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Hope and health in the face of adversity

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Chapter 5

General discussion



This dissertation focuses on hope as a general concept, and more specifically on the relationship between hope and health when facing adversity. Throughout this dissertation, I have used the example of Pandora's box several times. According to the Greek myth, Pandora was tempted by the Gods to open a 'box' (or more accurately: a sealed pot or vessel). Unknown to her, this contained all evils and plagues that could beset humankind, and by opening it she inadvertently released these into the world. Realizing that she was tricked, Pandora quickly closed the lid. By then all evils had escaped and got out: only hope remained inside.

Many have speculated about the meaning of this myth. Some consider it to be a positive tale, because at least humans still have hope to hold on to, or alternatively because only situations in which hope remains "inside the box" and therefore out of reach, are truly miserable. Others interpret this myth in more negative ways: Hope is inside the vessel with all other evils, because it is itself one of the evils that can beset humankind. In this narrative, hope deludes and fools humans into not recognizing and not acting upon the evils that beset them. Hope stops people from despairing, when that would be the rational and logical thing to do. In this dissertation, I tried to explore in depth what positive effects hope might have on well-being in adversity or even hopeless situations, but I also tried to shed light on why some philosophers are so negative about hope.

The overarching aim of this dissertation was to provide more insight into the meaning and function of hope, in particular in the context of a chronic type of adversity in which hope might be challenged. In this dissertation, this context is the long-term effects of gas extraction and subsequent earthquakes in the province of Groningen. In Chapter 1, we discussed how this context provides us with a promising context to learn about the various forms of hope that people could experience. In the current dissertation we studied hope in this context in three ways:

1. Investigating the relationship between hope and health. The positive cross-sectional relationship between hope and well-being has been established before, but we were able to study this relationship longitudinally and thus explore indications of causality. Additionally, we factored in levels of adversity (Chapter 2).
2. Investigating the relationship between types of hope (hope in general or hope for adversity) and health. What type of hope is it that does the work in the relationship

between hope and well-being in contexts of adversity? Is it hope in general, or maybe hope about adversity (Chapter 3)?

3. Investigating the ‘language of hope’ in people’s accounts of adversity. Though we found new insights about the workings of hope in previous chapters, the results of these studies were mostly in line with the positive inclinations in the literature. But as we conducted our studies, we also saw a more negative side of hope in interviews with affected citizens. Our aim here was to identify uses of hope in people’s accounts of adversity, and to obtain new insights about possible uses of hope not represented in the current literature (Chapter 4).

In the present chapter I will first discuss the main findings of this dissertation. Then I will discuss the theoretical as well as practical implications of these findings. Lastly, we discuss limitations of the present work and give suggestions for future research.

Overview of findings and conclusions

Chapter 2

Research on the relationship between health and hope is almost exclusively cross-sectional and thus inconclusive about the directionality of the relationship between the two. Furthermore, it is often studied in a ‘neutral’ context while we argue that it is especially interesting to study hope in an adversity context. Therefore, in Chapter 2, we investigate the impact of hope on health (using three different measures: mental health, stress-related symptoms, and general experienced health) through a longitudinal design, while also considering the impact of a facing adversity. We first demonstrate that over time, there is a bidirectional relationship between hope and health: Declining health precedes declining hope, and declining hope precedes declining health. This holds true for all three of our health measures. In other words, getting an illness may cause one to lose hope, and losing hope (perhaps due to adversity) may cause diminished health.

In order to study the interplay between hope and adversity, we investigated whether the relationship between hope and health is different for people facing different levels of adversity. The second key finding in this chapter is that hope predicts better health at later time points especially among people who objectively face more

adversity. This means that especially during hard times, remaining hopeful protected people a little from the negative health effects that are caused by the stresses of damage to one's home, bureaucracy and other disruptions. This chapter thus shows us the health benefits of remaining hopeful when times are tough and it suggests that hope acts as a buffer in coping with adversity.

