Definitions of hope

Hope is central to life and is an essential dimension for successfully dealing with illness and for preparing for death. When hope is defined as a complex state of being having multiple dimensions and is referred to as a generalised state, no particular objective of hope is defined. Dufault and Martocchio [1] defined hope as a multidimensional dynamic life force characterised by a confident yet uncertain expectation of achieving a future good which, to the hoping person, is realistically possible and personally significant. Threats to hope include pain, other uncontrolled symptoms, spiritual distress, fatigue, anxiety, social isolation and loneliness. Perceptions of hopelessness from powerful others (health team, family) also threatens hope. From the etymology of hope to the disciplines of theology, philosophy, psychology, socioanthropology, biology and nursing, contributions to understanding this construct have been made and related concepts uncovered. Concepts related to hope include endurance (awareness), uncertainty (recognition), suffering (acknowledgment) and acceptance [2].

Self-transcendence as well as acceptance, and spiritual perspective have interrelationships with hope. The meaning and significance of hope depends upon the individual’s life circumstance and personal philosophical stance about hope.

Farran [3] conceptualises hope as having four key components:
1) The experiential process of accepting human “trials” as a part of being human while allowing imaginative possibilities to occur
2) Spiritual/transcendent process, with hope being inseparable from faith
3) Rational thought process grounds hope in reality with goals and needed resources (physical, emotional and social)

4) Relational process in that hope occurs between persons and it is influenced by another’s hope, presence, communications and strength.

Hope in Marcel’s thinking

Hope is an important concept in the working life of continuing care assistants. Supportive relationships, adequate resources, encouragement by others and improving perceptions of self-efficacy (ability to achieve goals in their workplace) may foster hope [4].

Marcel differentiates “I hope” from “I hope that”. The latter connotes a specified object or condition to be achieved. Hope is the final guarantor of fidelity; it is that which allows me not to despair, that which gives me the strength to continue to create myself in availability to the other. But this might appear to be nothing more than optimism – frequently misplaced, as events too often reveal – that things will turn out for the best. Marcel insists that this is not the case. Following now familiar distinctions, he differentiates between the realm of fear and desire on the one hand and the realm of despair and hope on the other.

Fear and desire are anticipatory and focused respectively on the object of fear or desire. To desire is “to desire that X” and to fear is “to fear that X.” Optimism exists in the domain of fear and desire because it imagines and anticipates a favourable outcome. However, the essence of hope is not “to hope that X”, but merely “to hope …” The person who hopes does not accept the current situation as final; however, neither does she or he imagine or anticipate the circumstance that would deliver her or him from her or his plight; rather, she or he merely hopes for deliverance. The more hope transcends any anticipation of the form that deliverance would take, the less it is open to the objection that, in many cases, the hoped-for deliverance does not take place. If I desire that my disease be cured by a given surgical procedure, it is very possible that my desire might be thwarted. However, if I simply maintain myself in hope, no specific event (or absence of event) need shake me from this hope.

This does not mean, however, that hope is inert or passive. Hope is not stoicism. Stoicism is merely the resignation of a solitary consciousness. Hope is neither resigned nor solitary. “Hope consists in asserting that there is at the heart of being, beyond all data, beyond all inventories and all calculations, a mysterious principle which is in connivance with me” [5]. While hope is patient and expectant, it remains active; and as such it might be characterised as an “active patience.” The assension contained in hope reveals a kinship with willing rather than desiring. “Inert hope” would be an oxymoron.

No doubt the solitary consciousness can achieve resignation [Stoicism], but it may well be here that this word actually means nothing but spiritual fatigue. For hope, which is just the opposite of resignation, something more is required. There can be no hope that does not constitute itself through a we and for a we. I would be tempted to say that all hope is at the bottom choral [6].

Finally, it should be no surprise that “speaking metaphysically, the only genuine hope is hope in what does not depend on ourselves, hope springing from humility and not from pride” [7]. And here is found yet another aspect of the withering that takes place as a result of indisponibilité in general and pride in particular. The same arrogance that keeps the proud person from communion with her or his fellows keeps her or him from hope.

This example points to the dialectical engagement of despair and hope: where there is hope there is always the possibility of despair, and only where there is the possibility of despair can we respond with hope. Despair, says Marcel, is equivalent to saying that there is nothing in the whole of reality to which I can extend credit, nothing worthwhile. “Despair is possible in any form, at any moment and to any degree, and this betrayal may seem to be counselled, if not forced upon us, by the very structure of the world we live in” [8]. Hope is the affirmation that is the response to this denial. Where despair denies that anything in reality is worthy of credit, hope affirms that reality will ultimately prove worthy of an infinite credit, the complete engagement and disposal of myself.

Jean Watson and the Theory of Human Caring

The crisis in modern medicine and nursing for this new millennium seems to lie in the lack of a meaningful philosophy for the nature of practice and the deeper dimensions of the work of care. It seems that nursing’s very survival is at stake at this moment in its history. Thus, it is a deeper level of nursing, its very source, which must be explored and excavated for this new era in human history. Nursing’s job has been too small for the nature of its philosophy for the nature of practice and the deeper dimensions.