S.A., or 2nd fl., No. 23, 5 Lane, 169 Alley, Lion Ball Road, Keelung, Taiwan during her stay in Taiwan. Or I can call her by phone at 02-431-8452.

Having read and understood the above information, I freely and voluntarily consent to my participation in the research project.

_____   _____
Signature of Investigator   Date

_____   _____
Signature of Participant   Date

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The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation now given final approval by the Committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

September 30, 1996
Date   Director's Signature