Chapter 3

As the interplay between experiencing hope and experiencing adversity proved to be important for well-being, we wanted to learn more about *how* people experience hope when facing adversity: for example, does adversity undermine all hope, or is it possible that for some at least hope remains more or less intact but is diminished only in the life domain in which the adversity occurs? Or alternatively is it possible that one loses hope for everyone else but for it to remain intact for oneself? And which of these different aspects of hope is it that is most strongly related to health and well-being outcomes? Is health most strongly related to maintaining hope in general, or is it also related to these other facets of hope?

Thus, the first aim of Chapter 3 was to study whether we could meaningfully distinguish between a generalized sense of hope, more specific hopes in the domain in which one faces adversity and hope for others facing this adversity. This threefold distinction did not just echo relevant distinctions in the literature (e.g., the distinction between general moods and more issue-specific emotions, or the distinction between self and other). We had already found some indications for this distinction also in interviews we had conducted with citizens who were affected by the damage. In talking about the event that they experienced and their feelings about this, people sometimes indicated that they felt quite hopeless about the state of their home, but at the same time expressed a general sense of hope (e.g., that all would be well in the end) in line with how we had operationalized it in Chapter 2. And we also saw that people distinguished between hope for themselves and their own situation (for example, they talked about hope that something in their personal situation would change, like damage finally being fixed), and hope for the collective, others, and Groningen as a whole. For example, they talked about hoping that the most strongly affected would be okay. This distinction was interesting to us, because what would it mean for well-being if you lost hope for the collective, but remained hopeful for yourself, or vice versa?

While previous studies have considered different domains of hope, such as hope in the social or academic domain (Shorey et al., 2012), the aforementioned distinctions to our knowledge have not been made, which is what led to the desire to quantitatively measure this.

In order to measure whether different configurations of hope indeed occur, we conducted a study in which we measured a general sense of hope like in the previous chapter, and in addition to that items about 1) hope for the self regarding adversity, and 2) for the collective regarding adversity. First, the three kinds of hope were strongly correlated. Latent profile analyses revealed that for about half of the sample the three kinds of hope remain quite strongly aligned. But the other half, we found, did indeed dissociate between general versus specific hope, or between hope for themselves versus hope for the collective. This demonstrates that for at least part of the population, hope can be high in some domains while it is much lower in others. More concretely, for approximately half of the sample this means that while they have low hope regarding adversity (for either the collective, or for themselves *and* the collective), they do remain hopeful about their personal prospects in general.

These dissociations are related to health; overall the health of ‘dissociators’ was better than of those moderate or low on all types of hope, and not much lower than those who scored high on all hope items. This means that the negative impact on health is minimal for those who remain hopeful in general, even when they experience low hope regarding the adversity and/or low hope for others in the same situation. Thus, this paper demonstrates the multifaceted nature of hope, and that being able to remain hopeful maintaining general hope, is advantageous even in the face of adversity.

Chapter 4

While the majority of the psychological literature as well as our conclusions in Chapter 2 and 3 portray hope in a positive light, some philosophers have also proven critical of hope. Additionally, in interviews with affected citizens for the Gronings Perspectief project we had done previously, many people spoke about hope, without being asked about it explicitly, but as I also showed in Chapter 1, their messages were not very hopeful:

- *“We were actually hoping [our entire house] would collapse”,*

- “I really, truly hope that people don’t get physically hurt, because then all hell will break loose, then a war will begin”, and
- “I don’t expect the big earthquake to happen as soon as tomorrow, but if it does happen, I hope it kills me at once”.

These expressions of hope stood in stark contrast to the general sentiment in the psychological literature, where hope is overwhelmingly portrayed as a positive factor for well-being. Therefore, in Chapter 4, we sought to understand exactly how people invoke hope when speaking about long-term adversity. We were broadly interested in how these reflections on hope relate to current (psychological) conceptualizations of hope.

