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Three Spheres of Hope: Generalised, Particularised and Transformative

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Abstract

Hope is a common yet illusive quality which has fascinated academe for centuries. Theologians, philosophers, medical professionals, psychologists and others, have considered its strengths and limitations, each emphasising different aspects of hope. In the quest to understanding hope, nurse researchers have identified two qualitatively different spheres of hope, *generalised* and *particularised*. Generalised hope is a life attitude which expects the positive without goal focus while at the same time being grounded in reality. Particularised hope is goal focused and relies, to a large degree, on personal self-efficacy and resilience. Substantial research on these two spheres of hope has been conducted over the past thirty years. This research has explored a range of dimensions of hope within these two spheres including the cognitive, affective, affiliative, temporal and transpersonal, to name a few. This chapter not only explores these two spheres and related dimensions of hope but proposes a third sphere namely *transformative hope*. Transformative hope acknowledges the contribution of the other spheres of hope but goes beyond them. This sphere is best described as a hope which emerges out of active contemplation and reflection and allows for deeper self-awareness and awareness of otherness. By its nature it is integrative, providing space for the more diffuse generalised hope, and goal oriented particularised hope, while at the same time enabling a fundamental transformation of the self through non-dualistic thinking, reflectivity and awareness. Transformative hope unearths our ontological and epistemological assumptions, providing opportunity for a realignment of our personal worldview. Hope always involves liminal space, the experience of the 'here but not yet'. Liminality is a call to enter mindful/contemplative consciousness and it is this state which potentially transforms our personal worldviews. The following discussion explores all three spheres of hope giving particular attention to the dimensions of transformative hope.

Key Words: Generalised hope, particularised hope, transformative hope, liminality, non-dualistic thinking, ontology, epistemology, reflectivity, awareness.

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To hope or not to hope is an age old question. The benefits and disadvantages of hope were questioned even in antiquity. The dilemma of hope is vividly captured in the story of Pandora's Box and leaves us to wonder, is hope one of the plagues or a virtue delayed? For some, hope is essential for life; for others, hope is too closely related to unruly desire and attachment, and therefore better avoided.

The position taken in this chapter acknowledges both positions, recognising that hope can increase suffering, especially when linked to emotional attachments but, alternatively, it can be the pathway to life and health. The following discussion incorporates research from mental health disciplines, neuropsychology, and from contemplative spiritual traditions.

Until about thirty years ago, there was very little research on hope within the health or mental health fields. Previously, the majority of theorising and discussion on hope came from philosophy and theology. Much of the more recent research on hope has been conducted within the disciplines of nursing and psychology. One of the benefits of this research is that it has focused on client/patient subjectivity and also on evidence-based practice. In other words, we now have more research information about how people experience hope, and what practices effectively encourage hope.

In many ways, hope research is a natural theme for nurse researchers as nurses are most likely to encounter people suffering with life threatening illnesses, or at least illnesses which challenge their hope for living. For example, consider the person who survives a cancer operation only to now live with a colostomy bag. When the parameters of one's life are constrained, hope is nearly always challenged. Early nursing research investigated how palliative care patients understood and experienced hope and identified two qualitatively different types of hope - *Generalised* and *Particularised Hope*.

1. Generalised Hope

Generalised hope is defined as 'a sense of some future beneficial but indeterminate developments'.[1] It is a hope which is broad in scope and not linked to any goal, concrete object, or quality of being. This form of hope is best understood as a state of mind or life orientation. Examples of generalised hope are seen in research interviews with terminally ill patients. One patient stated, 'I don't hope for anything in particular, I just hope', while another commented, 'Hope keeps me going. It is an outlook that makes everything worthwhile'.[2]

The first quote 'I don't hope for anything in particular, I just hope' highlights the action of hope. It however raises the question, if there is no clear goal or expectation for which the person is hoping, then on what is the action of hope focused? The action here is holding a positive life attitude in mind. When it is considered that this patient knows that she will be dead within a short period of time, the holding of a positive attitude of mind is a highly worthy endeavour. While most would acknowledge the benefits of this personal stance or discipline of mind, the question might be raised 'Is this only a form of optimism?' While optimism shares some common features with generalised hope, it is a cognitive trait directed at holding a positive life orientation whether there is evidence for it or not.[3] Generalised hope also holds a positive life orientation, but one grounded in reality. These patients are not positive because they believe that life will work out

well, they know they are going to die soon. They hold hope because they know, through experience, that a positive habit of mind provides the best quality of life.

