

country have implemented ED-ECMO but many more will learn what it means to have a culture of hope in the years ahead.

We believe every company should consider what a culture of hope might look like. This is not just a concept for the medical community. How would it change the legal profession? What if every element of the criminal and civil justice system including the courts of this country focused on hope? What about banking, manufacturing, the service industry, or the military? What would a hope-centered law enforcement agency look like? What about mental health facilities, senior living centers, and nursing homes? Could every elementary, middle, and high school create a culture of hope? What if every technical school, community college, and university operated with hope as a central tenet?

What if we all lived in a culture of hope? What if we all worked in a culture of hope? What if everyone dealing with challenges and difficulties found a place where hope was so high that it invaded their lives as they soon as they arrived? What if returning combat veterans immediately found higher hope? What if our families had a culture of hope? What if companies had a culture of hope? What if our relationships had high hope? What if every marriage had high hope?

We share Joe Bellezzo's view. Hope is real. Hope is the bridge between the impossible and the possible. We need many more bridge builders in this country.



Dr. Joseph Bellezzo with Diane McGrogan

Joe Bellezzo says his colleagues and friends laugh when he says hope is real and when he talks about hope being the “bridge between the impossible and the possible.” They find it hard to believe it could be a science or any part of “real” medicine. Diane McGrogan is certain they are wrong. Twelve days after suffering her heart attack she met with the Emergency Department team at Sharp Memorial Hospital that saved her life and thanked her hopegivers. They were real people with high hope—doctors and nurses and technicians who work in a culture of hope.



Chapter 2

What is Hope?

“Hope is a good thing, maybe the best of things, and no good thing ever dies.”

—Andy Dufresne, Shawshank Redemption

David

I (Chan) met a 19-year-old young man named David in a focus group in Tulsa, Oklahoma on a sunny day in April many years ago. Our research team at the University of Oklahoma was conducting research on the housing needs of people living with HIV. During the focus group, I watched David interact with the other participants. I was struck by David's engagement with others and their engagement with him. David was happy, articulate, and relational. Later, when I had an opportunity to visit with David, I learned my “happy” new friend had just found out he had tested positive for HIV. David told me that when he disclosed his condition to his parents, they kicked him out of their home. He was currently homeless, sleeping under a bridge.

When I was visiting with David, I couldn't make David's happiness and engagement with others fit within my training as a psychologist. Psychologists have been interested in understanding what is wrong with people for decades. David had so much “wrong” in his life, and yet he was happy, resilient, and navigating successfully. My 10-minute

conversation with a homeless young man with HIV changed the course of my personal and professional life. How could he be so happy, centered, and focused on his future? He should have been devastated, depressed, and discouraged. The answer: David was applying the science of hope in his life. He was navigating toward his goals and rising hope in his life gave him the strength and the resilience to deal with tremendous adversities.

What is Hope?

Very few people know anything about the science of hope and the common understandings and usages of the word have failed us. Right now, how would you define hope? Write it down on a piece of paper. Save it and consider your definition while you read this book. Our definition of the word has totally changed during our years journeying deep into the science. We think your definition will change too.

The common use of the word “hope” in the English language has never fully captured its meaning in the research that has been done in the last twenty years. Webster’s Dictionary simply gives hope a future orientation: “To desire with expectation of obtainment or fulfillment.” The Oxford English Dictionary defines it as: “Grounds for believing that something good may happen.” The dictionary definitions reflect the view of hope in the 1950s when early mental health researchers were putting only a future expectancy on the concept of hope.

Though the Judeo-Christian traditions were the first to identify hope as a positive virtue, many faith communities have made it simply about “life after death” or simply making “God” the definition of hope. We are both people of faith, but neither of us have ever heard a sermon or a pastor or rabbi fully articulate the research-based meaning of hope—the idea that hope is a verb involving action and the ability to change the future. Whatever definition of hope you just wrote down, we want to help people of all different belief systems and life experiences understand it in a way they have likely never experienced before.

Many good, kind people unknowingly often refer to “hope” when they really mean a wish. “I hope you have a great day.” “I hope you have fun on your vacation.” “I hope it doesn’t rain tomorrow.” We say things like that every day. But we are not really talking about hope. You may be asking, why is a statement about avoiding rain tomorrow not hope? Because the person saying it has absolutely no control over the weather. Why isn’t “hoping” you have a great day actually hope? Because unless someone is managing your day they cannot ensure you have a great day. Why isn’t “hoping” you have fun on your vacation hope? Unless someone is going on your vacation with you and in charge of your fun, they have no power over your vacation

enjoyment. When we make any of these statements, we are just throwing out a wish for another person—not hope.

Even during the toughest times in life, well-intentioned friends make statements like: “I hope things get better for you” or “Everything is going to work out.” Those statements are usually little more than wishes. We are all great “wishers” but not very good “hopers”.

Hope is the belief that your future can be brighter and better than your past and that you actually have a role to play in making it better. Hopeful people embrace this truth with all of their being. Wishful people also believe their future can be brighter than their past, but they don’t have any goals or critical thinking going on to help make their futures better. Hopeful people are willing to work for their better future. Wishful people aren’t willing to do the work necessary to have hope and a better the future.