In order to study this in-depth, we revisited some of our participants and this time also asked them about hope explicitly. Our analyses reflected themes of hope that we know from the psychological literature, most notably hope for specific outcomes or goals. However, rather than hope being portrayed as the *ability* to reach these goals like often in the literature, hope in this study only became a topic of discussion when there was *little agency*. In line with this finding, we also saw hope as dependent on others rather than oneself which is also opposite the idea of hope requiring agency.

Additionally, hope was invoked as something one can mobilize as the final straw, or reversely, turn off in order to be able to cope. Hope was also used as a means of distancing oneself from excessive negativity, and lastly, hope became apparent as a redundancy when things are going relatively well.

This chapter shows an interesting paradox: language invoking hope is mainly used by participants who are *losing* hope. On the other hand, we also saw that hope can be consciously reasoned and can consequently be a ‘life raft’ for people in the most desperate times. But in both cases, hope only becomes psychologically relevant in situations with very little perspective or agency, and it expresses otherwise unspeakable despair.

Theoretical implications

When I started the studies on hope, my focus was predominantly on the ‘positive aspects’ of hope. I was fascinated by how, in the Groningen context, people

lost all hope, while others in similar ‘hopeless’ situations were able to remain hopeful. I hypothesized that these feelings of hope may play a key role for the health and well-being of affected citizens. This idea was reinforced when I was initially reviewing the psychological literature on hope, because nearly all articles I found took a positive approach towards hope. One of the most common approaches is Hope Theory as described by Snyder and colleagues (1996). It defines hope as a goal-oriented approach, where one has to have a concrete goal in mind, and to have the ‘will and the ways’ to reach this goal. Whereas this may be a useful approach to hope in, for example, an academic context (e.g., hoping to pass an exam), this approach and its corresponding scale containing items such as “I can think of many ways to get out of a jam” may not be as useful in contexts of severe adversity. For example, the phrase ‘a jam’ may not be suitable to describe the situation of someone whose house was damaged repeatedly, who is getting mired in damage claims, who can not sell their home anymore, who sees their home crumble and the situation getting worse, and who consequently feels trapped in a desperate situation. Among those for whom it increasingly appears that there are no ways out, Snyder’s focus on goals and the will and ways to reach them may be misplaced.

Two contexts that are also common in the literature and that do consider adversity are 1) hope in intractable conflicts and 2) hope in coping with incurable disease. The first considers hope a motivational emotion (Leshem & Halperin, 2020) that can inspire and instigate action for social change. While this literature offers important insights about what hope can do, it *assumes* that hope is an emotion but does not itself contain a deeper analysis of the properties of hope. In line with the prevalent assumption that “emotions are for action” (e.g., Frijda et al., 1989) it is therefore assumed that hope is a means to an end, and this tends to be studied in a context in which hope is related to actions for a higher purpose (peace). In this dissertation we aimed to delve deeper and provide a broader perspective on hope — less concerned with action tendencies and more concerned with hope itself.

The literature on hope in coping with incurable disease has a fundamentally different view on hope from the other literatures we discussed — rather than seeing hope as the relationship between the self and the goal or an outcome (be it in a context of adversity or not), this literature sees hope as a resource even though the object of hope (i.e., the goal or outcome) may shift (Elliott & Olver, 2002). So for example,

when a cure is no longer possible, hope may shift from hope for a cure to hope for a dignified death. While this literature gives a much more fine-grained analysis of hope, there remains an overriding assumption that hope is a source of *strength* as the end nears. In other words, this literature also tends to not examine very deeply the bitter connotations of hope that philosophers are so intrigued by, and that we have seen while conducting interviews.

