

What is hope? José Enrique Rodó,¹ the renowned Uruguayan author, describes hope through a story of a woman dreaming of marriage. She was poor and lonely, but she had an almost delirious fantasy about her own wedding. Every morning she would place a wreath of flowers and a veil on her head and wait expectantly for her imaginary bridegroom. As dusk turned into night, her imagination would give way to disappointment; but at dawn her trust in her fantasy would revive. She would wait again for her groom.

Hope, in Rodó's view, is somewhat like that: an illusory dream based on an unreal future. As an illusion, born out of dreams in the recesses of one's mind, hope serves to disguise poverty, unhappiness, and the cruel reality one encounters in life.

Rodó is not alone in holding such a view. Famous thinkers and writers such as Spinoza, Goethe, Schiller, Marx, Nietzsche, and Shelley also viewed hope in the future as an escape from reality. To Goethe, for example, hope and fear were the worst enemies of humankind. Indeed, the ideal human being, Goethe would say, is one who is free from expectations, with no interest in the future. Most Roman and Greek imagery picture hope as a smiling nymph, surrounded by flowers, trees, and fruits: a goddess of nature, a sister of illusion and death.

A Behavioral Dimension

Students of human behavior often describe hope as a vital factor in human life that is composed of different parts:

- A cognitive element with positive expectations about the future.
- An emotional factor, dealing with such attributes as comfort, peacefulness, security, and trust.
- A behavior based on attitudes rising from a sense of freedom and accountability, not fatalism.
- An inter-relational principle influencing the development of a cooperative and trusting relationship with others.
- A valuing and believing orientation that makes hope an expression of faith in the reliability of life, of trust in the future, and of strength to lead a productive life.

Albert Camus once said that hope could be found in the inner part of hopelessness. This means that for him, hope and hopelessness were not separate units in real life; they emerged from the same compact unity. They may be poles apart, but they meet in a dialectic, engaging at times in a dramatic and sometimes destructive struggle, which either leads to depression and exhaustion or to a new strength and resolve.

Often this tension between hope and hopelessness can be seen in patterns such

Hope, Christianity and Mental Health

as looking forward versus looking back, optimism versus pessimism, novelty versus repetition, freedom of choice versus fatalism, strength versus despair, trust versus mistrust, productive orientation versus destructive orientation.

by
Mario
Pereyra

The Biblical Dimension

For the Christian, hope is based on God's promises and the assurance of the Spirit's indwelling power. As a result, regardless of the circumstances, hope abides.

The Bible presents hope as an essential ingredient of human life. It is a magnificent rainbow after a devastating deluge. It is a promise to an aged Abraham that he will be the father of many nations. It is courage to affirm meaning in Job's terrible suffering. It is a guiding light to God's people on the march to the promised land. It is an anchor of safety to the missionary ship of Paul. The biblical hope is divine power, divine promise, and divine love provided for human living.

Rudolf Bultmann² summarizes the biblical concept of hope in terms of six principles:

- Hope is constantly longing for something to happen.
- Hope means to have a future.
- Hope identifies with trust.
- Hope's main object is God.
- Hope includes suffering, perseverance, and willingness to bear everything.
- Hope makes a person open to change, even in desperate situations.

Shifting Perspectives

Traditionally, hope has been considered a component of religious faith. The book of Hebrews defines faith

as "the substance of things hoped for, the evidence of things not seen" (Hebrews 11:1). Paul considered hope as one of the three abiding virtues (1 Corinthians 13:13), basing it on what God can do now (1 Timothy 5:5), and on what He plans to do in eschatological fulfillment (2 Corinthians 3:12; Romans 8:18-23; 1 Thessalonians 4:13).

The Protestant reformers identified human hope with a strong confidence in God and His saving grace. The 17th and 18th centuries saw a gradual shift from faith to reason. By the 19th century, a stronger emphasis was placed on pessimism and hopelessness, particularly by influential authors like Kierkegaard, Schopenhauer, and Unamuno. This philosophic slide reached its lowest point by the mid-20th century, with its main proponents being Heidegger and Sartre. More recently, however, Western theology is again highlighting the religious dimension of hope, particularly in the works of J. Moltmann, J. B. Metz, E. L. Fackenheim, and H. Cox.

Hope and Mental Health

Researchers have long seen pathogenic implications in hopelessness. What Engel called "The Giving Up—Given Up Complex"³ often leads to strong feelings of helplessness and renounce-

ment, impotence, the inability to accept help, and loss of confidence in interpersonal relationships. Such feelings affect the biological system, and cause one to seek refuge in the past, setting aside concerns for the future. Some authors associate hopelessness with pessimism,⁴ while others (the cognitive group, for example) describe the situation as "learned helplessness."⁵ Hopelessness is related to depression, melancholy, schizophrenia, alcoholism, drug addiction, anti-social behavior, and suicidal tendencies.

Meanwhile, research on the role of hope in the development of mental and physical health has proved rewarding. Snyder and others have shown that people with a high degree of hope have low levels of psychological problems and possess a positive perception of life.⁶ However, despite recent studies, literature and research findings are still limited in this area.