Psychologist Rick Snyder, the first “hope scientist”, focused on the interaction of three concepts in defining hope—goals, pathways (waypower), and agency (willpower). Let’s look at each element.

Goals

When we wake up in the morning, until we go to sleep in the evening, we are trying to achieve our goals. It is the essence of being human. These goals may be short-term, like getting to work on time, or they may be long-term, such as obtaining a college degree or a having a career in a particular field. When they get big, we often call them dreams. Goals may be crisis-oriented like staying alive in a forest fire or mundane like having a nutritious breakfast or dressing professionally for a meeting at work. The key is that your goals must be desirable enough to motivate you to action. Your goals must be things that excite you. It is also important to understand that goals are the focus for your “planned action.”

Hope is not about impulsiveness or habit -- hope is about intention. Intention connects to what we believe, not what we know. We act based on what we believe not based on what we know. We know that too much sugar is not good for us, but we believe it will make us happy. We believe we deserve that extra cookie or that second serving of ice cream. Our goals connect to our beliefs about ourselves and about others. Goals can be domain oriented. Domain oriented goals are focused in one area of your life—like relationships or work or spirituality or children. And goals can be amoral. A rage-filled, desperate carjacker can be a person with high hope at a moment in time. His goal—stealing your car—may be a felony but it is nevertheless a goal. Goals we choose are not always healthy or moral. But the science is still

applicable. The truth is, however, that moral goals will always produce better long-term outcomes and sustainable higher hope than goals that create victims, health consequences, or end you up in jail!

Pathways (Waypower)

Hopeful people can easily identify the pathways that will likely lead to their goals. Pathways are the roadmaps you have in your mind that allow you to begin the journey to the future. These roadmaps allow you to occasionally check your progress toward your goal. The hopeful person can identify multiple pathways toward a goal and plan alternative strategies when faced with barriers. Pathways always have a series of steps. Each time you take a step that moves you closer to a personal goal, your hope can rise. As soon as you are essentially “getting there” you are on a pathway to your goal. Pathways, like goals, can be moral or immoral. The car thief we mentioned above has an immoral goal—stealing your car. His pathway may include pulling a gun or a knife to get you out of your car. Once stopped or caught, his hope will drop fast because his goal and pathway are crimes and his high hope is not sustainable.

Most of this book will focus on sustainable hope—how we can choose moral, healthy goals and pathways and then sustain them through life’s trials and challenges. We must remember, however, that high hope is never a constant. It is not linear. We have goals and we achieve them by finding pathways. Then, we have goals and we cannot achieve them and we must find new goals. Even the highest hope people sometimes struggle with low levels of hope as well. During great adversity in our lives, we often struggle to find hope. This is a constant process in our lives—goal setting, re-goaling, pathways and perhaps alternative pathways.

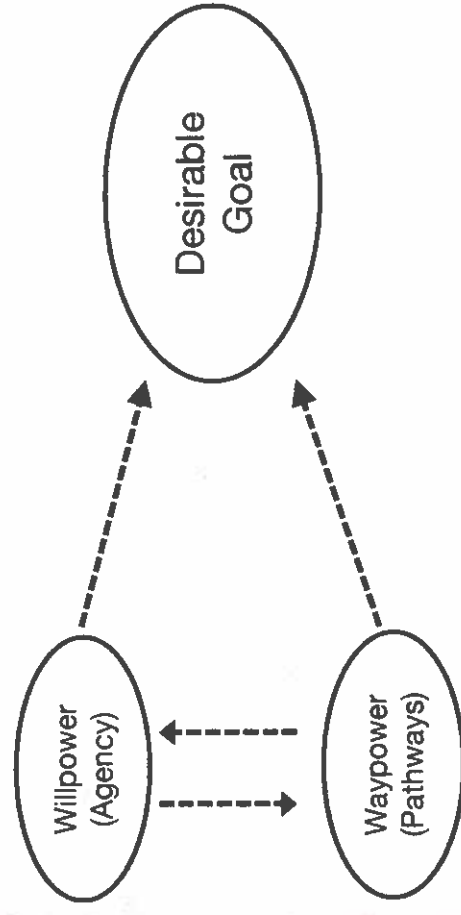
After we have identified a goal, and pathways to achieve a goal, the next piece is agency.

Agency (Willpower)

Agency is the motivational aspect of hope. It is often associated with cheerleaders, close friends, or mentors in our lives that spur us on to pursue our goals. Agency is a complex term used to describe your ability to dedicate mental energy (willpower) to begin and sustain the journey toward your goals. Mahatma Gandhi focused on the importance of willpower often. Gandhi said, “Strength does not come from physical capacity. It comes from an indomitable will.” Author Dan Millman put it this way, “Willpower is the key to success. Successful people strive no matter what they feel by applying their will to overcome apathy, doubt or fear.”

Willpower is limited each day. We each have a finite amount of it. Psychologists have found that willpower is connected to the glucose levels in our blood. Glucose here is not about eating more sugar, it is about what your body naturally produces. We will talk more about nutrition later. When you exert your willpower throughout the day you are also depleting glucose resulting in the experience of mental fatigue. Knowing that your willpower is limited during the day, it is easy to see how other areas of your life are impacted in the ways you respond to goal setting in the face of stressful situations that might deplete your energy. Maintaining motivation becomes key. Author Brian Tracy says it this way, “Willpower is essential to the accomplishment of anything worthwhile.”