In light of these approaches in the literature, we discuss the theoretical implications of this dissertation. In line with previous literature, we show that hope and health are positively associated. However, this is too simple of a conclusion as we have also found some important theoretical differences between previous literature and this dissertation. First and foremost, a perspective on hope that is largely neglected in previous literature but is prevalent in all chapters in the current work, is that we see that hope is inextricably linked with despair: 1) hope is beneficial for health especially among people who face the highest levels of adversity and less so for those who face little adversity, 2) people dissociate general hope and hope for adversity: when losing the latter, some retain the former, and 3) hope becomes psychologically relevant in language when people speak about despair. So across these findings, what stands out is that hope becomes psychologically relevant for people who face adversity. This is paradoxical: in situations in which people could despair, hope plays a more prominent role according to the quantitative analyses and hope language enters their discourse more prominently. This idea is to our knowledge not present in the literature. Take for example Snyder's conceptualization of hope, in which hope is operationalized as a goal-directed emotion, which is most suitable for studying hope in 'neutral' contexts. We think this conceptualization of hope only informs us about a very limited portion of hope. We argue that researchers need to conceptualize hope more broadly than does the Snyder Hope scale (and other common scales alike).

Building upon this, we also show that hope often only becomes psychologically relevant when there is little personal control. This idea is in stark contrast to Snyder's conceptualization, as that conceptualization is all about the likelihood of the self reaching goals. The two components of hope according to this theory, agency and pathways, are strongly geared to personal control, while we find that hope is especially important when there is little personal control. While the research on social and political change in intractable conflict also operates in a context

with little to no personal control, hope is still considered as something that motivates personal action. We think though, that especially if personal action is not possible, it is then that hope is 'needed'.

In situations which are prospectless and therefore might induce despair, hope is psychologically relevant for many and is a topic for discussion (and presumably rumination too). By necessity this makes hope a very complex emotion. The first complication is that hope can be experienced as a unitary construct or it can be multifaceted. In the research we showed that individuals can (but not always do) dissociate three facets from one another. The dissociations we show are that 1) hope can be general, but hope can also be specific in relation to the context, and 2) hope can be for oneself or hope for others. Additionally, the way that people talk about hope suggests that hope can be consciously turned on and off depending on the person's needs. If the way people talk translates to the way they think, this means that low hope may be a conscious effort to maintain well-being. Third, when people talk about hope this is often in situations which are prospectless: when they don't see a way out. This indicates that the presence of hope is a mental turn to salvage hope (and not fall into despair) even in situations which offer no easy ways out any more. In the classic conception of what emotions are, this is a curious one: this is a mental state that energizes, perhaps, but there are signs its main functions might be to "keep going", not to pursue particular avenues towards desired ends. And quite tellingly, in this respect, is that people also spoke to us of "hope" in the context of their darkest thoughts, about ending their own life or becoming violent towards others. Hope, then, may signal despair.

All in all, based on our analysis of the complex nature of hope, we have reached the conclusion that studying hope is important, as hope may benefit health and well-being, but this should be done meticulously. First, researchers need to consider the psychological relevance of hope within the context or phenomenon in which they want to study hope. Hope unites the positive and the negative in an interesting manner; researchers cannot take for granted that it's positive. We give suggestions on how to implement this in future research below.

Practical implications

In Chapters 2 and 3 we show that hope, and more specifically a general sense of hope, is positively related to well-being. This tells us that hope should be fueled in patients. But there are some important nuances. First, we have also seen cases where *giving up on hope* for a specific outcome was actually beneficial for a person's well-being. This raises the question whether it is always and for all outcomes good to fuel hope in patients. Whilst the coping literature (as discussed in Chapter 1) shows us that hope can be a positive *resource* for patients that helps them cope with discomfort and which stops them from falling into despair, it also shows that hope may be maladaptive when an outcome is no longer attainable. In these cases, unless the *object* of hope changes to that which is still attainable, hope can become counterproductive and a burden to those patients and family. In Chapter 4, we additionally saw that sometimes, consciously letting go of hope can be cathartic and cause some much needed relief. Although hope may later be redirected to a different object, it is important to consider that a patient or victim may be helped by this conscious process of taking control and having agency in letting go of hope.

