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Hope Theory

A Member of the Positive Psychology Family

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An Introduction to Hope Theory

The Birth of a Theory

A new theory typically begins with the proponents offering a model that supposedly is more heuristic than the prevailing, older view. Our development of hope theory began in this manner. So, what was the accepted scholarly view of hope that we sought to alter? The perception that one's goals can be attained was a common thread in the scholarly work that defined hope in the 1950s through 1960s (Cantril, 1964; Farber, 1968; Frank, 1975; Frankl, 1992; Melges & Bowlby, 1969; Menninger, 1959; Schachtel, 1959). Our hypothesis was that this view, although shared by many previous scholars, did not fully capture that which is involved in hopeful goal-directed thought. At this beginning stage, we sought a definition of hope that was at once more inclusive and relatively parsimonious. Although we sensed that this new view of hope was possible and necessary, we were not sure what

that model would be. Our breakthrough came when we followed a suggestion made by a former colleague, Fritz Heider, that we ask people to talk about their goal-directed thoughts. After participating in informal interviews about their goal-directed thought processes, people repeatedly mentioned the pathways to reach their goals *and* their motivation to use those pathways. Recall the previous view of hope as "the perception that one can reach desired goals"; it was as if people were suggesting that this overall process involved two components of goal-directed thought—pathways and agency. With some listening on our part, a new theory was born. Simply put, hopeful thought reflects the belief that one can find pathways to desired goals and become motivated to use those pathways. We also proposed that hope, so defined, serves to drive the emotions and well-being of people. Having given this very brief history of that which has come to be called hope theory, in the remainder of this section we will describe the various aspects of this theory in detail.

Goals

We begin with the assumption that human actions are goal directed. Accordingly, goals are the targets of mental action sequences, and they provide the cognitive component that anchors hope theory (Snyder, 1994a, 1994c, 1998b; Snyder, Cheavens, & Sympson, 1997; Snyder, Sympson, Michael, & Cheavens, 2000; Stotland, 1969). Goals may be short- or long-term, but they need to be of sufficient value to occupy conscious thought. Likewise, goals must be attainable, but they also typically contain some degree of uncertainty. On this latter point, when people have been interviewed, they report that hope flourishes under probabilities of intermediate goal attainment (Averill, Catlin, & Chon, 1990).

Pathways Thinking

In order to reach their goals, people must view themselves as being capable of generating workable routes to those goals.[1] This process, which we call *pathways thinking*, signifies one's perceived capabilities at generating workable routes to desired goals. Likewise, we have found that this pathways thinking is typified by affirming internal messages that are similar to the appellation "I'll find a way to get this done!" (Snyder, Lapointe, Crowson, & Early, 1998).

Pathways thinking in any given instantiation involves thoughts of being able to generate at least one, and often more, usable route to a desired goal. The production of several pathways is important when encountering impediments, and high-hope persons perceive that they are facile at finding such alternate routes; moreover, high-hope people actually are very effective at producing alternative routes (Irving, Snyder, & Crowson, 1998; Snyder, Harris, et al., 1991).

Agency Thinking

The motivational component in hope theory is agency—the perceived capacity to use one's pathways so as to reach desired goals. Agentic thinking reflects the self-referential thoughts about both starting to move along a pathway and continuing to progress along that pathway. We have found that high-hope people embrace such self-talk agentic phrases as "I can do this" and "I am not going to be stopped" (Snyder et al., 1998). Agentic thinking is important in all

goal-directed thought, but it takes on special significance when people encounter impediments. During such instances of blockage, agency helps the person to apply the requisite motivation to the best alternate pathway (Snyder, 1994c).

Adding Pathways and Agentic Thinking

It is important to emphasize that hopeful thinking necessitates *both* the perceived capacity to envision workable routes *and* goal-directed energy. Thus, hope is "a positive motivational state that is based on an interactively derived sense of successful (1) agency (goal-directed energy) and (2) pathways (planning to meet goals)" (Snyder, Irving, & Anderson, 1991, p. 287). In the progression of hopeful thinking in the goal-pursuit sequence, we hypothesize that pathways thinking increases agency thinking, which, in turn, yields further pathways thinking, and so on. Overall, therefore, pathway and agency thoughts are iterative as well as additive over the course of a given sequence of goal-directed cognitions (see Snyder, Harris, et al., 1991).

Hope, Impediments, and Emotion

Although most other views have characterized hope as an emotion (Farina, Hearth, & Popovich, 1995), we have emphasized the thinking processes in hope theory. Specifically, we posit that positive emotions should flow from perceptions of successful goal pursuit. Perception of successful goal pursuit may result from unimpeded movement toward desired goals, or it may reflect instances in which the protagonist has effectively overcome any problems or blockages. Negative emotions, on the other hand, are the product of unsuccessful goal pursuits. The perceptions of unsuccessful goal pursuit can stem from insufficient agentic and/or pathway thinking or the inability to overcome a thwarting circumstance. We thus are proposing that *goal-pursuit cognitions cause emotions*.

Related to these points, through both correlational and causal methodologies, we have found that persons confronted with insurmountable goal blockages experience negative emotions, whereas successful, unimpeded goal pursuit or successful goal pursuit after overcoming impediments yields positive emotions (Snyder et al., 1996). These findings parallel those from other laboratories, where people

who encounter severe difficulties in pursuit of important goals report lessened well-being (Diener, 1984; Emmons, 1986; Little, 1983; Omodei & Wearing, 1990; Palys & Little, 1983; Ruehlman & Wolchik, 1988). Furthermore, the growing consensus is that the perceived lack of progress toward major goals is the cause of reductions in well-being, rather than vice versa (Brunstein, 1993; Little, 1989).

