10 Essentials We, Social & Healthcare Workers Must Know About Hope

by Elizabeth Clark

Few would dispute that social work is the profession of hope. It is, after all, the profession that works with marginalized, disadvantaged, and even devalued populations—what President Lyndon Johnson in his War on Poverty called people who live in "the outskirts of hope." Many factors contribute to the decision to become a social worker. Certainly, most of us want to make a difference in the world. Some see social work more as a calling than a career choice. Regardless of the reason for entering the field, social workers come to the profession with an essential hopefulness. Without hope, without a belief that positive change is possible, the profession would cease to exist.

In 2012, the National Association of Social Workers (NASW) held an annual conference with the theme of "Restoring Hope: The Power of Social Work." After the conference, 58 social work experts wrote essays that described examples of hope in their practices. Called Hope Matters, this collection of case studies spans the continuum of hope from the individual to society. It is a testimony to the importance of hope for our clients, our communities, and our nation (Clark & Hoffler, 2014). Equally important is that social workers combine hope with human rights, social justice, and advocacy. It is this activism that sets social work apart from other helping professionals.

While we recognize the power of hope in a general way, perhaps we have not paid enough attention to hope as a concept in our field. We rarely define it, assess it, measure it, research it, or use it as a clinical tool. We learn and discuss the importance of empowerment, resiliency, the strengths perspective, and advocacy, but hope is often overlooked as a resource. It is understudied and is rarely taught as a therapeutic asset in our classrooms. Yet, as indicated above, it provides the framework that underlies most of our interventions.

Surprisingly, we have no entry for "hope" in the Encyclopedia of Social Work (Franklin, 2016) or the Social Work Dictionary (Barker, 2014). Several other major and important works, such as the Oxford Textbook of Palliative Care Social Work (Altilio & Otis-Green, 2011) and the Handbook of Oncology Social Work (Christ, Messner, & Behar, 2015), each have fewer than half a dozen references to "hope" in their almost 800-page volumes.

Not to be discounted, though, is the groundbreaking work of individual social workers who have been using hope clinically in their practices. Almost 30 years ago, oncology social worker David Callan (1989) described the value of hope in the counseling process. He developed a practical framework for assessing and enhancing a patient's hope with special attention to identifying sources of hope, distinguishing hope from denial, and using hope to change maladaptive behaviors.

Similarly, a decade ago, Koenig & Spano (2006) looked at the use of hope in gerontological social work. They challenged the assumption that social workers use hope effectively when working with older adults and encouraged incorporating hope-inducing models into clinical practice. They also emphasized that we need to examine the role hope plays in our educational programs, as well as the agencies in which social workers practice.

Other helping professions, especially psychology and nursing (Herth, 2001; Lopez & Snyder, 2009), have higher levels of training in using hope clinically. They also have developed formal assessment measures, such as the Nowotny Hope Scale in nursing (Nowotny, 1991) and hope measurement scales in psychology (Snyder, 2002). These instruments identify critical components of hope and provide direction for clinical interventions and future research.

One difficulty with hope is defining it. On a personal level, we each have our own definition of hope, but we may not fully understand the concept as it applies to others. To the untrained eye, hope may appear fairly uniform, and people believe that everyone hopes like they hope. In actuality, hope differs from person to person and from family to family.

While hope is unique and individualistic, hope is embedded in a social context. The way a person hopes develops within a particular family culture and with a set of life experiences. How one's family views hope - and the values, beliefs, and strategies they use to maintain it - have an impact on how and for what an individual hopes. These patterns are called "family hope constellations" (Murphy, 1991), and they can cause conflict within families and with therapeutic goals. When this happens, it is the responsibility of the clinician to help the parties find an acceptable compromise.

What Social Workers Need To Know About Hope

Regardless of focus, level of intervention, or practice area, there are important points about hope that every social worker should know, the following 10 items comprise an essential starting point.

1. *We need to recognize that we live in a hope-challenged world,* and, as social workers, we have an obligation to be hope providers.
2. *Hope is complex and multi-dimensional.* Hope theory states that hope involves goals, emotions, and perceived pathways to achieve those goals. It is a psychological asset and a coping strategy. It is considered a prerequisite for action and a guard against despair. In short, hope is a way of thinking, feeling, and acting.
3. *Hope is not denial or optimism or wishing.* Hope is always based in reality. It works because it expands perspective and increases persistence. Hoping is an active behavior, while wishing is passive in nature. Wishing, therefore, has no force or drive. Likewise, optimism has no plans for action and is focused only on a positive outcome. It simply puts the best face on any situation.
4. *There are high-hope individuals and low-hope individuals.* Individuals can also become "hope-lost." It is almost impossible to overstate the impact of hopelessness. A hopeless person becomes helpless and powerless.
5. *It is easier to prevent someone from becoming hopeless than it is to help a hopeless person regain hope.* Hopelessness suggests the loss of all hope and an acceptance that what is feared or dreaded will occur. It threatens quality of life and precludes perseverance and resiliency.
6. *Hope is dynamic and has a consideration of the future.* Its focus, its degree, and its intensity change as situations change. When this happens, clients and their families may need help reframing or refocusing their hopes. From a clinical perspective, this requires a mutuality of hope, as well as a mutuality of goals between the client, the family, and the clinician.
7. *No matter how difficult a problem or situation, there is always something to hope for,* and everyone has the right to be hopeful (Clark, 2008).
8. *Professionals have a tendency to think in terms of therapeutic hope—hope that is based on the outcome of therapy.* For our clients, hope is broader than that. It may be a generalized hope (such as hope for a better quality of life) or a hope that is particularized (hope for something specific). There is also transcendent hope, variously defined as hope that transcends reality, or has a spiritual component, or is a search for meaning. The important thing is that the client determines what to hope for; the clinician is there to support clients in their hope.
9. *Sometimes, professionals worry that they may, inadvertently, give a client "false hope," but that is not possible.* There can be false reassurances, but not false hope. Just as truth cannot be false, hope, by definition, cannot be false. Hope does not require certainty or assurance of success. It can be maintained and refocused, even in the face of bad news, if that news is accompanied with honesty, compassion, and support.
10. *Professional hope is an antidote to burnout.* When we frequently witness setbacks, disappointments, suffering, and loss, we sometimes feel our own hope slipping. This can undermine our effectiveness and even our capacity to care. Keep in mind that professional self-care is an essential component of social work practice, and it reflects both a choice and a commitment to be the best social worker you can be.