Current Trends

Conceptualizing, Measuring, and Nurturing Hope

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Hope is defined as the process of thinking about one's goals, along with the motivation to move toward (agency) and the ways to achieve (pathways) those goals. After discussing other related concepts, the scale for measuring hope is introduced, and the role of hope in the counseling process is described.

Many previous writers have been skeptical and ambivalent about hope, suggesting that it is too vague to measure, and useless to measure if we could. Sophocles and Nietzche, for example, concluded that hope was illusory and that it caused more pain than benefit to humankind. Based on my research and that of others in the emerging area of health psychology, hope is increasingly being perceived as understandable, measurable, and essential as a coping strategy; moreover, ways of increasing hope also are being advanced. In this article, a recently developed theoretical model of hope is summarized along with the measurement instrument based on this theory. The usefulness of measuring hope is discussed, as well as the ways that a counselor can enhance hope in clients.

HOPE THEORY

If you close your eyes and think of the future, what image first comes to your mind? How long did it take you to see that something? If you are like others whom have performed this simple exercise, it only takes a few seconds to imagine something that you want to happen. We are intrinsically goal oriented when we think about our futures. In fact, goals capture our attention from the time we awaken in the morning until the time we go to sleep (where goals still take center stage when we dream).

That human beings are goal directed probably comes as no surprise to the reader, but this process is a fundamental starting point in understanding how we get to where we want to be in life. Although goal-directed thoughts provide the basic building blocks for human learning and coping (see Eiser & Gentle, 1988; Pervin, 1989), there are two necessary components to these goal-directed cognitions. These components are the cognitive willpower or energy to get moving toward one's goal (this is called the agency component) and the perceived ability to generate routes to get somewhere (this is called the pathways component). Thus, in thinking about goals, people perform a cognitive analysis of their agency and pathways. In street language, one needs both the "will and the way" to get somewhere. This simple premise led to my new definition of hope as the cognitive energy and pathways for goals. Higher hope, therefore, reflects an elevated sense of mental energy and pathways for goals. In more specific language, we (Snyder et al., 1991, p. 571) have defined hope as "a cognitive set that is based on a reciprocally derived sense of successful (a) agency (goal-directed determination) and (b) pathways (planning of ways to meet goals)."

Some elaborations of this hope model may be helpful. In my estimation, the "Where there is a will there is a way" saying needs to be modified. Although people often may have both the will and the way, sometimes they may not. Without both the agency and pathway for goals, according to hope theory, high-hope cognitions are not active. Neither agency nor pathways alone, therefore, is sufficient to produce high hope.

The current conceptualization of hope is phenomenological in nature and rests upon the cognitive appraisal of one's goal-related capabilities. Although external forces affecting goal-related activities may influence a person's cognitive analysis of agency and pathways, it is posited that there should be an enduring, cross-situational subjective level of hope. Thus, hope in this context is a dispositional concept, although it is possible to change dispositional hope over time (e.g., through counseling).

This hope model is clearly cognitive in its emphasis, but it does not imply that emotions are irrelevant. Rather, it is suggested that the quality of emotions reflect the person's perceived level of hope in the particular situation. Higher hope persons, with their elevated sense of agency and pathways for situations in general, approach a given goal with a positive emotional state, a sense of challenge, and a focus on success rather than failure. Low-hope persons, on the other hand, with their enduring perceptions of deficient agency and pathways in general, probably approach a given goal with a negative emotional state, a sense of ambivalence, and a focus upon failure rather than success.

COMPARISON OF THEORIES

Theories of Hope

In the last three decades, there have been two other theories of hope. First, operating out of a framework of social psychological theory on cognitive schemas, Stotland suggested that the core of hope was "an expectation greater than zero of achieving a goal" (1969, p. 2). Elevated hope, in this context, reflects a high perceived probability of attaining a goal. Stotland also assumed that some minimum level of goal importance was necessary for hope to be operative. Although Stotland reasoned that it may be feasible to ask a person what his or her expectation of goal achievement may be, he noted that this is rarely done. Rather, we are said to infer this expectation by observing how a person reacts to antecedent conditions in terms of subsequent behavioral outcomes. This theory, like hope theory, emphasizes the person's cognitive analysis of goal-related outcomes. Hope theory breaks this cognitive process into two subcomponents (agency and

pathways), and instead of inferring it from behavior, measures hope through a psychometrically sound and valid scale (to be discussed subsequently). Stotland's theory has the advantage of parsimoniously defining hope, but the two cognitive components of agency and pathways may provide a more complete exposition of the goal-seeking process.