Full Hope Model

Moving from left to right in Figure 19.1, one can see the proposed temporal order of the goal-directed thought sequence in hope theory. The etiology of the pathways and agency thoughts appears at the far left. Newborns undertake pathways thinking immediately after birth in order to obtain a sense of "what goes with what" (i.e., what events seem to be correlated in time with each other; Schulman, 1991). Over the course of childhood, these lessons eventually become refined so that the child understands the process of causation (i.e., events are not just related in time, but one event elicits another event). Additionally, at approximately 1 year of age, the baby realizes that she or he is separate from other entities (including the caregiver). This process, called *psychological birth*, portends another important insight for the very young child—that he or she can cause such chains of events to happen. That is to say, the self is perceived as a causal instigator. These psychological birth and instigator "lessons" contribute to a sense of personal agency.

In summary, the acquisition of goal-directed hopeful thought is absolutely crucial for the child's survival and thriving. As such, parents, caregivers, teachers, and members of society in general are invested in teaching this hopeful thinking. For the reader who is interested in detailed descriptions of the developmental antecedents of the hope process, we would suggest previous writings on this topic (e.g., McDermott & Snyder, 2000, pp. 5–18; Snyder,
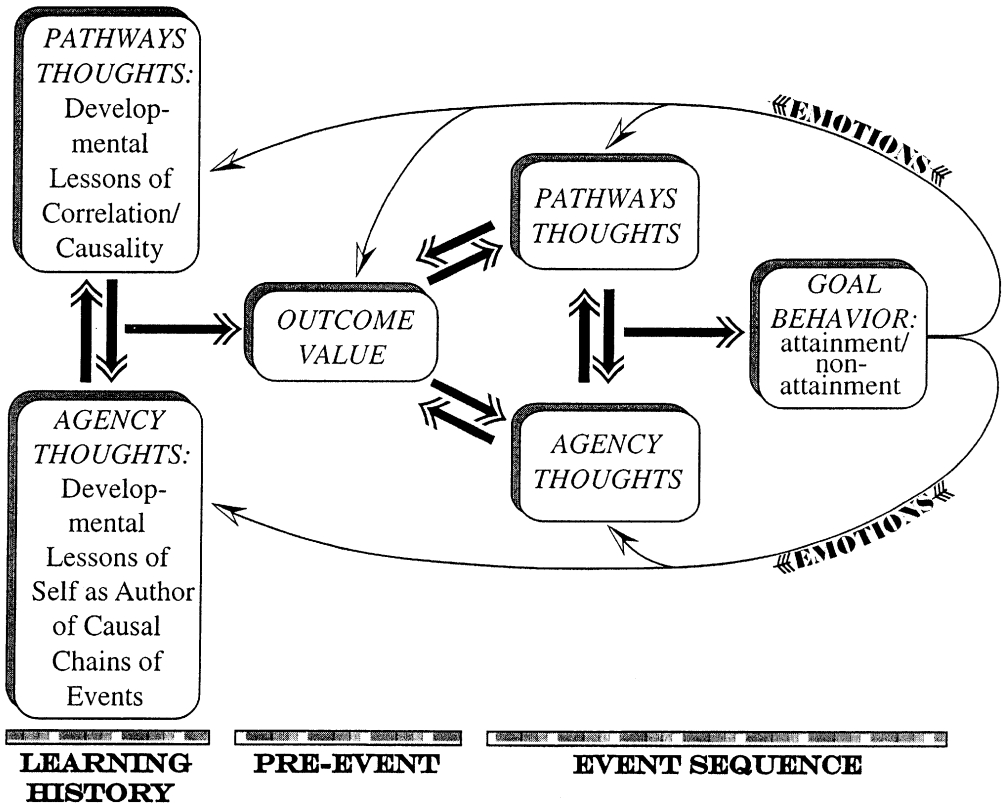

Figure 19.1 Schematic of Feed-forward and Feed-back Functions Involving Agency and Pathways Goal-Directed Thoughts in Hope Theory.

1994c, pp. 75–114; Snyder, 2000a, pp. 21–37; Snyder, McDermott, Cook, & Rapoff 1997, pp. 1–32).

As shown in Figure 19.1, "outcome value" becomes important in the pre-event analysis phase. If the imagined outcomes have sufficiently high importance so as to demand continued mental attention, then the person moves to the event sequence analysis phase wherein the pathways and agency thoughts iterate. Sometimes, however, the iterative process of pathways and agency thinking may cycle back in order to assure that the outcome remains of sufficient importance to warrant continued goal-directed processing. In turn, pathways and agency thoughts (as shown in the bidirectional arrows) continue to alternate and aggregate (summate) throughout the event sequence so as to influence the subsequent level of success in any given goal pursuit. The left-to-right broad-lined arrows of Figure 19.1 reflect the overall feed-*forward* flow of hopeful goal-directed thinking.

If a particular goal pursuit has been completed, the person's goal attainment (or nonattainment) thoughts and the resultant success-derived positive (or failure-derived negative) emotions should cycle back to influence subsequent perceived pathways and agentic capabilities in that situation and in general, as well as to impact the outcome value. As shown in the narrow-lined, right-to-left arrows in Figure 19.1, the feedback process is composed of the particular emotions that result from perceived successful or unsuccessful goal attainment. It is important to note, therefore, that hope theory involves an interrelated system of goal-directed thinking that is responsive to feedback at various points in the temporal sequence.

