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TARGET ARTICLE

Hope Theory: Rainbows in the Mind

C. R. Snyder
The University of Kansas, Lawrence

Hope is defined as the perceived capability to derive pathways to desired goals, and motivate oneself via agency thinking to use those pathways. The adult and child hope scales that are derived from hope theory are described. Hope theory is compared to theories of learned optimism, optimism, self-efficacy, and self-esteem. Higher hope consistently is related to better outcomes in academics, athletics, physical health, psychological adjustment, and psychotherapy. Processes that lessen hope in children and adults are reviewed. Using the hope theory definition, no evidence is found for "false" hope. Future research is encouraged in regard to accurately enhancing hope in medical feedback and helping people to pursue those goals for which they are best suited.

Origins of the Theory

In this article I share my views about evolution of hope theory. Let us begin by stepping back to the mid-1980s when I was formulating the basic tenets of hope theory. I had been doing research on how people give excuses when they make a mistake or perform poorly (Snyder, Higgins, & Stucky, 1983). In talking with the research participants after these excuse experiments, they commented on another motive that they wanted to fulfill—the desire to reach out for positive goals. These interchanges led to my casting of hope as the "other side" of the "excusing" process in my first published article on hope (Snyder, 1989).

I began by looking at the motivational literature from the 1960s and 1970s. In that scholarly work, I discerned a shared theme regarding the desire to seek goals (e.g., Cantril, 1964; Farber, 1968; Frank, 1975; Stotland, 1969). This view of the hope motive seemed intuitively sound, albeit lacking in some yet to be identified component.

Around this same time, I was reading books on the "cognitive revolution." Particularly influential in my thinking was Craig's (1943) classic, *The Nature of Explanation*, where he persuasively reasoned that the purpose of the brain is to comprehend and anticipate causal sequences. Other cognitive theorists also emphasized the role of pathways-like thinking. Especially helpful volumes were Miller, Galanter, and Pribrams' (1960), *Plans and the Structure of Behavior*; Newell and Simons' (1972), *Human Problem Solving*; and Anderson's (1983), *The Architecture of Cognition.* These volumes kindled my view about the importance of pathways thought in pursuing goals.

Next, I should mention the valuable advice of my colleague, Fritz Heider, who suggested that I interview people about their thought processes. This is what I did in the early part of my 1987 sabbatical. Primarily, I asked people to describe their goals for that day. They could do this readily, but I became concerned that I was giving them too much of a prompt by asking explicitly about their goals. Therefore, I did not mention goals in the next phase of my interviewing. Again, however, goals emerged either explicitly or implicitly. For those people who did not use the word *goals* to describe their actions, they spoke of "things they had to do," or some variant of this phrase. My interviews thus corroborated the premise that people are likely to think in terms of goals, and they also bolstered my hypothesis that people frequently are processing how to find routes to their goals. In addition, people made a point to talk about their motivations to use those pathways.

Around this same time, I was visiting Karl Menninger at his cottage on the Menninger Foundation campus. As the president of the American Psychiatric Association in 1959, Karl Menninger gave an address titled, "The Academic Lecture on Hope." It was Menninger who encouraged me to place thinking at the core of hope rather than emotions—the latter he characterized as being reactive in nature. Menninger's stance was consonant with my own evolving views about cognitions providing the underlying bases of hope. Hope, as I was coming to define it, was primarily a way of thinking, with feelings playing an important, albeit contributory role.

Before finalizing a definition, I needed to clarify whether people's hopeful thinking was situation spe-

cific, cross situational and trait like, or some combination of the two. I believed that hopeful thinking could reflect both situational and trait-like processes, but my interviews with people made it clear that hope was something more than the thoughts surrounding a specific goal. Superceding their thoughts about a specific goal, people appeared to have self-appraisals about their capabilities in goal pursuits more generally. That is to say, people had enduring, self-referential thoughts about their capacities to produce routes to goals, and their capacities to find the requisite motivations for those goal pursuits.

Defining and Refining This "New" Hope

In 1991, my colleagues and I (Snyder, Irving, & Anderson, 1991) offered the following definition: "Hope is a positive motivational state that is based on an interactively derived sense of successful (a) agency (goal-directed energy), and (b) pathways (planning to meet goals)" (p. 287). I now detail the trilogy—goals, pathways, and agency—of concepts in this definition.

Goals

As noted earlier, my guiding assumption is that human actions are goal directed. As such, the goal is the cognitive component that anchors hope theory (Snyder, 1994a, 1994b, 1998b; Snyder, Cheavens, & Sympson, 1997; Snyder, Sympson, Michael, & Cheavens, 2000). Goals provide the targets of mental action sequences. For some people, these mental targets are visual images, although they need not be "pictures" in our minds. Although goals may have visual properties, they also may have verbal descriptions (Pylyshyn, 1973). In addition, goals vary in terms of their temporal frame, going anywhere from short term (e.g., "I want to get some lunch") to long term ("I want to lose 30 pounds"). Also, goals vary in the degree to which they are specified, with vague goals being less likely to occur in high-hope thinking. For example, it is difficult to imagine having pathways or motivation to pursue vague goals. Furthermore, these goals must be of sufficient value to warrant sustained conscious thought about them.

There are two general types of desired goals in hope theory (see Table 1). A first type (Type 1 in Table 1) reflects positive or "approach" goals. Such a positive goal may (a) be envisioned for a first time (Type 1A in Table 1; e.g., a person wanting to buy a first car); (b) pertain to the sustaining of a present goal (Type 1B in Table 1; e.g., wanting to keep one's retirement savings intact); or (c) represent the desire to further a positive goal wherein one already has made progress (Type 1C in Table 1; e.g., wanting to support oneself as a writer after having sold a first book).

Table 1. *The Two Major Types of Goals in Hope Theory*

Type 1—Positive goal outcome
A. Reaching for the first time
B. Sustaining present goal outcome
C. Increasing that which already has been initiated
Type 2—Negative goal outcome
A. Deterring so that it never appears
B. Deterring so that its appearance is delayed

A second general type of goal involves the forestalling of a negative goal outcome (Type 2 of Table 1). In its strongest form, this type of goal reflects stopping something before it happens (Type 2A in Table 1; e.g., not wanting to get laid off at work). In its weaker form, such deterrence is aimed at delaying the unwanted (Type 2B in Table 1; e.g., seeking to delay being laid off of work for 1 year).

Other writers have placed constraints on what constitutes a legitimate goal for the hoping process. For example, Lazarus (1999) suggested, "A fundamental condition of hope is that our current life circumstance is unsatisfactory—that is, it involves deprivation or is damaging or threatening" (p. 664). This exemplifies what I would call the *repair* definition of hope in which the only appropriate goals are those that fill a profound void in a person's life. Certainly, many examples of hope do fit this view. What this prerequisite precludes, however, are two important categories of hope. First, there are those goal-directed thoughts that comprise daily agendas in living. These "maintenance" goals are the very stuff of our ongoing lives. Second, the Lazarus (1999) definition precludes hopeful thoughts about building on what already is satisfactory—to reach for the many grand goals that have enticed people throughout history. These are enhancement goals.

Initially, I believed that hope goals needed to have some perceived uncertainty. Related research revealed that, in the eyes of people, hope flourishes under probabilities of intermediate goal attainment (Averill, Catlin, & Chon, 1990). My early reasoning was that hope was not applicable in those goal pursuits where the probabilities of goal attainment were either very high (the proverbial "sure thing") or virtually nil. Over time, however, I have changed my views so as to include very high or very low probability goals as being appropriate targets for hoping.

Contrary to my early view that exceedingly high probability goals were so automatic that hopeful thinking was unnecessary, my observations of, and conversations with, research participants who were undertaking such easy tasks suggests that high-hope persons change the rules so as to stretch their skills (e.g., setting shorter time limits or demanding new pathways of themselves). In this latter sense,

high-hope people appear to inject some uncertainty into a goal situation that may seem very certain (and reachable) to an observer. For example, it has been argued that for some basketball players, it is not just getting the ball in the hoop, but also doing it with flair and uniqueness (Jones, 1973; Snyder & Fromkin, 1980).

In addition, contrary to my early views that extremely difficult goals were not applicable to hope because they truly were unattainable (viz., the "abandon all hope ye who enter here" sign on the doorway to hell—where nothing is possible; Fowlie, 1981), I have learned that high-hope people occasionally alter those seeming absolute failure situations so as to attain the impossible. Over the years, for example, one of my favorite laboratory tasks has involved the solving of anagrams. In that regard, I had developed some anagrams that were so complex that they had not been solved in any of my previous experiments. These anagrams, I thought, represented virtual impossibilities for success. More recently, however, very high-hope people have been solving some of these previously unsolvable anagrams. The seemingly unreachable, therefore, may become reachable.

Pathways Thinking

Just as we were able to produce mental representations of ourselves and our environs, so too did humans, at some point in our evolution, develop a sense of time in which there was a past, present, and future. In this linear view of time, however, there may be cyclical repetitions of previous events. Likewise, there need not be an absolute unidirectionality in the movement toward the future. For example, my view of the future may influence my present thoughts (e.g., I am going to get a flu shot so as to decrease my chances of catching the flu in the future). Therefore, I would advocate a reciprocal temporal thinking wherein the past influences the future, and vice versa. Overall, I posit that we typically think about how we can link our present to imagined futures. Accordingly, the concept of time and how we are journeying through this continuum are necessary and useful to human thought.

Goals remain but unanswered calls without the requisite means to reach them. Accordingly, people approach particular goal pursuits with thoughts of generating usable routes. It is as if we are constantly thinking about how to get from Point A to Point B. Indeed, Craig (1943) reasoned that the very purpose of the human brain was to anticipate these A to B sequences.

For a high-hope person pursuing a specific goal, this pathways thinking entails the production of one plausible route, with a concomitant sense of confidence in this route. As such, high- as compared to low-hope persons should be more decisive (and certain) about the pathways for their goals; this premise has been supported in regard to career goals (Woodbury, 1999). For a low-hope person, on the other hand, the pathways thinking is far more tenuous, and the resulting route is not well articulated. Using laboratory tasks involving listening preferences, memory (free recall and recognition), and self-report about typical self-talk, we have found consistent support for high- as compared to low-hope persons' affirming and positive internal pathways messages (e.g., "I'll find a way to get this done!"; Snyder, Lapointe, Crowson, & Early, 1998).

Beyond the primary route, the high-hope person also should be very good at producing plausible alternate routes. The low-hope person, on the other hand, should be unlikely to produce alternate routes. High-hope people describe themselves as being flexible thinkers who are facile at finding alternate routes, whereas low-hope persons report that they are less flexible and do not produce these additional routes; moreover, high-hope people actually are very effective at producing alternative routes—especially during circumstances when they are impeded (Irving, Snyder, & Crowson, 1998; Snyder, Harris, et al., 1991; Snyder et al., 1996; Tierney, 1995).

Pathways thinking should become increasingly refined and precise as the goal pursuit sequence progresses toward the goal attainment. Differences in this process should appear, however, depending on the trait hope level of the person. That is to say, high-hope people more so than low-hope people should more quickly tailor their routes effectively so as to reach their goals.

Agency Thinking

Agency thought—the perceived capacity to use one's pathways to reach desired goals—is the motivational component in hope theory. These self-referential thoughts involve the mental energy to begin and continue using a pathway through all stages of the goal pursuit. Related to this point, we have found that high-hope people embrace such self-talk agency phrases as, "I can do this," and "I am not going to be stopped" (Snyder et al., 1998).

Agency thinking is important in all goal-directed thought, but it takes on special significance when people encounter impediments. During such blockages, agency helps people to channel the requisite motivation to the best alternate pathway (Snyder, 1994b).