The other and more recent definition of hope is that offered by Averill and colleagues, who have conducted survey research aimed at discovering how people define hope. Averill, Catlin, and Chon (1990) suggested that hope is an emotion that has cognitive rules governing it. In particular, the emotion of hope is seen as being appropriate when a goal is important, under some control, at the midrange in terms of probability of attainment, and socially acceptable. This approach obviously rests upon a social constructionist underpinning in which the focus is on the norms or guidelines that are established in a given societal context. This theory is more complex than hope theory, but it has the ecological validity of being based on how people perceive it. Relative to hope theory, however, this emotion- and rule-based definition does not lend itself as easily to measurement.

Theories of Optimism

Two theories of optimism are presently receiving attention in the literature. First, Scheier and Carver (1985, 1987) have defined optimism as a generalized (i.e., cross-situational) positive outcome expectancy. Additionally, these authors have developed and validated a brief self-report instrument that reflects this definition. Thus, this theory of optimism has the advantages of being parsimonious, applicable across situations, and amenable to measurement. Relative to this theory of optimism, hope theory is somewhat more complex in that it involves two components. In this regard, however, hope theory may provide a more complete sense of the goal-directed cognitions of people. That is to say, even though an optimist may believe that "things will work out," that optimist may lack the pathways cognitions important in reaching one's goals. Therefore, an optimist may be stuck when blocked from a goal, whereas the high-hope person should produce new routes when the original path to a goal is blocked. Hope theory is similar to optimism in that both are cognitive, cross-situational, and both have brief, valid measurement instruments.

The other approach to optimism evolved out of the learned helplessness theory of Seligman and colleagues. Although the original thrust of this theory was on how people have a pessimistic explanatory style of internalizing and generalizing (over time and situations) the bad events that happen to them, recently the focus has switched to an examination of persons with an optimistic attributional style. According to this latter perspective espoused by Seligman (1991; see also Peterson & Bossio, 1991), the optimist thinks about bad events in a way that externalizes and circumscribes these events. The learned helplessness approach has the advantage of having spawned an enormous research literature, although there is far less on the recent optimism tract. Additionally, there is a self-report scale of optimism derived from this theory, but the optimism scale per se has not received much validation or psychometric analysis to date. (There has been extensive research and debate about the more general measure of attributional style [see Peterson, 1991; Peterson et al., 1982]). Hope theory differs from the Seligman and colleagues' perspective in that hope is conceptualized as a cognitive process involving how people link themselves to positive goals, whereas optimism is basically an excuse-like strategy whereby people distance themselves from negative outcomes. Both theories are cognitive and cross-situational in their emphases (see Snyder, 1994a).

Self-Efficacy Theory

Bandura's (1977, 1986, 1989) theory of self-efficacy is based on the premise that there are two sets of expectancies (implicitly assumed as applying to desired outcomes). These expectancies involve outcome expectancies (i.e., whether the person believes that a particular behavior will produce a given outcome) and efficacy expectancies (i.e., the person's confidence that he or she can undertake the given behavior that will lead to the desired outcome). Although Bandura has noted the bidirectionality of outcome and efficacy expectancies, he believes that efficacy expectancies are the most important. Self-efficacy theory has received extensive research scrutiny, and there is widespread support for the importance of outcome and efficacy expectancies. The efficacy expectancies are similar to the agency component of hope theory, and outcome expectancies are analagous to the pathways component. Unlike self-efficacy theory with its emphasis on efficacy expectancies, however, hope theory posits that both agency and pathways are necessary and iterative as people undertake a goal-directed enterprise. Additionally, Bandura has steadfastly held that efficacy expectancies are situation specific; hope theory takes a cross-situational perspective. Last, both theories are cognitive in orientation.