Individual-Differences Scales Derived From Hope Theory

One important step in the evolution of a new psychological theory is the development of individual-differences measures that accurately reflect the structure of the construct and are reliable and valid. Individual-differences measures allow for tests of a theory, and they facilitate the application of a given construct to research and applied settings. We report next on the development of three such instruments for measuring hope.[2]

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 (a) both internal and temporal reliability, with two separate yet related agency and pathways factors, as well as an overarching hope factor (Babyak, Snyder, & Yoshinobu, 1993); and (b) extensive convergent and discriminant validational support (Cheavens, Gum, & Snyder, 2000; Snyder, Harris, et al., 1991). 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 in which respondents describe themselves in terms of how they are "right now." Numerous studies support the internal reliability and factor structure, as well as the convergent and discriminant validity of this scale (Feldman & Snyder, 2000; Snyder et al., 1996). The State Hope Scale is shown in Appendix B.

Children's Hope Scale

The Children's Hope Scale (for ages 8 to 16) (Snyder, Hoza, et al., 1997) comprises three agency and three pathways items. The internal and test-retest reliabilities of this scale have been documented, as has its two-factor structure. Relevant studies also support its convergent and discriminant validities (Moon & Snyder, 2000; Snyder, Hoza, et al., 1997). The Children's Hope Scale is shown in Appendix C.

Similarities Between Hope Theory and Other Positive Psychology Theories

We now turn to the relationships that hope theory has with five other related theories in the positive psychology family. Fortunately for the process of making comparison with hope theory, in addition to thorough theoretical expositions, each of these five other theories has an individual-differences scale. Our premise is that hope theory should manifest some relationship

similarities to these other constructs so as to support its being part of the positive psychology group (i.e., convergent validity), and yet it should have sufficient differences so as not to be a proxy for an already existing theory (i.e., discriminant validity). We have prepared Table 19.1 to highlight the shared and not-shared components of the theories, as well as the relative emphases in each theory.[3]

Optimism: Seligman

Abramson, Seligman, and Teasdale (1978) emphasized attributions that people made for important negative life events in their reformulated helplessness model. In a subsequent evolution of those ideas, Seligman (1991) uses the attribution process as the basis for his theory of optimism (see Table 19.1). In this regard, the optimistic attributional style is the pattern of external, variable, and specific attributions for failures instead of internal, stable, and global attributes that were the focus in the earlier helplessness model.[4] Implicit in this theory is the importance placed on negative outcomes, and there is a goal-related quality in that optimistic people are attempting to distance themselves from negative outcomes. In hope theory, however, the focus is on reaching desired future positive goal-related outcomes, with explicit

emphases on the agency and pathways thoughts about the desired goal. In both theories, the outcome must be of high importance, although this is emphasized more in hope theory. Unlike the Seligman optimism theory, hope theory also explicitly addresses the etiology of positive and negative emotions.

Optimism: Scheier and Carver

Scheier and Carver (1985) emphasize generalized outcome expectancies in their theory and assume that optimism is a goal-based approach that occurs when an outcome has substantial value. In this optimism model, people perceive themselves as being able to move toward desirable goals and away from undesirable goals (antigoals; Carver & Scheier, 2000a). Although pathways-like thoughts and agency-involved thoughts are implicit in their model, the outcome expectancies (similar to agency) are seen as the prime elicitors of goal-directed behaviors (Scheier & Carver, 1985, 1987). Thus, Scheier and Carver emphasize agency-like thought, whereas equal and constantly iterative emphases are given to pathways and agent thoughts in hope theory (see Table 19.1).[5] Both hope theory and optimism theory are cognitive and explain behavior across situations (Snyder, 1995); moreover, measures of the two constructs cor-

Table 19.1 Implicit and Explicit Operative Processes and Their Respective Emphases in Hope Theory as Compared with Selected Positive Psychology Theories

Theory						
Operative Process	Hope	Optimism: Seligman	Optimism: Scheier & Carver	Self-efficacy	Self-esteem	Problem-Solving
Attributions		+++				
Outcome Value	++	+	++	++	+	+
Goal-Related Thinking	+++	+	++	+++	+	+++
Perceived Capacities for Agency-Related Thinking	+++		+++	+++		
Perceived Capacities for Pathways-Related Thinking	+++		+	++		+++

+ Operative process is implicit part of model.

++ Operative process is explicit part of model.

+++ Operative process is explicit and emphasized in model.

Thus, interpret more plus signs (none to + to ++ to +++) as signifying greater emphasis attached to the given operative process within a particular theory.

relate in the .50 range (Snyder, Harris, et al., 1991). It should be noted, however, that hope has produced unique variance beyond optimism in the prediction of several variables, and that the factor structures of these two constructs differ (Magaletta & Oliver, 1999). Finally, these two theories differ in that hope theory describes the etiology of emotions (positive and negative), whereas Scheier and Carver are largely silent on this issue.