The Union of Pathways and Agentic Thinking

Hopeful thinking necessitates both pathways and agency thought. From the beginning of any one

instantiation of hopeful thinking, the pathways and agency thoughts feed each other. Therefore, pathway and agency thoughts are iterative as well as additive over a given goal pursuit sequence (Snyder, 1995; Snyder, Harris, et al., 1991). Because of varying levels in hopeful thought, however, differing robustness should emerge in pathways and agentic thought. The full high-hope person (i.e., high pathways and high agency) will have iterative pathway and agentic thought that is fluid and fast throughout the goal pursuit sequence; conversely, the full low-hope person (i.e., low pathways and low agency) will have iterative pathway and agentic thought that is halting and slow (if at all operative) in the goal sequence. The mixed pattern of high pathways and low agency would entail active routing thoughts that are not energized by the necessary motivational thinking; conversely, the mixed pattern of low pathways and high agency would entail active motivation that lies fallow without the necessary pathways thoughts. In these mixed hope patterns, the weakest agency or pathways component slows the iterative thinking.

Hope, Barriers, and Emotions

Problems can be construed as barriers to desired goals. Generally, a problem can be deflating and, in the short run, should lessen a person's agency. In an experimental test of this point, Rakke (1997) randomly assigned people to fill out a checklist of problems, a neutral checklist, or no checklist. Thereafter, the agency subscale scores for persons in the problem checklist condition were lower than were the agency scores in the other two conditions. The pathways scores, although lower in the problem checklist conditions as compared to the two other conditions, were not significantly different. Therefore, agency was deflated when considering problems (barriers). Theoretically, it is predicted that people should rebound from such problem exposure, but high- as compared to low-hope persons should be quicker to re-energize. This postulation is important for theoretical and practical reasons, but to my knowledge it has yet to be tested (although the ego depletion concept and research of Baumeister, Bratslavsky, Muraven, & Tice, 1998, and Baumeister & Exline, 2000, represents a conceptually related paradigm).

Although there have been many writers who have conceptualized hope solely as an emotion (for review, see Farina, Hearth, & Popovich, 1995), I have chosen to emphasize the thinking processes in hope theory. In this regard, I have proposed that the person's perceptions about the success (or the lack thereof) regarding personal goal pursuits influence subsequent emotions. Therefore, emotions reflect responses to perceptions about how one is doing (or has done) in goal pursuit activities. As such, positive emotions should flow from perceptions of successful goal pursuit. Such perceptions of successful goal pursuit may result from unimpeded movement toward desired goals, or they may reflect instances in which the protagonist has effectively overcome problems or blockages that appear in the goal pursuit. Conversely, negative emotions should be the product of unsuccessful goal pursuits. These latter perceptions of unsuccessful goal pursuit can result from insufficient agentic and pathway thinking, or the inability to overcome a thwarting circumstance.

Using causal and correlational methodologies in the laboratory, support is consistently found for both sides of the hypotheses that goal pursuit perceptions drive emotions. Specifically, persons who successfully pursue goals under unimpeded or impeded circumstances thereafter experience positive emotions; conversely, persons who are blocked by impeding situations experience negative emotions (Snyder et al., 1996). These findings parallel those in other laboratories, where people encountering severe difficulties in their pursuits of important goals report lessened well-being (Diener, 1984; Emmons, 1986; Little, 1983; Omodei & Wearing, 1990; Palys & Little, 1983; Ruehlman & Wolchik, 1988). Likewise, the perceived lack of progress in the pursuit of important goals is the cause for reductions in well-being, rather than vice versa (Brunstein, 1993; Little, 1989).

For persons who are high as compared to low in hope, there should be differing emotional sets that they have about their lives. A high-hope person should have enduring positive emotions, with a sense of affective zest about the pursuit of goals. A low-hope person, on the other hand, should have negative emotions, with a sense of affective lethargy about the pursuit of goals. Therefore, the dispositional hope levels also should have associated emotional sets that are brought to bear on particular goal pursuit activities. It is the goal-directed thinking, rather than the enduring emotions, however, that drive subsequent goal-related performances (Snyder, Cheavens, & Michael, 1999).

To the aforementioned analysis of the etiology of enduring positive and negative emotions, I now add an appraisal-like process that is crucial for responding to impeding circumstances. On realizing that a particular goal pursuit may be thwarted, the person may appraise that circumstance as being stressful. This is consistent with the thinking of Lazarus, Deese, and Osler (1952) when they wrote, "stress occurs when a particular situation threatens the attainment of some goal" (p. 295). As a person continues in a given goal pursuit and gains a stronger sense of the imperviousness of the barrier, the initial sense of stress is transformed into negative emotions. Persons who are high as compared to low in dispositional hope should be less likely to construe the impediments as stressful—at the beginning and throughout the temporal process of the goal pursuit.

Furthermore, even if a situation does elicit some stress initially, the high-hope person's subsequent thoughts and actions may render the impediment as being less and less stressful. This latter regulative thought process, colored by the resultant emotions, reflects what has been called *coping* (Lazarus, 1999, 2000).

I also believe that the various instantiations of successful and unsuccessful goal pursuits are located in memory via their being aggregated into positive and negative emotions, respectively. In other words, as a mechanism for storage, memories are catalogued according to emotions—as well as to the contents (in abbreviated form) of the particular action sequences. Therefore, if primed with a positive emotion, the person should recall successful goal pursuit activities; conversely, if primed with a negative emotion, the person should recall unsuccessful goal pursuit activities. For someone who has undergone a particularly traumatizing event, because of the sheer power of that traumatizing situation in that person's thinking, any priming of negative emotions should lead to thoughts of that most potent event. It is as if further goal setting is shattered, and the victimizing event becomes so powerful that it takes over the memory when a person is feeling bad.[1]

The applied implication of this hope theory emotion postulate is that the emotions can be used as a clue for helping the therapy client to locate the underlying source of such feelings. Having completed this latter process of understanding those circumstances, the helper and client can work on new ways to interpret that event, along with ways to cope with similar future events (McDermott & Snyder, 1999). Although the pathology model would suggest that our efforts should focus on the circumstances undergirding the experience of negative emotions, the recent positive psychology model would advise that there are benefits in tracing the roots of one's positive emotions (Snyder & McCullough, 2000).

Elaborated Hope Model

Moving from the left to the right side of Figure 1, one can observe the temporal unfolding of the goal-directed thought sequence. Let us begin at the far left, where the etiologies of the pathways and agency thoughts are depicted. A person's pathways and agency thinking are learned over the course of childhood (and later).[2] Most people lack hope, therefore, because they were not taught to think in this manner, or forces intervened to destroy such hopeful thought during their childhoods. The person brings this enduring pathways and agency iterative thought process to particular instances of goal pursuit.

As described previously, the enduring hopeful thinking is accompanied by trait-like emotional sets or moods (see in Figure 1 just to the right of agency pathways learning history thoughts). They cast an affective tone on the goal pursuit process in general. These emotional sets represent the residue from myriad previous goal pursuits, such that the dispositionally high-hope person's self-referential emotions reflect positive and active feelings about engaging in future goal pursuits. As such, high-hopers' emotions consistently are flavored with friendliness, happiness, and confidence (Snyder, Cheavens, & Michael, 1999; Snyder, Harris, et al., 1991; Snyder, Sympson, et al., 2000). On the other hand, the low-hope person's emotions tap into a reservoir of negative and passive feelings about task pursuit endeavors.

High- as compared to low-hope persons also exhibit another difference when entering the goal sequence—they should generate more goals. This follows because having a variety of goals represents a diversified "goal investor" who has a readily available new goal should an original goal prove unreachable. We have found support for the greater number of goals held by high as compared to low hope in a random sample of community members (Langelle, 1989).

Prior to settling on one goal, the person will consider the outcome values of the particular goal pursuits. Goals based on one's own standards should be more attractive than goals built on the standards of other people. Related to this point, we have found that high- as compared to low-hope people are more likely to select stretch goals that represent extensions of their previous outcomes on similar tasks (Harris, 1988; Snyder, Harris, et al., 1991).

As shown in Figure 1, appraisal of outcome value occurs at the pre-event analysis phase. If the imagined outcome of the goal pursuit is sufficiently important to warrant continued mental attention, the person then moves to the event sequence analysis phase. Other scholars have described this latter phase as current concerns (Klinger, 1977), personal projects (Little, 1983, 1987), life tasks (Cantor & Kihlstrom, 1987), and personal strivings (Emmons, 1986). In this iteration of pathways and agency thinking, the person may check to see whether the potential outcome is sufficiently important for continued cognitive processing. This outcome value check-back allows the person to cease cognitive processing if a given goal pursuit does not have the value estimated at the pre-event phase. Sometimes people cannot accurately appraise the value of a given goal pursuit until they have begun to pursue that goal.

[1] In eliciting powerful traumatic memories, the person may develop a sense of bodily detachment as a means of coping. On this point, in a sample of abuse survivors, lower hope correlated significantly with higher dissociative thinking (Saunders, 2000).

[2] For in-depth descriptions of the developmental antecedents of the hope process, see McDermott and Snyder (2000, pp. 5–18), Rapoff (2002), pp. 1–32), Snyder (1994b, pp. 75–114), Snyder (2000a, pp. 21–37), and Snyder, McDermott, Cook, & Rapoff (1997, pp. 1–32).

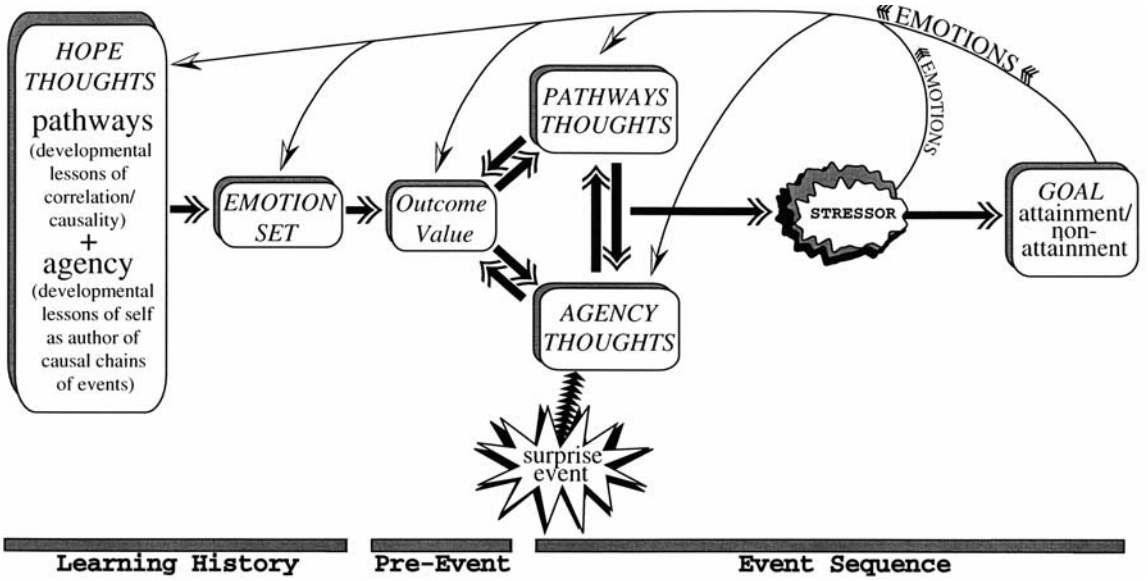

Figure 1. *Schematic of feed-forward and feedback functions involving agency and pathway goal-directed thoughts in hope theory.*

As the pathways and agency thoughts are activated in pursuit of a goal, the person may experience emotional reactions to this "getting started" process. As can be seen in Figure 1, these emotions can cycle back so as to influence the goal pursuit pathways and agency iterative thought process. If the start appears to be going well, the feedback loop should entail positive emotions that reinforce the goal pursuit process. Important differences should occur at this stage, however, in the emotional feedback of dispositionally high- as compared to low-hope people. The high-hope person enjoys goal pursuits and pursues them with a positive emotional set. Therefore, at the start of such activities, the high hopers may be engaging in internal self-talk such as, "This should be interesting," and "I am ready for this challenge." The high-hope person should be extremely attentive and focused on the appropriate stimuli at this getting started stage. This curiosity–challenge–focused attention set elicits positive emotions that are functional in that they reinforce the application of effective pathways agency thoughts. Accordingly, the ongoing emotions sustain attention and motivation to the particular task at hand.