Your level of agency/motivation may depend very often on having cheerleaders and social support to pursue your goals and pathways. People who attend support groups for recovery or addiction often say that the group gives them the motivation to stay sober. This is about increasing their motivation to pursue their goal of sobriety or recovery. Being part of a strong social group, church, or athletic club often encourages people to pursue their goals. What is happening? Agency. Their willpower is increased or rejuvenated by having support in their lives as they pursue their goals.



Rick Snyder loved to say hope means, “You can get there from here.” He was acting as a cheerleader when he said it to people. Willpower and waypower produce the reality of hope: “You can get there from here.” Now, there is a statement you can use that is not a cliché or a meaningless platitude. “You can get there from here” is not wishful. It is an aspirational statement that can motivate someone. After David

was diagnosed with HIV and kicked out of his home by his parents, he had to set new goals and find motivation to pursue those goals. Then, he had to figure out pathways to those new goals and determine in his soul if he believed the statement was true—"I can get there from here."

Goals, Agency, and Pathways Are Like a Minivan

Think of goals, agency, and pathways as a minivan. For those with kids or grandkids, we all know the journey to load everything in the minivan for a trip. It is the minivan to hope. Goals are the destination for your journey. This could be a short or a complex cross-country journey. If you want to go visit friends or family, there are numerous routes. Like any journey, your goal requires a map that can provide the detailed pathways of the many different roads that lead to your goals. Like life, some pathways lead directly to the goal whereas others are perhaps more complicated. How many times have we achieved our goals only to look back and think, "There was an easier way!" Sometimes people don't have a map to help them choose the correct pathways to their goals and they get lost.

Agency is the engine in the van you use to navigate your pathways. Agency requires you to continuously stay tuned and replenish when you run low on fuel. We have to replenish the gas (agency) so our van can continue the journey toward our goals. We use the analogy of a van because we often have to carry our daily burdens on our journey. In real life, these are screaming children. But in the analogy, they are a lot of things. Our burdens can be the normal daily stress of responsibility and competing goals. They can be the attention-robbing force of trauma. They can also be physical or mental health challenges. Where do your burdens sit in your van of hope? For us, our childhood adversity is always on the journey with us. It never totally leaves the van. As people with high hope, we have learned strategies to put most of these burdens in the back of the van so their capacity to distract us on our journey is limited. If our burden is unmitigated or triggers us, it is likely sitting in the front seat detracting our attention through rumination, worry, regret, or other negative emotions. When our burdens are in the front seat, our attention gets diverted to things that don't matter in the context of our destination or goals. Healthy hope puts the burdens in the back of the van and always looks forward, not backward.

Both Pathways and Willpower Are Needed

Both pathways (waypower) and agency (willpower) are required for you to have hope. When you have a pathway to the goal but are not motivated to follow that pathway, you would be considered low hope due to your lack of willpower. On the other hand,

you might have high willpower toward the goal you want to achieve but do not know how to get there—resulting in lower hope because you lack pathways. Is your goal to play in the NBA? If nerf basketball with your kids is a workout, there is probably no pathway to your goal. *Willpower without pathways is a wish.* We have already seen how often the word "hope" is used when we really mean a wish. Every day. People may look at you funny for a while when you start using words accurately until they too understand hope.

Some bypass the conversation about the importance of pathways altogether. But no amount of motivation can overcome a lack of pathways. Pathways need to exist for your goals to be accomplished. But what about, "Where there is a will, there is a way?" A great slogan but not always true. Ultimately, if no pathway is found, willpower will diminish over time and hope will suffer. When willpower dies, your goals usually die as well. Goals may need to be changed if there is truly no pathway. The NBA contract may have to give way to another dream. Let's consider a story about a dear friend, diagnosed with breast cancer, to illustrate the key pieces of hope—goals, pathways, and agency.

Ellen

Ellen was diagnosed with late stage breast cancer. Ellen was a high hope person in most of her life, but at 56, it was a devastating diagnosis. She was married with a son, and had a great job leading a national non-profit organization in St. Paul, Minnesota. She was a national leader in the violence prevention movement focused on addressing gender-based violence and abuse. But now she had to focus her mental energy on how to get the help she needed for breast cancer. Ellen didn't want to go from place to place for her diagnosis, treatment plan, and support system. She wanted to go one place. She quickly found she could go one place—called Cancer Centers of America. Cancer patients are flocking to Cancer Centers of America and similar wraparound services approaches, where all their services as are being provided under one roof. Ellen wanted to survive and overcome the devastating disease she faced. The first step for her was finding one place where she could "belong" and have a diagnosis and treatment plan that included integrated medical, mental health, nutrition, and relational support for herself and her family. The integrated treatment approach she developed with her multi-disciplinary team was a pathway to hope as she pursued her ultimate goal: Remission.

Ellen did not accomplish her ultimate goal. She died on January 6, 2012 surrounded by her family and close friends. But she taught us about hope during her journey through childhood adversity, battling discrimination in her advocacy for the LGBTQ community, championing social change for survivors of family violence, and navigating terminal

cancer. When Michael Paymar, her colleague for so many years, eulogized Ellen he said, “If you want to change the world, if you want to change people, you have to do it with love in your heart. And she did.” We honor Ellen as one of the first hope heroes you will see throughout this book.