In summary, although hope theory obviously has much in common with other recent cognitive and motivational theories, it has defining properties that distinguish it from its relatives. Furthermore, hope theory has an advantage over most related theories in that it is amenable to the development of a measurement instrument.

MEASURING HOPE

Contrary to common perceptions among laypeople and historical writers that hope is too vague to measure, my colleagues and I have used hope theory as a framework for measuring hope. Accordingly, we have developed a dispositional self-report scale based on the aforementioned theory of hope. The Hope Scale is shown in Table 1 (see Snyder, 1989, and Snyder et al., 1991, for the specifics pertaining to the psychometric characteristics).

Scoring and Norms

The agency subscale score is derived by adding Items 2, 9, 10, and 12; the pathways subscale score is derived by adding Items 1, 4, 6, and 8. The total Hope Scale score is derived by adding the four agency and the four pathways items. (Items 3, 5, 7, and 11 were added as distracters to make the content of the scale less obvious.)

The highest possible Hope Scale score is 32, and the lowest score is 8. Average scores for college and noncollege samples of people are approximately 24, with significantly lower scores for people who are seeking psychological help and those persons who are inpatients at psychiatric hospitals.

Sex and Racial Differences

In research that has been conducted with several thousands of men and women taking the Hope Scale, no sex differences have been obtained. In the extent to which societal factors provide differentially rewarded behaviors for men and women, it is surprising that sex differences have not emerged in Hope Scale scores. Another interesting prediction, based on differential goal availability to persons of varying racial backgrounds in the United States, is that persons of color may have lower hope. There is no support for this conclusion,

but the sampling needs to be expanded to more adequately answer this important question.

Internal Structure and Temporal Consistency

Research on the Hope Scale indicates that it has acceptable internal reliability. More specifically, the item-remainder coefficients for each item are significant (ranging from .23 to .63), and the coefficient alpha is acceptably high (Cronbach's alphas of .74 to .84). Additionally, the four agency items intercorrelate highly with each other, as do the four pathways items; factor-analytic procedures have confirmed the identifiability of the two components as well as the appropriateness of their overall summation to yield a total hope score. In several studies, the agency subscale scores have correlated in the +.40 range with pathways subscale scores, lending support to the theoretical supposition that these two components of hope are related but not synonymous. In this regard, about 30% of people taking the Hope Scale have both high agency and pathways, and as such they exemplify truly high hope. At the other extreme, about 5% of people have relatively low agency and pathways; they are obviously low-hope persons. Interestingly, about 10% of people taking the Hope Scale score higher on only one of the hope components.

Turning to test-retest reliability of the Hope Scale, it has been readministered to people after intervals of 3 to 10 weeks, with the magnitudes of the correlations typically being in the +.80 range. This lends support to the premise that hope has a dispositional, cross-temporal (and, by inference, cross-situational) underpinning.

Concurrent Validity

One important characteristic of a new scale pertains to whether it shows predictable correlations with other existing scales. In this regard, the Hope Scale appears to have concurrent validity in that it correlates positively with measures of self-esteem, perceived problem-solving capabilities, perceptions of control in life, optimism, positive affectivity, and positive outcome expectancies. Conversely, the Hope Scale correlates negatively with social introversion, depression, negative affectivity, and anxiety.

Construct Validity

Another important type of corroborative information about a new scale pertains to whether it measures what it purports to measure. In this regard, high- and low-hope persons report agency and pathways cognitions for their goals that are theoretically predicted. In a situation in which high- and low-hope persons, as measured by the Hope Scale, pursue a goal unfettered by any impediments, the higher hope individuals report more mental energy and pathways for their goals. Perhaps even more important, however, it should be noted that higher hope persons especially report more mental energy and pathways for their goals when there are blocks to those goals. To put a twist on an old saying, "When the going gets tough, the hopeful keep going."