One of the benefits of generalised hope is that it provides flexibility in approaching life and the future. As this type of hope is not connected to the attainment of specific goals but rather is more an attitude and life orientation, it enables the hoper to adjust positively to life's vagaries. Generalised hope is likely to be based in both personal *trait* and *experience*. Snyder's research suggests that hope has a trait component which varies between individuals.[4] Experience also teaches people that while life presents many challenges, life's difficulties themselves do not define an individual. Hope, in this respect, is linked to personal identity or sense of self.[5] In addition, generalised hope appears to be associated with the individual's meaning-making system, especially meaning around the nature of life and the transcendent.[6] Those who conceive of life and the universe as being fundamentally benevolent, find hope an easy companion. Generalised hope seems to enable equanimity in the hoper, an acceptance of what is, without the need to strive unnecessarily. Those with generalised hope are more accepting of their circumstances and ready to maintain a hopeful outlook. It seems that acceptance is possible because the individual is able to trust that life will be okay even in the midst of difficulties.

1. Particularised Hope

Particularised hope is based on the achievement of specific goals and outcomes. It is founded on the belief that

- 'What exists at present can be improved
- What a person does not have at this time can be attained or received
- The desired circumstances surrounding an event will occur
- What is valued in the present can be part of the hoping person's future'.[7]

Such beliefs encourage personal agency and as such motivate individuals to pursue and achieve their goals. This type of hope has a strong cognitive component and involves goal identification, reality assessment, and assessment of personal capacities.

Snyder, a seminal psychology researcher and commentator on hope, also conceptualises hope as a quality which is based on personal agency and goal focus.[8] In Snyder's scheme, hope has three elements: *goals, pathways,* and *agency*. The nature and importance of goals in the development and maintenance of hope is obvious. Pathways-thinking is understood by Snyder to be the capacity of the individual to develop routes or strategies to achieve these goals. According to his research, high hopers are able to develop a range of facilitative pathways to reach

their goals and are flexible in identifying alternative routes when necessary.[9] Personal agency is also seen to be an essential element in the development of hope, for without it goals and pathways may not be engaged. These three components of hope are understood to act together synergistically, each supporting the others.

Snyder's hope theory is predominately a cognitive model although he does acknowledge the importance of emotions in the development of hope. Emotions are understood as being a consequence of cognitive focus and content. Hence, as one pursues goals and focuses thought on desired outcomes and related strategies, emotions tend to be positively charged. A lack in any of the three elements of hope is likely to lead to less positive emotions. This view of the relationship between cognitions and emotions is consistent with the theoretical framework of Cognitive Behaviour Therapy wherein cognitions are understood to be the primary determinants of emotion and behaviour.[10]

Generalised hope and particularised hope are complementary. At times we may struggle to hold onto specific goals and the agency to drive us towards their attainment. At such times generalised hope, founded on trust in the benevolence of life and on one's own sense of self, may provide the primary foundation of our hope. At other times, we may find our hope more in the pursuit of future attainments and in the belief that any delay in achieving our goals only strengthens our resolve to move positively towards the future.

While this complementarity is highly beneficial, hope is not always found in these two spheres. Generalised hope, while flexible, is also somewhat diffuse and unfocused. Generalised hope often does have the power to uphold the individual in difficult times, but trauma and extended life challenges often require a more explicit meaning base for which the capacities afforded by human traits and life experience may be insufficient. Similarly, particularised hope, with its cognitive and behavioural strengths may also fall short in providing the foundations of hope. One of the reasons for this is that human beings are much more than cognitions and behaviours. Such qualities tend to offer great support when logic, personal agency and control are viable, but they provide little support when logic provides no answers and we have no control over events and circumstances.