Self-Efficacy: Bandura

According to Bandura (1982, 1997), for self-efficacy to be activated, a goal-related outcome must be important enough to capture attention. This premise is similar to that held in hope theory. Although others have devised a trait measure of self-efficacy,[6] Bandura has steadfastly held that the cognitive processing in self-efficacy theory must focus on situation-specific goals. This goal emphasis parallels hope theory, but it differs in that for hope theory there may be enduring, cross-situational, and situational goal-directed thoughts. Within self-efficacy theory, the person is posited to analyze the relevant contingencies in a given goal attainment situation (called *outcome expectancies*, somewhat similar to pathways thought). Relative to the outcome expectancies wherein the focus is on the given contingencies, pathways thinking reflects the self-analysis of one's capabilities to produce initial routes to goals, as well as additional routes should the first become impeded. Thereafter, the person is hypothesized to evaluate her capacity to carry out the actions inherent in the outcome expectancies (called *efficacy expectancies*, with some similarity to agency thought). Whereas the efficacy expectancy emphasizes the personal perception about how a person *can* perform the requisite activities in a given situational context, hope theory emphasizes the person's self-referential belief that she or he will initiate (and continue) the requisite actions. A key difference is between the words *can* and *will,* with the former pertaining to the capacity to act and the latter tapping intentionality to act. Bandura posits that the situational self-efficacy (agency) thoughts are the last and most important cognitive step before initiating goal-directed action (see Table 19.1), whereas both agency and pathways thoughts are emphasized prior to and during the goal-pursuit sequence in hope theory. Ma-

galetta and Oliver (1999) report that hope provides unique variance independent of self-efficacy in predicting well-being, and that the factor structures of the two constructs vary. One final difference is worthy of note. Namely, Bandura's self-efficacy theory does not address the issue of emotions per se, whereas hope theory gives an explicit hypothesis about emotions being the result of goal-directed thoughts.

Self-Esteem

Hewitt (1998) concludes that self-esteem reflects the emotions flowing from persons' appraisals of their overall effectiveness in the conduct of their lives.[7] In the words of Coopersmith (1967), "Self-esteem is the personal judgment of worthiness" (p. 7). Additionally, self-esteem models are implicitly built on goal-directed thoughts (Hewitt, 1998; see Table 19.1), and they assume that an activity must be valued to implicate self-esteem. These latter two characteristics also apply in hope theory, but the emphasis in hope theory is on the analysis of the goal-pursuit process that elicits emotion or esteem. Self-esteem and hope correlate in the .45 range (Snyder, Harris, et al., 1991), but there is research support for the theoretical assumption that goal-pursuit thoughts (i.e., hope) influence esteem and not vice versa. It also has been reported that hope enhances the prediction of several positive outcomes beyond self-esteem (Curry, Snyder, Cook, Ruby, & Rehm, 1997; Snyder, Cheavens, & Michael, 1999).

Problem Solving

In problem-solving theory, the person's identification of a desired goal (a problem solution) is explicitly noted, and it is assumed implicitly that an important goal is involved (see Table 19.1; Heppner & Hillerbrand, 1991). Another major explicit emphasis, similar to that in hope theory, is on finding a pathway that is the basis for a problem-solving solution (D'Zurilla, 1986). Relative to problem-solving theories, the agentic thinking in hope theory is posited to provide the motivation to activate pathways thoughts (problem solving), and agency is thus explicit and emphasized. Significant positive correlations (*r*s of .40 to .50) have been found between hope and problem solving (Snyder, Harris, et al., 1991). Problem-solving theory does not touch upon the topic of emotions,

whereas in hope theory the emotions are posited to result from the perceived success in goal pursuits.

Summary of Shared Processes in Theories

Although there are differences relative to hope theory to be discerned in our discussion of these five theories, one can see considerable overlap (with varying emphases) in the plus signs of hope theory and the plus signs of the other positive psychology constructs (see Table 19.1). Also, these theory-based similarities are buttressed by modest correlations between hope measures and the scales derived from each of the other theories. Finally, as a point that we believe is of considerable importance, hope and the other theories share in providing psychological and physical benefits to people, and they all are members of the positive psychology family.

Hope and Looking Through a Positive Psychology Lens

Elsewhere, we have written that the positive psychology lens "reflects the viewpoint that the most favorable of human functioning capabilities can be studied scientifically, and that . . . we should not be minuscule in our focus, but rather positive psychology should embrace many foci—a wide lens that is suitable for a big topic" (Snyder & McCullough, 2000, pp. 151–152). By adding hope theory, we have yet another research framework for understanding and enhancing adaptive ways of functioning that are the foci in positive psychology. In this section, we report on the various topics that have been looked at through the frame of hope theory.

Academics

Learning and performing well in educational settings are important avenues for thriving in American society. By applying hopeful thinking, students should enhance their perceived capabilities of finding multiple pathways to desired educational goals, along with the motivations to pursue those goals. Also, through hopeful thinking, students should be able to stay "on task" and not be blocked by interfering self-deprecatory thoughts and negative emotions (Snyder, 1999a).

Based on presently available research with grade school, high school, and college students, it appears that hope bears a substantial relationship with academic achievement (Snyder, Cheavens, & Michael, 1999). Hope relates to higher achievement test scores (grade school children; Snyder, Hoza, et al., 1997) and higher semester grade point averages (college students; Curry et al., 1997). In a 6-year longitudinal study, Hope Scale scores taken at the beginning of students' very first semester in college predicted higher cumulative grade point average[8] and graduation rate, as well as lower attrition (as tapped by dropout rate; Snyder, Wiklund, & Cheavens, 1999).[9] Imagine the negative ripples—lost opportunities, unfulfilled talents, and sense of failure—that may flow over a lifetime for some students who drop out of high school or college. Hope may offer a potential antidote.