Hope and Mental Health in Elderly People

In order to study the relationship between hope, Christianity, and mental health, we designed a research project to be carried out locally. We selected elderly people for the study because they are in a more vulnerable stage in terms of hopelessness, as has been pointed out by Farran and Popovich.⁷

We chose a Seventh-day Adventist population (n=61), because of the high degree of hope embodied in the Adventist belief system. Our research centered on the community of Villa Libertador San Martín (Entre Ríos, Argentina), an established and important denominational center in South America. We compared this group with a nearby non-Adventist population (n=65). We applied the Hope-Hopelessness Test (TED) that the author developed,⁸ along with the Herth Hope Index (HHI),⁹ the Hopelessness Scale (HS) of A. Beck,¹⁰ the Intrinsic Religious Motivation Scale (IRM) of Hoge,¹¹ and the Symptom Questionnaire for the Detection of Mental Problems in Adults (SQD) of C. Climent and others.¹² All these measures proved useful, consistent, valid, and reliable.

The sample consisted of 126 individuals (72 female= 57.1 percent and 54 male= 42.9 percent), between 65 and

T rue religion brings man into harmony with the laws of God—physical, mental, and moral. It teaches self-control, serenity, temperance. Religion ennobles the mind, refines the taste, and sanctifies the judgment. It makes the soul a partaker of the purity of heaven. Faith in God's love and overruling providence lightens the burdens of anxiety and care. It fills the heart with joy and contentment in the highest or the lowliest lot. Religion tends directly to promote health, to lengthen life, and to heighten our enjoyment of all its blessings. It opens to the soul a never-failing fountain of happiness.

— ELLEN G. WHITE

70 years old, most of them married, in retirement, all with at least a primary school education. The results were as follows:¹³

1. The Adventist population had a significantly higher score of hope than the non-Adventist.
2. The higher the degree of hope (TED), the lower the amount of mental disorders.
3. A significant relationship was found between intrinsic religion (internalized faith and values rather than legalistic rituals) and mental disorders (49, $p < .001$)
4. Age, sex, marital status, and education did not show any significant relationship to hope and mental health.

To summarize, all the data point to the fact that hope—and, in our study, Adventist hope—is a strong factor in contributing to good mental health. In the same way the intrinsic religious convictions (rather than extrinsic motivations such as merely following rules and rituals) were closely related to hope and mental health. These results are consistent with other studies on religion and hope among elderly people,¹⁴ as well as with patients suffering from AIDS.¹⁵

Thus the Christian hope, anchored in the promises of a God who loves and cares for us individually, constitutes a key factor in mental health, providing meaning and emotional balance even at an advanced age. As Paul wrote to an early group of Christian believers, "May the God of hope fill you with all joy and peace as you trust in him" (Romans 15:13, NIV). □

Born in Uruguay, Mario Pereyra is a clinical psychologist practicing at Sanatorio Adventista del Plata and teaching at Universidad Adventista del Plata, in Argentina. He is the author of many articles (including "A Tale of Two Brothers," Dialogue 2:3) and of two recent books in Spanish, Psicología de la esperanza (Universidad Adventista del Plata, 1992) and Psicología del perdón (Universidad Adventista del Plata, 1993).

Notes and References

1. In his book *Ariel, Obras Completas de José Enrique Rodó* (Montevideo: Ministerio de Instrucción Pública y Previsión Social, 1958), vol. 2.

2. Rudolf Bultmann, *The Old Testament View of Hope*, pp. 521-523.
3. G. L. Engel, "A Life Setting Conducive to Illness: The Giving Up—Given Up Complex," *Bulletin of the Menninger Clinic*, 1968, pp. 355-365.
4. A. T. Beck, A. Weissman, D. Lester, and L. Trexler, "The Measurement of Pessimism: The Hopelessness Scale," *Journal of Consulting and Clinical Psychology*, 1974, pp. 861-865.
5. S. F. Maier and M. E. P. Seligman, "Learned Helplessness: Theory and Evidence," *Journal of Experimental Psychology*, 1976, pp. 3-46.
6. C. R. Snyder, C. Harris, J. R. Anderson, S. A. Holleran and others, "The Will and the Ways: Development and Validation of an Individual-Differences Measure of Hope," *Journal of Personality and Social Psychology*, 1991, pp. 570-583.
7. C. J. Farran and J. M. Popovich, "Hope: A Relevant Concept for Geriatric Psychiatry," *Archives of Psychiatric Nursing*, 1990, pp. 124-130.
8. Mario Pereyra, *Psicología de la Esperanza*, Universidad Adventista del Plata, 1992.
9. K. Herth, "Development and Refinement of an Instrument to Measure Hope," *Scholarly Inquiry for Nursing Practice, An International Journal*, 1991, pp. 39-51.
10. Beck et al., Op. cit.
11. D. R. Hoge, "A Validated Intrinsic Religious Motivation Scale," *Journal for the Scientific Study of Religion*, 1972, pp. 369-376.
12. C. E. Climent, T. W. Harding, H. H. Ibrahim and others, "El Cuestionario de Síntomas para la Detección de Problemas en Adultos," *Acta Psiquiátrica y Psicológica para América Latina*, 1989, pp. 124-131.
13. For details of this study, write to the author: Juan S. Bach 224, 3103 Villa Libertador San Martín, Entre Ríos, Argentina.
14. C. G. Walton, C. M. Shultz, C. Beck and others, "Psychological Correlates of Loneliness in the Older Adult," *Archives of Psychiatric Nursing*, June 1991, pp. 165-170.
15. V. Carson, K. Soeken, J. Shanty and L. Terry, "Hope and Spiritual Well Being: Essentials for Living With AIDS," *Perspectives in Psychiatric Care*, 1990, pp. 28-34.



"IF IT'S THIS GOOD HERE, I WONDER WHAT IT'S LIKE IN HEAVEN ON A DAY LIKE TODAY?"

"DENNIS THE MENACE" used by permission of Hank Ketcham and © by North America Syndicate.