Hope is a difficult and, in many ways, mercurial notion. Writers like Thomas Aquinas, in trying to define hope, distinguished between hope as a *passion* and hope as a *virtue*.[11] Here, passion is associated with desire, and virtue with discipline or habit of mind. In a similar vein, Dufault and Martocchio, acknowledge that hope has contradictory qualities in that it expresses both *confidence* and *uncertainty*. They define hope as 'a multidimensional 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'.[12]

One of the qualities of hope that many have asserted is that it is essential for life. While some may debate this view, most would agree that a person full of hope is a person full of life. However, is the primary function of hope to provide life

energy for goal attainment? Hope is also considered to be the vehicle which transports people through great personal turmoil and tragedy to a place of acceptance and revitalisation. Hope is the quality that is present when all other supports and meaning frameworks seem to have disappeared. In these circumstances, there is little focus on specific goals, only a grasping for survival. When we consider that hope is pivotal in such dichotomous contexts as crisis and goal attainment, its versatility and importance is highlighted.

2. Transformative Hope

While generalised hope and particularised hope both provide energy and meaning for life, they do not necessarily transition the individual from a pre-distressed state to a post-distressed state. I propose that in addition to generalised and particularised hope, there is a hope that goes beyond these spheres and is a hope which transforms the individual's psyche and life-world. I am speaking here not of a hope that is present to functional or relational limitations but to crises of being. It is at times of crisis that we are presented with the opportunity or even the necessity to re-evaluate the entire basis of our existence. At these times we ask such questions as, 'Who am I?' 'What is my life about?' 'Is life worth living?' and 'Is there a God?' Times of crisis open a doorway into a liminal life-space, which is a transitional space between old and new ways of being.[13] Liminal space is transitional and transformative for in it we are neither fully in our old life-world nor in a new life-world. We exist between worlds, which is at best a disconcerting and confusing place to dwell. To transition from the old to the new, transformational hope is required, for hope draws us towards the future.[14]

One of the great benefits of transformational hope is that it provides us with the opportunity to engage with paradox, to manage contradiction. It is just as comfortable with the diffuse acceptance of generalised hope as it is with the self-efficacious and goal focused orientation of particularised hope. Transformational hope has no need to prefer one orientation over another. However, this ease reflects no naive compromise, for it is based in a deep struggle for new meaning, for a deeper understanding of life.

Transformative hope is typically activated in the context of crisis, although in theory it may emerge at any time. Even though it has long been recognised that crises often cause people to discover hidden personal resources, the actual mechanisms of transformative hope are not well understood. The best descriptions of these mechanisms have come from transpersonal psychology and spirituality. More recently, neuropsychology has provided further clarity to the mechanisms which are active in human functioning. One theory of psychotherapy which accounts for existing psychological knowledge, and more recent theoretical developments in neurology, whilst also appreciating the contributions of spirituality, is *Compassion Focused Therapy*.[15] All psychotherapies are founded on theories and research which aim to understand intrapersonal and interpersonal

processes, with the additional aim of identifying how psychotherapeutic change occurs. Over the past thirty to forty years, psychotherapy researchers have consistently found hope to be a key factor in therapeutic change.[16] More recently, researchers exploring therapeutic processes consistent with Compassion Focused Therapy have provided further insights into the elements of therapeutic change.

One of the central tenets of Compassion Focused Therapy is that therapy is most efficacious when we account for and work with the human *affect regulation system*. Neuroscience has increased our knowledge of neurological systems and, in particular, the importance of affect.[17] Incorporating this information into psychotherapy, Paul Gilbert developed a tripartite model of the human affect regulation systems. The many components of affective function are organised into three separate but related systems, the *drive system*, the *threat or flight/flight system* and the *contentment, safety, and affiliative system* (see figure 1).[18] Gilbert argues that psychotherapy has historically been good at working with the *drive* and *threat* systems but has largely ignored the *contentment* system. While all three systems are beneficial to human survival, a lack of balance between the systems is detrimental. Both the drive and threat systems are part of the sympathetic nervous system and so activate arousal and all its concomitant functions within the body. For example, when we feel we are in serious danger, whether physical or psychological, our nervous system activates a host of physiological survival responses including psychological defences. Typical psychological defences include Freud's well known defence mechanisms. More broadly, three overarching categories of defensive responses exist: *acquiescence*, *withdrawal/hiding*, and *attack*. Gilbert conceives of these defences in evolutionary terms as mechanisms that have developed slowly over millennia in response to need and also in response to the expansion of the human brain and nervous system. Human threat and survival instincts, he believes, are associated with the old brain and its emotional and visceral focus.[19] The new brain, seen in the development of the frontal lobe and the capacity for cognition and reflective thought, provides the capacity for goal focus, but also for non-discursive or contemplative thought and experience. One of the difficulties with the sympathetic nervous system is that it more easily defaults to the threat system when under stress. Hence, psychological stress or distress such as abuse or poor emotional attachment will automatically activate the threat system and its defences. Given this tendency and the driven nature of modern society, it is more difficult to access the contentment system.