Given the predictive power of the Hope Scale for academics, perhaps it also could be used to identify academically at-risk low-hope students who would especially profit by interventions to raise their hopeful thinking. Or such hope interventions may be targeted toward all students irrespective of their initial levels of hope. There are many opportunities to apply hope to the benefit of students. Indeed, interventions for schools already are being developed. For example, a college class aimed at teaching hopeful thinking could help students to improve their levels of hope and academic performances and, in turn, self-esteem. This is what has been found in an ongoing 6-year project at the University of Wyoming (Curry, Maniar, Sondag, & Sandstedt, 1999). Yet another approach that we are testing involves the beneficial effects of hope training for new college students during their first orientation week. Likewise, Lopez and his colleagues (Lopez, Bouwkamp, Edwards, & Teramoto Pedrotti, 2000) have had promising early results in a program for promoting hope in junior high students. Starting even earlier with students, perhaps we should explore how to maximize hopeful learning environments of children in grade schools.[10]

Athletics

Two athletes may have similar natural talents, and yet the more hopeful one should be more successful, especially during stressful points in

their competitions (see Curry & Snyder, 2000). This follows because high-hope thinking enables an athlete to find the best routes to the goal in a given sport, as well as the motivation to use those routes. In support of these predictions, we (Curry, Snyder, et al., 1997) have found that Division I college track athletes with high as compared with low hope perform significantly better in their events (even when removing the variance related to natural athletic ability as rated by their coaches). In another study by Curry et al. (1997), athletes' trait and state hope together accounted for 56% of the variance related to their actual track performances.

Sports psychologists and coaches can use hope theory in working with individual athletes and teams. Actual courses to impart hope also should prove beneficial. In this regard, a college class titled "Principles of Optimal Performance" has been operating for several years, with resulting significant improvements in athletes' confidence in their performances (these benefits have been maintained at a 1-year follow-up; see Curry & Snyder, 2000).

Physical Health

In health psychology, the focus is on promoting and maintaining good health and preventing, detecting, and treating illness (Matarazzo, 1982). Based on our research, hope has been positively implicated in each of these areas (Irving et al., 1998; Snyder, 1996, 1998a; Snyder, Irving, & Anderson, 1991). Snyder, Feldman, Taylor, Schroeder, and Adams (2000) have described the powers of hope in terms of primary and secondary prevention. Primary prevention involves thoughts or actions that are intended to reduce or eliminate the chances that subsequent health problems (either physical [Kaplan, 2000] or psychological [Heller, Wyman, & Allen, 2000]) will occur in the future. Secondary prevention involves thoughts or actions that are directed at eliminating, reducing, or containing a problem once it has occurred (Snyder, Feldman, et al., 2000).

At the individual level, hope and the primary prevention of physical illness have begun to receive some attention. People with higher levels of hope seem to use information about physical illness to their advantage (Snyder, Feldman, et al., 2000). High-hope persons use information about the etiology of illness to do more of what helps and less of what hurts. Within the frame-

work of hope theory, knowledge is used as a pathway for prevention. Related to this point, women with higher as compared with lower hope have performed better on a cancer facts test, even when controlling for their academic performances and their contacts with other persons who have had cancer (Irving et al., 1998). In addition, higher hope women reported higher intentions to engage in cancer prevention activities than their lower hope counterparts. Additionally, people with high hope report engaging in more preventative behaviors (i.e., physical exercise) than those with low hope (Snyder, Harris, et al., 1991). Therefore, the scant available research does suggest that hopeful thinking is related to activities that help to prevent physical illness.

Beyond the individual level of primary prevention, hope theory can be applied at the societal level in order to prevent physical illness. Societal primary prevention involves thinking that reduces risks and inoculates entire segments of society against disease (Snyder, Feldman, et al., 2000). Societal primary prevention includes increasing desired behaviors and decreasing targeted bad behaviors through the use of advertisements, laws, and shared social values. Likewise, in the degree to which a society implements open and fair systems for obtaining the rewards, the negative repercussions of mass frustration should be quelled. For example, if established laws are perceived as fairly allowing all (or a maximal number of) people to pursue goal-directed activities, then citizens are less likely to become frustrated and act aggressively (Snyder, 1993, 1994b; Snyder & Feldman, 2000). This would result in fewer physical injuries in society. Related to this latter point, Krauss and Krauss (1968) found that the lack of profound goal blockages in countries across the world was associated subsequently with fewer deaths from suicide.

Once a physical illness develops, hope still plays an important role, but it does so in the context of secondary prevention. For example, hope should facilitate one's coping with the pain, disability, and other concomitant stressors of a physical illness. Consistent with this hypothesis, hope has been related to better adjustment in conditions involving chronic illness, severe injury, and handicaps. More specifically, higher hope has related to benefits in dealing with burn injuries (Barnum, Snyder, Rapoff, Mani, & Thompson, 1998), spinal cord injuries (Elliott, Witty, Herrick, & Hoffman, 1991), se-

vere arthritis (Laird, 1992), fibromylagia (Affleck & Tennen, 1996; Tennen & Affleck, 1999), and blindness (Jackson, Taylor, Palmatier, Elliott, & Elliott, 1998).

Once ill, people with high versus low hope also appear to remain appropriately energized and focused on what they need to do in order to recuperate. This is in stark contrast to the counterproductive self-focus and self-pity (Hamilton & Ingram, 2001) that can overtake people with low hope. This self-focus in low-hope people increases anxiety and compromises the healing process. Furthermore, the higher anxiety in low-hope people may result in avoidance coping, which often can be quite unhealthy (Snyder & Pulvers, 2001).

An increasingly common problem involves people who are experiencing profound (and perhaps chronic) pain. Pain represents a difficult challenge for researchers and practitioners alike. We believe that persons with higher hope should be able to lessen their pain through enlisting more strategies (pathways) and having a higher likelihood of using those strategies (agency). Related to this point, in two studies using a cold pressor task (a pain tolerance measure), high-hope people experienced less pain and tolerated the pain almost twice as long as did the low-hope persons (Snyder, Odle, & Hackman, 1999).