Second, while our studies do show that maintaining hope in general is prospectively beneficial for health, there is also the finding that hope is more predictive in situations which are more desperate. Accordingly, one should be very aware that when hope enters language (and presumably when hope takes on a special meaning for people in their experience of a particular situation) one should be very alert that this is not just a positive signal. Hope springs up especially when the situation is experienced as prospectless: people might even be actively invoking hope because it stops them from falling into despair and giving up altogether. So, when clients in professional contexts (e.g., therapeutic ones) say that they hope for a good outcome, this should warrant a further inquiry: does the client have confidence about their future, or do they experience their situation as prospectless, desolate, powerless, and so on.

Limitations and future directions

The present work has several limitations. First, we want to discuss the way we have operationalized hope in Chapter 2, with a single item about general hope. We

chose this measure because existent measures did not capture well what we were interested in. Then, after conducting this study, we slowly refined our insights into hope. As we have shown in Chapter 3, what is hoped for is of importance for understanding the relationship between hope and well-being. However, we cannot know this from the way we measured hope in Chapter 2. Additionally, we cannot know what ‘hopeful’ in this general sense meant to participants. The study in Chapter 4 tells us that hope being relevant in one’s life equals a high level of adversity, and so following from that, being hopeful should be correlated to *lower* levels of well-being. But if participants equate being ‘hopeful’ to being ‘happy’, ‘cheerful’ or ‘optimistic’, this effect might — and does — not show in the data. The way we measured hope in Chapter 3, with three different domains to hope for, shows a more nuanced picture.

Moving forward, it would be good for future research to operationalize hope differently, with more attention to its dark side. On the basis of the current dissertation, we give some suggestions for such a future research agenda. The measure should pay attention to:

1) Disentangling aspects of the situation and one’s psychological response to it. The psychological relevance of hope can only be assessed if the context is not interrogated. When a participant scores low on an item asking them “how hopeful are you at this moment”, for example, people could be experiencing not so much hope because their situation is prospectless and they are losing hope as a result, *or* because their situation is outstanding and hope is simply not a factor in their lives as a result. This may be measured for example with an appraisal of the necessity of hope given the context.

2) General and domain-specific hope. The current dissertation shows that people make a distinction between general and specific hope, and that this can be meaningful for their levels of well-being (e.g., maintaining general hope while experiencing low domain-specific hope has predictive value when it comes to well-being).

4) Hope on a collective level. Often, perhaps when hope is less relevant in one’s own life, people do experience hope for others when it is relevant in their lives. This ‘hope by proxy’ is an interesting and promising variable in coping literature.

5) Levels of *despair*. Hope and despair may not be the extremes on the same scale and can coexist. Especially in research on health and well-being, the interaction

between hope and despair is important. People who despair have the highest risk for negative health effects, but experiencing hope may buffer this effect. Conversely, understanding the experience of hope may become much richer by also understanding the experience of despair.

That being said, future research should investigate the theoretical relationship between hope and despair (possibly with a scale like we described before), as we think it is very important to understand this interplay in order to understand hope. Because hope may be a signal of despair, it is important to understand whether a person indicates they are hopeful because everything is going well, or because they need hope to cling to because they are in a hopeless situation.

Conclusion

This dissertation focused on hope as a general concept, and more specifically on the relationship between hope and well-being when facing adversity. We approach hope somewhat differently from the literature, as we consider hope in a long-term adversity context and also consider whether hope in this context may be negative. I draw two overarching conclusions from my findings: 1) maintaining feelings of hope is beneficial for health, especially for those who face adversity, and 2) hope can be paradoxical, because the presence of hope may indicate the presence of despair. Taken together, this means that when there is hope, it may indicate that there is despair, and when there is despair, it is important to maintain hope to minimize negative health outcomes.