The support being provided by wraparound services approaches for cancer patients in many health systems today increases a patient’s *agency/motivation* as the patient navigates their *pathways*. *Willpower* helped sustain Ellen’s *waypower* as she pursued the strength and support to continue her battle and pursuing her real goal—complete remission. She helped create many pathways for many women, men, and children in this country in her career. Even until her death, she determined to choose goals and pathways that would leave a legacy of love and advocacy for others.

Hope is Not Optimism or Self-Efficacy

When we give hope workshops, we are often asked how hope is related to optimism or self-efficacy. Several research studies have demonstrated the differences between hope and optimism. Optimism refers to the expectation that good outcomes will occur. While this future expectation is shared by both hope and optimism, hope includes both *pathways* thinking and the *willpower* to pursue selected pathways. Optimism is only the expectation itself. We all know optimistic people who always want to see the good or always want to expect the best. Some people are just naturally optimistic—others learn it over time. It is a great character trait but it is not always attached to the reality of a situation. Hope tends to increase optimism but optimism does not always increase hope. Sometimes optimism becomes false hope when there truly is no pathway to a goal. You are optimistic if you think the future will be better than the past. You are hopeful if you believe the future will be better than the past *and* you believe you have a role in making it so.

Helen Keller connected optimism and hope many years ago, when she said, “Optimism is the faith that leads to achievement. Nothing can be done without hope and confidence.” A great quote but she was really talking about hope, not just optimism. Helen Keller was a doer, not just an optimist. Hope is the better focus than simply optimism. In our research, if hope rises, optimism rises as well. But the converse is not true. Optimism can rise while hope does not. Optimism will not sustain you if hope is not rising in your life.

Self-efficacy is different than hope or optimism. It refers to the confidence you have about your ability to pursue and attain a specific goal. It is a great character trait. But again, it may be based in the reality of your actual abilities or simply a belief in

your abilities whether accurate or not. Confidence in your own abilities generally is a good thing and produces better outcomes than a low view of your abilities to pursue a goal or complete a task successfully. If you believe you can learn to speak Spanish as a second language, you are more likely to learn to speak Spanish. As you learn words and phrases, your sense of competency will rise. This does not necessarily mean you will learn to speak Spanish fluently. You will have to set goals and pursue those pathways diligently to become fluent. In the published research, hope tends to have a positive impact on self-efficacy but self-efficacy does not always increase hope. Hope as a verb (goals, pathways, and agency) will be a better approach to conversing in Spanish in two years than simply feeling good about your ability to learn Spanish.

We must aggressively pursue everything we want in life. Author Gavin deBecker in *The Gift of Fear: Survival Signals That Protect Us from Violence* borrowed from William Wordsworth in saying, “In ourselves our safety must be sought. By our own right hand, it must be wrought.” The same is true of hope.

If David, living homeless with HIV, can be a high hope person, why can’t you? If Ellen, even as she faced a terminal illness, could choose hope, why can’t you? What is the excuse for not choosing hope? David and Ellen found hope and the research corroborates why it worked in their lives.

Every year we all create New Year’s Resolutions, but seldom do they last the whole year long. Tennyson said, “Hope smiles from the threshold of the year to come, whispering ‘It will be happier.’” But the truth is it *can* be happier and you have a role to play *if* that is going to be true. Hope is the idea that you have *goals* you desire to achieve, you can identify *pathways* toward the goals, and you can direct and sustain your *willpower* toward the goal and pathways necessary to reach those goals. This simple, yet powerful trilogy, now confirmed in hundreds of published studies, has become the science of hope.

The research has led us to follow three important research questions among vulnerable populations: (1) Does hope serve as a coping resource to stress? (2) Does hope predict adaptive outcomes? and (3) Can hope be improved and sustained? The answers are: Yes, yes, and yes.

The research is indisputable. Let’s look more closely at why hope matters so much.

not move his arms. Emeka's injury would leave him paralyzed for life. After weeks in the hospital, he began the long road through physical therapy and his argument with God—"Why me?"

I (Chan) met Emeka after he became a student at OU. He inspired me and quickly became one of my hope heroes. It was an honor to ask him to share his views about hope. He has faced one of the greatest blows imaginable in his life. As he looks back, Emeka says his biggest trial was his greatest blessing. Through his faith in God, he found the motivation to begin setting new goals and finding new pathways to his goals. Today, Emeka is a motivational speaker, life coach, and hope advocate. He has refused to let his injury define him. He began to see himself as a piece of coal that survived great amounts of pressure to become a diamond. Today, he says it clearly, "I am that diamond."

Today, Emeka is a graduate student studying human relations at the University of Oklahoma. What is his personal philosophy? "Hope is not a step in life, it is a stance." In one instant, his life changed forever when he suffered a spinal cord (neck) injury resulting in paralysis and a life restricted to a motorized wheel chair. However, Emeka decided to focus on gratitude that he was still alive. His life could have been destroyed. Instead, he is a beacon of hope to those around him. Emeka is emerging as a world class motivational speaker who shares his message of hope with others. His personal mission is to inspire, empower, and unite others in drawing the masterpieces of their lives regardless of their circumstances. He regularly speaks to middle and high school students, churches, community events, and organizations spreading the message of goals, pathways, and agency. His message is how hope can be learned and that we are all worthy of rising hope in our lives. Meet Emeka at www.emekannaka.com.