Discriminant Utility

Yet another, more stringent test for a new self-report measure is to ascertain whether it accounts for unique variance in predicting theoretically related outcomes. In other words, even though the Hope Scale evidences theoretically predicted correlations with other related measures, does it account for additional variance beyond that related to other related constructs (and their self-report measures)? In a series of studies (e.g., Snyder et al., 1991), the scores on the Hope Scale have predicted coping, well-being, and reported psychological health responses significantly beyond projections related to measures of anxiety, positive and negative affectivity, optimism, positive outcome expectancies, and locus of control. These, as well as other results, corroborate the fact that the Hope Scale captures unique predictive variance in predicting and understanding relevant coping activities.

Appraisal Processes

Research suggests that higher as compared with lower hope persons (as measured by the Hope Scale) experience their goals in a phenomenologically more positive fashion. In particular, high-hope people undertake their goals with a focus on succeeding rather than failing, a challenge-like set, the perception that they will obtain their goals, and a positive emotional state. Furthermore, high-hope people see roadblocks to their goals as being a normal part of life.

The aforementioned data in regard to the development and validation of the Hope Scale support the contention that hope is a concrete way of thinking about oneself in relation to goals and that it is not some loose, unmeasureable philosophical notion. Furthermore, to know the levels of hope for our clients, or to know one's own level of hope, provides important knowledge about counseling and the coping process more generally.

TABLE 1

The Hope Scale

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes you and put that number in the blank provided.

1 = Definitely False	**3 = Mostly True**
2 = Mostly False	**4 = Definitely True**

_____ 1. I can think of many ways to get out of a jam.
_____ 2. I energetically pursue my goals.
_____ 3. I feel tired most of the time.
_____ 4. There are lots of ways around any problem.
_____ 5. I am easily downed in an argument.
_____ 6. I can think of many ways to get the things in life that are most important to me.
_____ 7. I worry about my health.
_____ 8. Even when others get discouraged, I know I can find a way to solve the problem.
_____ 9. My past experiences have prepared me well for my future.
_____ 10. I've been pretty successful in life.
_____ 11. I usually find myself worrying about something.
_____ 12. I meet the goals that I set for myself.

When administering the scale, it is labeled the Future Scale. (From C. R. Snyder et al., *Journal of Personality and Social Psychology*, Vol. 60, p. 585. © 1991 by the American Psychological Association. Reprinted by permission.)

IMPLICATIONS FOR COUNSELORS

Do persons who are higher as compared with lower in dispositional hope actually have better outcomes in their lives? The answer is a resounding yes. For those of us who counsel other people, it may prove useful to know our clients' level of dispositional hope to make predictions about their eventual improvement.

The advantages of elevated hope are many. Higher as compared with lower hope people have a greater number of goals, have more difficult goals, have success at achieving their goals, perceive their goals as challenges, have greater happiness and less distress, have

superior coping skills, recover better from physical injury, and report less burnout at work, to name but a few advantages (see Elliott, Witty, Herrick, & Hoffman, 1991; Sherwin, Elliott, Frank, & Hoffman,1992; Snyder, 1993, 1994a, 1994b; Snyder et al., 1991; Snyder, Irving, & Anderson, 1991). Hope is powerful in the sense that it typically can predict these positive outcomes even when one controls for the effects of intelligence and other available psychological motives (e.g., optimism, locus of control, positive and negative affect). This is worth repeating: Hope is not synonymous with intelligence, nor is it the same as being optimistic. It is more. High hope often assures the person of success in reaching goals; high intelligence may only give the person a chance.

Another benefit of measuring hope is that we can identify high-hope people and see what they do naturally to achieve their advantages in living. That is to say, we can learn from high-hope people about how to help others who have deflated senses of mental agency or pathways for their goals (i.e., low-hope people). Beyond the obvious fact that they have more cognitive energy and pathways for their goals, high-hope people can give us clues about how they do it.