The story for the low-hope person, on the other hand, is quite different. Even at the beginning of the goal pursuit sequence, the low-hope person has a negative emotional set and is apprehensive about what is to come. Attention quickly is diverted from the task-relevant cues to such thoughts as, "I'm not doing very well." All too soon, the low-hope person may feel an uncontrolled rush of negative emotions. These negative feelings cue self-critical rumination, and cognitions become off-task. Several laboratory studies provide support for the aforementioned sequence of thoughts and emotions for high- and low-hope persons (Onwuegbuzie, 1998; Onwuegbuzie & Snyder, 2000; Snyder, 1999; Snyder, Harris, et al., 1991; Snyder et al., 1996). Similarly, inabilities at focusing on the appropriate goals are at the core of attention deficit disorders (ADD), where off-task thinking is legendary in terms of its associated frustrations and even depression. In my clinical experiences, persons with ADD are very low in hope.

Although the goal-directed cognitions are eliciting the particular emotions, those emotions in turn are shaping and informing the cognitions of the person who is in the throes of a goal pursuit. This role of emotions has been described as functional (Clore, 1994; Thompson, 1994). On this point, I agree with Levenson's (1994) functionalist view that, "Emotions serve to establish our position vis-à-vis our environment, *pulling us toward certain people, objects, actions, and ideas, and pushing us away from others* [italics added]" (p. 123). Also, some people embrace the processing and expressing of emotions, and such active emotional processing should facilitate the pathways and agency thought. Emotions, in this latter sense, are not task avoidant and harmful; rather, they contribute to, and are a natural part of, an active, productive, goal-directed type of thought. This is similar to what Stanton and her colleagues (Stanton, Danoff-Burg, et al., 2000; Stanton, Kirk, Cameron, & Danoff-Berg, 2000) termed as emotional approach coping, and Hope Scale scores have correlated significantly and positively with this type of coping (especially for women).

As the goal pursuit proceeds, the person may encounter a stressor (see Figure 1). (Or, the stressor may occur even earlier in the sequence.) As I have noted previously, a stressor represents any impediment of sufficient magnitude to jeopardize hopeful thought. Low-hope persons should be especially susceptible to succumbing to stress-

ors and becoming derailed in their goal pursuits. With such derailments, the low-hope person perceives that she or he is not going to reach the desired goal, and the resulting disruptive negative emotions cycle back to register on the person's dispositional and situational hopeful thinking. For a high-hope person, however, the stressor is seen as a challenge (Snyder, Harris, et al., 1991), which may necessitate alternate pathways and rechanneling of agency to a new pathway. In this process, high-hope people often are successful in working around the stressor, and this success feedback cycles back via approach emotions so as to reinforce the person's dispositional and situational hopeful thinking. Support for this appraisal and feedback process has been gained through tracking people through the various stages of laboratory and real-life goal pursuits (Anderson, 1988).

If there is no stressor, or the person has made it past the stressor, then pathways and agency thoughts should continue to alternate (as shown in the bidirectional arrows) and aggregate (summate) throughout the event sequence. As the person journeys toward a goal, he or she also should have perceptions about the success (or lack thereof) in the goal pursuit, and these perceptions and the associated approach emotions can cycle back throughout the goal pursuit sequence. The overall feed-forward flow of hopeful goal-directed thinking can be seen in the left-to-right broad-lined arrows of Figure 1.

Having completed a particular goal pursuit, the person's goal attainment (or nonattainment) thoughts, along with the resulting positive (or negative) emotions, should cycle back to inform and influence the subsequent outcome value for that activity, and perceived pathways and agentic capabilities for that situation and situations more generally. As can be seen in the narrow-lined, right-to-left arrows in Figure 1, the feedback process contains the particular emotions that reflect perceptions regarding successful or unsuccessful goal attainment. Therefore, emotions inform goal-directed thinking. Under conditions of goal nonattainment and the subsequent negative emotions, it is posited that high- as compared to low-hope persons are better able to use such feedback to improve their goal pursuit thoughts and strategies for that same situation should it be encountered in the future. Indeed, one of the unfortunate aspects of low-hope thinking is that feedback from goal nonattainments are not used diagnostically to improve future efforts, but it instead produces rumination and self-doubt (Michael, 2000; Snyder, 1999).

There is one additional aspect of the hope model that needs to be discussed. Namely, there are surprise events (see the middle of the lower part of Figure 1) of both a positive and negative nature (e.g., suddenly looking up and seeing a breathtakingly beautiful sunset or witnessing a terrible car accident). This surprising event occurs outside of the normal goal pursuit thought process, and immediately elicits emotion because of the positive or negative contrast that it represents relative to the person's particular ongoing circumstances. Such surprise emotions carry an arousal that translates to the person's ongoing agency thinking. In turn, this agency is attached to a goal and pathways that are appropriate to the situation (e.g., the goal of helping the injured person in the car accident). Therefore, although most emotions flow within the context of the goal pursuit process depicted in Figure 1, occasionally there are surprise-generated emotions that are outside that goal pursuit sequence. Of note, however, these surprise emotions are quickly incorporated into the goal pursuit thought sequence.

In summary, the hope model contains both feed-forward and feedback emotion-laden mechanisms that contribute to the person's success in his or her goal pursuits. As such, hope theory involves an interrelated system of goal-directed thinking that is responsive to feedback at various points in the temporal sequence.

Individual Differences Measures

Once a new psychological theory has been defined, a useful next step is to develop and validate an individual differences scale that reflects the theory structure. Beyond the scale representing a faithful rendering of its theory, it must be both reliable and valid. Such individual differences measures are advantageous because they facilitate tests of the theory, they make the theory more amenable to research, and they allow for measurement applications of the construct to applied settings. In this section, I briefly review the three hope instruments that my colleagues and I (Snyder et al., 1996; Snyder, Harris, et al., 1991; Snyder, Hoza, et al. 1997) have developed and validated.

Trait Hope Scale

The adult Trait Hope Scale (Snyder, Harris, et al., 1991) consists of four agency, four pathways, and four distracter items. In completing the items, respondents are asked to imagine themselves across time and situational contexts. This instrument demonstrates both internal reliability (alphas ranging from .74–.88 for the overall scale, and alphas of .70–.84 for the agency and .63–.86 for pathways subscales separately) and temporal reliability (tests–retests ranging from .85 for 3 weeks to .82 for 10 weeks). It has two separate yet related agency and pathways factors (*r*s ranging from .38–.69, with a modal *r* of .50 across many samples), as well as an overarching hope factor (using traditional and confirmatory procedures; Babyak, Snyder, & Yoshinobu, 1993). Moreover, the scale has received extensive concurrent and discriminant validational support, as well as experimental manipulation-based convergent validation (Cheavens, Gum, & Snyder, 2000; Snyder,

Harris, et al., 1991). A typical mean score is 49 (*SD* = 7). No differences in the scores of men and women have emerged. The pathways and agency subscales can be examined separately to provide additional information for both the applied and research issues. The scale has been used with samples of undergraduate college students (Cramer & Dyrkacz, 1998; Magaletta & Oliver, 1999; Range & Penton, 1994; Snyder, Harris, et al., 1991; Snyder, 1999; Sumerlin, 1997), graduate students (Onwuegbuzie & Snyder, 2000), psychiatric outpatients (Pearlman, McCann, & Johnson, 1990), psychiatric inpatients (Irving, Crenshaw, Snyder, Francis, & Gentry, 1990), adults with spinal cord injuries (Elliott, Witty, Herrick, & Hoffman, 1991), adventitiously blinded older adults (Jackson, Taylor, Palmatier, Elliott, & Elliott, 1998), elderly women (Westburg, 2001), women undergoing treatment for breast cancer (Stanto, Danoff-Burg, et al., 2000), persons in drug rehabilitation programs (Seaton & Snyder, 2001), veterans with posttraumatic stress disorder (PTSD; Crowson, Frueh, & Snyder, 2001), and persons in treatment for drug dependencies (Seaton & Snyder, 2001). The Trait Hope Scale is shown in Appendix A.

State Hope Scale

The State Hope Scale (Snyder et al., 1996) has three agency and three pathways items to which respondents describe themselves in terms of how they are "right now." Numerous studies support the (a) internal reliability (alphas of .90–.95 for overall scale, and .90 and higher for the agency and pathways factors); (b) factor structure; and (c) concurrent and discriminant validity, as well as the manipulation-based convergent construct validity (Feldman & Snyder, 2000; Snyder et al., 1996). Likewise, as should be the case for a malleable state measure, the longer periods between retests have lower temporal consistencies. For example, with the same sample of people, the State Hope Scale has correlated .48 over a 30-day interval and .93 over a 2-day interval. There is no typical average score because it is given in differing situations that yield varying scores. The scale has been used with a sample of homeless veterans undergoing treatment for substance abuse (Irving, Tefler, & Balke, 1997), several college samples (Snyder et al., 1996), and collegiate athletes (Curry, Snyder, Cook, Ruby, & Rehm, 1997). The State Hope Scale is shown in Appendix B.

Children's Hope Scale

The Children's Hope Scale (ages 8–16; Snyder, Hoza, et al., 1997) comprises three agency and three pathways items. The internal (alphas for overall scale ranging from .72–.86, with a median of .77) and test– retest (correlations of .71–.73 over 1 month) reliabilities have been documented, as has the two-factor structure of the scale. Studies also support its convergent and discriminant (e.g., it correlates .03 with intelligence) validities (Moon & Snyder, 2000; Snyder, Hoza, et al., 1997). The means over samples have ranged from 25.41 (*SD* = 4.99) to 27.03 (*SD* = 4.51), with a median mean of 25.89. No differences in the scores of boys and girls have emerged. The scale has been administered to children from public schools, children with different medical problems, boys with a primary diagnosis of attention deficit hyperactivity disorder, children under treatment for cancer, early adolescents exposed to violence, adolescents with sickle-cell disease, children in treatment for asthma, and children who have survived burn injuries (Moon & Snyder, 2000; Moon, Snyder, & Rapoff, 2001; Snyder, Hoza, et al., 1997). The Children's Hope Scale is shown in Appendix C.

Hope Theory Compared With Other Theories

In this section, I compare hope theory to five other related theories. Each of these five theories has individual differences scales, which facilitates empirical comparisons with hope. Hope theory should exhibit some similarities to these other constructs so as to support its convergent validity, but it also should display sufficient differences to support its discriminant validity. Table 2 shows the shared and unshared components of the theories, along with their relative emphases.[3]

Optimism—Seligman and Colleagues

In an evolution of the Abramson, Seligman, and Teasdale (1978) reformulated helplessness model, Seligman (1991; see also Seligman, Reivich, Jaycox, & Gillham, 1995) used the attributional explanatory process to build his theory of optimism (see Table 2). More specifically, the optimistic explanatory style reflects the pattern of making external, variable, and specific attributions for negative outcomes rather than internal, stable, and global attributions.[4] This theory implicitly focuses on negative outcomes as being the key for one's attributional explanations. Therefore, optimistic goal-directed cognitions are aimed at distancing the person from negative outcomes. Hope theory differs in that the focus is on reaching future positive goal-related outcomes, and there is an explicit emphasis placed on the agency and pathways goal-directed cognitions. The outcome must be of high importance in both theories, but this is given more emphasis in hope theory. Hope theory

[3] For more detailed theory comparisons, see Snyder (1994a, 1998b, 2000b); Snyder et al. (2000a); Snyder, Ilardi, Michael, and Cheavens (2000b); Snyder, Irving, and Anderson (1991); and Snyder, Sympson, Michael, and Cheavens (2000).