Emeka's journey shows us how hope has mattered in the life of a paralyzed, young, ambitious football player. The hope Emeka found has consistently been identified by researchers as the key determinant in helping children, adults, and families not only endure and survive, but flourish out of the most difficult circumstances. Emeka needs it. We all need it. This chapter will provide with the scientific legitimacy that hope enjoys in the emerging psychological literature. Emeka's story is not an anomaly.

The research shows that people with high hope do better in life than those with low hope. High hope helps us overcome trauma better than low hope. High hope helps people deal with losing their ability to walk better than low hope. High hope helps people do better in surviving cancer than low hope. High hope helps people do better in school than low hope. High hope helps people make better employees than low hope. High hope helps people navigate their way through natural disasters better than low hope. Higher hope is better than lower hope.



Chapter 3

Why Hope Matters So Much

"Hope is being able to see that there is light despite all the darkness."

—Bishop Desmond Tutu

Emeka

Emeka Nnaka watched the ball fly as the kick-off began the game. Emeka zeroed in on the returner as he caught the ball. The returner shed the first tackle, then ran through a block. He headed toward Emeka, coming full speed. Emeka wrapped him up. The sound of the collision reverberated throughout the entire stadium. Emeka made the tackle as he felt a stinging sensation all over his body and then fell to the ground. He did not feel his body hit the ground. It was the last time the 6-foot 4-inch 240-pound defensive end would ever play football. In June of 2009, at the age of 19, the Nigerian immigrant's career playing semi-pro football for the Oklahoma Thunder was over.

Emeka did not know why his body did not respond when he tried to get up. The entire stadium was silent. He was on the field for an hour and eighteen minutes before the ambulance arrived. He felt distant from the voices around him and people working on his body. As they rolled him off the field, he wanted to give a "thumbs up" as he had seen so many times from injured football players on television but he could

Pandora's Box

In ancient Greek mythology, the story of Pandora provides a historic context of hope. It turns out that Zeus was angry with humans for stealing the ability to make fire. Zeus decided to punish man by creating Pandora, who had beauty, charm, and curiosity. Zeus, sending her to earth to be married, gave Pandora a beautiful box as a wedding gift but also with the instruction to never open the box. After the wedding and curious about the contents, Pandora finally opened the box. However, there were no diamonds, gold, or beautiful jewelry. Zeus had filled the box with all the terrible evils to plague human existence on earth. Out of the box flew the torments of mind, body, and soul. Poverty, disease, sadness, misery, pain, hate, and other maladies flew from the box to torment men. Pandora quickly shut the box but it was too late, all the contents had escaped save one—hope. Pandora finally released hope from the box to treat the wounds created by the torments. The seldom told part of Pandora's story reminds us that even in our darkest times, hope can endure.

Hope and Well-Being

Hope is an important psychological strength that has at least three important components. *First*, hope can buffer the effects of adversity and stress and serves as an important coping resource for both children and adults. *Next*, hope predicts adaptive thoughts and behaviors. Put simply, hopeful people have better outcomes connected to the way they think and behave. *Finally*, and most important to all of us, hope can be learned. Intentional strategies or interventions can move the needle on hope.

In every published study of hope, every single one, **hope is the single best predictor of well-being** compared to any other measures of trauma recovery. This finding is consistently corroborated with other published studies from top universities showing that hope is the best predictor for a life well-lived.

Hope has enjoyed a prominent role in the emergence of the positive psychology movement and its focus on understanding what makes a life worth living. For much of the 20th century, the field of psychology followed the medical model and focused on alleviating mental illness. Going all the way back to Freud, well-being in traditional psychology, has been the reduction of such things as depression, anxiety, or fear. Positive psychology introduced a new focus on well-being in trying to understand both happiness and the capacity to flourish. Prominent psychologists Martin Seligman, Christopher Peterson, and others developed a classification system of 24 character strengths (including hope) that are morally valued across cultures and contribute to our capacity as human beings to flourish. While all 24 character strengths have empirical support and do, in fact, contribute to our well-being; the

character strength of hope is recognized as the best predictor of well-being. This line of research led Rick Snyder to write in referring to hope, "*All strengths are equal. Some strengths are more equal than others.*"

We agree with Rick Snyder that it is time to declare, to everyone who will listen: The predictive power of hope in a person's life is greater than any other character strength.

Before describing some of our studies at The Hope Research Center at the University of Oklahoma, it is worth noting that today as we write this very sentence, there are over 2,000 published studies on hope. These studies consistently demonstrate the power of hope in the areas of education, work, health, mental health, social relationships, family, and recovery from trauma. Hope is no longer just a theory, hope is a science.

Adults and children with higher hope do better in navigating injuries, diseases, and physical pain. They score higher on satisfaction, self-esteem, optimism, meaning of life, and happiness. They perform better in sports even when abilities are equal. They excel at higher rates in academics from elementary to graduate school. In sports and academics, higher hope produces better results even when controlling for natural abilities. Studies to date have not found that men or women differ in their Hope scores. Our research has likewise not found any inherently different levels of hope in varying ethnic or minority backgrounds. Hope is accessible to all of us. Let's look at a few specifics.