The overall Hope Scale score, as well as the agency and pathways subscale scores, may provide useful diagnostic information. In many instances of counseling, we do not have clients who have high hope when they come to see us. Take the most difficult diagnostic example, that of a client with low agency and low pathways. Upon learning of this instance of pure low hope, the counselor may want to explore whether the person has any resources or strengths. Even low-hope people may have pockets of hope onto which to build.

Truly low-hope clients may lack any sense of goals in their lives, or they may perceive that their desired goals are blocked. Clinically, the helper obviously needs to become concerned when the client begins to entertain the goal of killing him- or herself. *Homo sapiens*, with our highly developed cognitive capacities, may resort to death when all other life options are perceived to be lacking. Suicide is the demise of hope in the sense that continued living is no longer the goal (Farber, 1968). In another sense, suicide exemplifies the principles of hope theory in that the person arrives at a final goal of death and thereafter becomes energized and finds a pathway to accomplish this goal. Indeed, potential lethality indicators for successful suicides include an elevated level of energy and a concrete plan (Snyder, 1994b).

The Hope Scale also may yield useful diagnostic information in those instances in which a client reports a high sense of agency but a low sense of pathways. This type of client may have the mental energy to motivate him- or herself toward goals, but may be stymied because there is no sense of being able to generate the pathways to those goals. The counselor would want to focus on increasing the capabilities of such clients to find routes to their goals. Contrary to this high agency–low pathways type of client, the Hope Scale may yield a profile of a person who is relatively low in agency, but high in pathways for goals. The work with these clients obviously would focus on ways of enhancing the mental energy for goals (see Snyder, 1994b).

Before leaving the present section on the usefulness of knowing hope, it is appropriate to consider the implications of the counselor's level of hope. Counselors experience considerable stressors over the course of their careers, and burnout is a significant problem. Research suggests that higher-hope helpers (e.g., those among a sample of nurses varying in levels of hope) are less likely to experience the negative effects of burnout (Sherwin et al.,1992). Likewise, it is possible that the helper's level of hope is translated into the lives of those receiving help. In this regard, correlational evidence has revealed that the hope of staff members (in rehabilitation agencies) correlates positively (and significantly) with the level of hope reported for their clients (Crouch, 1986). At the very least, helpers are important role models for their clients. Knowing one's level of hope, therefore, may provide information about one's potential effectiveness. In this sense, the axiom "healer, know thyself" is applicable.

NURTURING HOPE

In the previous discussion, the emphasis was on the measurement of dispositional hope and the role that this plays in the counseling process. Here, hope theory is applied to better understand how the change process occurs in counseling clients.

Clarifying Goals

The foundation of hope theory is built on the importance and necessity of goals in daily living. There is much to be gained from fashioning very concrete goals. Hope, as described earlier, is not a vague concept. Indeed, the goals that high-hope people visualize are vivid and fully describable to oneself and others. Although this point may seem very obvious, it is surprisingly common to find that people cannot clearly articulate what it is that they want. Goals that take the form of "to do my best" are so vague that they are not much use to people in terms of motivation; nor are these vague goals helpful in achieving any sense that one is making progress. When a concrete goal becomes imaginable, perhaps through the efforts of a counselor, this alone can unleash the person's sense of energy to pursue the goal, as well as the capability to generate pathways.

A second major point to be made here pertains to the adaptiveness of establishing doable goals. In addition to helping a person make his or her goals concrete, therefore, it is hope inducing to make sure that the goals can be met. This is not to suggest that the person cannot have big and long-range goals, but rather that the best way to think about those goals is to break them down into step-by-step subgoals. In conceptualizing goals in this latter step-by-step fashion, the "hope trip" to the final goal will be more successful and satisfying because the person can sense progress.