Moving to the societal level, secondary prevention also may be influenced by hope. For example, successful television advertisements that are intended to promote health may work by giving people clear goals (e.g., "I definitely need to get help!") and pathways (e.g., referrals to local resources). These TV spots also influence agency by motivating people to get the help that they need. When people realize that their problem is not an isolated incident (i.e., it has high consensus), they tend to seek help. In support of this latter point, Snyder and Ingram (1983) found that people with targeted problems responded to high-consensus information so as to seek help. Overall, whether it is at the societal or the individual level, we foresee useful applications of hope theory in regard to prevention,[11] detection, and effective coping with illnesses.[12]

Psychological Adjustment

There are many ways in which we can use hope theory to foster better understanding of adjustment, as well as the best approaches for facilitating it. One way in which psychological adjustment is influenced by hope is through the belief in one's self, and this supposition is consistently supported in our research (e.g., Snyder, Hoza, et al., 1997). As posited earlier, hope should bear strong relationships with affectivity, and we have found that hope is related positively with positive affect and negatively with negative affect (correlations in .55 range). Moreover, manipulations to increase levels of hope have resulted in increases in positive affects and decreases in negative affects. Likewise, in tracking research participants over 28 days, higher hope was related to the report of more positive and fewer negative thoughts each day (Snyder et al., 1996). Furthermore, high-hope as compared with low-hope college students have reported feeling more inspired, energized, confident, and challenged by their goals (Snyder, Harris, et al., 1991), along with having elevated feelings of self-worth and low levels of depression (Snyder, Hoza, et al., 1997; Snyder et al., 1996).

In order to understand the stressor concept in the context of coping, we begin with a definition of coping. In this regard, coping is the ability to effectively respond to a stressor so as to reduce psychological (and physical) pain (Houston, 1988). Within hope theory, the stressor represents that which is interfering with one's normal ongoing goal of being happy. When confronting a stressor, therefore, one must find alternative paths to attain the "normalcy" goal, as well as become mobilized to use those paths. When confronted with a stressor, higher as compared with lower hope people produce more strategies for dealing with the stressor (pathways) and express a greater likelihood of using those strategies (agency; Snyder, 1994c, 2000d; Snyder, Harris, et al., 1991); moreover, higher hope persons are more likely to find benefits in their ongoing dealings with stressors (Affleck & Tennen, 1996; Tennen & Affleck, 1999). Relative to low-hope people, high-hope individuals also are less likely to use avoidance, a coping style that is linked to distress and decreased psychological adjustment when used over the long term (Suls & Fletcher, 1985).[13]

As is the case with physical health, hope also is crucial for psychological health. Hopeful thought entails assets such as the ability to establish clear goals, imagine workable pathways, and motivate oneself to work toward goals (Snyder, 2000a, 2000b, 2000c). For example, higher versus lower hope yields more successful goal pursuits in a variety of performance arenas

(e.g., athletics, academics, coping; see, for review, Snyder, Cheavens, & Michael, 1999). Furthermore, this successful pursuit of goals is associated with elevated self-esteem and well-being (Snyder, Feldman, et al., 2000).

Psychological health is related to people's routine anticipation of their future well-being. In this regard, those with higher levels of hope should anticipate more positive levels of psychological health than persons with lower hope. These positive expectations also will yield higher confidence (Snyder, Feldman, et al., 2000), and high-hope people perceive that their hopeful thinking will protect them against future stressors (Snyder, 2000d). In addition, higher hope seems to moderate the relationship between unforeseen stressors and successful coping (see Snyder & Pulvers, 2001). Thus, in contrast to people with low levels of hope, who tend to catastrophize about the future, those with high levels of hope are able to think effectively about the future, with the knowledge that they, at times, will need to face major life stressors.

In a manner similar to that occurring for physical health, secondary prevention in psychological health involves thoughts or actions that eliminate, reduce, or contain a problem once it has appeared (Snyder, Feldman, et al., 2000). Hope also plays a role in this process. For example, when people with high hope encounter an immutable goal blockage, they are flexible enough to find alternative goals. In contrast, people with low hope tend to ruminate unproductively about being stuck (Michael, 2000; Snyder, 1999a, 1999b); moreover, their low-hope ruminations often involve fantasies about "magically" escaping their entrapments. This is tantamount to avoidance and disengaged coping behaviors, which generally have unhealthy consequences (Bolger, 1990; Carver et al., 1993; Litt, Tennen, Affleck, & Klock, 1992; Stanton & Snider, 1993). Furthermore, by coping through avoidance, the low-hope persons do not learn from past experiences (Snyder, Feldman, et al., 2000), and they become "passive pawns" in the game of life.

People with high hope also are likely to have friends with whom they share a strong sense of mutuality. In stressful circumstances, high-hope people can call on these friends for support (Crothers & Schraw, 1999; Sarason, Sarason, & Pierce, 1990). People with low hope, on the other hand, tend to be lonely and lack friends with whom they can talk. This seems to stem from their fear of interpersonal closeness (Crothers & Schraw, 1999). Likewise, even if low-hope people do have friends, those friends also are likely to have low hope (Cheavens, Taylor, Kahle, & Snyder, 2000). Unfortunately, a dyad of low-hope persons may be prone to "pity parties," in which the unending topic is how bad things are for them.