Hope and Education

Hope can predict academic achievement from elementary school aged children through graduate school. The higher the hope of a child, the higher the daily attendance rate, the lower the tardiness rate, the higher the grades, and the better the test scores. In high schools, hopeful children are more selective in the courses they choose. In the language of hope, they are intentionally choosing pathways to their goals. Hopeful high school students have higher grade point averages, fewer absences, higher graduation rates, and higher college enrollment rates. One recent study found that hope is a better predictor of college grade point average than traditional placement tests and high school grade point averages. Hope also best predicts student retention and college graduation rates. Emeka is living proof of the power of hope in a young, paralyzed man who still outperforms and overachieves far beyond other students who have the use of both their legs, but do not share such high hope.

This truth has been identified in a great deal of research but is seldom connected to high hope versus low hope. David Brooks at the *New York Times* recently focused

on research that has found that “social and emotional deficits can trump material or even intellectual progress.” Brooks wrote of one program to help high school students get to college, “Schools in the Knowledge Is Power Program, or KIPP, are among the best college prep academies for disadvantaged kids. But, in its first survey a few years ago, KIPP discovered that three-quarters of its graduates were not making it through college. It wasn’t the students with the lower high school grades that were dropping out most. It was the ones with the weakest resilience and social skills. **It was the pessimists.**” But he missed the real name for it. It was not pessimism, it was kids with low hope. They look like *pessimists* but the real issue is hope.

While all this is great news and certainly a strong endorsement for hope, our nation is on the verge of a great tragedy. The Gallup organization conducts an annual hope and student engagement survey of close to one million students from middle school to high school. Less than one-half of all children report being hopeful. The remaining students report being stuck or discouraged. In fact, only one-half of the students reported being engaged with school and 21% reported being actively disengaged. While we can argue about funding shortfalls and teacher shortages, the most important and seldom discussed concern should be on the hope of our youth. We are losing the battle for hope. We are failing to build hope in the children of America.

We are ignoring the power of hope and its ability to produce highly motivated and successful children. Shane Lopez’ research found students with higher hope perform a full Grade Point Average (GPA) higher than students with the same intellectual capacity that have lower levels of hope (14% higher GPA in high hope students). Higher hope produces an A, whereas lower hope produces a B in students with the same intelligence. This means students with higher hope, but a lower IQ, can outperform smarter students with lower hope. Rising hope is crucial to the future of education in America. We can debate the differences between public and private schools. We can debate the role of charter schools. We can argue about pay and benefits for teachers. We can demand nicer educational facilities. But the real issue in education today is the need for rising hope in the lives of our students.

Gallup Student Poll

Shane Lopez was the creator of the Gallup Student Poll (www.gallupstudentpoll.com) that now measures hope in students grades 5-12 in participating schools across the country. To date, Gallup has recorded more than 5 million completed student

polls. The poll measures engagement, hope, entrepreneurial aspiration, and financial/career literacy. The results are consistent with all the research on hope.

Hopeful students are 2.8 times more likely to report excellent grades and 3.1 times more likely to agree that they do well in school. Higher hope students are 4.1 times more likely to be engaged in school and 2.2 times less likely to miss a lot of school. Schools need to create cultures of hope just like Sharp Memorial Hospital did. Sadly, many schools are not even measuring hope out of fear that their results will not be good. They are living into the saying that “ignorance is bliss.” But with hope so predictive of long-term positive outcomes for students, this should be a priority everywhere. In the realm of hope, ignorance isn’t bliss, ignorance is inaction. Only when we know that we have low hope can we begin to make concerted efforts to raise it.

Hope and Work

There is also emerging literature on hope and important workplace outcomes like performance, turnover, and job satisfaction. Hopeful employees set more goals and more complex goals. They are better at critical thinking and problem solving associated with the pathways dimension of hope. Hopeful employees are more energetic in their pursuit of goals. It is not surprising that hope is significantly predictive of workplace performance given that both are associated with goal attainment. Hopeful employees are more likely to experience success in goal attainment; they also report higher levels of job satisfaction and commitment to the organization. Hopeful employees tend to be more helpful to their coworkers and contribute more to high performing work teams. Hope is also a coping resource that produces lower levels of burnout. In fact, hopeful employees are more likely to be engaged in their work and approach new tasks with vigor. Hope is also associated with lower turnover.

Shane Lopez, in his work-related research, found that employees with lower hope, given the same amount of work in a day as employees with higher hope, will take longer to do the same amount of work. In one study, higher hope people finished the same number of tasks by 4 PM and lower hope people needed until 5 PM to finish the same amount of work. Employees with higher hope did their work 12% faster. These findings should have implications for how employers hire and train their employees. Employers should be looking for workers with higher hope in their lives and employers should be aspiring to increase hope in the lives of those that already work for them.

A recent economic study found that a hopeful employee contributed increased profits of approximately 21% to the company in comparison to an employee with

low hope. Hopeful leaders in companies are more likely to be inspirational, visionary, and concerned with employee well-being. Comparatively, those leaders with lower hope are more transactional in their style and tend to rely on coercion to motivate employees. This is why employers should be measuring hope and cultivating it in the lives of their employees and supervisors. It could transform workplaces around the world. We will look at this again later when we talk about building hope-centered workplaces in this country.