Building or Rebuilding Agency and Pathways

The following brief suggestions for enhancing the sense of personal agency and pathways are derived from discoveries of what high-hope persons say and do, and from research aimed at changing agency and pathways. Included in the agency- and pathways-enhancing lessons are the following:

- Learning self-talk about succeeding
- Thinking of difficulties encountered as reflecting wrong strategy, not lack of talent
- Thinking of goals and setbacks as challenges, not failures
- Recalling past successes
- Hearing stories of how other people have succeeded (e.g., movies, tapes, books)
- Cultivating friends with whom you can talk about goals
- Finding role models that you can emulate (everyday heroes are closer than you think)
- Exercising physically (relearning that the body and mind are connected)
- Eating properly (remembering that you need fuel)

- Resting adequately (recharging for the next active goal-directed output)
- Laughing at oneself (especially when stuck)
- Regoaling (persistence in the face of absolute goal blockage deflates agency and pathways)
- Rewarding oneself for small subgoal attainments on the way to larger, long-term goals
- Educating oneself for specific skills, as well as learning how to learn

The enhancement of agency and pathways, through one or more of the aforementioned lessons, may produce more positive interactions between parents and children, psychotherapists and clients, managers and employees, coaches and athletes, teachers and students, and partners in relationships (see Snyder, 1994b).

Although there obviously are many different approaches for promoting positive change in people, these various "change" or "growth" interventions all share an underlying process: They attempt to increase the sense of agency and pathways that people have for the goals in their lives. In this regard, the psychotherapy outcome literature reveals that part of the benefits of therapy relate to placebo effects, and an additional aspect of improvement relates to the specific treatment effects (Barker, Funk, & Houston, 1988). As such, placebo effects are related to agency for goals, and treatment effects reflect the addition of pathways. Successful counseling or therapy, therefore, may be succinctly understood as a means of engendering hope (agency and pathways) in our clients (see Frank, 1968).

Hope theory provides a template for understanding the counseling process. In particular, the helper can help the client to focus on the relevant therapeutic goal or goals, and thereafter explore the client's agency and pathways for those goals. Whatever the counselor's particular theoretical orientation, hope theory may provide another useful way of understanding the helping process. In this regard, it would be premature and inappropriate to suggest that hope theory is more heuristic than other related theories. One test of a good theory is the extent to which it is used by practioners in their daily work.

Igniting Hope Processes

Getting the human hope machine moving does not necessarily take a major overhaul in which one's goals, agency, and pathways all need to be simultaneously changed. Often, changing only one component will serve as a catalyst for change in the other components. For example, a person's sense of agency and pathways may appear merely by clarifying a goal. Likewise, if a person becomes cognitively energized for a goal, shortly thereafter the pathways related to attaining that goal also may appear. Or, if the individual is filled with cognitions about pathways to a goal, the cognitive (and physical) energy to pursue that goal probably will appear. This interplay between goal setting and the agency and pathways components is prevalent in many people. Thus, even though people may encounter profound difficulties in life, the chances of restarting the hope machine are often favorable.

In jumpstarting the hope process, emotions are not the primary focus. Rather, hope theory suggests that we can best understand emotions as being a byproduct of how effective people are in the pursuit of their goals. That is to say, positive emotions, when carefully examined, actually reflect instances in which persons perceive that they are attaining or have reached their desired goals. Conversely, negative emotions reflect instances in which a pursued goal is perceived as not being met. This is a different take on emotions, and although it does not suggest that emotions are unimportant, hope theory emphasizes that it is more parsimonious and useful to focus on goal attainment thoughts to understand and help people.

CONCLUSION

Hope is ultimately counterproductive in the extent to which individuals pursue their goals to maximize their outcomes to the comparative detriment of other people. Hope, in this context, may fuel the pursuit of egocentric goals. What is needed are environments in which people living and working together can interact in a supportive atmosphere so that both individual and collective goals can be met. This would mean that people, in whatever settings they reside, could increasingly perceive that they have the agency and pathways to succeed. Our role as counselors is to help people to think in more hopeful ways and to help them build more hopeful environments for themselves and those around them. Narcissistic hope is not a goal we should foster in our clients.

As helpers, we often see the repercussions of agism, sexism, and racism when these forces limit the number of people who have access to the "hope game." That is to say, whenever some group of people are delimited in terms of developing a sense of agency and pathways for their goals, then hope has been stifled. We, like all members of society, would be well advised to remember that hope should be for the many rather than for the few.

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