[4] The instrument used to measure attributional style in adults is called the Attributional Style Questionnaire (Peterson et al., 1982), and the instrument used for children is called the Children's Attributional Style Questionnaire (Seligman et al., 1984).

Table 2. *Implicit and Explicit Operative Processes and Their Respective Emphases in Hope Theory as Compared to Selected Positive Psychology Theories*

Processes	Theory					
	Hope	Optimism: Seligman (1991)	Optimism: Scheier & Carver (1985)	Self-Efficacy	Self-Esteem	Problem-Solving
Attributions		+++				
Outcome value	++	+	++	++	+	+
Goal-related thinking	+++	+	++	+++	+	+++
Perceived capacities for agency-related thinking	+++		+++	+++		
Perceived capacities for pathways-related thinking	+++		+	++		+++
Emotions	++	+	+	+	+++	+

Notes. + = process is implicit part of model; ++ = process is explicit part of model; +++ = process is explicit and emphasized in model. Therefore, interpret more plus signs (none to + to ++ to +++) as signifying greater emphasis attached to the given process within a particular theory.

also expressly addresses how positive and negative emotions arise, whereas the Seligman (1991) optimism theory appears to address this issue implicitly.

Optimism—Scheier and Carver

Generalized outcome expectancies are emphasized in the Scheier and Carver (1985) theory of optimism. Similar to hope theory, these theorists assume that optimism is a goal-based cognitive process that operates whenever an outcome is perceived as having substantial value. The generalized outcome expectancies take the form of people perceiving themselves as being able to move toward desirable goals and away from undesirable goals (Carver & Scheier, 1999, 2000). The agency-involved thinking and pathways-like thinking are implicit in the Scheier and Carver (1985) model, but the outcome expectancies (most similar to agency in hope theory) are the prime elicitors of goal-directed behaviors (Scheier & Carver, 1985, 1987). On this latter point, Scheier and Carver (1985) appear to emphasize agency-like thought; whereas in hope theory, equal (and constantly iterative) emphases are assigned to agency and pathways thinking (Snyder, Cheavens, & Michael, 1999; see Table 2).[5]

Both theories are cognitive and aimed at explaining behavior across situations (Snyder, Ilardi, Cheavens, et al., 2000a); furthermore, the Hope Scale and Life Orientation Test (LOT) correlate around .50 (Anderson, 1988; Harris, 1988; Munoz-Dunbar, 1993; Snyder, Harris, et al., 1991). The factor structures of these two constructs differ (Magaletta & Oliver, 1999), and relative to scores on the LOT, scores on the Hope Scale have reliably augmented the variance in predicting several variables. Finally, hope theory explicitly describes the etiology of emotions (positive and negative), whereas Scheier and Carver (1985) embed their theory of optimism in their overarching theory of self-regulation (Carver & Scheier, 1998).

Self-Efficacy—Bandura

For self-efficacy thinking to become activated, Bandura (1977, 1982, 1997) posited that a fairly important goal-related outcome must be involved. The protagonist in hope theory also must perceive the goal as being important to continue the goal-directed thought. Although a trait self-efficacy measure has been developed, according to Bandura (1977), the self-efficacy thinking must always be based on situation-specific goals.[6] Hope theory also emphasizes goals, but they may be enduring, cross-situational, situational goal-directed thoughts, or all three. In self-efficacy theorizing, people are hypothesized to analyze the contingencies in a specific goal attainment situation (this is labeled *outcome expectancy*—somewhat similar to pathways thought). Contrary to these outcome expectancies based on specific situational contingencies, in pathways thought the focus is on the self-analysis of one's overall capabilities to produce

[5]There are indications, however, that optimists do use such planful thought (e.g., Carver & Scheier, 2000; Scheier & Carver, 1985). For example, optimists have elevated problem-focused coping (Scheier, Weintraub, & Carver, 1986; Strutton & Lumpkin, 1992) and planfulness (Fontaine, Manstead, & Wagner, 1993; Friedman et al., 1992). Therefore, the positive goal-directed expectancies implicitly may tap pathways-related thinking. In one study, the agency subscale has correlated more strongly with optimism than the pathways subscale (Crouch, 1989), lending some support to my view that the agency as compared to the pathways component is primary in this optimism theory. Related to this issue, Magaletta and Oliver (1999) reported that the pathways component is orthogonal to items on the Life Orientation Test (LOT; the original instrument tapping optimism; Scheier & Carver, 1985) in a factor analysis. The revised instrument is called the LOT–Revised (Scheier, Carver, & Bridges, 1994).

[6]Nevertheless, a dispositional measure of self-efficacy has been developed by other researchers (see Sherer et al., 1982).

initial routes to goals, as well as to produce alternate routes should one become blocked.

Next in Bandura's (1977) theory, it is proposed that the individual evaluates her capacity to carry out those particular actions that make up the outcome expectancies (this is called *efficacy expectancy*—bearing some similarity to agency thought). This efficacy expectancy taps the perception as to whether the person can perform the actions that are necessary in a specified situational context, whereas in hope theory the emphasis is on the self-referential belief that the person will initiate (and continue) the required goal-directed actions. An important difference here lies with the words *can* and *will*, with the former referring to the capacity to act and the latter reflecting the intention to act—with intention being more willful. For Bandura (1977), the situation-based self-efficacy thoughts are the temporally final and most important cognitive step prior to beginning the particular goal-directed action (see Table 2); in hope theory, however, both agency and pathways thoughts are emphasized prior to and throughout the goal pursuit sequence. Differences between the two theories are shown in a study by Magaletta and Oliver (1999), where it is noted that hope yields unique variance that is independent of self-efficacy in predicting well-being; moreover, they showed that the factor structures of the two constructs vary. Finally, and contrary to hope theory, the etiology of emotions are not explicitly described in Bandura's (1977) self-efficacy theory.

Self-Esteem

Self-esteem reflects the emotions that result from persons' appraisals of their overall effectiveness in the conduct of their lives (Hewitt, 1998).[7] As Coopersmith (1967) put it, "self-esteem is the personal judgment of worthiness" (p. 4). Although self-esteem models do not explicitly articulate it, they are implicitly built on goal-directed thinking (Hewitt, 1998; see Table 2), and self-esteem is assumed to result from valued activities. Hope theory shares these latter two characteristics of goal-directed thought and the necessity of important activities, but within hope theory the focus is on the goal pursuit process that elicits emotion and esteem. Self-esteem correlates about .45 with hope (Barnum, Snyder, Rapoff, Mani, & Thompson, 1998; Munoz-Dunbar, 1993; Snyder, Harris, et al., 1991; Sympson, 1993), but the evidence supports the assumption that goal pursuit thinking (i.e., hope) effects esteem and not vice versa. Furthermore, hope enhances the prediction of positive outcomes beyond self-esteem (Curry et al., 1997; Snyder, Cheavens, & Michael, 1999).

[7]For related reviews, see Wells and Marwell (1976) and Wylie (1974, 1979).

Problem Solving

The identifying of a desired goal (e.g., a problem solution) is explicitly noted as being at the heart of problem-solving theory; moreover, an important goal is assumed to be involved (see Table 2; Heppner & Hillerbrand, 1991). Similar to hope theory, an emphasis is placed on uncovering the pathway that is the basis for a problem-solving solution (D'Zurilla, 1986). In comparison to problem-solving theories, in hope theory the agency thinking supposedly provides the motivation to activate pathways thinking (problem solving); as such, agency thought is emphasized and explicit. Hope and problem solving have correlated positively (*r*s of .40–.50; Snyder, Harris, et al., 1991). These two theories have similar approaches to explaining emotions, although hope theory gives somewhat more attention to them.

Looking at the Last Decade of Research

I have carved the corpus of 1990s research into segments for review in this section. High-hope persons consistently fare better than their low-hope counterparts in the arenas of academics, athletics, physical health, psychological adjustment, and psychotherapy. Moreover, high hopers (as measured by the Hope Scale) rate themselves higher in these arenas when asked to make direct comparisons (Kleinke & Miller, 1998).

Academics

Based on available research with grade school, high school, and college students, hope correlates reliably with superior academic performances (see Snyder, Cheavens, & Michael, 1999). For example, hope relates to higher scores on subsequent achievement tests for grade-school children (Snyder, Hoza, et al., 1997), higher overall grade point averages (GPAs) for high school students (Snyder, Harris, et al., 1991), and higher semester and overall GPAs for college students (Chang, 1998; Curry, Maniar, Sondag, & Sandstedt, 1999; Curry et al., 1997; Snyder, Harris, et al., 1991). In one study, Hope Scale scores significantly predicted college students' final grades in their introductory psychology courses and did so even when removing the variance related to the first of three exams in those courses (Snyder, Harris, et al., 1991). In another study involving 100 female and 100 male college students, Hope Scale scores were taken at the beginning of the students' first semester in college. These students were followed for 6 years to chart their progress. Hope Scale scores significantly predicted higher cumulative GPAs

(e.g., the grade averages of the high- and low-hope students were 2.85 and 2.43, respectively), higher graduation rate, and lower attrition as measured by dropout rate (Snyder, Shorey, et al., in press; Snyder, Wiklund, & Cheavens, 1999). In these previous studies, it also should be noted that hope's predictive power remained significant when controlling for intelligence (children's studies), previous grades and self-esteem (cross-sectional college studies), and entrance examination scores (longitudinal college study).

Given these results on the predictive capabilities of the Hope Scale for academic performance, there may be opportunities to use hope theory to benefit students who are at various stages in their educations. In an ongoing 6-year project at the University of Wyoming, a college class aimed at teaching hopeful thinking has been instituted (Curry et al., 1999). This course raises students' levels of hope, along with their academic performances and self-esteem. In future efforts, we may want to identify academically at risk low-hope students and target them for interventions to raise their levels of hopeful thought. A more omnibus approach would be to use hope interventions for all students, irrespective of their beginning levels of hope.

Why do high-hope students do better than their low-hope counterparts? Part of the answer lies, I believe, in the benefits derived by finding multiple pathways to desired educational goals, as well as being able to motivate one to go after those goals. Another part of the answer to this question probably relates to high-hope students staying on task and attending to the appropriate cues in particular learning and testing environments. In other words, high-hope as compared to low-hope students should not be prone to become sidetracked by self-deprecatory thinking and counterproductive negative emotions. We have some data in support of this latter speculation (Onwuegbuzie & Snyder, 2000; Snyder, 1999).

Before leaving the academics section, the obvious point should be made that teachers form the other half of the academic performance dyad. My colleagues and I (McDermott & Snyder, 1999; Snyder, 1994b; Snyder, McDermott, Cook, & Rapoff, 1997, 2002) speculated that high- as compared to low-hope teachers should be more encouraging to their students about the pursuit of classroom goals. Support has been given to this hypothesis in that Hope Scale scores have correlated significantly (r = .49) with a scale measuring teacher encouragement (Culver, 1992).

Athletics

A high-hope athlete as compared to a low-hope athlete should be more successful, especially during stress-filled competitions (see Curry & Snyder, 2000). My thinking here is based on the role of high-hope thinking in helping the athlete to find the best routes to the particular sport goal, and motivating the athlete to use those routes. In a test of the benefits of hopeful thinking, Curry et al. (1997) had Division 1 track athletes at seven universities complete the Hope Scale at the beginning of their seasons. Also, coaches rated the natural abilities of their athletes. The high-hope athletes performed significantly better than their low-hope counterparts (even when the variance due to natural athletic ability was removed statistically). In a subsequent study by Curry et al. (1997) of female track athletes, the Trait Hope Scale scores taken at the beginning of the season and the State Hope Scale scores taken before each track meet each significantly predicted the actual track performances, and together they accounted for 56% of the variance related to these performances.