Hope and Health

Hope has been studied in medicine and nursing for several decades. When hope is high, patients respond better to treatment, are more likely to engage in prevention strategies, and are more likely to comply with their health providers' recommendations. These findings are consistent across studies in cancer treatment, spinal cord injuries, diabetes, HIV/AIDS, and rehabilitation with occupational and physical therapy.

Hope has also been studied in children suffering from chronic illness. Dr. Duane Bidwell and Dr. Donald Barisky were two of the first researchers to look at hope in children suffering from end-stage renal failure. They found higher hope in children through five pathways: 1) Maintaining their identity by participating in activities and relationships outside of diagnosis and treatment; 2) Realizing community through informal connections with others living with the disease; 3) Claiming power by taking an active role in setting goals, self-advocating, and monitoring their condition; 4) Connecting to spirituality through prayer and other contemplative practices; and 5) Developing wisdom and then finding ways to "give back" to others. They found that hope was highest when children had more of these pathways in their lives rather than only a few. They also found that when children felt they had a "team of support" they evidenced higher hope. When children could set goals of any kind and accomplish them, they did better in treatment.

Jerome Groopman's *The Anatomy of Hope* is a wonderful account of how patients with higher hope respond more positively to even aggressive and terminal forms of cancer. Likewise, Groopman describes patients with lower hope who struggle more to overcome treatable cancers than higher hope patients. Dr. Groopman, a professor at Harvard Medical School, has found that hope, desire, and expectation often provide the strength for cancer patients to find a pathway to remission and health in dealing with conventionally hopeless diseases and suffering. Biologically, Groopman argues that hope stimulates the release of internal painkilling molecules, giving cancer patients the energy to stick with treatment, and, ultimately, impacting clinical outcomes in otherwise "terminal" patients. We will see the tolerance of pain

as a strong indicator of higher hope in many situations as we go deeper into the science. Let's look at two examples—one story about cancer and one about arthritic knees to see how hope made the difference.

Hope and Cancer

One story from Dr. Groopman's work with cancer patients is particularly compelling. More than 20 years ago, Dr. Groopman met Dan Conrad, a Vietnam veteran, diagnosed with a large cancerous mass that extended from his diaphragm all the way into his abdominal cavity. The mass was nearly a foot in diameter. The ultimate diagnosis was non-Hodgkin's lymphoma. Any chance for survival would require immediate and aggressive treatment. Dr. Groopman met with Dan and provided his diagnosis. Surgery was not an option—the cancer had spread too far.

Traditional chemotherapy was Dan Conrad's only chance but Groopman told him there was a new, experimental antibody treatment that he would like to try with the traditional chemotherapy. But Dan was unconvinced and decided to refuse chemotherapy. He told Groopman he felt his fate was inevitable. Groopman did not give up though. Even as Dan's health deteriorated rapidly, Groopman searched for the key to changing Dan's mind about treatment. Finally, the answer became clear—it was fear that was framing Dan's thinking. A fellow Vietnam veteran had been diagnosed with cancer, had submitted to chemotherapy, contracted pneumonia, and then died after seven terrible days of suffering. Dan witnessed every step of the journey and did not want to die like his friend. Once the fear was articulated, Groopman challenged Dan to just take one step at a time in the treatment process with the option of ending treatment at any time. Dan Conrad finally agreed to this approach. Set a goal: Treatment. Identify a pathway: One chemo treatment at a time.

Less than three months later, Dan was still alive after multiple rounds of chemo and radiation. Afterwards, he decided to have surgery to repair damage to his intestines caused by the largest tumor. Then, he underwent chemo for a second time and agreed to try the experimental antibody therapy that Groopman had recommended.

The experimental antibody therapy was only investigational but Dan became one of the first patients to receive this "monoclonal antibody" and it saved his life. Today, the experimental antibody therapy is FDA approved as Rituxan. Rituxan works by attaching onto lymphoma-forming immune cells, called B cells, causing the B cells to essentially commit cellular suicide, a process known as apoptosis. Dan Conrad's rising hope saved his life. It didn't happen overnight. Through his goals and pathways, one step at a time, he unknowingly opened the door for thousands of other cancer patients to later receive this life-saving experimental antibody.

Hope and Arthritis

The second study that Groopman profiled in *The Anatomy of Hope* was an early study looking at the so-called “placebo effect.” In 2002, researchers at Baylor College of Medicine wrote up a study about pain relief and limb function in 180 patients suffering from arthritic knees. Two techniques were used on half the patients, one involving “lavage”, which is simply putting saline solution into the knee, and the other involving “debridement”, the removal of necrotic or infected tissue from the knee. But the other half of the patients underwent only a “sham” procedure where small cuts were made to mimic real surgery but nothing was done inside the arthritic knees. All patients were prepared for surgery in the same way and none of them knew which procedure they had endured. All patients received the same care after surgery and the nurses were not told what treatment each patient received. Stunningly, equal benefits, reduction in pain, were documented for patients who underwent the “sham” surgery and patients who underwent lavage or debridement—actual arthroscopic surgery.