Human Connection

We have theorized that hope is inculcated in children through interactions with their caretakers, peers, and teachers (Snyder, Cheavens, & Sympson, 1997). As such, the goal of "connecting" with other people is fundamental, because the seeking of one's goals almost always occurs within the context of social commerce. Related to this point, it is the high-hope as compared with low-hope individuals who are especially invested in making contact with other people (Snyder, Hoza, et al., 1997). One measure of the motivation to be connected to others is the degree to which an individual is concerned with the perceptions that others form of him. In this vein, the increasing consensus is that a tendency to present oneself in a slightly positive light is an adaptive coping style (Taylor, 1989). Hope Scale scores have correlated slightly and positively with measures of social desirability and positive self-presentation (Snyder, Harris, et al., 1991; Snyder, Hoza, et al., 1997), suggesting an adaptive concern by high-hope people about impressions they make.

Researchers also have found that higher levels of hope are related to more perceived social support (Barnum et al., 1998), more social competence (Snyder, Hoza, et al., 1997), and less loneliness (Sympson, 1999). Furthermore, high-hope individuals have an enhanced ability to take the perspectives of others (Rieger, 1993). They appear to truly enjoy their interactions with others (Snyder, Hoza, et al., 1997), and they are interested in their goals and the goals of others around them (Snyder, 1994b, 1994c; Snyder, Cheavens, & Sympson, 1997).

Psychotherapy

From the 1960s through the 1980s, Jerome Frank (1968, 1973, 1975) pioneered a view that hope was a common process across differing psychotherapy approaches. We have continued his line of thought using hope theory as a framework for understanding the shared pro-

cesses by which people are helped in psycho-therapy (Snyder, Ilardi, Cheavens, et al., 2000; Snyder, Ilardi, Michael, & Cheavens, 2000; Snyder, Michael, & Cheavens, 1999; Snyder & Taylor, 2000). Whatever the particular system of psychotherapy, we believe that the beneficial changes occur because clients are learning more effective agentic and pathways goal-directed thinking. In particular, the agency component is reflected in the placebo effect (i.e., the natural mental energies for change that clients bring to psychotherapy). The particular psychotherapy approaches that are used to provide the client with a route or process for moving forward to attain positive therapeutic goals reflect the path-ways component. By applying hope theory to several psychotherapies, a potential benefit would be increased cooperation among the pro-ponents of varying camps (Snyder & Ingram, 2000).

Beyond the application of hope theory prin-ciples to psychotherapies in general, hope the-ory has been used to develop successful individ-ual (Lopez, Floyd, Ulven, & Snyder, 2000; for related example, see Worthington et al., 1997) and group interventions (Klausner et al., 1998; Klausner, Snyder, & Cheavens, 2000). There also are two books (McDermott & Snyder, 2000; Snyder, McDermott, et al., 1997) and a chapter (McDermott & Hastings, 2000) in which hope theory has been applied specifically to aid parents and teachers in helping children, as well as a book based on hope theory that is targeted to benefit adults (McDermott & Sny-der, 1999). Furthermore, a pretreatment ther-apy preparation program based on hope theory has yielded benefits for clients (Irving et al., 1997). In our estimation, however, we have only begun to explore the applications of hope theory for psychotherapies.

Meaning in Life

Viktor Frankl (1965, 1992) has provided an el-oquent voice on the "What is the nature of meaning?" question. To answer this query, he advanced the concept of the "existential vac-uum"—the perception that there is no meaning or purpose in the universe. The experience of this existential vacuum supposedly can be rem-edied to the extent that persons actualize "val-ues." Frankl (1965, 1966) reasoned that mean-ing resulted from the choice to bring three major classes of values into one's life: (a) crea-tive (instantiations include writing a paper, giv-ing birth to a child, etc.); (b) experiential (see-ing, touching, or any way of experiencing); and (c) attitudinal (the stances people take toward their plights of suffering). The Purpose in Life test (Crumbaugh & Maholick, 1964; Crum-baugh & Maholick, 1981) was developed to re-flect Frankl's notion. There also are two other widely used measures of general life-meaning—the Life Regard Index (Battista & Almond, 1973) and the Sense of Coherence scale (Anto-novsky & Sagy, 1986).

We posited that hope should relate strongly to meaning because it is through our self-reflections about the goals that one has selected and the perceived progress in the journey to-ward those goals that a person constructs mean-ing in his or her life (Snyder, 1994c). In support of this hypothesis, we (Feldman & Snyder, 1999) found that Hope Scale scores evidenced correlations in the .70 to .76 range with the aforementioned three meaning measures. Thus, we believe that hope theory offers a new angle for looking at the nature of meaning.

For Another Time and Place

In this section, we provide brief glimpses of ad-ditional arenas where hope may play an impor-tant role (for a review of various future appli-cations of hope theory, see Snyder [2000e]). We have made a case for how hope theory can be used to understand depression (Snyder, 1994c; Cheavens, 2000) and have examined the inner hope-related self-talk of depressed persons (Snyder, Lapointe, et al., 1998).[14] Another topic is attentional focus, with the premise being that on-task rather than off-task focus is facilitated by hopeful thinking (Snyder, 1999a, 1999b). We also offer some insights into self-actualization by using hope theory. Although widely discussed, Maslow's (1970) hierarchy of needs has received little recent research atten-tion. Perhaps by using hope theory, with its emphasis on goals, we could enhance our un-derstanding of this hierarchy. The capstone of Maslow's hierarchy is self-actualization, and such an idea is very timely within the positive psychology perspective. On this point, the strongest correlation of any scale with the Hope Scale was obtained with a measure of self-actualization ($r = .79$; Sumerlin, 1997).