High- as compared to low-hope girls who were attending a summer sport camp set more sport-specific goals, and they were less likely to entertain thoughts of quitting their sports (Brown, Curry, Hagstrom, & Sandstedt, 1999). These latter results are similar to those found for academics in that high-hope persons are more likely to stick with an activity.

As noted previously, sports psychologist Lewis Curry instituted a college class aimed at imparting hopeful thinking to various aspects of life (Curry, Maniar, Sondag, & Sandstedt, 1999). For athletes who have taken the course, there have been significant improvements in confidence about their athletic performances (also maintained at a 1-year follow up; see Curry & Snyder, 2000). Although confidence is the "gold standard" self-report measure in sports psychology, hope significantly augments the projections made via sport confidence. Certainly, the thoughts of athletes play an important role in their performances. The work to date on hope theory and athletic performance is promising, albeit at a very initial stage.

Physical Health

A focus in health psychology is on promoting and maintaining good health and preventing, detecting, and treating illness (Matarazzo, 1982). Hope may be implicated in each of these areas (Irving et al., 1998; Snyder, 1996, 1998a; Snyder, Irving, & Anderson, 1991). Elsewhere, my colleagues and I (Snyder, Feldman, Taylor, Schroeder, & Adams, 2000) examined hope in the context of two types of prevention. First, there is primary prevention, which entails those cognitions or actions that are aimed at eliminating or reducing subsequent physical (Kaplan, 2000) or psychological health (Heller, Wyman, & Allen, 2000) problems before they occur. Second, there is secondary prevention, which reflects those

cognitions or actions that are aimed at eliminating, reducing, or containing problems once they have already appeared.

One theoretical paper and three empirical studies bear on hope and the primary prevention of physical illness at the level of the individual. My colleagues and I (Snyder, Feldman, et al., 2000) postulated that higher hope people may use information about physical illness as a pathway for prevention efforts. In one empirical study related to this speculation, high-hope women performed better on a cancer facts test than low-hope women. This difference was maintained when controlling for their contacts with other persons who had cancer and their previous academic performances (Irving et al., 1998). These higher hope women also reported having stronger intentions to engage in cancer prevention activities. Related to this latter point, in another study, the high-hope persons relative to the low-hope persons reported engaging in more preventative behaviors—physical exercise in this instance (Harney, 1990). In a third study, higher hope gay men were less likely to engage in high-risk sexual behaviors (Floyd & McDermott, 1998).

After the development of a physical illness, the role of hope would emerge in the context of secondary prevention—perhaps helping people to cope with pains, disabilities, and so forth. Along these lines, researchers have found that higher hope is related to better adjustment in coping with severe arthritis (Laird, 1992), major burn injuries (Barnum et al., 1998), spinal cord injuries (Elliott et al., 1991), fibromyalgia (Affleck & Tennen, 1996; Tennen & Affleck, 1999), and blindness (Jackson et al., 1998). For the reader who is interested in a case history involving hope and the recovery of a young woman from an extremely severe automobile accident, I would recommend Elliot and Kurylo's (2000), "Hope Over Acquired Disability: Lessons of a Young Woman's Triumph."

In her work on emotion-focused coping, Stanton and her colleagues (Stanton, Danoff-Burg, et al., 2000) studied psychological and physical adjustment to breast cancer. She found that both emotional expression and hope (as measured by the Hope Scale) predict perceived health and sense of vigor in these women. Furthermore, these two variables interacted such that the expressive, high-hope women fare the best on having less distress and fewer visits with their physicians for cancer-related problems. For example, among high-hope women, the average number of doctor visits was 3.44 for the women who were low on emotional expression, whereas the average number of doctor visits was 0.0 for the women who were high on emotional expression. These findings are consistent with my earlier proposition that an emotional set and ongoing approach type of emotional expression can work hand-in-hand to facilitate the effectiveness of the hopeful goal-directed cognitions.[8]

Profound and chronic pain represents another thorny health issue. I observed in my clinical work that high-hope persons seemed to endure physical pain better than their low-hope counterparts. It appeared that hopeful thought facilitated the production of strategies for coping with the pain and the motivation to initiate and continue the use of these strategies. Following this observation, my colleagues and I (Snyder, Odle, & Hackman, 1999; Snyder, Taylor, et al., 2001; see Snyder, 1998a) studied pain tolerance experimentally by the use of a cold pressor task. In two studies, we found that the high-hope persons (men and women alike) kept their hands in the water about twice as long the low-hope people (115 sec vs. 60 sec). In the post experimental questionnaires, these high- as compared to low-hopers also reported experiencing less pain, they produced more strategies for coping with the pain, and they reported a greater likelihood of using those strategies.

Another example of secondary prevention pertains to medical regimen adherence. The problem of nonadherence to prescribed medications is widespread, with a nonadherence rate of at least 50% being common. In a test of whether higher hope relates to better adherence, we examined 10- to 16-year-old children's adherence in taking their inhaler medication treatments for juvenile asthma. Children's Hope Scale scores (particularly the agency component) significantly predicted adherence, and they did so beyond variances related to demographic or quality of life variables (Moon et al., 2001). Instead of adherence to taking medication, adherence also can reflect a person's remaining in treatment. On this latter issue, we found that high Hope Scale scores significantly predicted staying in a drug treatment program (beyond other demographic and psychological variables; Seaton & Snyder, 2001).

In the book, *The Health of Nations: The Causes of Sickness and Well Being*, physician Leonard Sagan (1987) reviewed the epidemiological data on physical health, and concluded that, "It is the brain that is the true health provider" (p. 185). Sagan believed that traditional factors such as improved sanitation and clean water, better nutrition, and superior medical care provide only partial solutions in improving the overall health. His conclusion is that, "More important in explaining the decline in death worldwide is the rise of

[8]Based on prospective research using indexes of hope not derived from hope theory, the absence of hope relates to greater cancer morbidity and mortality (Schmale & Iker,1966, 1971). Everson et al. (1996) and Everson, Kaplan, Goldberg, Salonen, and Salonen (1997) reported that hopelessness significantly predicted later cardiovascular disease and cancer among middle-aged men (even beyond number of biological and behavioral risk factors).

hope and the decline in despair and hopelessness" (p. 184). Whether at the individual or societal levels, I believe that we have only begun to understand and apply hope theory to the prevention, detection, and effective coping with illnesses.

Psychological Adjustment

Many correlational studies have explored the relations of hope to psychological adjustment, with a consistent finding that higher hope is related to better overall adjustment (Kwon, 2002). For example, higher hope relates to more adaptive composite adjustment scores on the Minnesota Multiphasic Personality Inventory in persons who are psychiatric inpatients (Irving et al., 1990) and college students (Cramer & Dyrkacz, 1998). Hope has correlated negatively with negative affect and positively with positive affect (about .55). Likewise, laboratory manipulations for increasing hope also have raised positive affects and lowered negative affects. In a study in which research participants were followed over a 28-day period, higher hope was associated (each day) with the report of fewer negative thoughts and more positive thoughts (Snyder et al., 1996). College students with high as compared to low hope have reported feeling more confident, inspired, energized, and challenged by their life goals (Snyder, Harris, et al., 1991); moreover, they reported elevated feelings of self-worth and life satisfaction and low levels of depression (Chang, 1998; Kwon, 2000; Snyder, Hoza, et al., 1997; Snyder et al., 1996). Likewise, high- relative to low-hope people are more prone to find benefits in their attempts at coping with stressors (Affleck & Tennen, 1996; Tennen & Affleck, 1999).[9]

Hope theory also may have larger scale applications in reducing risks and inoculating segments of society against despair. Examples of such primary preventions at the societal level would be advertisements, laws, and shared social values aimed at increasing desired behaviors and decreasing undesired behaviors. If a society is open and fair in terms of allowing its citizens to obtain the rewards, then the likelihood of mass frustration and its associated destructive behaviors should be diminished. Therefore, when laws are implemented so as to allow a maximal number of people to pursue goal-directed activities, then citizens should be less likely to become frustrated and act aggressively against each other (Snyder, 1993, 1994b; Snyder & Feldman, 2000).

I was able to locate four studies that relate to the aforementioned speculation. In a first study, Krauss and Krauss (1968) took measures in many countries of the degree to which citizens felt impeded in their daily activities by their societies. They found that the less restricted (i.e., hope engendering) societies had significantly fewer citizens who committed suicide. In a second study, Range and Penton (1994) reported that lower Hope Scale scores (more so than hopelessness scores) were related to suicidal ideation among college students. In a third study involving Vietnam veterans, we asked former soldiers to fill out the Hope Scale under two sets: (a) as if they were back in Vietnam, and (b) based on their present lives (Crowson et al., 2001). Their hope scores for their present-day civilian lives were significantly lower than for their Vietnam days. Furthermore, higher hostility as measured by the Hostile Automatic Thoughts Scale (Snyder, Crowson, Houston, Kurylo, & Poirier, 1997) was related to lower hope among these veterans. The reasons for the lower hope in their present-day civilian lives point to frustrations and anger at the blockages that they had encountered (e.g., prejudice and difficulties in finding employment). To their shock and dismay, they found that they were not being given a fair chance, although they had risked their lives for their country. In a fourth study, Irving, Tefler, and Blake (1997) also found very low Hope Scale scores in Vietnam veterans with PTSD. Overall, the role of hope at the societal level in psychological adjustment warrants further study.

Secondary prevention in psychological health taps those thoughts or actions that reduce or eliminate a problem once it has appeared (Snyder, Feldman, et al., 2000). Related to this issue, when high-hope people encounter an immutable goal blockage, they are flexible and can find alternative goals. Low hopers, however, ruminate about being stuck (Michael, 2000; Snyder, 1999) and engage in almost magical escape fantasies. This avoidance and disengaged coping generally has counterproductive consequences (Snyder & Pulvers, 2001; Stanton & Snider, 1993). Preoccupied with their avoidance thoughts, low-hope persons continue their passivity because they do not learn from past experiences.

When encountering stressors, high-hope people can call on their family and friends—persons with whom they share a satisfying sense of mutuality. Higher hope is associated with better social adjustment, both with friends and one's extended family (Kwon, 2002). We have found that adults who are high in hope recount having close bonds to caregivers, along with large amounts of time spent with those caregivers (Rieger, 1993). Also, high-hope adults have positive views about interpersonal relationships and form strong attachments to others (Snyder, Cheavens, & Sympson, 1997). Not surprisingly, higher levels of hope are related to less loneliness (Sympson, 1999), more social competence (Snyder, Hoza, et al., 1997), and more perceived social support (Barnum et al., 1998; L. J.

[9] For in-depth coverages of hope and successful coping, see McDermott and Snyder (1999); Snyder (1994b); Snyder, Cheavens, and Michael (1999); and Snyder, Cook, and Rapoff (1997, 2002).

McNeal, 1997). In the process of enjoying their interactions with friends, high hopers also appear to be interested in their goals and others' goals (Snyder, 1994b; Snyder, Cheavens, & Sympson, 1997). Likewise, high-hope people are forgiving of their friends and tolerant of other people in general (Tierney, 1995). People with low hope, on the other hand, tend to be lonely, fearful of interpersonal closeness, and unforgiving of other people (Thompson, Snyder, et al., 2002). Low-hope persons are more likely to have parents who divorced or to have lost a parent through death (Rieger, 1993; Westburg, 2001). Likewise, in a laboratory interactive task, people gravitate toward high-hope people and away from low-hope people (Cheavens, Taylor, Kahle, & Snyder, 2000).