The challenge of developing and maintaining the life giving force of hope needs to be placed in the context of these interrelated components of the affect regulation system. When in crisis, it is much more difficult not to be overtaken by defensive responses which are more unconscious and automatic, and therefore less available to cognitive analysis and reflection. The drive system is more closely related to frontal lobe functioning and therefore to reflective review. Particularised hope with its goal focus sits well within the affective drive regulation system.

When highly valued goals are selected and pathways to their achievement are identified and engaged, sympathetic arousal is activated propelling the individual towards hoped for goals. Generalised hope, on the other hand, is most likely to emerge when the threat and drive systems are less aroused. It functions best when these systems are not overactive. A central assertion of this chapter is that transformative hope is more accessible when the contentment system is more consciously engaged.

Figure 1: Three Types of Affect Regulation System. © 2005. Courtesy of Little, Brown Book Group

The significance of the contentment system has been intuitively recognised by contemplative spiritualities for centuries. One of the central features of contemplative and mindfulness practices is the calming of the mind with the aim of constraining discursive thought and attaining a meditative state. The benefits of such disciplines are many although the practitioner's principal aim is spiritual enlightenment and union with God or Universal Being. An associated benefit of mindfulness and contemplation is peace with oneself and with one's circumstances. Recognising the benefits provided by the affective regulation system, Gilbert has incorporated aspects of mindfulness practices into his approach to therapy.[20] There is mounting evidence that people struggling with mental health disorders, which have been less amenable to therapeutic change via standard therapies, have gained significant benefit from Compassion Focused Therapy and its focus on working with all three components of the affect regulation system.[21]

The insights from Compassion Focused Therapy support the premise of this chapter that a form of hope has the potential to transform the self when the

affective systems are balanced, which means when there is freer access to the contentment system. Transformative hope is not situated within any one affective regulation system although it is supported greatly by the provisions of the contentment system. Hope which transforms, moves freely between the trust in benevolence and acceptance of generalised hope, the goal-focused energy and assurance of particularised hope, and the non-discursive awareness (not knowing stance) provided by the contentment system.

One of the mechanisms of transformation is the contemplative engagement with our passions. This notion is paradoxical, as passions tend to result in goal identification and the activation of the drive system, while contemplation is a return to the contentment system and a letting go of our passionate drives. One of the insights from many spiritual traditions is that our passions, while potentially good, cause us suffering. Our attachment to our goals and passions and the delay in their fruition or the threat of their loss, results in stress and anxiety. Crisis situations are similar, and result in the activation of the threat system. One approach to the alleviation of such stressors is to rid ourselves of our passions and desires. The aim of relinquishing passions is to reach a state of non-attachment and its benefits of peace and equanimity. While it may be beneficial to rid ourselves of many goals and priorities, our intrinsic passions and their resulting turmoils have the potential to transform us. However, this is only true in the paradox of holding passions and desires within a mindful and contemplative space. If our passionate goal pursuits are singularly undertaken via the energy of the drive system, there is little room for non-discursive reflection. Such a state limits a deeper awareness of self and other. As mentioned earlier, personal transformation is often catalysed through crisis. Crisis has the dual potential of exposing our deepest passions and also of defeating the capacities of our drive system to provide resolution to our problems. When this is the case, a doorway into the contentment system becomes more obvious. It is in this paradox of holding passions in a contemplative state that transformative hope emerges, enabling a new hope based in non-dualistic consciousness. Transformative hope can envisage a future that acknowledges goals and passions but also experiences contentment whether the goals are achieved or not.