Using hope theory, we also may garner in-sights into major group differences. In this re-gard, in over 40 studies (with adults and chil-dren), there never has been a significant sex

difference in hope. Why? We also need to expand our knowledge of how differing ethnic groups manifest hope (Lopez, Gariglietti, et al., 2000). Likewise, do older persons exhibit differing hope from younger persons, and if so, why (Cheavens & Gum, 2000)? Whether a relationship be of intimate partners, students and teachers, managers and employees, or physicians and patients, the effectiveness and satisfaction flowing from the interactions may be understood and improved via hope theory (Snyder, 1994c, chap. 7). We would emphasize that the topics in this section, as well as those described earlier, represent only a portion of the positive psychology issues that we can examine through the lens of hope theory.

Hope for the Many Rather Than the Few

Our last point, and one that is central to our view of positive psychology, is that the uses and benefits of hope should be made available to as many people as possible (Snyder & Feldman, 2000). Although we have remained at the level of individuals in making our various points in this chapter, we would hasten to add that hope theory also is applicable to people in the context of larger units. In this regard, hope theory could be applied to help build environments where people can work together to meet shared goals. Whether it is a business, city council, state legislature, or national or international organization, there is enormous potential in working together in the spirit of hope. Earlier in this chapter, we described hope theory as a lens for seeing the strengths in people. We would hasten to add, however, that hope is but one pane in the larger window of positive psychology. Through this window, looking across different lands and people, we envision a positive psychology for the many. This is a vision of hope.

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.

Notes: 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 C. R. Snyder, C. Harris, et al., The will and the ways: Development and validation of an individual differences measure of hope, *Journal of Personality and Social Psychology* © (1991), Vol. 60, p. 585. Reprinted with the permission of the American Psychological Association and the senior author.

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.

Notes: 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 C. R. Snyder, S. C. Sympson, et al., Development and validation of the State Hope Scale, *Journal of Personality and Social Psychology* © (1996), Vol. 70, p. 335. Reprinted with the permission of the American Psychological Association and the senior author.

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) beside "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.
   ○ *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.
   ○ *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.
   ○ *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.
   ○ *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.
   ○ *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.
   ○ *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*

Notes: 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 C. R. Snyder, B. Hoza, et al., The development and validation of the Children's Hope Scale, *Journal of Pediatric Psychology* © (1997), Vol. 22(3), p. 421. Reprinted with the permission of the Journal and the senior author.

Notes

1. In Craig's (1943) *The Nature of Explanation*, which is a classic in the evolution of the cognitive psychology movement, he persuasively reasons that the purpose of the brain is to comprehend and anticipate causal sequences. Pinker (1997) makes a similar argument in his award-winning *How the Mind Works*. Additional volumes that were particularly helpful in forming our view about the importance of pathways thought in pursuing goals were Miller, Galanter, and Pribram's (1960) *Plans and the Structure of Behavior*, Newell and Simon's (1972) *Human Problem Solving*, and Anderson's (1983) *The Architecture of Cognition*.

2. We also have developed hope measures that are (a) for children aged 4 to 7; (b) aimed at tapping hope in particular life domains; (c) based on observing either children or adults; and (d) derived from written or spoken narratives. Contact the senior author for further information on these measures.

3. For the reader who is interested in more detailed comparisons of various other theories to hope theory, please refer to the following sources: Snyder (1994a); Snyder (1998b); Snyder (2000b, 2000d, 2000e); Snyder, Ilardi, Cheavens, et al. (2000); Snyder, Ilardi, Michael, and Cheavens (2000); 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); the instrument used for children is called the Children's Attributional Style Questionnaire (Seligman et al., 1984).

5. There are indications, however, that optimists do use such planful thought (e.g., Carver & Scheier, 2000b; 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 (in responses to the LOT and LOT-R) implicitly may tap pathways-related thinking. Related to this issue, Magaletta and Oliver (1999) have found the pathways component of the Hope Scale to be orthogonal to items on the LOT in a factor analysis. The original instrument tapping optimism was called the Life Orientation Test (Scheier & Carver, 1985), and the revised instrument is called the Life Orientation Test-Revised (Scheier, Carver, & Bridges, 1994).

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

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

8. The grade point averages of the high- and low-hope students were 2.85 and 2.43, respectively.

9. In the aforementioned studies, the predictive power of hope was not diminished when controlling for intelligence (children's studies), previous grades (cross-sectional college student studies), and entrance exam scores (longitudinal college study).

10. Such hope education also should be available to parents (McDermott & Snyder, 1999, 2000).

11. Based on prospective correlational research, using indices of hope other than the ones derived from hope theory, the absence of hope (i.e., hopelessness) appears to relate to morbidity and mortality. For example, Schmale and Iker (1966, 1971) found that hopelessness predicted later development of cervical cancer among healthy women at high risk for cervical cancer. More recently, Everson and colleagues (1996, 1997) found that hopelessness predicted later cardiovascular disease and cancer among middle-aged men (even beyond number of biological and behavioral risk factors). Although this is correlational research, these findings support the hypothesis that hope plays a role in the prevention of some life-threatening physical illnesses.

12. As an example of this latter point, the role of hope in maintaining adherence to a medicine regime in juvenile and adult diabetes patients is being examined in ongoing research in our laboratory. Results reveal that hope, particularly the agency component, predicts adherence, and that it does so beyond variances related to demographic or quality-of-life variables (Moon, 2000).

13. We refer the reader to the following sources for in-depth coverage of the role that hope plays in facilitating successful coping process: McDermott and Snyder, 1999; Snyder, 1994c; Snyder, Cheavens, and Michael, 1999; and Snyder, McDermott, et al., 1997.

14. Anxiety also can be understood within hope theory (Michael, 2000; Snyder, 1994c).

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