The relation of hope to psychological adjustment also can be examined by considering the "What is the nature of meaning?" question. In my first book on hope (Snyder, 1994b), I proposed that hope and meaning should be companions because it is through the self-reflections about personal goals, and the perceived progress in reaching those goals, that meaning is constructed in a person's life. In support of this hypothesis, it is found that Hope Scale scores correlated in the .70 to .76 range with the three meaning measures (Feldman & Snyder, 2001). (See also Elliott and Sherwin, 1997, for an analysis of hope and meaning.)

Psychotherapy

Jerome Frank (1968, 1973, 1975) offered pioneering views about hope as a shared process across differing psychotherapy approaches. Using hope theory as a guiding framework, my colleagues and I (Snyder, Ilardi, Cheavens, et al., 2000a; Snyder, Ilardi, Michael, & Cheavens, 2000b; Snyder, Michael, & Cheavens, 1999; Snyder & Taylor, 2000) continued this line of thought. Irrespective of the specific psychotherapy system, the beneficial treatment changes reflect the clients' learning of more effective pathways goal-directed thinking, along with the agency motivation to use the pathways. Consistent with this speculation, it has been found that the children (both boys and girls) who improved because of their participation in a family-oriented intervention also significantly increased in hope as measured by the Children's Hope Scale (R. E. McNeal, 1998).

I use the findings of a psychotherapy meta-analysis by Barker, Funk, and Houston (1988) to extrapolate hope theory to psychotherapy outcome research. This meta-analysis is noteworthy because the authors included only those studies where the positive expectations of people in the placebo groups were equal to those of people in active treatment groups (other meta-analysis do not check for this, thereby making it difficult to draw any inferences about the placebo being an active one). An agency-like effect can be derived by subtracting the outcome effect size for the no-contact control groups from the placebo outcome effect size. Likewise, the pathways-like effect should reflect the full treatment outcome effect size minus the effective placebo effect size. Applying these definitions and measuring change magnitudes in standard deviation units wherein one group differs from another group mean, the effect sizes for agency and pathways were .47 *SD* and .55 *SD*, respectively, in the Barker et al. meta-analysis (see Figure 2). As predicted, therefore, agency by itself significantly improves outcomes, and the adding of pathways again significantly augmented the positive outcomes.[10] By adding the agency and the pathways effects, there was an overall hope effect size of 1.02 *SD*.[11]

In addition to applying hope theory principles to psychotherapy more generally, the theory has served as the framework for developing successful individual treatments (Lopez, Floyd, Ulven, & Snyder, 2000). There also are examples using hope theory in working with couples (Worthington et al., 1997) and groups (Klausner et al., 1998; Klausner, Snyder, & Cheavens, 2000). In the group intervention study for depressed older adults, a 10-session series of hope-based group activities lessened the elders' depression and increased their activity level significantly more than Butler's (1974) reminiscence group therapy (which is the present treatment of preference for depression in older adults). We also have developed an effective 8-session group hope intervention for young- to middle-age adults who are depressed (Cheavens et al., 2001).

In addition, hope theory has been used as the framework for pretreatment therapy preparation. Results for that study showed that the persons who underwent this pretreatment hope preparation, especially those who were low in hope, experienced superior treatment outcomes relative to persons without such pretreatments (Irving, Snyder, et al., 1997). In another study, Trump (1997) developed a videotaped intervention involving hopeful narratives of adult female survivors of childhood incest. Relative to the women who viewed a control comparison tape, the hopeful narrative produced a significant increase in State Hope Scale scores. Lopez and his colleagues (Lopez, Bouwkamp, Edwards, & Teramoto Pediotti, 2000) initiated a program for promoting hope in junior high students. The results to date indicate that hope, taught in the classroom context of a school setting, can be raised. Although I see many ap-

[10] These agency and pathways effect sizes are similar to those that can be calculated from other psychotherapy outcome effect meta-analyses (Landman & Dawes, 1982; Shapiro & Shapiro, 1982; Smith, Glass, & Miller, 1980).

[11] The overall effect of psychotherapy can be seen as the sum of the agency and pathways effects sizes; this approach will approximate the magnitude of improvement that is derived by subtracting the no treatment control effect from the whole treatment effect.

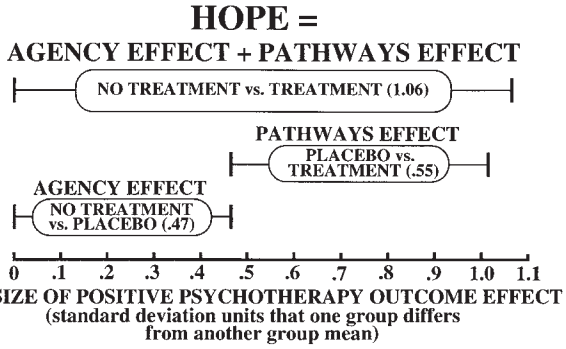

Figure 2. *The agency and pathways components of hope in the context of psychotherapy outcome research.*

plications of hope theory in the realm of psychotherapies, it is prudent to characterize the work so far as an encouraging start.[12]

The Death of Hope: Factors Undermining Goal-Directed Thought

That there are individual differences in hope suggests that some people have low, whereas other people have high hope. How does this happen? Although space constraints preclude a detailed answer to this important question, the short answer is that hope is learned. Furthermore, I would emphasize that we learn hopeful, goal-directed thinking in the context of other people. Generally, from childhood throughout the adult years, the loss of hope typically involves other people. In this section, I speculate briefly about some of the forces that diminish hope in children and adults. For a discussion of the factors that increase hope, please see the previous section on psychotherapy, along with footnote 12.

The Loss of Hope in Children

I have postulated that the loss of hope in children may take two general forms (Snyder, 1994b). On one hand, there are the those newborns who do not receive the necessary care and attention to learn hopeful thinking. On the other hand, there are those children who do learn hopeful thought, only to have childhood events dampen those hopes.

Children who are physically neglected never have anyone who teaches them to think hopefully. Such neglect typically is thought to transpire in very poor families, but even some affluent families do not attend to their children. The key to such neglect is that the child does not have at least one caregiver who spends a considerable amount of time and attention with him or her (see Rieger, 1993).

Whereas neglect is a passive killer of hopeful thought, physical abuse is a more active force in decreasing hope. The terrible paradox here is that the very caregiver to whom the child should be able to turn for nurturance and instruction in goal-directed thinking becomes a source of fear. Attachment to the caregiver is crucial for learning goal-directed thought; moreover, goal-directed hopeful actions usually transpire in the context of other people. The abused child, however, learns that interpersonal bonds cannot be trusted. Therefore, the abused child has lost a key aspect of hopeful thought, and it comes as no surprise that she or he manifest deficits and delays in learning (Hoffman-Plotkin & Twentyman, 1984). Similar to abuse in general, sexual abuse also begets a fear and confusion about human relationships, and it leads to subsequent behavior problems and depression (see Wyatt & Powell, 1988).

Another process that undermines hopeful thought in children is the loss of a parent. This child often feels vulnerable and helpless, and has difficulty in reaching goals (Brown, Harris, & Bifulco, 1986). Whether this is through the death of a parent or divorce, the child often is left with an uneasiness and uncertainty about being able to go after important goals, especially when those goals depend on or occur within the contexts of interpersonal relationships. Such children also face increased likelihood of having difficulty with relationships throughout their lives (Wallerstein, 1983).

Children who are raised in an environment that lacks boundaries, consistency, and support, are at risk for not learning hopeful thinking. The boundaries and consistency represent a rule structure for determining when it is or is not appropriate to engage in goal-directed behaviors—a lesson that is crucial for seeking personal goals while living amidst others. The support reflects the love and respect that provides the necessary attachment whereby the child tries his or her goal-directed thinking and actions (Rieger, 1993).

Last, the forcing of the caregiver's interests and aspirations on a child can squelch hope because the child is not allowed to pursue those goals for which he or she is best matched in temperament and talents. A child who is forced to become a "replication" of the parent will have a cap on his or her level of hope. Coercing a child to compare himself or herself to parental goals is demoralizing (Swallow & Kuiper, 1988).

The Loss of Hope in Adults

Similar to the findings for children, an adult who loses a loved one is also at risk for losing hope. The reason for this is that people often define their goals as

[12]There are two books (McDermott & Snyder, 2000; Snyder, McDermott, Cook, & Rapoff, 1997, 2002) and a chapter (McDermott & Hastings, 2000) applying hope theory to children, and a book aimed at helping adults to raise their levels of hope (McDermott &

a couple; and with the demise of one partner, the remaining partner is left bewildered and depressed (Horowitz, 1990). This effect should be more marked if the death of the loved one is not expected and it is seen as being unfair. In a parallel manner, divorce, especially for the one who feels "left behind," can lead to a serious erosion of hope (Dalfiume, 1993). Our society places a great emphasis on relationships, and many of the goals in life are pursued with one's partner. Therefore, a single person is at risk for an enduring diminishment of goal-directed thought and personal worth. Just as it can be very hurtful to lose a partner, it also is very immobilizing to be unable to make connections with other people. Recall that hope is inherently a way of thinking that occurs in social commerce. To not connect with others, in many ways, is not to hope.

Although the media appears to describe the modern as compared to previous American workers as being less emotionally wed to their work, my sense is that the loss of one's job is still a devastating event for most people. The job, or perhaps even more aptly, the career, becomes a focal point for many life goals, and the loss of such work also threatens one's identity—even to the degree that psychological help often is needed (Brenner, 1976).

Traumatic events also deprive people of their desire to engage in the normal goal pursuits of life (Sympson, 2000). Beyond the immediate stress that flows from such victimizations (e.g., rape, robbery, severe car accident, etc.), the enduring tragedy is that they may stop people from thinking in their usual, active, goal pursuit ways. It is as if people have given up the grand goal game of life and have opted for a safe, protected existence in which they do not stretch their talents and interests. Victimization can rob people of their hope.

Our present system of labeling people according to their pathologies (using the *Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition*, 1994) as part of psychological treatment may be a Faustian bargain. So labeled, the person may perceive that he or she understands a problem, he or she may get treatment, the mental health professional may get reimbursed, and everyone seemingly is happy. Not quite. Although it may be heretical as a clinical psychologist to find fault with this process, I am concerned that the client must increasingly live a life that typifies the thoughts and behaviors associated with a particular diagnostic label. In so doing, the labeled client may not be open to the full range of goal pursuits in life (Snyder & Higgins, 1988b).

The Question of False Hope

Granted that hopeful thinking generally is a good thing, is it always good? Surely there must be some boundary conditions under which hope becomes less virtuous, and even may reflect problematic "pie in the sky" thinking. I am asked frequently about such false hope. I take this query very seriously because I think that we must be very careful in our claims about human strengths (see Snyder & Rand, 2000; Snyder, Rand, King, Feldman, & Taylor, 2002). Over-zealous conclusions not only represent bad science, but they can quickly undermine the credibility of what has come to be called "positive psychology" (Snyder, 2000c).

The false hope view is not a new one, and it has had some famous proponents. Benjamin Franklin (Bartlett, 1968) warned, "He that lives on hope will die fasting" (p. 422). Similarly, Francis Bacon (Bartlett, 1968) opined that, "Hope is a good breakfast, but a bad supper" (p. 207). Echoing these historical concerns, recent scholars have argued that it can be maladaptive to have high hope. The three themes that have emerged in these modern criticisms of such false hope are as follows: (a) the expectations rest on illusions rather than reality (e.g., Callan, 1989), (b) unsuitable goals are being pursued (e.g., Murrell & Norris, 1983; Rule, 1982), and (c) the strategies to achieve the desired goals are poor (Kwon, 2000, 2002). Using hope theory as a lens, let us examine each of these criticisms.