The equanimity afforded by transformational hoped is more than a generalised acceptance of life, for it is borne out of profound struggle to make sense of one's existence. It is a metamorphosis, a transformed worldview and a transformed self. The new understandings and experiences exist within paradox and seeming contradiction. The new self is more expansive and less linear in its orientation. Life goals, desires, and passions are still relevant but now are held in greater balance as the individual manages to find equilibrium between the different affective regulation systems. Cognition and discursive thought are now complemented by non-discursive awareness. The future can now be trusted in more fully, for it is not

totally dependent on individual agency, but on the activity of trust, contentment and affiliation.

Notes

[1] K. Dufault and B. Martocchio, 'Hope: Its Spheres and Dimensions,' *Nursing Clinics of North America* 20.2 (1985): 380.
[2] Dufault and Martocchio, 'Hope,' 380.
[3] Michael F. Scheier and Charles S. Carver, 'On the Power of Positive Thinking: The Benefits of Being Optimistic,' *Current Directions in Psychological Science* 2 (1993): 26-30.
[4] C. R. Snyder, 'Hope Theory: Rainbows in the Mind,' *Psychological Inquiry* 13.4 (2002): 249-275.
[5] Denis J. O'Hara, *Hope in Counselling and Psychotherapy* (London, UK: Sage Publications, 2013).
[6] Kaye Herth, 'Hope in the Family Caregiver of Terminally Ill People,' *Journal of Advanced Nursing* 18 (1993): 538-548.
[7] Dufault, and Martocchio, 'Hope,' 380-381.
[8] C. R. Snyder, 'Conceptualizing, Measuring, and Nurturing Hope,' *Journal of Counseling and Development* 73 (1995): 355-360.
[9] C. R. Snyder, Anne B. Lapointe, J. Jeffrey Crowson and Shannon Early, 'Preferences of High- and Low-Hope People for Self-Referential Input,' *Cognition and Emotion* 12 (1998): 807-823.
[10] Stefan G. Hofmann, *An Introduction to Modern CBT: Psychological Solutions to Mental Health Problems* (Chichester, UK: Wiley-Blackwell, 2011).
[11] Thomas Aquinas, *Summa Theologiae: 2a2ae* (Cambridge, England: Cambridge University Press, 2006), 17-22 (v. 33).
[12] Dufault, and Martocchio, 'Hope,' 380.
[13] Victor W. Turner, *The Ritual Process: Structure and Anti-Structure* (Chicago: Aldine, 1969).
[14] Denis J. O'Hara, 'Psychotherapy and the Dialectics of Hope and Despair,' *Counselling Psychology Quarterly* 24.4 (2011): 323-329.
[15] Paul Gilbert, 'Introducing Compassion-Focused Therapy,' *Advances in Psychiatric Treatment* 15 (2009): 199-208.
[16] Michael J. Lambert and Allan E. Bergin, 'The Effectiveness of Psychotherapy,' *Handbook of Psychotherapy and Behavior Change* (4th ed.), eds. Allan E. Bergin and Saul E. Garfield (New York: Wiley, 1994); Warren Kinghorn, 'Hope that is Seen is No Hope at All: Theological Constructions of Hope in Psychotherapy,' *Bulletin of the Menninger Clinic* 7 (2013): 369-394.
[17] Richard A. Depue and Jeannine V. Morrone-Strupinsky, 'A Neurobehavioral Model of Affiliative Bonding,' *Behavioral and Brain Sciences* 28 (2005): 313-95; Joseph E. LeDoux, *The Emotional Brain* (New York: Simon and Schuster, 1996);

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[18] Paul Gilbert, *The Compassionate Mind* (London: Constable and Robinson, 2010), 24.

[19] Ibid.

[20] Gilbert, 'Introducing Compassion-Focused Therapy.'

[21] Paul Gilbert and Sue Procter, 'Compassionate Mind Training for People with High Shame and Self-Criticism: A Pilot Study of a Group Therapy Approach,' *Clinical Psychology and Psychotherapy* 13 (2006): 353-79; Paul Gilbert, 'The Nature and Basis of Compassion-Focused Therapy,' *Hellenic Journal of Psychology* 6 (2009): 273-291.

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