The patients at the beginning of the arthritis study all knew they had a one-in-three chance of undergoing a placebo procedure but a two-in-three chance of having an actual procedure that might relieve pain and discomfort. This caused the researchers to hypothesize that all patients had higher expectations of benefits—*goals*—and, therefore, the willingness to choose this *pathway* toward reduction of pain. Billions of dollars spent every year on actual surgeries for such pain therefore were thrown into question in contrast with the benefit from the “placebo effect” created by increased hope in the patients that never even received the actual surgery. Rising hope reduced pain.

Hope and Diabetes

Families with children living with diabetes experience stress, fear, and uncertainty associated with sickness, emergency room visits, and nutritional management of a chronic, life-threatening disease. Several studies have found that hope-based intervention programs for parents can significantly reduce emergency room visits for their children with Type 1 diabetes. This research also demonstrates a significant reduction in the stress parents experience in the care of their children. But hope is important for the child as well. Research has consistently found that increasing a child’s hope predicted better management of their blood glucose. Hope interventions helped increase the ability to pursue health-related goals and overcome obstacles to their diabetes care. When a child with diabetes has an increase in hope, they are empowered to manage their disease and pursue their dreams.

Hope and Mental Health

In mental health practice, hope is considered a critical protective factor that is required for recovery from both short-term and long-term illness. Studies have also shown that mental health patients can learn the science of hope and apply it successfully to improve outcomes. In one study, outpatients at a community health center were first taught hope-centered principles before entering their normal treatments. Compared to patients that did not learn these principles, the hope-educated patients showed significantly increased outcomes. In another study, female survivors of childhood incest were shown videos of hopeful narratives. A control group viewed a tape of nature scenes. Those who watched the hopeful narratives reported consistently higher Hope scores.

In research on bipolar disorder and depression, hope has also won the day. High hope helps people better navigate life with issues like bipolar disorder (Type I or II). They are more likely to navigate their way through other mental health issues as well including depression and schizophrenia. Across all therapeutic techniques, hope is considered one of the most significant contributors to the recovery from mental illness. The research demonstrated that setting and achieving goals increased hope among those with serious mental illness. In turn, this increase in hope was identified as the turning point in recovery by the patients, mental health professionals, and caregivers alike.

But what if someone eventually takes their own life due to depression or succumbs to major mental illness and never recovers? Does it mean hope did not make a difference? It does not. Hope is the single best predictor of physical, spiritual, and mental well-being even if eventually the deep pains of life, and particularly childhood trauma, do cut lives short at some point. We have often seen in our research that many with major mental health issues access high levels of hope to manage their difficulties and live successfully for many years even if a time comes when the consequences of their pain and trauma end their lives prematurely. This ability to make psychological adjustments is often correlated directly to their level of hope.

The research on hope indicates that hopeful children and adults experience superior adjustment to life experiences. Hopeful people learn how to “re-goal” or adjust their goals when they come up against unachievable goals. They adapt, making slight changes in their goals, to then successfully achieve their modified goals.

Hopeful people are better at self-regulating their emotions, thoughts, and behaviors as they pursue their goals in life. Hopeful people are also less likely to ruminate on their past and they experience reduced depression.

Seniors and Aging

Studies have also shown that hopeful thinking can be increased in seniors. In one study, a group of older adults who were experiencing depression learned how to improve their goal-setting priorities. Essentially, they were taught how to find pathways to their desired goals and given ideas for how to motivate themselves. A control group went through “reminiscence treatment” in which they recalled enjoyable previous experiences that took place during their younger years but were taught nothing else about hope. The seniors trained in hope-enhancing skills showed a significant reduction in depression compared to the control group based on self-reporting and objective behavioral markers. Hope matters at any age or stage of life.

Hope and Major Health Crises

Through major health crises, like Emeka’s life changing football injury, we need the protective factor of hope. Along with all the other research we have cited, there is research in the areas of spinal cord injury, HIV/AIDS, and degenerative disorders that demonstrate the relationship between hope and positive outcomes. Emeka is quick to point out that his favorite hope quote is, by the late professor Dennis Sleebeey, “Sometimes we have to lend hope to others, until they can find it for themselves.” Emeka told us while he was in the hospital after his injury there were many people who would lend him hope.

During a health crisis, higher hope provides many coping benefits. Hope is based upon our ability to accurately appraise the reality of the crisis to set valued goals and find the means to achieve those goals. When faced with a major health crisis, it is

natural to experience pain, anxiety and fear of the unknown, and even anger and despair when our goals are suddenly blocked. However, higher hope will allow us to navigate the crisis to set new goals and identify the pathways and options to remedy the situation. We must focus and pursue those components of hope (goals and pathways) that are in our



Chan Hellman and Emeka Nnaka

power to control. This will give us the ability to cope with psychological distress and adjust to the health crisis.

Emeka had a spinal cord injury and was paralyzed. This was his reality and as a result of his hope, he did not choose despair. As a hopeful person, he was faced with negotiating his life goals and ultimately was able to shift (re-goal) from being an elite football player to becoming a highly educated life coach and motivational speaker. He found his pathway through a graduate education at the University of Oklahoma and is seeing his dreams come true.

Emeka’s story of hope has been documented time after time in the research. Terrible tragedy, pain, and difficulties can be overcome with high hope. The research proves it. *Hope is not a wish. Hope is measurable. Hope is malleable. Hope is action. Hope matters.*