False Hopes Reflect Out of Touch Illusions

First, in regard to the extreme high hopers being out of touch with reality (for proponents, see Beavers & Kaslow, 1981; Breznitz, 1983; Callan, 1989; Klenow, 1991; Murrell & Norris, 1983; Rule, 1982; Tillich, 1965; Tomko, 1985), it is the case that high hopers do have slightly positively biased self-referential views, but they do not have extreme biases (Snyder, 1989). I also note that people do not maintain their high hopes irrespective of feedback that should constrain such hope (Kwon, 2002). In a study of African American patients with sickle-cell disease, for example, as the severity of the disease increased into the extreme range, hopeful thought abated (Kliewer & Lewis, 1995). Likewise, in a study of predominantly African American children living in the inner city, we have found that their hope levels were lower when they had witnessed, as compared to not having witnessed, acts of violence committed against their friends and family (Hinton-Nelson, Roberts, & Snyder, 1996). Therefore, contrary to the false hope viewpoint regarding the illusion-based invariance of elevated probability of goal attainment, high hopers appear to calibrate their goal expectations according to the relevant boundary conditions.

Another aspect of this illusion criticism involves the sequelae of the slight positive biases that accompany high-hope thought. Murrell and Norris (1983) reasoned that when a person has expended considerable effort only to have his or her high expectations dashed, then a

lessened psychological state will result. The literature on positive illusions suggests, however, that such illusions relate to positive psychological health (Taylor & Armor, 1996). Likewise, as previously discussed in regard to the literature on hope, high hopers are not devastated by goal blockages, but instead they seem to thrive in solving the dilemmas produced by these life impediments. Therefore, even if high-hope persons find their hopes dashed, they appear to arise phoenix-like again so as to try another strategy for effectively pursuing their goals. Therefore, high-hope people become re-energized with agency thoughts after confronting impediments (Snyder, Rand, et al., 2002).

Opposite to the high hopers, the low hopers are often depressed and vegetable-like in their demeanors, especially after encountering impediments. Recall the literature on depressive realism, wherein persons who are depressed appear to lack positive biases (e.g., Alloy & Abramson, 1979; Golin, Terrell, & Johnson, 1976; Lewinsohn, Mischel, Chaplin, & Barton, 1980). Likewise, such people lack an "illusion of control" (Golin et al., 1976). Low-hope people are similarly lethargic and have an "I don't give a damn" attitude. Related to this point, among gay men, those with very low hope have been found to engage in risky sexual behaviors (Floyd & McDermott, 1998). This latter finding obviously runs counter to the body of literature in which extreme optimistic self-referential views are associated with risk-taking behaviors (see Weinstein & Klein, 1996). Beyond suggesting that the pathways component of hope theory ties the people's expectations more realistically to goal pursuits than does the more general (and agency-like) optimism notion, there is no readily apparent explanation for the discrepancies in these results. Research is needed to uncover whether this divergence in findings rests on differences in the hope and optimism concepts per se, or on the methods or samples that have been used.

Having worked clinically with people for the last 4 decades, I have witnessed how extreme illusions are as bad or worse than having no illusions. This distortion of reality to the delusional level is a hallmark of schizophrenia, delusional disorder, mood disorders with psychotic features, and so on. Are such delusional people also high in hope? In this regard, research reveals that persons who evidence extreme reality distortions (i.e., delusions) are very low in hope (i.e., they produce psychotic profiles on the Minnesota Multiphasic Personality Inventory; Cramer & Dyrkacz, 1998; Irving et al., 1990), and their illusions interfere with the attainment of desired goals. One of the reasons for the existence of the false hope notion may have been that it has been incorrectly equated with the extreme illusions that we see in people with psychoses. Although I am not aware of any example, perhaps there is a particular subcategory of psychological disturbance where the persons are very high in hope and that hope is counterproductive.

There is one recent body of research that has the potential for testing the counterproductive nature of false hope. Namely, high hopers appear to find a sense of benefit and meaning when they face traumatic events such as the birth of a child who is extremely ill or the death of a spouse or child (Affleck & Tennen, 1996; Feldman & Snyder, 2001; Tennen & Affleck, 1999, 2002). How could there possibly be anything hopeful in such life-threatening events? Such pie in the sky thinking in the face of dreadful life events surely cannot be adaptive and, as such, must epitomize an irrefutable verification of the false hope phenomenon. The evidence, however, suggests otherwise. First, this benefit finding appears to be very prevalent among people who are undergoing such dire events. Second, such benefit finding consistently has been linked to heightened well-being and superior adjustment (Nolen-Hoeksema & Davis, 2002; Tennen & Affleck, 2002). Therefore, the prevalence of, and benefits related to benefit finding suggest that it does not exemplify false hope.

False Hopes are Based on Poorly Chosen Goals

The topic of poorly chosen goals can be divided into two subcategories—those goals that are far too big and those that are maladaptive. I elaborate on these two topics in this section.

Having goals that are too big. The concern here is that people's hopes may be false in that they set goals that are far too difficult (Rule, 1982). Polivy and Herman (2000) suggested that the "false-hope syndrome" arises when people launch overly difficult self-change regimens (e.g., weight loss) and thereafter crash psychologically when they do not succeed (see previous discussion of dashed hopes). My guess is that these persons who are setting extreme change goals may in fact be low in hope. On this point, we have found that at times, low-hope people set absurdly high goals in certain arenas, whereas they set extremely easy goals in most other arenas of their lives. In experiments conducted in my laboratory over the last 2 decades, I consistently find that the high-hope people do set more difficult goals than low-hope people, but these high hopers are just as likely to reach their difficult goals (Snyder, 1994b; Snyder, Harris, et al., 1991). This parallels Emmons's (1992) findings that high-level goal strivers are no less likely to attain their goals than their low-level goal striving counterparts. The reasons for high hopers success in such difficult goal pursuits are threefold. First, high-hope people see their goals as challenges and are invigorated by them (Anderson, 1988; Snyder, Cheavens, & Michael, 1999). Second,

high-hope people are flexible (Irving et al., 1998) and think of several avenues to their goals. Third, high hopers persist, even under stressful conditions (Snyder, Taylor, et al., 2001).

There are instances of where a person may pursue a lofty goal, with the expectation being that the goal will not be met, but rather that it will be approximated. Does this represent false hope? Consider an example. For persons who are devoted Christians, the goal is to emulate the perfection of Christ in their behaviors and attitudes. In such circumstances, the devoted Christian does not truly expect to reach this goal, but the pursuit of this goal brings a profound sense of satisfaction and fulfillment. It should be noted that this latter process orientation is typical of high-hope people (i.e., they enjoy the journey often more so than the goal attainment; Snyder, 1994a, 1994b; Snyder, Thompson, & Heinze, in press). Such striving obviously does not have the hard edge that is associated with the goal pursuits depicted in the previously popular achievement motivation or Type A behavior pattern constructs.

This issue of goals that are too lofty is of major importance in the medical arena (Frank, 1973; Klenow, 1991). Suppose that a physician believes, based on the available medical evidence, that his or her patient is going to die within 1 year. Should that physician imbue this patient with hopes that she or he will live beyond 1 year? Klenow suggested that physicians can respond so as to impart hope-engendering but untrue information, and undertake unneeded medical procedures that imply that the patient can be treated successfully. Essentially, both of these approaches involve purposeful deceptions, albeit with the intended purpose of benefitting the patients.

I do not have an estimate of the percentage of physicians who engage in such false hope feedback. Assuming that this is done fairly frequently, an important question arises: Do the ends justify the means here? In Howard Spiro's (1999) volume, *The Power of Hope: A Doctor's Perspective*, he argued that there is no falsehood being conveyed when a physician applies such placebos. Borrowing on Sissela Bok's (1979) view that the truth of an act or statement rests not in its content, but rather in the protagonist's intention, Spiro concludes that the end absolutely justifies the means. Furthermore, Spiro emphasized that only the physician is qualified to make the decision as to whether to apply such a placebo.

Certainly, some physicians can recount stories of how one or more of their patients have defied all odds and not only have survived terminal illnesses, but have been cured from what was thought to be incurable. Surgeon Bernie Siegel's (1986) book, *Love, Medicine, and Miracles*, is a compendium of such cases. Furthermore, although one case does not prove that hope works for all, for many, or even for some patients, it does suggest that it worked for one patient. The following true case illustrates this (taken from Snyder, 1994b):

> Mr. Wright had been diagnosed with cancer that had spread to various parts of his body. In the face of this untreatable disease, however, he was infused with a desire to live. When he learned of a new drug called Krebiozen that was being given to persons with a more favorable prognosis than his, Mr. Wright implored his physicians to give him this experimental drug. After one injection, his condition improved. With continued treatments, most of the markers of his cancer had disappeared. Two months later, however, conflicting evidence about the effectiveness of Krebiozen was published. Concerned that Mr. Wright's physical condition had returned to its previous grave status, his therapist decided to employ a placebo on the chance that improvement would occur again. The therapist told Mr. Wright that previous shipments of Krebiozen were made ineffective by incorrect storage techniques, and that it indeed was effective. Thereafter, Mr. Wright was given the treatments from a "new" batch of the drug (actually water), and he evidenced even more pronounced improvement in his cancer (as traced by objective indices such as a radiograph) than had been the case the first time. For two months he was free of symptoms. Then the American Medical Association pronounced that Krebiozen was ineffective as a cancer treatment. Several days later, Mr. Wright was readmitted to the hospital under rapidly deteriorating conditions. His faith and hope, it was reported, were depleted. He died two days after entering the hospital. (pp. 156–157)

Consider another case in which hope is implicated in the recovery of patients from cancer (taken from Buchholz, 1988).

> As I was eating breakfast one morning I overheard two oncologists discussing the papers they were to present that day at the national meeting of the American Society of Clinical Oncology. One was complaining bitterly:
>
> You know, Bob, I just don't understand it. We used the same drugs, the same dosage, the same schedule, and the same entry criteria. Yet I got a 22% response rate and you got 74%. That's unheard of for metastatic lung cancer. How do you do it?
>
> We're both using Etoposide, Platinol, Oncovin, and Hydroxyurea. You call yours EPOH. I tell my patients I'm giving them HOPE. Sure, I tell them this is experimental, and we go over the long list of side effects together. However, I emphasize that we have a chance. As dismal as the statistics are for non-small cell cancer, there are always a few patients who do really well. (Buchholz, 1988, p. 69)

I would emphasize that we are not at a point to suggest that high hope is causally implicated in the recovery process from terminal illnesses. As discussed previously in the results on hope as it relates to recovery from severe medical problems, however, we do

know that higher hope is related to coping better with arthritis, burns, spinal cord injuries, fibromyalgia, and breast cancer. My sense is that, at minimum, a patient's hope may aid in the battle against a life-threatening disease in that such hope contributes to a fighting stance, one in which the patient follows the prescribed medical regimen (recall that higher hope does relate to adherence to taking medications). In this regard, I cannot condone the purposeful misleading of the patient about the difficult odds that she or he faces. Such active misleading is open to several problems that may undo the "big lie" and backfire so that the patient's hope is squandered needlessly. I say needlessly because such lying is not necessary. Indeed, I believe that patients can be given honest feedback that engenders hope. I return to this important issue at the close of this article.

Having bad goals. Hope theory is meant to be neutral in its treatment of the value of the goals selected by people (Snyder, 1994a, 1994b). Therefore, because a person has high hope, there is no theoretical premise that prosocial, positive goals are being pursued. Indeed, high-hope goals may be antisocial, such as a gang leader who wants to secure his turf and turn a handsome profit on the sale of illicit drugs. Such gang leader antisocial hopes are not false, however, because they are not less likely to be attained than societally rewarded goals. Although the gang leader's reaching of his goals is detrimental to society as a whole, this is not the same as being false.

All goals have implications for the goalsetter and the surrounding society in which that person lives. Although each society throughout history has had a subset of persons who are pursuing goals that are antisocial relative to the society as a whole, it should be noted that the overwhelming majority of citizens are brought up so as to pursue goals that reflect the positive, accepted standards for that society (see Snyder & Higgins, 1988a, 1997; Snyder, Irving, Sigmon, & Holleran, 1992). In other words, we raise our children so that they covet the goals that are deemed to be good in the context of our society. In addition, a society establishes reward and punishment systems so as to enhance the probability that its citizens will go after the positive, valued goals (Snyder & Feldman, 2000). Therefore, although hope theory is neutral about the value of goals, its actual application takes place in the context of most people having the positively valued goals in those societies.

Elsewhere, I have written that suicide is the final act of hope (Snyder, 1994b). My thinking here is that when people have met profound, chronic, and seemingly unending goal blockages, then their usual life goals may be abandoned in favor of a suicide goal. Clinicians know that the first marker of suicidal lethality is when the person begins to talk of suicide as a "way out" of extreme suffering and pain. The next marker of suicide lethality is one that signals a far more serious threat. Namely, when the person begins to describe the means by which he or she is going to carry out suicide, then more intention can be inferred. For example, the person may have purchased a hand gun or started to stockpile his antidepressant medications. Last, about 10 days before actually making the suicide attempt or suicide, the person's mood seems to lift from the previous lethargy and he or she appears to have more energy. This marker is by far the most serious one in terms of suicide potential—assuming that the person previously has exhibited the goal-making steps (to kill oneself) and pathways (finding the means for accomplishing one's demise).

Although it may seem paradoxical, the suicidal person is using the basic principles of hope theory, albeit for a very negative goal. That is to say, the person has a goal—to stop the pain by killing himself or herself. Likewise, the person comes up with a pathway to attain this goal (i.e., when a weapon or drugs are attained). Last, the seeming burst of energy represents the person's motivation to actually use the pathway to kill himself or herself. This example is the closest I can find to what may be false hope—given that there often may be better goals to solve the suffering than suicide (e.g., in clinical practice, one can ask a suicidal person to put off the deed for 1 month, and this allows other "living" goals to reemerge). I would hasten to add, however, that unless we have experienced the wrenching pain and suffering that seems without end, I do not think that we can fully comprehend the imagined relief that suicide would bring. I say this because for the last 10 years I have endured chronic, very severe pain, and at times I have thought of the relief that death would bring. There is no way, however, that I would have understood such thoughts prior to having experienced this chronic, largely untreatable, physical pain. Even with my having some experience with pain and suffering, I probably cannot fathom the depths of another's despair.

False Hopes Represent Bad Planning

The thrust of this bad planning criticism is that people select inappropriate strategies for reaching their goals.

Pathways thought. Hope theory research shows consistently that high-hope persons select good routes for their goals, and that this is especially the case during circumstances involving stress or goal impediments;

conversely, low-hope people become confused, avoidant, and ineffective in finding routes to their goals during normal or impeded situations (Snyder, 1994a, 1994b, 2000a, 2000b, 2000c). Perhaps because pathways thought by definition is related to effective goal thinking, it is not possible in hope theory to find inappropriate pathways cognitions.

Direct empirical tests. False hope, as defined by Kwon (2000; 2002), is the state of having a desired goal and the requisite motivation (i.e., agency), but not having the plans to reach the goal. Specifically, Kwon (2000) reasoned that people with high hope and immature defense styles should think that they can achieve a goal (high hope), but thereafter use poor strategies to reach the goal (immature defense style). For the false hope hypothesis to be supported, the high hope plus immature defense style should relate to more maladjustment (dysphoria) than is experienced by people with lower hope and more mature defense styles. Contrary to the false hope hypothesis, his results indicated that high hope was related to better adjustment no matter what the defense style.

In two replications using college students, Kwon (2002) explored hope level, defense style maturity, and psychological adjustment (dysphoria). Kwon (2002) measured hope levels in specific domains of participants' lives, emphasizing how previous theorists (Beavers & Kaslow, 1981; Tomko, 1985) had held that genuine hope would relate to adaptive responses (mature defenses), whereas false hope should relate to maladaptive responses (immature defenses) and psychological maladjustment. Results showed that high hope and high defense immaturity never resulted in individuals with dysphoria having levels that were higher than individuals with low hope. Therefore, again no support was found for false hope.

The Airline Pilot Maxim: Do We Want Pessimism in the Cockpit?

I close this section with an aphorism that I have heard many times as a precaution involving false hope. People rhetorically ask, "Surely you would much prefer to have a nonrisk-taking pessimist flying your plane rather than a risk-taking optimist?" Ignoring the questionable assumption that the optimist is necessarily a risk taker, I would ask the readers to think about this question when it is posed differently: Do we really want the pessimistic pilot—filled with anxiety, tension, worry, sadness, rejection, anger, self-criticalness, and profound uncertainty—to be at the controls when our jet is landing during a thunderstorm? Not me. I want a high-hope pilot in that cockpit.

Looking to the Next Decade of Research

In this section, I briefly speculate about two largely unexplored areas (see Snyder, 2000c). First, I return to the topic of false hope as it applies to the giving of feedback to medical patients. Some physicians and other medical professionals probably do deliver feedback to patients that is more positive than what they actually believe, and they do so with the laudable goal of engendering patient hope. Among the physicians with whom I have spoken about this matter, those who purposefully promote false hope do so to lessen the patient's worry and suffering, rather than to improve the patient's chances of survival. Such "ends justify the means" logic must be based on the premise that the only way to raise the needed hope is to do so through deception. I question this premise because the physician can join with the patient in an honest alliance that acknowledges the difficult survival odds and maintains hope. In my experience, patients ferret out the truth by watching the nonverbal cues of their physicians and nurses, by talking with other patients, by talking with family members, and surfing the net so as to find the relevant actuarial data about survival rates for their illnesses. When the patient discovers that the physician has been misleading him or her, then the crucial doctor–patient alliance is broken—often beyond repair. Borrowing on the pioneering ideas of physician Eric Cassell (1976, 2002), I suggest that the severity of the disease be faced head-on by the physician and the health care team, and that they and their patient thereafter agree to make the very best fight possible so as to defeat the odds. Hope simply is too important, in my view, to be jeopardized by untruths, even those that supposedly are for the good of the patient. The helping relationship, whether it be physician–patient, psychotherapist–client, and so on, is one of the prime arenas for future hope research and applications. We already know that hope and therapeutic alliance are strongly correlated (Magyar-Moe, Edwards, & Lopez, 2001), but there is much more to be learned.

Second, I see hope as being crucial for enhancing the quality of our lives. Commenting on the future of the positive psychology, human strengths approach, my colleagues and I (Snyder, Feldman, et al., 2000) proposed that there are primary and secondary enhancements. Primary enhancement reflects those thoughts and actions that can be used to establish optimal functioning and satisfaction. Secondary enhancement involves those thoughts and actions that are undertaken so as to further enhance and sustain optimal functioning and satisfaction. The latter states may be characterized as peak experiences, perhaps bearing some similarity to Maslow's (1970) notion of self-actualization. It is interesting to note that the strongest correlation of any scale to date with the Hope Scale

was obtained with a measure of self-actualization (r = .79; Sumerlin, 1997). The road that enables people to attain such optimal functioning would be paved with a new premise—that education and business should assign people to activities that match their strengths rather than trying to fix their weaknesses (Buckingham & Clifton, 2001; Clifton & Nelson, 1992).[13] If this new premise were applied, it would allow more people to obtain the joys associated with successfully pursuing the goals for which they are most suited. Such a grand real-life study of hope is within reach.

A Rainbow of the Mind

In studying hope, so too have I observed the spectrum of human strength. This reminds me of the rainbow that frequently is used as a symbol of hope. A rainbow is a prism that sends shards of multicolored light in various directions. It lifts our spirits and makes us think of what is possible. Hope is the same—a personal rainbow of the mind.

Notes

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C. R. Snyder, 305 Fraser Hall, Graduate Training Program In Clinical Psychology, Department of Psychology, 1415 Jayhawk Boulevard, The University of Kansas, Lawrence, KS 66045. E-mail: crsnyder@ku.edu.

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Appendix A
The Trait 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
2. = Mostly False
3. = Somewhat False
4. = Slightly False
5. = Slightly True
6. = Somewhat True
7. = Mostly True
8. = 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 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.

Note. When administering the scale, it is called The Future Scale. The agency subscale score is derived by summing items 2, 9, 10, and 12; the pathway subscale score is derived by adding items 1, 4, 6, and 8. The total Hope Scale score is derived by summing the four agency and the four pathway items. From "The Will and the Ways: Development and Validation of an Individual Differences Measure of Hope," by Snyder, Harris, et al., 1991, *Journal of Personality and Social Psychology, 60,* p. 585. Copyright 1991 by the American Psychological Association and the senior author. Reprinted with permission.

Appendix B
The State Hope Scale

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes *how you think about yourself right now* and put that number in the blank before each sentence. Please take a few moments to focus on yourself and what is going on in *your life at this moment.* Once you have this "here and now" set, go ahead and answer each item according to the following scale:

1. = Definitely False
2. = Mostly False
3. = Somewhat False
4. = Slightly False
5. = Slightly True
6. = Somewhat True
7. = Mostly True
8. = Definitely True

_____1. If I should find myself in a jam, I could think of many ways to get out of it.
_____2. At the present time, I am energetically pursuing my goals.
_____3. There are lots of ways around any problem that I am facing now.
_____4. Right now, I see myself as being pretty successful.
_____5. I can think of many ways to reach my current goals.
_____6. At this time, I am meeting the goals that I have set for myself.

Note. The agency subscale score is derived by summing the three even-numbered items; the pathways subscale score is derived by adding the three odd-numbered items. The total State Hope Scale score is derived by summing the three agency and the three pathways items. Scores can range from a low of 6 to a high of 48. When administering the State Hope Scale, it is labeled as the "Goals Scale For the Present." From "Development and Validation of the State Hope Scale," by Snyder, Sympson, et al., 1996, *Journal of Personality and Social Psychology, 70,* p. 335. Copyright 1996 by the American Psychological Association and the senior author. Reprinted with permission.

Appendix C
The Children's Hope Scale

Directions: The six sentences below describe how children think about themselves and how they do things in general. Read each sentence carefully. For each sentence, please think about how you are in most situations. Place a check inside the circle that describes YOU the best. For example, place a check (√) in the circle (O) above "None of the time," if this describes you. Or, if you are this way "All of the time," check this circle. Please answer every question by putting a check in one of the circles. There are no right or wrong answers.

1. I think I am doing pretty well.

O	O	O	O	O	O
None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time

2. I can think of many ways to get the things in life that are most important to me.

O	O	O	O	O	O
None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time

3. I am doing just as well as other kids my age.

O	O	O	O	O	O
None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time

4. When I have a problem, I can come up with lots of ways to solve it.

O	O	O	O	O	O
None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time

5. I think the things I have done in the past will help me in the future.

O	O	O	O	O	O
None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time

6. Even when others want to quit, I know that I can find ways to solve the problem.

O	O	O	O	O	O
None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time

Note. When administered to children, this scale is not labeled "The Children's Hope Scale," but is called "Questions About Your Goals." To calculate the total Children's Hope Scale score, add the responses to all six items, with "None of the time" = 1; "A little of the time" = 2; "Some of the time" = 3; "A lot of the time" = 4; "Most of the time" = 5; and "All of the time" = 6. The three odd-numbered items tap agency, and the three even-numbered items tap pathways. From "The Development and Validation of the Children's Hope Scale," by Snyder, Hoza, et al., 1997, *Journal of Pediatric Psychology*, *22*, p. 421. Copyright 1997 by the *Journal of Pediatric Psychology* and the senior author. Reprinted with permission.